

Devon Young People's Sexual Health Strategy

2008 - 2012

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Foreword

The increasing levels of sexually transmitted infections and the levels of teenage pregnancy in some areas within Devon give significant cause for concern. Since the launch of the National Sexual Health Strategy back in 2001 improvements to sexual health services and programmes to reduce teenage pregnancy and sexually transmitted infections have been made but there is still more work to do.

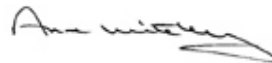
The development of Devon Children's Trust and the re-organisation of the National Health Service under Commissioning a Patient-Led NHS resulting in the merger of the six former Primary Care Trusts in Devon into a single Devon Primary Care Trust, has provided us with the ideal opportunity to review the sexual health needs of young people in Devon.

An initial joint sexual health needs assessment was undertaken for Devon as well as a review of national policy and the evidence-based literature with the aim of using this information to help inform and develop a Devon Young People's Sexual Health Strategy. A draft strategy was produced and circulated for feedback among key stakeholders and, importantly, young people who were asked for their opinions and views on the strategy. Following the consultation the strategy has been amended to take into consideration the feedback from young people and stakeholders in Devon.

Improving the physical and emotional health for young people in Devon is a key priority for the Children's Trust. We are keen to work with all our partners to help achieve the shared vision to develop an environment in Devon which promotes positive sexual health for all young people. We would like to thank all the people who gave up their time to be involved in the development of this important strategy and we hope to continue the good working relationship now we have come to publish and, most importantly, put into action the recommendations of the strategy.

Virginia Pearson

Dr. Virginia Pearson
Director of Public Health



Anne Whiteley
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Devon Young People's Sexual Health Strategy

Executive Summary

1. Introduction

- 1.1 Sexual health is a key national and local priority. Sexual ill health costs the NHS more than £700 million a year. The cost to individuals can also be great, ranging from a brief episode of discomfort and possibly embarrassment to long term and serious disability, including infertility and, in some cases, death as a result of HIV and AIDS.
- 1.2 Sexual ill health, including unintended pregnancy, is a significant public health priority in the UK. Against a background of rising incidence of Human Immunodeficiency Virus and sexually transmitted infections nationally and regionally, there is a strong national and local drive to improve sexual health services.
- 1.3 The consequences of poor sexual health can be serious. Unintended pregnancies and sexually transmitted infections (for example infertility after untreated Chlamydia infection in women) can have a long lasting impact on peoples' lives.
- 1.4 The national sexual health strategy recognises the need for the NHS to work with the Local Authority and other key partners, including voluntary organisations, to deliver the strategy. The Devon Young People's Sexual Health Strategy aims to be the delivery tool to address all relevant targets relating to sexual health and young people, including the national sexual health strategy, teenage pregnancy strategy and the joint work relating to the Local Area Agreement.

2. Incidence of Sexually Transmitted Infections

- 2.1 The number of new sexually transmitted infections (STIs) is continuing to rise. The number diagnosed in genito-urinary medicine (GUM) clinics in the South West rose by 2.4% in 2007 compared to 2006. The highest burden is borne by women, men who have sex with men, black and minority ethnic groups and young people. This section will focus predominantly on those sexually transmitted infections which affect young people the most.

Chlamydia

- 2.2 Genital chlamydia infection is the most common sexually transmitted infection diagnosed in GUM clinics in the UK and affects an estimated one in ten sexually active young people.
- 2.3 Untreated infection can lead to serious health problems, particularly in women. It may cause pelvic inflammatory disease, ectopic pregnancy and infertility. In men it can cause urethritis, epididymitis and Reiter's syndrome (arthritis).

- 2.4 The number of diagnoses of uncomplicated chlamydia in GUM clinics in England has increased by 288% (29,241 – 113,585) between 1995 and 2006. Rates of diagnosis are highest in the 16-19 years age group in women (1,337 per 100,000) and the 20-24 years age group in men (1,144 per 100,000).

Genital Warts

- 2.5 Genital warts are one of the most common sexually transmitted infections. They are a symptom of some strains of the Human Papilloma Virus (HPV). HPV is transmitted through sexual contact but does not always result in the manifestation of warts.
- 2.6 Rates of diagnosis are highest in the 16-19 years age group in women and the 20- 24 years age group in men (767 per 100,000 and 794 per 100,000 in 2006, respectively).

Genital Herpes

- 2.7 Genital herpes is a common sexually transmitted infection. It is caused by a virus called herpes simplex (HSV). There are two types: HSV I and HSV II - both can infect the genital and anal area (genital herpes), the mouth and nose (cold sores), fingers and hand (whitlows). Genital herpes infection is lifelong and may be associated with severe recurrent episodes.
- 2.8 New diagnoses of first episodes of genital herpes have been steadily rising since the early 1990s. Latest data shows a rise between 2005 and 2006 was particularly pronounced among young adults, with numbers of diagnoses increasing by 16% in the 16-19 years age group in women and by 10% in the 20-24 years age group in men.

3. Teenage Conceptions

- 3.1 Research shows that the vast majority of teenage pregnancy is unplanned (DE&S 2006). The national rate for teenage pregnancy has dropped from 46.6 per 1,000 (under 18 years) in 1998 to 41.1 per 1,000 (under 18 years) in 2005. The local rate in Devon has also reduced overall from 32.9 in 1998 to 30.0 in 2005. This represents a drop in the under 18 conception rate in Devon of 8% since 1998.
- 3.2 Teenage pregnancy is not distributed equally amongst the population. Girls from the poorest backgrounds are ten times more likely to become teenage mothers than girls from professional backgrounds. In Devon, of the six wards which have the highest teenage pregnancy rate (based on 2002-04 data) three are in the top seven most deprived wards using the Indices of Multiple Deprivation (2004).
- 3.3 Children born to teenage mothers are more likely to die in infancy, have poor health and not do well at school (Department for Education & Skills 2006). Daughters of teenage mothers are also more likely to become teenage mothers themselves.

4. Termination of Pregnancy

- 4.1 Half of all under 18 conceptions in Devon in 2005 ended in abortions.
- 4.2 Terminations of pregnancy tend to be lower in socially disadvantaged areas and higher where there is more extensive family planning provision, a higher percentage of women GPs and where there is easier access to independent abortion services. This is reflected locally. South Hams has a figure of 61.3% leading to abortion which is nearly twice as high as Exeter (32.9%) which is more deprived than South Hams.

5. Sexual Health Service Provision

- 5.1 Rapid access to high quality sexual health services, including contraceptive services, is vital. Untreated infections lead to onward transmission increasing the prevalence of sexually transmitted infections and the demand placed on sexual health services. Comprehensive and accessible (including extended outreach) treatment services for sexually transmitted infections are proven cost effective interventions (Department of Health 2005). Providing rapid access to contraceptive services is extremely cost effective. Every £1 spent on providing services yields a saving of £11 for the NHS.
- 5.2 There are a variety of services in Devon currently available for young people to obtain information, support, advice and treatment relating to sexual health. In Devon, services available also include access to free condoms, pregnancy testing kits, emergency contraception and testing for sexually transmitted infection, but not all these services are provided throughout the county.
- 5.3 Services are provided in a variety of settings, for example some schools provide health drop-in clinics, often delivered by a school nurse with support from trained youth workers, although this is not universal. Some specific young people's sexual health drop-in clinics are delivered in Youth Enquiry Services (YES) and run by trained nurses and trained youth workers, but, again, access to this service is not available to all young people in Devon. Young people can also access sexual health services delivered by contraception services, GP practices, pharmacists, GUM and some minor injury units and accident and emergency departments in hospitals, although these do not tend to be specifically for young people. This section captures the services available to young people in Devon in the different settings at district council level.
- 5.4 It is important that a clear care pathway for sexual health services for young people exists and is integrated into mainstream sexual health services which both adults and young people can access. The table below describes how a potential service model could be designed with specific services provided in a variety of settings, although it is unlikely that it would be available in all the settings. The services described in this section is not a comprehensive list of all sexual health services available and reference should be made to the full list in the Devon Sexual Health Strategy which lists all the services available at each level. The services highlighted are the ones most likely to be accessed by young people but does not prohibit them from accessing all available services.

Devon Young People's Sexual Health Service Model

Service Level	Services Provided	Setting
Level Zero	<ul style="list-style-type: none"> • Sexual health promotion literature including details of local services • Signposting to local sexual health services or other youth support agencies, as appropriate • Free condom issue for registered scheme users 	<p>Schools/Colleges Youth settings Voluntary sector GP practices Pharmacists</p>
Level One	<p><i>As above plus:</i></p> <ul style="list-style-type: none"> • Confidential sexual health advice and support, including information about the full range of hormonal, reversible and long acting methods of contraception • Free condoms and lubricants, with information and guidance on correct usage and registration to scheme • Free pregnancy testing and opportunity to obtain accurate and unbiased information about pregnancy options and non directive support • Free emergency hormonal contraception • Free chlamydia screening • Referral to Termination of Pregnancy • Referral to antenatal care • Referral to GUM 	<p>School health drop-ins (* only available with trained professional present) Youth Enquiry Services Devon Youth Service settings GP practices Contraceptive and Sexual Health Services (CASH) Pharmacists</p>
Level Two	<p><i>As above plus:</i></p> <ul style="list-style-type: none"> • Long acting and reversible methods of contraception • Contraception • Screening for asymptomatic STIs • Testing symptomatic men for STIs • Treating of STIs contact tracing/partner notification 	<p>GP practices providing a Level two service Contraceptive and Sexual Health Services (CASH)</p>
Level Three	<p><i>As above plus:</i></p> <ul style="list-style-type: none"> • Full STI testing • Termination of pregnancy service • STI services for people with special needs • Specialist contraception services • Specialised HIV services • Contraception problem clinics • Sexual assault 	<p>GUM clinics including Community outreach clinics Hospitals including community hospitals</p>

6. Health Promotion and Disease Prevention

- 6.1 The promotion of sexual health should enhance sexual and emotional wellbeing and help people reduce the risk of sexually transmitted infections and unwanted pregnancy. Health promotion interventions should provide the information, support and opportunities to enhance personal and social skills to enable people to exercise control over and improve their sexual health.
- 6.2 Simply telling people not to engage in risky behaviour tends to be ineffective. A comprehensive, multi-component programme of sexual health promotion is needed which can address local needs, reduce inequalities in sexual health and reach marginalised groups. It should be fully integrated within local services and settings, clinical and non-clinical, using both targeted and opportunistic intervention strategies.
- 6.3 Promotion of sexual health is most effective if it is ongoing and sustained. An evaluation of safer sex campaigns in the Netherlands showed attitudes and intentions towards safer sex were affected positively but that the effect was lost when the intervention ended.
- 6.4 There is a strong correlation between alcohol, drugs and risky sexual behaviour. Research shows that the greater the level of alcohol consumed, the greater the chance of unprotected sex (Department of Health 2007). Studies from Scandinavia show that young people are two or three times more likely to have unprotected sex when drunk and girls are more likely to have multiple sexual partners when drunk. It is for this reason that a more joined up approach to prevention strategies for alcohol and drug misuse needs to be made as reducing substance misuse amongst young people will have a positive effect on their sexual health.
- 6.5 High quality integrated sex and relationships education has been proved to be a cost effective sexual health intervention (Department of Health 2005). School-based SRE, particularly when linked to contraceptive services, can have an impact on young people's knowledge and attitudes, delay sexual activity and/or reduce pregnancy rates. There is no evidence to support the view that increased provision of SRE increases the onset or frequency of sex, or the number of sexual partners.
- 6.6 Ensuring that those individuals who are involved in giving young people advice, information and support, including distributing condoms and providing pregnancy testing and, when necessary, treatment is vital. It is important that young people know they are getting quality, consistent advice irrelevant of where they access sexual health services.
- 6.7 At present training programmes are available to youth workers, health professionals, teachers and school governors and is provided by Positive Action South West (PASW), Devon Healthy Schools Programme and the local NHS. However, there is a lack of co-ordination to the training available and funding is not always secure to enable long term planning of programmes.
- 6.8 The evidence demonstrates that sustained sexual health promotion campaigns, as part of multi-component programmes, can positively affect individual attitudes and intentions regarding safer sex.

- 6.9 Providing good quality services for young people is a key priority but the full benefit will only be achieved if young people are able to access the services. The advertising of sexual health information and local services needs to be young people friendly and displayed where young people congregate, like school toilets and youth centres, and produced in such a way to attract young people.
- 6.10 Production and dissemination of regularly updated local service information, including location, opening times and services provided, using a range of formats and media, can influence perceptions about sexual health services and improve uptake of services.
- 6.11 Research shows that clearly advertised, welcoming and accessible services for those who may need them can facilitate improved access as can explicit and demonstrable confidentiality.

7. Key Commissioning Recommendations

- 7.1 Devon Primary Care Trust should commit to continue to support the Devon Chlamydia Screening Programme increasing annual financial contribution in line with increasing annual screening targets.
- 7.2 The Devon Young People's Sexual Health Group should support the implementation of a comprehensive chlamydia screening programme supporting the use of venues and establishments (including non NHS settings) for screening sites and, to optimise screening uptake, a social marketing approach to the programme should be adopted.
- 7.3 Contraception and sexual health services centred on young people should be well publicised and accessible to all young people in Devon. They should particularly identify ways to encourage a greater uptake by young men.
- 7.4 Positive support services for teenage parents should also be accessible and well publicised to ensure young people choosing to have children receive appropriate support.
- 7.5 While Youth Enquiry Services and open access youth programmes exist throughout Devon, there is a need to ensure compliance with best practice guidance to quality assure services for young people. The concept should be established of a 'badged' service indicating to young people that a young people friendly (and quality assured) service is provided.
- 7.6 Dedicated sexual health services for young people need to be accessible to all but should be targeted at those in greatest need. At present there is an inequity of Youth Enquiry Service provision throughout Devon. A study should be undertaken to examine the need for developing additional Youth Enquiry Services.
- 7.7 Interventions should be targeted at those young people at greatest risk of teenage pregnancy, in particular children and young people in care.

- 7.8 Reducing the delay in obtaining a termination is vital for young women who have made an informed decision. The patient pathway should be reviewed to try to reduce any unnecessary delays resulting in late terminations.
- 7.9 More young people should feel able to access sexual health services without concerns over confidentiality and how they will be treated. Services which provide sexual health services for young people which meet agreed criteria produced by young people should be 'badged'. A specific scheme for Devon should be introduced.
- 7.10 Access to free emergency contraception via designated pharmacists should continue to be commissioned by Devon Primary Care Trust.
- 7.11 Widespread free condom provision, particularly targeted at the medium and high risks groups, is a cost effective sexual health intervention. The introduction of a Devon C-Card system should be considered. This would ensure that while the distribution of free condoms would be widespread the quality of service will be standardised and there will be better auditing of the service
- 7.12 An integrated young people's sexual health service model should be developed to provide a clear care pathway for young people.
- 7.13 Personal, social and health education in schools should be given a high priority with joint working to develop comprehensive programmes of sex and relationships education (SRE) in all schools.
- 7.14 A review of SRE, including APAUSE, should be undertaken by the commissioners with recommendations to go to the Devon Young People's Sexual Health Group.
- 7.15 The training programme delivered through PASW needs to be reviewed to ensure it is developed in line with the sexual health strategy to ensure it is fit for purpose.
- 7.16 An agreed ongoing training programme needs to be commissioned to ensure a quality standard of care for young people. The training should include progressive training for individuals who wish to further their skills, including some specific training for those working with young people with disabilities, as well as regular refresher sessions to ensure individuals skills and knowledge are up to date. The training should be seen in the context of an integrated learning strategy for people working with young people in Devon and in parallel with sex and relationships training and education provision for young people.
- 7.17 A review should be undertaken of the current publicity to promote local sexual health services for young people in Devon.
- 7.18 A publicity strategy needs to form part of the overall service plan as standard practice and include marketing principles to ensure local services are promoted in the necessary way to ensure increased awareness of services. Publicity needs to be ongoing and linked to the national campaigns and inclusive of local young people's views, ideas and designs.

1. Background

- 1.1 The key aim of the Devon Young People's Sexual Health Strategy is to develop an environment in Devon which promotes positive sexual health for young people (13-19 years). Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information services to avoid the risk of unintended pregnancy, illness and disease (National Sexual Health Strategy; Department of Health 2001).
- 1.2 The strategy supports the World Health Organisation's definition of sexual health, namely that 'sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence'.
- 1.3 The successful development and implementation of the strategy is very much dependent on all the key agencies working together. This strategy has been developed through stakeholder and consultation involvement, including engagement with young people. Recognising that joint working is key, it is important that the strategy is viewed not as an NHS strategy but as a multi-agency Young People's Sexual Health Strategy for Devon.
- 1.4 The strategy acknowledges and builds on the existing programmes and sexual health strategies developed by the former primary care trusts and partners following publication of the National Sexual Health Strategy in 2001. The strategy also uses best practice guidelines and up to date evidence to inform the recommendations. It is intended that this new Young People's Sexual Health Strategy will provide a strategic framework for Devon Primary Care Trust and Devon County Council, through the Joint Commissioning Unit within the Children's Trust, to ensure sexual health services for young people in Devon are integrated across all relevant services, are accessible and delivered equitably based on need using the available resources.

Key Objectives:

- To ensure sexual health promotion programmes (including preventative programmes) are in place to decrease the risk of acquiring a sexually transmitted infection by increasing condom use or decreasing the number of sexual partners
- To provide a range of dedicated, high quality sexual health services for young people that are inclusive, fair and accessible without discrimination on the basis of age, race, gender, disability and religion and beliefs
- To reduce the incidence and transmission of sexually transmitted infection in Devon
- To reduce unintended pregnancy rates in young people in Devon
- To promote recognition and treatment of sexually transmitted infection to prevent ongoing spread from those already infected

- To promote contact tracing of the sexual partners of those diagnosed with sexually transmitted infection
- To ensure young people will be able to access sexual health services that are non-judgemental, confidential and meet the needs of young people in Devon
- To ensure all young people referred to a GUM clinic will have an appointment within 48 hours
- To ensure all young people in Devon will have access to the Devon chlamydia screening programme.
- To recognise that circumstances and multiple factors can make young people more vulnerable (eg looked after young people, young people with disability etc) and therefore there is need to ensure sexual health promotion programmes and sexual health services are targeted at those young people in greatest need.

2. Policy Statements

2.1 The policy statements provide an agreed set of core principles to which Devon Primary Care Trust and its partners will work in order to deliver the aims and objectives of the Young People's Sexual Health Strategy for Devon.

- Dedicated young people services should be provided, giving advice, information, support and, where necessary, treatment within a safe, non-judgemental and confidential environment
- Sexual health services should be provided in the right location and at a time which is convenient for young people
- Access to training opportunities should be provided to ensure individuals working with young people have the necessary training and competencies to provide a high quality and safe service.
- Respect the necessity for choice and confidentiality for young people and acknowledge that young people have rights
- Agencies will work together to promote positive sexual health for young people in Devon and promote services available to young people
- Agencies will commit to delivering the agreed recommendations of the Young People's Sexual Health Strategy
- Investment in specific sexual health interventions has been proven to be good value for money and, in many cases, cost saving. Additional investment in services where identified as appropriate should be supported
- All services will be developed based on the principles of need, evidence of effectiveness and value for money

- All services will promote empowerment, positive self esteem and self advocacy
- All service providers, including those which are not seen as providing direct sexual health services, should promote sexual health policies ensuring they provide services in a non-discriminatory manner
- Sexual health services, education and training should proactively challenge the stigma and discrimination that surrounds sexual health issues such as HIV and AIDS, young people choosing to become parents and openness for young people questioning their sexuality.
- Young people should be actively involved in the design and publicity of new services in Devon
- Agencies should agree key success criteria in order to measure the success of the sexual health strategy
- Agencies should adopt an holistic approach to working with and supporting young people in preventative strategies and providing services, as it is recognised that sexual health is influenced by a complex web of factors from sexual behaviour and attitudes, societal factors, such a peer pressure and the media, to biological risk and genetic predisposition

3. Introduction

- 3.1 Sexual health is a key national and local priority. Sexual ill health costs the NHS more than £700 million a year. The cost to individuals can also be great, ranging from a brief episode of discomfort and possibly embarrassment to long term and serious disability, including infertility and, in some cases, death as a result of HIV/and AIDS.
- 3.2 The consequences of poor sexual health can be serious. Unintended pregnancies and sexually transmitted infections (for example infertility after untreated chlamydia infection in women) can have a long lasting impact on people's lives.
- 3.3 Improving access to sexual health services and reducing sexual health infections are key targets in the public health white paper "Choosing Health" published by the Department of Health in 2005. Access to genito-urinary medicine within 48 hour is also one of the Department of Health's top six priority areas for the NHS.
- 3.4 Sexual ill health, including unintended pregnancy, is a significant public health priority in the UK. Against a background of rising incidence of Human Immunodeficiency Virus and sexually transmitted infections, nationally and regionally, there is a strong national and local drive to improve sexual health services.
- 3.5 The national sexual health strategy recognises the need for the NHS to work with the Local Authority and other key partners, including voluntary organisations, to deliver the strategy. The Devon Young People's Sexual Health Strategy aims to be the delivery tool to address all relevant targets

relating to sexual health and young people, including the national sexual health strategy, teenage pregnancy strategy and the joint work relating to the Local Area Agreement.

- 3.6 Overall, reported condom use has increased significantly in recent years. In 2000, 83% of males and 80% of females aged 16-19 reported using condoms the first time they had sex. However the likelihood of not using any contraception at first sex is higher in young people leaving school at 16 with no qualifications. Around a quarter of boys and a third of girls who left school at 16 with no qualifications did not use contraception at first sex, compared to only 6% of boys and 8% of girls who left school at 17 or over with qualifications (Department for Education & Skills 2006). Sexual activity among teenagers is often opportunistic, unplanned and affected by alcohol and drug taking.
- 3.7 Delay in access to diagnosis and treatment can lead to further increases in sexually transmitted infections. The number of genito-urinary medicine clinics nationally has doubled over the last decade, but progress needs to be made to achieve the national target of 100% of clients being offered an appointment within 48 hours.
- 3.8 There is evidence to demonstrate a strong correlation between alcohol, drugs and risky sexual behaviour. Research shows that the greater the level of alcohol consumed the greater the chance of unprotected sex (Department of Health, 2007). It is for this reason that a more joined up approach to treatment and prevention strategies for alcohol and drug misuse needs to be made as reducing substance misuse among young people will have a positive effect on their sexual health.
- 3.9 There are many national and local drivers for modernising sexual health services. Sexual health is a priority nationally and a key priority for the Primary Care Trust. There are five key performance indicators relating to sexual health:
 - 1) Guaranteed genito-urinary medicine appointment availability within 48 hours for all patients referred to the service (including self-referral).
 - 2) To reduce the number of newly acquired HIV and gonorrhoea infections by 25% by the year 2007.
 - 3) Reduction in the rate of teenage conceptions with the specific aim of halving the rate of conceptions among under 18's by 2010.
 - 4) Develop a local chlamydia screening programme and screen 15% of sexually active young people by April 2008.
 - 5) Access to services for the termination of pregnancy within 10 weeks' gestation.
- 3.10 Providing accessible sexual health advice, information and services also contributes to the five key Every Child Matters outcomes:
 - 1) **Be healthy** - physically healthy, mentally and emotionally healthy, sexually healthy.

- 2) **Stay safe** - safe from maltreatment, violence, neglect and sexual exploitation. Safe from bullying and discrimination.
- 3) **Enjoy and achieve** - achieve personal and social development and enjoy recreation.
- 4) **Make a positive contribution** - develop self-confidence and successfully deal with significant life changes and challenges. Develop positive relationships and choose not to bully and discriminate.
- 5) **Achieve economic well-being** - engage in further education, training or employment on leaving school (Department for Education & Skills 2007).

4. Demography

Demography of Local Authority Areas

4.1 The data show the greatest number of young people live in Exeter, Teignbridge and East Devon. Exeter has a significant number of 20-24 year olds, mainly due to the educational establishments within Exeter. It is also of note that in the 10-14 year old age group East Devon and Teignbridge have a greater number than Exeter.

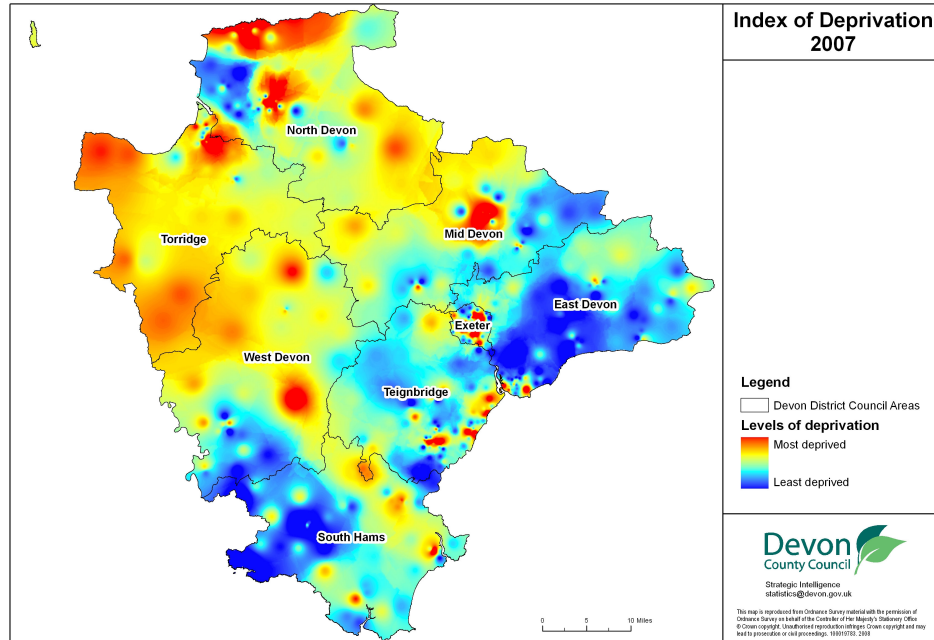
Table 1: Resident Population of Children and Young People in Devon

	0-4 years	5-9 years	10-14 years	15-19 years	20-24 years
East Devon	5,245	6,511	7,656	7,506	6,104
West Devon	2,242	2,799	3,190	3,245	2,322
South Hams	3,604	4,421	5,139	5,298	4,138
Teignbridge	5,677	6,800	7,572	7,673	5,783
Torridge	2,872	3,309	3,905	3,946	2,847
Exeter	5,663	5,640	5,905	8,744	12,814
North Devon	4,559	5,164	5,985	5,924	4,766
Devon County Council	33,793	39,045	44,160	47,078	42,462

(ONS Mid Year estimates 2006)

Deprivation

4.2 Devon as a whole ranks well when examining overall indices of deprivation but this does mask significant variation. There is a correlation between deprivation and life expectancy. Within Devon there is a life expectancy variation of 18 years between the most affluent wards and most deprived wards.



5. Incidence of Sexually Transmitted Infections

- 5.1 The number of new sexually transmitted infections (STIs) is continuing to rise. The number diagnosed in genito-urinary medicine (GUM) clinics in the South West rose by 2.4% in 2007 compared to 2006. The highest burden is borne by women, men who have sex with men, black and minority ethnic groups and young people. This section will focus predominantly on those sexually transmitted infections which affect young people the most.

Chlamydia

- 5.2 Genital chlamydia infection is the most common sexually transmitted infection diagnosed in GUM clinics in the UK and affects an estimated one in ten sexually active young people.
- 5.3 Untreated infection can lead to serious health problems, particularly in women. It may cause pelvic inflammatory disease, ectopic pregnancy and infertility. In men, it can cause urethritis, epididymitis and Reiter's syndrome (arthritis). Chlamydia may cause no symptoms and can often go undetected.
- 5.4 The number diagnosed with uncomplicated chlamydia in GUM clinics in England has increased by 288% (29,241 – 113,585) between 1995 and 2006.
- 5.5 Rates of diagnosis are highest in the 16-19 years age group in women (1,337 per 100,000) and the 20-24 years age group in men (1,144 per 100,000). In the South West the 16–24 year age group accounts for 68% of all chlamydia diagnoses (5,890 of 8,638). The actual prevalence of chlamydia will be higher as many people are asymptomatic and therefore do not seek medical attention and are not diagnosed.

- 5.6 The table below shows the numbers of diagnoses of both complicated and uncomplicated chlamydia for all people at the local GUM clinics. It gives numbers of diagnoses by comparable quarter from 2003 through to 2006 and also by year from 2003 through to 2006. Numbers of diagnoses have fluctuated over the time period displayed and in a majority of cases have increased.

Table 2: GUM Diagnoses of Chlamydia (uncomplicated and complicated)

GUM Clinic	2003	2004	2005	2006	% Change (2005-2006)
North Devon Hospital	194	221	251	217	-14
Royal Devon & Exeter	108	133	192	355	85
Derriford Hospital	606	588	686	990	44
Torbay Hospital	231	189	213	259	22

Source: HPA

- 5.7 The rise in diagnosis of chlamydia in recent years is thought to be due to increased testing and the improved sensitivity of tests, increased public awareness as well as increases in transmission of infection.
- 5.8 The national chlamydia screening programme for young people started in Devon in December 2007. The programme targets opportunistic chlamydia screening in young people and is proven to be extremely cost effective (Department of Health, 2005). It is expected that the programme will initially increase the number of young people diagnosed with chlamydia as more asymptomatic young people are tested and identified as positive. Established chlamydia screening programmes are reporting that for every ten young people screened one is positive for chlamydia. A national target of screening 15% of sexually active young people in 2007/08 has been set. This equates to 13,019 young people, although, in reality, it is will be far more than this as the partners of those who test positive will also be offered a test. However, with a positive campaign to support the programme, the aim is to reduce the number of infections over the coming years.

COMMISSIONING RECOMMENDATIONS

1. Devon Primary Care Trust should commit to continue to support the Devon Chlamydia Screening Programme increasing the annual financial contribution in line with increasing annual screening targets.
2. The Devon Young People's Sexual Health Group should support the implementation of a comprehensive Chlamydia Screening Programme supporting the use of venues and establishments (including non NHS settings) for screening sites and, to optimise screening uptake, adopt a social marketing approach to the programme.

Gonorrhoea

- 5.9 Gonorrhoea is the second most common bacterial STI in the UK with 19,007 diagnoses of uncomplicated infection diagnosed in GUM clinics in 2006.

Rates of diagnosis are highest in the 16-19 years age group in women (128 per 100,000) and in the 20-24 years age group in men (188 per 100,000).

- 5.10 Undiagnosed infection can lead to serious health problems, particularly for women. As with chlamydia, it can lead to pelvic inflammatory disease, ectopic pregnancy and infertility.
- 5.11 Forty per cent of all diagnoses of gonorrhoea in females were in those under 20 years of age.
- 5.12 A third of infections in men are in men who have sex with men (MSM).
- 5.13 Numbers of diagnoses rose sharply in the mid 1990s but have been in decline since 2003 with an overall 1% drop in 2006. However, diagnoses in MSM have continued to increase rising by 3% in 2006.
- 5.14 Table 3 below shows the numbers of GUM diagnoses of both complicated and uncomplicated gonorrhoea. It gives numbers of diagnoses by comparable quarter from 2003 through to 2006 and also by year from 2003 through to 2006. Numbers of diagnoses have fluctuated over the time period displayed with Exeter and Plymouth demonstrating an increase and North Devon and Torbay showing a downward trend.

Table 3: GUM Diagnoses of Gonorrhoea (uncomplicated and complicated)

GUM Clinic	2003	2004	2005	2006	% Change (2005-2006)
North Devon Hospital	46	39	31	24	-23
Royal Devon & Exeter	32	44	42	52	24
Derriford Hospital	95	62	78	100	28
Torbay Hospital	26	34	17	10	-41

Source: HPA

Syphilis

- 5.15 Syphilis is a bacterial infection that, if left untreated, can lead to serious complications or even death. In pregnant women it can lead to miscarriage or stillbirth and can be passed on to the baby. Long term complications include damage to the heart, respiratory tract or central nervous system. Untreated syphilis will eventually cause symptoms in 40% of infected people.
- 5.16 In 2006 there were 2,766 diagnoses of infectious syphilis nationally, a drop of 1% from 2005. This was mostly accounted for by a 19% drop among women from 420 to 342 diagnoses. There was a 2% rise in diagnoses among men from 2,384 to 2,424 over the same period
- 5.17 The age distribution was slightly older than for the other STIs: in 2006, rates were highest in 35-44 years age group in men (19/100,000) and in the 20-24 years age group in women (4/100,000).
- 5.18 The table below shows the numbers of GUM diagnoses of primary, secondary and early latent syphilis. It gives numbers by year from 2003 through to 2006*. Numbers of diagnoses are generally low and have fluctuated over the time period displayed.

Table 4: GUM Diagnoses of Infectious Syphilis (primary, secondary and early latent)

GUM Clinic	2003	2004	2005	2006	% Change (2005-2006)
North Devon Hospital	0	<5	0	<5	*
Royal Devon & Exeter	4	6	8	9	29
Derriford Hospital	<5	7	24	31	29
Torbay Hospital	<5	<5	<5	<5	*

* Data has been suppressed to protect patient confidentiality
Source: HPA

Genital Warts

- 5.19 Genital warts are one of the most common sexually transmitted infections. They are a symptom of some strains of the Human Papilloma Virus (HPV). HPV is transmitted through sexual contact but does not always result in the manifestation of warts.
- 5.20 Infection with other types of HPV may lead to the development of invasive cervical cancer and other cancers of the ano-genital tract. A HPV vaccine has recently been developed which offers additional protection against certain types of the HPV virus. A vaccination programme is due to be launched in England in September 2008.
- 5.21 New diagnoses of first episode genital warts have been rising steadily in the UK for many years, with 83,745 diagnoses made in 2006. Numbers of diagnoses rose by 3% in 2006 and the rise was seen in women, heterosexual men and MSM.
- 5.22 Rates of diagnosis are highest in the 16-19 years age group in women and the 20-24 years age group in men (767 per 100,000 and 794 per 100,000 in 2006, respectively).
- 5.23 Diagnoses have been rising fastest in the 16-19 years age group. In 2006 the number of diagnosis rose by 7% in men (4522 to 4846) and 5% in women (11,234 to 11,845) in this age group.

Genital Herpes

- 5.24 Genital herpes is a common sexually transmitted infection. It is caused by a virus called herpes simplex (HSV). There are two types: HSV I and HSV II - both can infect the genital and anal area (genital herpes), the mouth and nose (cold sores), fingers and hand (whitlows).
- 5.25 Genital herpes infection is life-long and may be associated with severe recurrent episodes. In 2006, in addition to the 21,698 first episodes, there were 16,354 diagnoses of recurrent genital herpes in the UK.
- 5.26 New diagnoses of first episodes of genital herpes have been steadily rising since the early 1990s. Rates of diagnosis are highest in 20-24 year olds women (188 per 100,000) with men having a slightly lower rate (92 per 100,000) in the same age group based on 2005 data.

- 5.27 Latest data shows the rise between 2005 and 2006 and was particularly pronounced among young adults, with numbers of diagnoses increasing by 16% in the 16-19 years age group in women (2,416 to 2,803) and by 10% in 20-24 years age group in men (1,835 to 2,016).

Human Immunodeficiency Virus (HIV)

- 5.28 Despite the introduction of new effective therapies, HIV infection continues to cause appreciable morbidity and mortality in England.
- 5.29 An estimated 63,500 adults aged 15 to 59 are living with HIV in the UK, according to the figures (2005), but a third of those people have not been diagnosed which means they do not know they are infected.
- 5.30 Transmission continues at a high level amongst men who have sex with men (MSM) and increasingly among heterosexuals, particularly among black and minority ethnic communities.
- 5.31 The tables below show the rates (Table 5) and numbers (Table 6) of diagnosed HIV infected patients seen for care in 2005 in Devon. Rates per 100,000 vary across the South West and Devon Primary Care Trust had a rate of 23.9 compared with other neighbouring primary care trusts, such as Torbay with a rate of 56.6 and Somerset with a rate of 18.5.

Table 5: Rates of Diagnosed HIV-infected Patients Seen for Care in 2005 (per 100,000 population)

Primary Care Trust	Rate (per 100,000)
Devon	23.9
Plymouth	43.8
Torbay	56.6
Cornwall	19.3
Somerset	18.5
Dorset	23.9

Source: HPA

Table 6: Number of Diagnosed HIV-infected Patients Seen for Care in 2005

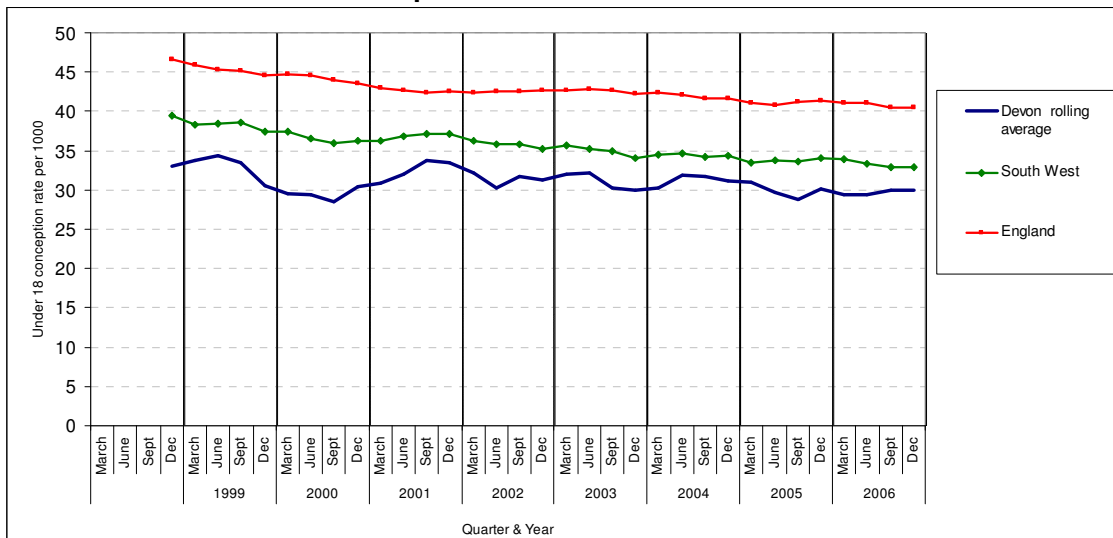
Provider	No
North Devon Hospital	37
Royal Devon & Exeter	76
Derriford Hospital	120
Torbay Hospital	81

Source: HPA

6. Teenage Conceptions

- 6.1 Research shows that the vast majority of teenage pregnancy (under 18 years) is unplanned (Department for Education & Skills, 2006).
- 6.2 Children born to teenage mothers are more likely to die in infancy, have poor health and not do well at school (Department for Education & Skills, 2006). Daughters of teenage mothers are also more likely to become teenage mothers themselves.
- 6.3 Since the launch of the National Teenage Pregnancy Strategy there has been a drop in the under 18 conception rate in Devon by 9% since 1998.
- 6.4 Teenage pregnancy is not distributed equally among the population. Girls from the poorest backgrounds are ten times more likely to become teenage mothers than girls from professional backgrounds. Of the six wards in Devon which have the highest teenage pregnancy rate (based on 2002-04 data) three are in the top seven most deprived wards using the Indices of Multiple Deprivation (2004). This can be seen in table 10.
- 6.5 One in every ten babies born in England is to a teenage mother. These children are at high risk of growing up in poverty and experiencing poor health and social outcomes. Infant mortality rates for babies born to mothers under the age of 18 are twice the average.
- 6.6 Table 7 displays the teenage conception rate for Devon compared with the South West region and England over a period of 7 years.

Table 7: Under 18 Conception Trend Data



- 6.7 Table 8 below shows the number and rates of conceptions in females aged under 18 years at a Devon County Council level compared with England and the South West and the percentage change between 1998 and 2006. Table 9 shows the teenage conception rates broken down into district council areas. The data is presented as three year averages covering 1998-2000 and 2004-2006 and highlight the change in rates between these figures. Rates vary

between the different local authorities with Exeter, East Devon, Torridge and West Devon seeing an increase in rate since 1998-2000.

Table 8: Teenage Conceptions and Change of Rate (per 1,000) between 1998- 2006

Area of residence	1998		2006		1998-2006 % change in rate
	number	rate	number	rate	
England	41,089	46.6	39,003	40.4	-13.3
South West	3360	39.4	3181	32.9	-16.6
Devon County	394	32.9	405	30.1	- 8.8

Source: ONS and Teenage Pregnancy Unit

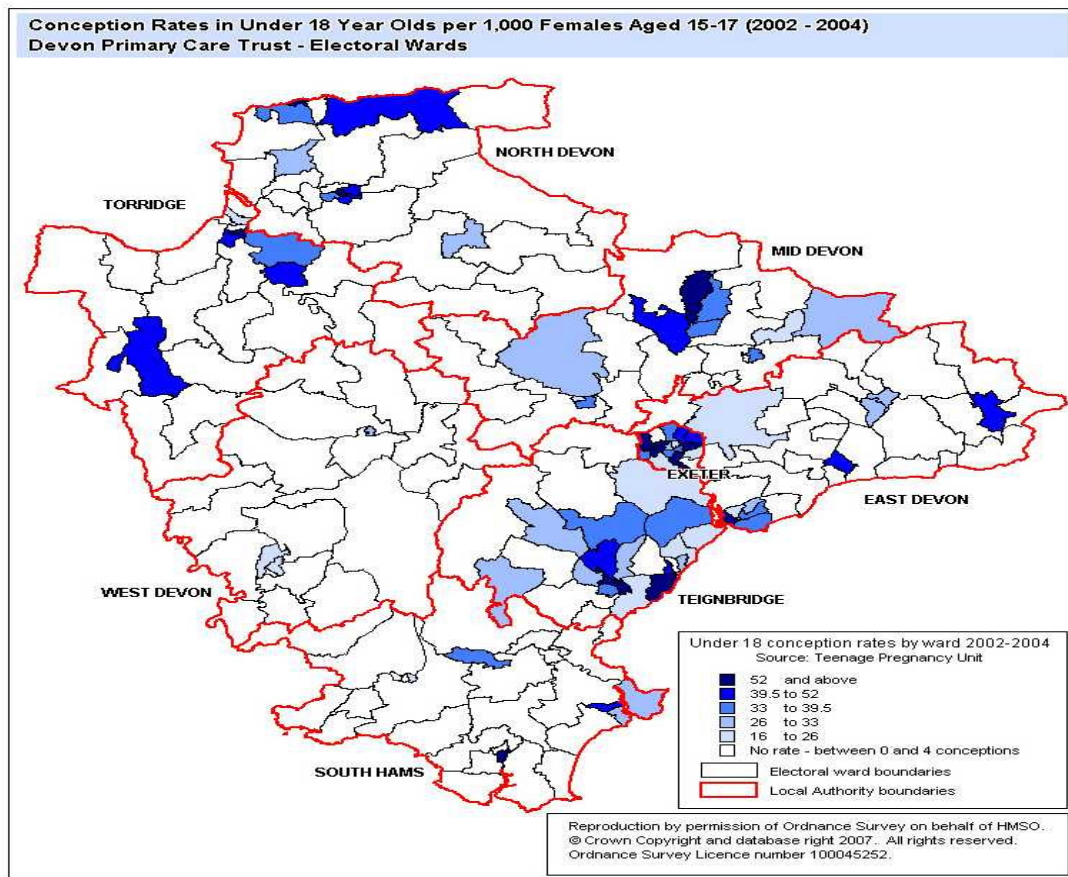
Table 9: Teenage Conceptions at District and Change of Rate (per 1,000)

Area of residence	1998-2000		2004-2006		% change in rate
	number	rate	number	rate	
East Devon	166	27.9	193	30.0	7.5
Exeter	250	45.0	256	46.9	4.3
Mid Devon	127	33.6	112	26.2	-21.9
North Devon	148	33.0	168	32.1	- 2.8
South Hams	95	22.3	96	20.0	-10.5
Teignbridge	199	33.2	223	31.3	-5.6
Torridge	75	23.5	93	25.6	9.2
West Devon	61	23.7	73	24.6	4.0

Source: ONS and Teenage Pregnancy Unit

- 6.8 Teenage conception rates for those aged under 18 are available at electoral ward level and are shown on the map below for 2002-2004. Place of residence is recorded when the birth or termination took place. If there are fewer than five conceptions (including where there are 0 conceptions) the data are suppressed to maintain confidentiality and are shown on the map as plain white.
- 6.9 Some of the highest rates of teenage conceptions at ward level within Devon County in 2002-2004 were found in several Exeter wards (St Davids, Exwick, St James, Priory); in Ilfracombe (Central); in Exmouth (Town) and in Tiverton (Castle). However, as Table 10 clearly shows, some caution does need to be applied when looking at rates as the actual numbers may be quite low.
- 6.10 Teenage conceptions are not necessarily unplanned or unwanted. It is important that there are support services for teenage parents, eg young mums' and young fathers' peer support groups, advice services for young parents wishing to access education, training opportunities and financial support entitlement. This is critical to ensure young people are not invisible, are not discriminated against and are supported to enable them to achieve the five key outcomes of Every Child Matters.

Map of Teenage Pregnancies by Electoral Ward for 2002-2004



Source: Teenage Pregnancy Unit

Table 10: Devon Teenage Pregnancy – Top 6 wards in Devon which are in the top 20% nationally (based on 2002-04 data) and cross reference with their deprivation score

Rank	Ward name	Rate 2001-03	Number over 3 years	Rate 2002-04	Number over 3 years	Deprivation Score (IMD 2004)
1	Exeter (St Davids)	137.6	15	105.7	13	7
2	Ilfracombe (Central)	91.3	21	100.9	23	1
3	Exeter (Exwick)	76.8	35	86.6	40	50
4	Exeter (St James)	68.2	15	78.9	18	31
5	Exmouth (Town)	56.3	17	78.6	25	37
6	Exeter (Priory)	71.8	43	75.8	48	2

7. Terminations of Pregnancy

- 7.1 Just over half of all teenage conceptions in Devon in 2006 ended in terminations. The three year average (2004-06) shown below in Table 11 is slightly less at 49%, just above the figure for England.
- 7.2 The proportion of under 18 conceptions that end in terminations tend to be lower in socially disadvantaged areas and higher where there is more extensive family planning provision, a higher percentage of women GPs and where there is easier access to independent abortion services. This is backed up locally and demonstrated in Table 11. South Hams has a figure of 61% leading to abortion, a percentage which is noticeably higher than Exeter (38%) which is more deprived than South Hams.
- 7.3 Teenagers were more likely to continue with the pregnancy when they saw their lives as insecure and less likely when they saw their lives developing through education and employment.

Table 11: Under 18 Conceptions Leading to Terminations (3 year average 2004-06 including NHS & private terminations)

Area of residence	Number of conceptions	% leading to abortions
England	118,400	47
South West	9,695	48
Devon County	1,214	49
East Devon	193	59
Exeter	256	38
Mid Devon	112	39
North Devon	168	45
South Hams	96	61
Teignbridge	223	58
Torridge	93	46
West Devon	73	49

Source: Department of Health

Table 12: Terminations by Maternal Age for 2005

Age	Female population	Number of abortions	Devon PCT (Rate per 1,000)	Eng & Wales (Rate per 1,000)
13-15	39819	108	2.7	3.8
16-17	13296	178	13.4	17.6
18-19	8843	182	20.6	31
20-24	18922	403	21.3	31.3
25-29	15445	229	14.8	23
30-34	19724	183	9.3	14.9
35+	51869	280	5.4	6.7
All	128099	1455	11.4	16.9

Source: Department of Health

- 7.4 Table 12 highlights the maternal age of the women who have abortions. The highest percentage is on the 20-24 year age group closely followed by the 18-19 year age group.
- 7.5 Women seeking a termination who meet the current legal requirements should be able to access a NHS funded abortion. Women should be able to access the abortion within three weeks of their first contact with a service or referring practitioner. For teenagers it is of particular importance that they have access to the appropriate information and support as early as possible to enable them to make informed decisions.

8. Sexual Health Service Provision

- 8.1 Rapid access to high quality sexual health services, including contraceptive services, is vital. Untreated infections lead to onward transmission increasing the prevalence of sexually transmitted infections and the demand placed on sexual health services. Comprehensive and accessible (including extended outreach) treatment services for sexually transmitted infections are proven cost effective interventions (Department of Health, 2005). Providing rapid access to contraceptive services is extremely cost effective. Every £1 spent on providing services yields a saving of £11 for the NHS.
- 8.2 A national review (Department for Education & Skills 2006) of sexual health services highlighted that more and more youth focused contraception services are being commissioned and are increasingly available in places where young people spend their time, eg schools, further education colleges and other youth settings. This is particularly important for boys and young men who are less likely to access advice and services in traditional settings. Within Devon good access to sexual health services within the school and college setting is not universal. The research also shows that services delivered in traditional settings, including general practice, are increasingly focused on young people and delivering dedicated services for young people.
- 8.3 National evaluation also shows that young people who had first sex before 16 and/or are living in deprived areas were more likely to use designated young people's contraceptive and sexual health advice services. Dedicated sexual health services for young people, provided by trained professionals, increases the likelihood of young people using the services and will ensure more consistent and more effective use of contraception.
- 8.4 The national evidence supported by local consultation (Devon Youth Association 2004) clearly demonstrated that young people want to access quality sexual health services which are young people friendly, provided by trained staff who listen to them, provided in a non-judgemental way and delivered in an environment which is safe, friendly and is confidential. A number of programmes have been developed such as 'No Worries' (Bristol) to quality assure services for young people using specific criteria developed by young people. Services are 'badged' to clearly indicate to young people that they fulfil the criteria.

Young People's Sexual Health Services by District

- 8.5 There are a variety of services in Devon currently available for young people to obtain information, support, advice and treatment relating to sexual health. In Devon, services available also include access to free condoms, pregnancy testing, emergency contraception and testing for sexually transmitted infections, but not all these services are provided throughout the county. Services are provided in a variety of settings, for example some schools provide health drop-in clinics, often delivered by a school nurse with support from trained youth workers, although this is not universal. Some specific young people's sexual health drop-in clinics are delivered in youth enquiry services (YES) and run by trained nurses and trained youth workers, but, again, access to this service is not available to all young people in Devon. Young people can also access sexual health services delivered by contraception services, GP practices, pharmacists, GUM and some minor injury units and Accident and Emergency departments in hospitals, although these do not tend to be specifically for young people. This section captures the sexual health services available to young people in Devon in the different settings at district council level.

South Hams

Service	Location	Delivered by	Funded by
'The Bridge' sexual health clinic (weekly)	Ivybridge YES	Young Devon + Contraception Service	PCT
Sexual health clinic (monthly)	Kingsbridge YES + School-based	Contraception Service & Partnership between YES and Devon Youth service	Teenage pregnancy funding Devon Youth Service
Dartmouth Youth drop-in	Dartmouth YES + school based	Devon Youth Service	PCT contribution Devon Youth Service
Totnes youth drop-in	Totnes YES + school based	Devon Youth service	PCT contribution Devon Youth Service

West Devon

Service	Location	Delivered by	Funded by
Sexual health project	Tavistock YES & outreach work	Young Devon	Contribution by the PCT
Drop-in	Okehampton College	School nurse	PCT (School nurse element)

Drop-in	Okehampton Room 13	Devon Youth Service	Devon Youth Service
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Mid Devon

Service	Location	Delivered by	Funded by
Drop-in	Uffculme School (Cullompton)	School nurse & youth worker	PCT contribution and Teenage Pregnancy fund
Drop-in	Cullompton Youth Centre	School nurse & youth worker	PCT (School nurse element) Teenage Pregnancy fund
Drop-in	Tiverton Youth Centre	School nurse & youth worker	PCT (School nurse element) Teenage Pregnancy fund
Drop-in	Crediton, QECC	School nurse, health visitor	PCT (School nurse element) Teenage Pregnancy fund
Drop-in	East Devon College, Tiverton	College nurse	College
Condom provision Pregnancy testing Signposting General Advice	A range of generic youth work settings in Mid Devon	Youth workers	Devon Youth Service

Teignbridge

Service	Location	Delivered by	Funded by
Drop-in	South Dartmoor Community College	Youth workers	PCT (School nurse element) & Devon Youth Service
Drop-in	Dawlish Community College	School nurse & Youth worker	PCT (School nurse element)
Drop-in	Teignmouth Community College	School Nurse	PCT (School nurse element)
Drop-in	Youth Enquiry Service (YES) Newton Abbot	Youth workers	Young Devon
Drop-in	The Junction	GP & School	PCT Teenage

	Newton Abbot	Nurse	Pregnancy Fund & Devon Youth Service
Drop-in	Coombeshead College	School nurse	PCT
Drop-in	Knowles Hill School	School nurse	PCT
Drop-in	Eastcliffe Centre Teignmouth	GP & Youth worker	Youth Service
Condom provision Pregnancy testing Signposting General Advice	A range of generic youth work settings throughout towns in Teignbridge area	Youth workers	Devon Youth Service

East Devon

Service	Location	Delivered by	Funded by
Drop-in	Youth Centre next to the Axe Valley Community College	School nurse & Youth worker	PCT contribution & Young Devon
Drop-in	Ottery St.Mary	School nurse	PCT (School nurse element)
Drop-in	Coleridge Medical Centre	Nurse & Doctor	NHS
Young people sexual health clinic	Imperial Medical Practice, Exmouth	Doctors & Nurse	PCT
Drop-in	Sidmouth College	School nurse	PCT (School nurse element)
Drop-in	Honiton Community College	School nurse	PCT (School nurse element)
Drop-in	Honiton Youth Centre	Youth worker	Devon Youth Service
Drop-in	Colyton Grammar School	School nurse	PCT (School nurse element)
Drop-in	Withycombe Clinic	Public Health nurses	PCT
Drop-in	Clyst Community College	School nurse & Youth worker	PCT (School nurse element)
Condom provision Pregnancy testing Signposting general advice	A range of generic youth work settings throughout towns in East Devon area	Youth workers	Devon Youth Service

Exeter

Service	Location	Delivered by	Funded by
Drop-in	West Exe Technology College	GP led + School nurse & Youth worker	Teenage Pregnancy funding
Drop-in	Isca College of Media Arts	School nurse	PCT (School nurse element)
Drop-in	St Lukes Science and Sports College	School nurse	PCT (School nurse element)
Drop-in	St Peter's School	School nurse	PCT (School nurse element)
Sexual Health Advice Service	Exeter Youth Enquiry Service	Youth workers	Young Devon Teenage Pregnancy funding
Sexual Health Advice Service	Pupil Referral Unit, Exeter	School nurse	Teenage Pregnancy funding
Drop-in	Exeter College	College nurses	College
Condom provision Pregnancy testing Signposting General Advice	A range of generic youth work settings throughout towns in Exeter area	Youth workers	Devon Youth Service

North Devon

Service	Location	Delivered by	Funded by
Drop-in	North Devon College	Nurse-led	Teenage pregnancy funding
Drop-in	The Real McCaf	Devon Youth Service	Devon Youth Service
Student Support	Ilfracombe College	Devon Youth Service	Devon Youth Service & Ilfracombe College
Drop-in	Braunton School and Community College	School nurse	Teenage pregnancy fund
Condom provision Pregnancy testing Signposting General Advice	A range of generic youth work settings throughout North Devon	Youth workers	Devon Youth Service

Torrige

Service	Location	Delivered by	Funded by
Drop-in	Torrington School	School Nurse & Contraception Service	Teenage Pregnancy funding & school
Condom provision Pregnancy testing Signposting General Advice	A range of generic youth work settings throughout Torrige	Youth workers	Devon Youth Service

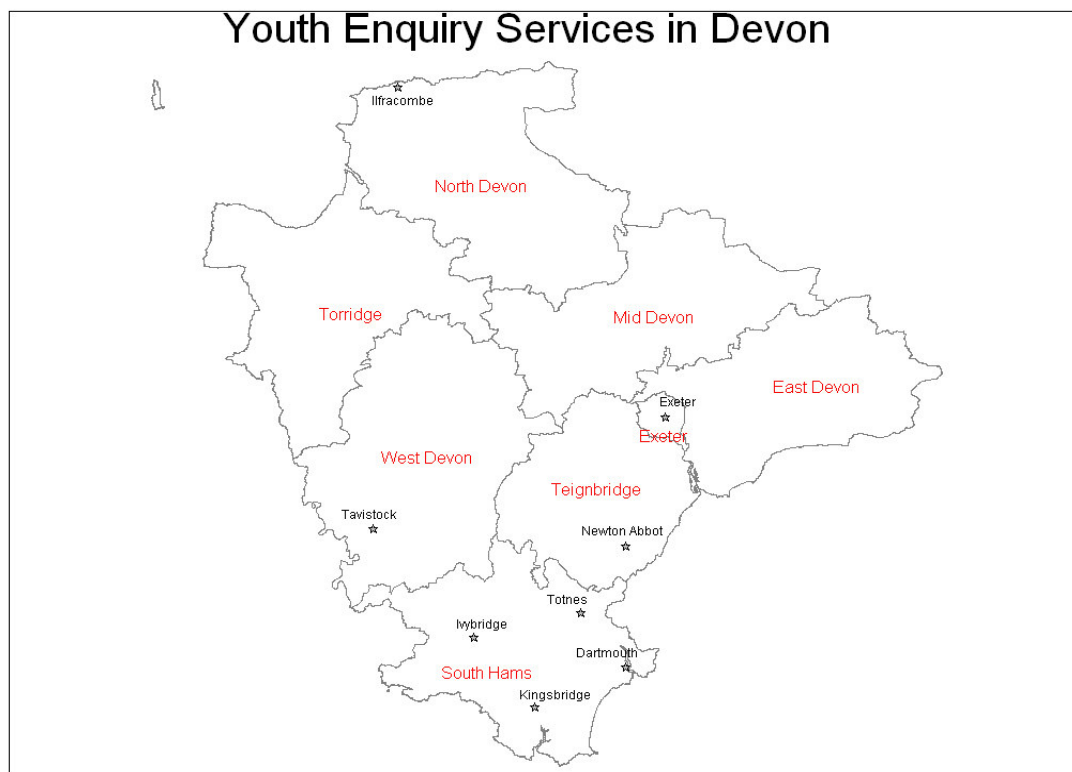
Youth Enquiry Services

- 8.6 There is a number of Youth Enquiry Services (YES) throughout Devon. They provide a valuable service to young people. They provide a whole range of services enabling young people to access information, support, advice and guidance in a confidential setting. All offer specific sexual health sessions including distribution of free condoms, access to pregnancy tests, emergency contraception (if nurse present) and sexual health advice. They also provide outreach services into more outlying communities. However, as the map clearly shows, Youth Enquiry Services are not available or accessible to all young people in Devon. Devon Youth Service also provides a similar range of services within their generic work but, again, this is not available or accessible to all young people.

Table 13: Youth Enquiry Services by Location in Devon

Location of YES	Provider	Services Include			
		Condoms	Pregnancy Test	EHC	Sexual Health Advice
Totnes	Youth Service	√	√	√	√
Dartmouth	Youth Service	√	√	√	√
Ivybridge	Young Devon	√	√	√	√
Tavistock	Young Devon	√	√	√	√
Kingsbridge	Youth Service	√	√	√	√
Newton Abbot	Young Devon	√	√		√
Exeter	Young Devon	√	√		√
Ilfracombe	Young Devon	√	√	√	√

Map of the Location of Youth Enquiry Services in Devon



Contraception Services

- 8.7 Contraception services provide a number of clinics in towns throughout Devon. While these are not specifically for young people, Table 14 clearly demonstrates that young people do access them for sexual health advice and treatment. Exeter contraception services alone saw nearly 12,000 young people in one year.
- 8.8 The recorded data for attendance at contraception services in Devon demonstrate that they are accessed predominantly by women in the under 24 year age group, with males in this age category only accounting for less than 5% of patients. This is similar to the national picture which shows that young men are less likely to access community contraception services or their GP. It is likely, however, that there is an under recording of male attendance. If males attend with their female partner and they receive condoms as part of the visit it is usually the female who is recorded as the attendee not the male. However, even with this anomaly with data recording, males are less likely to attend contraception services and, as young men influence their partners' choice and use of contraception, it is of concern.
- 8.9 Due to the rural nature of Devon, the difficulty in accessing services in some areas can be problematic. Public transport links and opening times of services are critical factors which can determine uptake of services by young people.

Table 14: Contraception Clinic Users

Location	Age Group	Total	% of young people attendance
North Devon (2004/05) Including: Barnstaple, Bideford, Ilfracombe, Holsworthy	Under 15	368	64%
	15	535	
	16-17	1,349	
	18-19	575	
	20-24	691	
		3518	
Exeter (2006) Including: Exmouth, Okehampton, Tiverton	Under 15	151	61%
	15	395	
	16-17	2,581	
	18-19	2,901	
	20-24	5,765	
		11,793	
South Devon (2006/07) Including Newton Abbot, Teignbridge, Totnes, Torbay Paignton	Under 15	246	60%
	15	340	
	16-17	791	
	18-19	469	
	20-24	739	
		2585	

Source: Family Planning Service

Genito-urinary Medicine (GUM)

- 8.10 GUM clinics are provided by the acute hospital trusts in Devon, with the exception of Exeter which is provided by Devon Primary Care Trust Provider Services. Historically, they tend to be located on hospital sites, although some outreach clinics are in operation. The services are led by a consultant in genito-urinary medicine with trained sexual health nurses and health advisors. The clinics are by self referral or GP referral. Swift access is vital to ensure early diagnosis and the avoidance of onward transmission. The government has set a target of 48 hours from appointment request to appointment offered. While the waiting times for a GUM appointment have reduced significantly in recent months, due to their location, it can often be difficult for young people in more rural areas to access GUM services.
- 8.11 The activity data presented in table 15 shows that young people attending the GUM clinics in Exeter, North Devon and Plymouth account for 41% of the total activity. In Torbay the figure is much higher at 57%. When analysing the ratio of males to female attendance, Torbay, Exeter and North Devon present a similar figure with more women attending than men. For Plymouth this figure is reversed with men accounting for 60% of attendance in this age group.

Table 15: GUM Clinics in Devon; Attendance by Young People

Location	Age Group	Males Attending	Females Attending	Total	Young People Attending (as % of total attendance)
Torbay (Torbay Hospital)	Under 16	9	26	35	57%
	16-19	201	337	538	
	20-24	401	348	749	
		611	711	1,322	
		46%	54%		
Exeter (Heavitree)	Under 16	2	52	54	41%
	16-19	236	614	850	
	20-24	769	1,037	1,806	
		1,007	1,703	2,710	
		37%	63%		
North Devon (North Devon Hospital, Ilfracombe, Bideford)	Under 16	8	55	63	41%
	16-19	189	516	705	
	20-24	576	618	1,192	
		773	1,189	1,964	
		39%	61%		
Plymouth (Derriford Hospital)	Under 16	17	113	130	41%
	16-19	477	1,206	1,683	
	20-24	1,318	1,692	3,010	
		1,812	3,011	4,823	
		60%	40%		

Source: GUM Data 2006

General Practice

- 8.12 The National Sexual Health Strategy places a great emphasis on the role of primary care in delivering sexual health services and the new GP contract provides an opportunity for GPs to provide enhanced sexual health services. Approximately three quarters of contraceptive services are provided in primary care. While it is important to encourage young people to access their local practice for all their health needs, including sexual health, local research conducted by South Hams and West Devon PCT (2005) and Devon Youth Association (2004) shows that while some young people are happy to access sexual health services from their local GP practices others choose not to. The reasons those choosing not to go to their local GP cited were 'unfriendly' or 'judgemental' environments, and/or worried their parents would find out. While many practices feel they are accessible to young people, providing a young people friendly service, some of the young people questioned disagreed.

COMMISSIONING RECOMMENDATIONS

3. Contraceptive and sexual health services centres on young people should be well publicised and accessible to all young people in Devon. They should particularly identify ways to encourage a greater uptake by young men.
4. Positive support services for teenage parents should also be well publicised and accessible to ensure young people choosing to have children receive appropriate support.
5. While Youth Enquiry Services and open access youth programmes exist throughout Devon, there is a need to ensure compliance with best practice guidance to assure the quality of services for young people. The concept of services that are 'badged' indicating to young people that a young people friendly service is provided (which has been quality assured) should be established.
6. Dedicated sexual health services for young people need to be accessible to all but should be targeted at those in greatest need. At present, there is an inequality of Youth Enquiry Service provision throughout Devon. A study should be undertaken to examine the need for developing additional Youth Enquiry Services.
7. Interventions should be targeted at those young people at greatest risk of teenage pregnancy, in particular, children and young people in care.
8. Reducing the delay in obtaining an abortion is vital for young women who have made an informed decision. The patient pathway should be reviewed to try to reduce any unnecessary delays resulting in late terminations.
9. More young people should feel able to access sexual health services without concerns over confidentiality and how they will be treated. Services which provide sexual health services for young people which meet agreed criteria produced by young people should be 'badged'. A specific scheme for Devon should be introduced.

8.13 Access to emergency contraception is part of the national sexual health strategy and has been proven to be a cost effective intervention (Department of Health 2005). Access to emergency contraception is available through a number of different settings within Devon. This includes: contraception clinics; minor injury units/accident and emergency departments; GP practices; pharmacists and some specific young people sexual health clinics.

8.14 In 2004, a scheme for young people to access free emergency contraception from designated pharmacists was set up in Devon. Over 100 pharmacists provide this service across Devon. Emergency Hormonal Contraception (EHC) is also accessed via some of the minor injury units within the community hospitals within Devon.

Table 16: Emergency Contraception Accessed in Pharmacies in 2006 by Age Group and PCT Area

Former PCT area	13	14	15	16	17	18	19	Total
Teignbridge	2	13	14	21	11	7	0	68
Exeter	0	0	8	18	6	6	11	49
East Devon	1	4	3	16	4	10	8	46
Mid Devon	1	5	9	11	11	9	3	49
North Devon	0	1	20	55	40	45	28	189
TOTAL	4	23	54	121	72	77	50	401

Source: Devon PCT

COMMISSIONING RECOMMENDATIONS

10. Access to free emergency contraception via designated pharmacists should continue to be commissioned by Devon Primary Care Trust.

Condom Provision

- 8.15 The overall reported use of condoms at first sex has increased significantly in recent years but there are still approximately 10% of 16-19 year olds reporting that they used no form of contraception at first intercourse.
- 8.16 Providing condoms to sexually active young people plays a vital role in promoting sexual health, preventing pregnancy, reducing sexually acquired infections and offers an opportunity to give information and help about sexual health in its wider sense. Offering free condoms to young people, particularly those at medium to high risk, is an extremely cost effective intervention.
- 8.17 Condoms should be accessible and available in places that young people frequent in their everyday lives (Department of Health 2007). It is vital that workers involved in issuing condoms to young people undergo the necessary training to ensure young people not only obtain the condoms but the information, guidance and support to go with them and that this is done in a sensitive manner and in a way which helps facilitate discussion.
- 8.18 At present, young people in Devon can access free condoms funded by the NHS through a variety of different settings, including youth enquiry services, some youth centres, young people drop-ins, contraception clinics and some GP practices. However, there is not universal access and there is a lack of robust auditing and monitoring of condom distribution within Devon.
- 8.19 Young people condom distribution schemes have been established in many areas. Condom distribution schemes, such as the C-Card scheme in Nottingham and Somerset, have been established for a number of years and have been evaluated and well received by young people.

COMMISSIONING RECOMMENDATIONS

11. Widespread free condom provision, particularly targeted at the medium and high risks groups, is a cost effective sexual health intervention. The introduction of a Devon C-Card system should be considered. This would ensure that while the distribution of free condoms would be widespread the quality of service will be standardised and there will be better auditing of the service.

Young People's Sexual Health Care Pathway

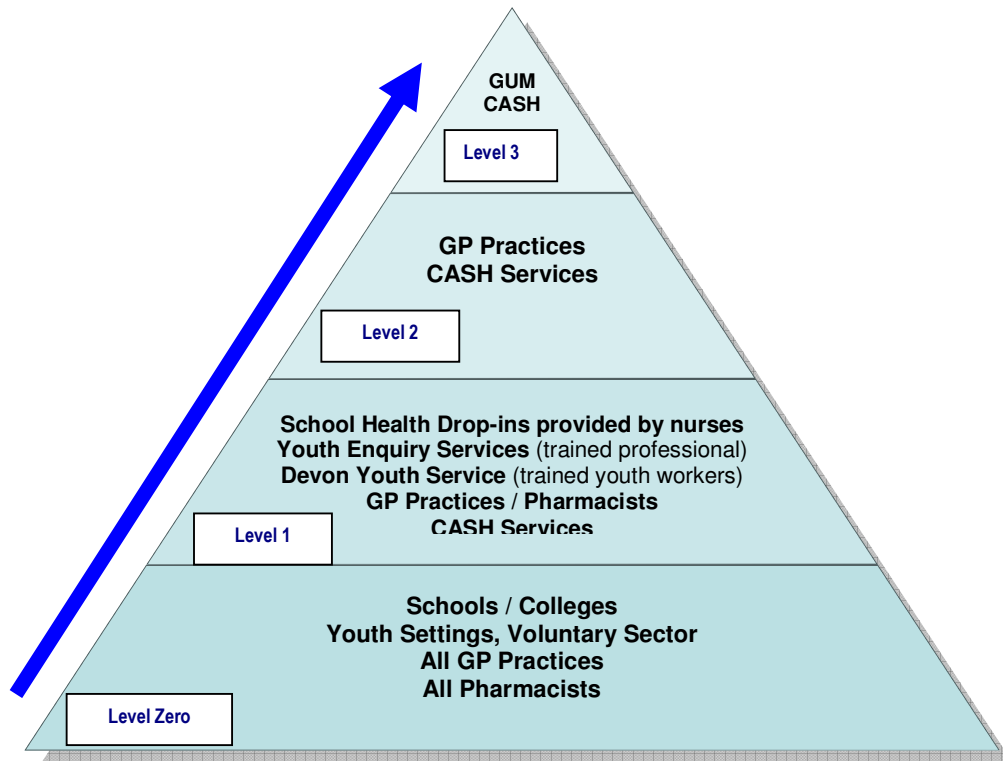
8.20 It is important that a clear care pathway for sexual health services for young people exists and is integrated into mainstream sexual health services which both adults and young people can access. The table below describes how a potential service model could be designed with specific services provided in a variety of settings, although it is unlikely that it would be available in all the settings. The service described in this section is not a comprehensive list of all sexual health services available and reference should be made to the full list in the Devon Sexual Health Strategy which lists all the services available at each level. The services highlighted are those most likely to be accessed by young people but does not exclude or prohibit them from accessing all available services.

Devon Young People's Sexual Health Service Model

Service level	Services Provided	Setting
Level Zero	<ul style="list-style-type: none"> Sexual health promotion literature including details of local services Signposting to local sexual health services or other youth support agencies as appropriate Free condom issue for registered scheme users 	Schools/colleges Youth settings Voluntary sector GP practices Pharmacists
Level One	<i>As above plus:</i> <ul style="list-style-type: none"> Confidential sexual health advice and support, including information about the full range of hormonal, reversible and long acting methods of contraception Free condoms and lubricants, with information and guidance on correct usage and registration to scheme Free pregnancy testing and opportunity to obtain accurate and unbiased information about pregnancy options and non directive support Free emergency hormonal contraception * 	School Health Drop-ins (*available only with trained professional present) Youth Enquiry Services (*available only with trained professional present) Devon Youth Service settings GP practices Contraceptive and Sexual Health Services (CASH) Pharmacists

	<ul style="list-style-type: none"> • Free chlamydia screening • Referral to Termination of Pregnancy • Referral to antenatal care • Referral to genito-urinary medicine. 	
Level Two	<i>As above plus:</i> <ul style="list-style-type: none"> • Long acting and reversible methods of contraception • Contraception • Screening for asymptomatic STIs • Testing symptomatic men for STIs • Treating of STIs • Contact tracing/partner notification 	GP practices providing a level two service Contraceptive and Sexual Health Services (CASH)
Level Three	<i>As above plus:</i> <ul style="list-style-type: none"> • Full STI testing • Termination of pregnancy service • STI services for people with special needs • Specialist contraception services • Specialised HIV services • Contraception problem clinics • Sexual assault 	GUM clinics including Community outreach clinics Hospitals (including community hospitals) Sexual Health Services (CASH)

8.21 The diagram below aims to show the various levels of services and how a young person will be able to access the appropriate level of service they need. The model is consistent with the vision of sexual health services for Devon and can be viewed in Appendix 1.



Commissioning Recommendations

12. An integrated young people's sexual health service model should be developed to provide a clear care pathway for young people.

9. Health Promotion and Disease Prevention

- 9.1 The promotion of sexual health should enhance sexual and emotional wellbeing and help people reduce the risk of sexually transmitted infections and unwanted pregnancy. Health promotion interventions should provide the information, support and opportunities to enhance personal and social skills to enable people to exercise control over and improve their sexual health.
- 9.2 Simply telling people not to engage in risky behaviour tends to be ineffective. A comprehensive, multi-component programme of sexual health promotion is needed which can address local needs, reduce inequalities in sexual health and reach marginalised groups. It should be fully integrated within local services and settings, clinical and non-clinical, using both targeted and opportunistic intervention strategies incorporating a social marketing approach.
- 9.3 Promotion of sexual health is most effective if it is ongoing and sustained. An evaluation of safer sex campaigns in the Netherlands showed attitudes and intentions towards safer sex were affected positively but that the effect was lost when the intervention ended.
- 9.4 There is a strong correlation between alcohol, drugs and risky sexual behaviour. Research shows that the greater the level of alcohol consumed, the greater the chance of unprotected sex (Department of Health, 2007). Studies from Scandinavia show that young people are two or three times more likely to have unprotected sex when drunk and girls are more likely to have multiple sexual partners when drunk. It is for this reason that a more joined up approach to prevention strategies for alcohol and drug misuse need to be made as reducing substance misuse amongst young people will have a positive effect on their sexual health.

Sex and Relationship Education (SRE)

- 9.5 High quality integrated sex and relationships education has been proven to be a cost effective sexual health intervention (Department of Health, 2005). School-based SRE, particularly when linked to contraceptive services, can have an impact on young people's knowledge and attitudes, delay sexual activity and/or reduce pregnancy rates. There is no evidence to support the view that increased provision of SRE increases the onset or frequency of sex or the number of sexual partners.
- 9.6 Research shows that a high quality, experientially based SRE programme is rated highly by the young people who received it, has a positive impact on knowledge, and reduces the level of reported regret over first sexual intercourse. It had no effect on contraceptive use and sexual behaviour. Results also suggest that specific programmes on their own are unlikely to reduce conception rates, but are an essential part of a multi-faceted approach.

- 9.7 Local research undertaken with teenage mothers in Devon found that some commented on their need to receive more education in school about, 'relationships, confidence and strategies for saying no to unprotected sex' (Devon Youth Association, 2005).
- 9.8 In 2003 Devon County Council conducted the 'Big Voice' – a consultation exercise with young people in Devon. In the sex education section three important issues on which young people needed information on were: sexually transmitted infections, contraception and knowing where to get help.
- 9.9 That "children and young people are sexually healthy" is a key outcome of Every Child Matters. Teenage Pregnancy: Accelerating the Strategy 2010 provides more specific guidance on the key features of good SRE programmes. This includes access to high quality information about sex and relationships and support to develop the skills, confidence and appropriate values framework they need to make and carry through positive choices, including a strong focus on the benefits of delaying early sex. It is important that SRE programmes are delivered to all young people with particular focus on young people who are at greatest risk, including children and young people in care and those excluded from school.
- 9.10 The Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies (2006) identified key factors evident in areas which had reduced teenage pregnancy rates. These included: the systematic delivery of SRE/personal, social and health education (PSHE) in secondary and primary schools, driven by the Local Education Authority (LEA); a strong focus on achieving 'healthy schools' status; use of the Department for Education and Skills (Department for Education & Skills) SRE guidance (issued in 2000) as a driver for training and support for schools, including planned programmes of training for Governors; LEA support to improve schools' PSHE delivery, including the development of exemplar lesson plans, investment in SRE resources and consultancy support for targeted schools.
- 9.11 APAUSE (Added Power and Understanding in Sex Education) is a secondary school-based sex and relationships education programme developed by staff at the Department of Child Health in the University of Exeter. Evaluation of the programme (NFER 2004) concludes that it has a positive effect on young people; that APAUSE students were less likely to be sexually active than comparison students; that they were less immature and had more responsible attitudes towards sex than students in comparison schools and, overall, that APAUSE students, particularly girls, found sex education more helpful than other students.
- 9.12 Where APAUSE is delivered, teachers, health professionals and peer educators are trained to deliver the programme within the school setting. It covers knowledge and understanding of a range of issues. The peer education component has a particular focus on challenging attitudes and gives students a chance to develop assertiveness skills as part of a strategy to cope with pressure. Devon PCT supports the delivery of the programme across the area. However, the APAUSE programme is not delivered in all schools in Devon, as demonstrated in Table 17 below.

Table 17: Delivery of APAUSE Programme in Schools in Devon

Districts	APAUSE Delivered		Total
	YES	NO	
North Devon	5	1	6
South Hams	0	4	4
West Devon	1	1	2
Teignbridge	3	3*	6
East Devon	6	1	7
Exeter	5	0	5
Torridge	2	1	3
Mid Devon	4	0	4
Total	26	11	37

Notes: A pause has supported SRE in 2 special schools and one PRU.

- 9.13 Children and young people excluded from school or who do not attend an education setting need to have access to sex and relationship education. It is important that programmes are provided for this vulnerable group of young people. A specific sexual health policy and guidance for looked after young people has been developed and is currently out for consultation.
- 9.14 Evidence also shows that sexuality is a subject which is often left out of sex education. Lesbian, gay, bisexual and transgender (LGBT) young people say they are often excluded from both sex education and services when the focus is on conception and contraception (Department for Education & Skills 2006). It is important that the needs of LGBT young people are acknowledged in SRE and also by service providers.
- 9.15 A national review of the delivery of Sex and Relationship Education in schools was recently announced by the Government (25th February 2008). The review will consider how best to improve the delivery of SRE in both primary and secondary schools. The review will also cover aspects such as how to share best SRE practice and the role of the school in referring young people to specialist advice and support.

COMMISSIONING RECOMMENDATIONS

13. Personal, social and health education in schools should be given a high priority with joint working to develop comprehensive programmes of sex and relationships education (SRE) in all schools.
14. A review of local SRE, including APAUSE, should be undertaken by the commissioners with recommendations to go to the Devon Young People's Sexual Health Group.

Training

- 9.16 Training is vital for those individuals who are involved in giving young people advice, information and support, including distributing condoms, providing pregnancy testing and, when necessary, treatment. It is important that young people know they are getting quality, consistent advice irrespective of where they access sexual health services.
- 9.17 At present, training programmes are available to youth workers and health professionals and delivered through Positive Action South West (PASW). PASW offer courses ranging from a one day Sexual Health Awareness course through to a four day course, Sex and Relationships Services for Young People, which are free to participants and funded through Devon Teenage Pregnancy. Specific training is also provided by PASW on pregnancy testing, condom distribution and training for receptionists who engage with young people.
- 9.18 Clinical training for health professionals is also provided by the GUM Department and contraception clinics through courses such as Sexually Transmitted Infections Foundation (STIF) course and the Diploma of the Faculty of Sexual and Reproductive Health (DFSRH).
- 9.19 Sexual health training is also one of the key training priorities to support the Devon Healthy Schools Programme. Courses focusing on the SRE curriculum are provided for teachers and co-ordinators in primary, special and secondary schools. This training is provided county-wide, within learning communities and at school. Training is also provided for head teachers and governors on policy development, together with training and information sessions for parents. Devon Healthy Schools has also made available for schools, through Learning Communities, interactive sexual health resources to use within their SRE programmes.

COMMISSIONING RECOMMENDATIONS

15. The training programme delivered through PASW needs to be reviewed to ensure it is developed in line with the sexual health strategy to ensure it is fit for purpose.
16. An agreed ongoing training programme needs to be commissioned to ensure a quality standard of care for young people. The training should include progressive training for individuals who wish to further their skills, including some specific training for those working with young people with disabilities, as well as regular refresher sessions, to ensure individuals skills and knowledge are up to date. The training should be seen in the context of an integrated learning strategy for people working with young people in Devon and in parallel with sex and relationships training and education provision for young people.

Promotion and Publicity

- 9.20 The evidence demonstrates that sustained sexual health promotion campaigns, as part of multi-component programmes, can positively affect individual attitudes and intentions regarding safer sex.

- 9.21 Providing good quality services for young people is a key priority but the full benefit will be achieved only if young people are able to access the services. Local research conducted in West Devon (2005) clearly identified that many of the young people surveyed were unsure what sexual health services were available in their location and unsure of the opening times. This is supported in other local research conducted by Devon Youth Association (2004) surveying teenage mothers on their experience of sexual health services. The mothers consulted stated that advertising of sexual health information and local services would be more effective if displayed where young people congregate, such as school toilets and youth centres, and if it was produced in a more colourful, fun way, this would help increase local awareness.
- 9.22 Production and dissemination of regularly updated local service information, including location, opening times and services provided, using a range of formats and media, can influence perceptions about sexual health services and improve uptake of services.
- 9.23 Research shows that clearly advertised, welcoming and accessible services for those who may need them can facilitate improved access as can explicit and demonstrable confidentiality.
- 9.24 There is a number of high profile national sexual health campaigns targeted particularly at young people, to ensure people understand the risks of unprotected sex and promote condom use to prevent STIs and unintended pregnancies. These include:

“RU Thinking?”

The target audience for this national campaign is the under 16s “sexually inquisitive” group. Usually they have unplanned sex and therefore need access to emergency contraception. It signposts young people to support services where appropriate. The campaign message provides both reassurance and encouragement to delay early sex and deal with peer pressure.

“Want Respect?”

The target audience is sexually active 16-18 year olds (“sexually experimental”), where relationships are short-lived and sex, although not necessarily regular, is usually spontaneous, in a hastily obtained location (a car, outside, a sofa) sometimes under the influence of drink or drugs and is unprotected. The campaign is **“Want Respect? Use a condom”**. This campaign is aimed at socially excluded 16-18 year olds most at risk of unprotected sex and unintended pregnancy. It employs a simple “use a condom” message by associating condom usage with having self-respect and respect for others. It aims to normalise condom use by associating the use of condoms with the type of behaviour which does not gain respect.

“Condom Essential Wear”

The target audience is 18-24 year olds who engage in sexually risky behaviour and are most at risk of getting sexually transmitted infections “sexually reckless”. The campaign **“Condom Essential Wear”** aims to normalise condom use and highlight the consequences of unprotected sex. It is designed to combat the growing numbers and spread of sexually transmitted infections with a strong preventive message: “Sex without a condom is seriously risky: always use a condom”.

COMMISSIONING RECOMMENDATIONS

17. A review should be undertaken of the current publicity to promote local sexual health services for young people in Devon.
18. A publicity strategy needs to form part of the overall service plan as standard practice and include marketing principles to ensure local services are promoted in the necessary way to ensure increased awareness of services. Publicity needs to be ongoing, linked to the national campaigns and inclusive of local young people's views, ideas and designs.

10. Appendices

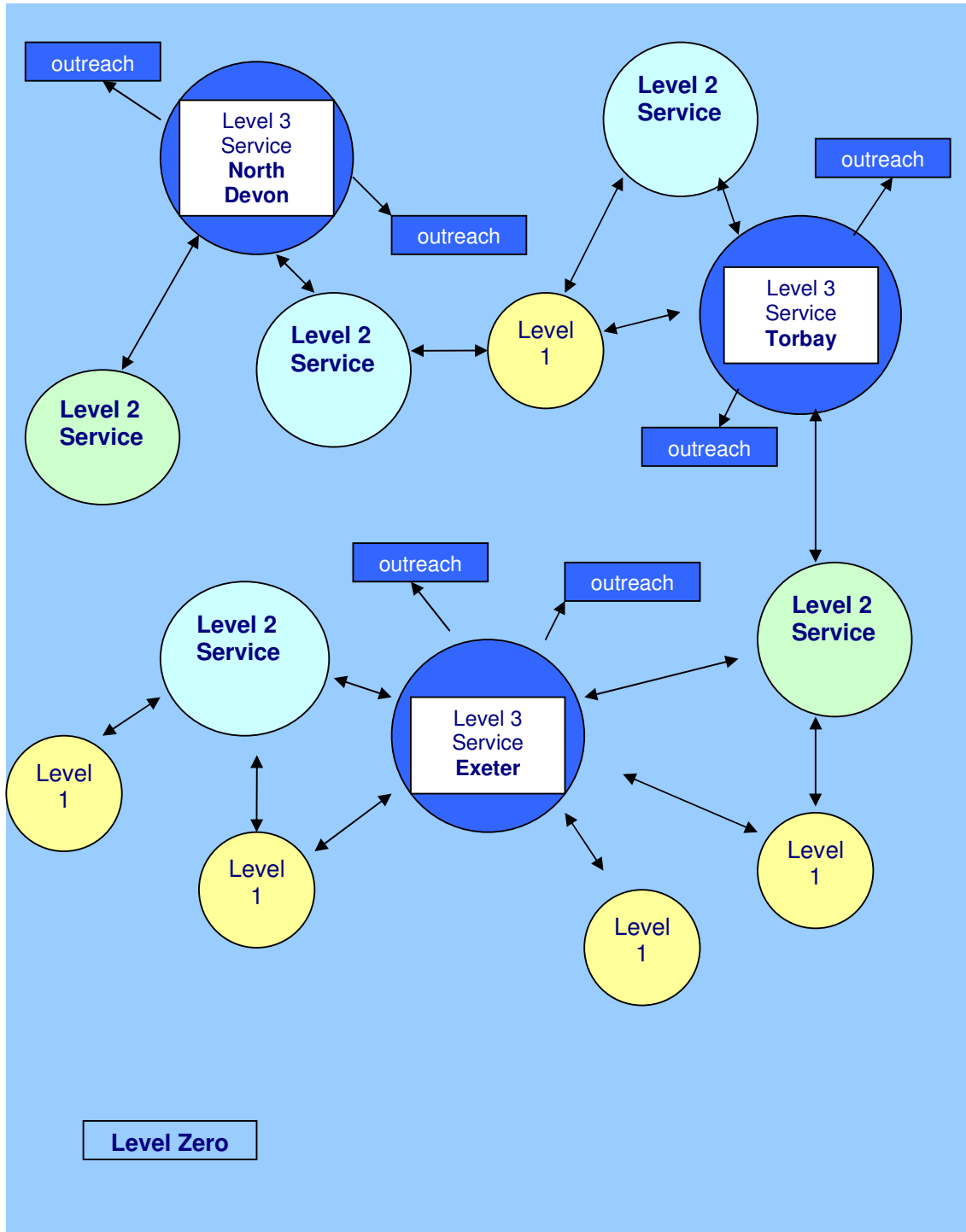
Appendix 1: Young People's Sexual Health Service Model

Appendix 2: Devon Teenage Pregnancy Levels at Ward Level

Appendix 3: Commissioning Recommendations

APPENDIX 1

Young People's Sexual Health Service Model



APPENDIX 2

Devon Teenage Pregnancy Wards in the top 20% nationally based on 2002-2004 data (over 54.3 per 1,000)

Rank	Ward name	Rate 2001-03	Number over 3 years	Rate 2002-04	Number over 3 years
1	Exeter St Davids	137.6	15	105.7	13
2	Ilfracombe Central	91.3	21	100.9	23
3	Exeter Exwick	76.8	35	86.6	40
4	Exeter St James	68.2	15	78.9	18
5	Exmouth Town	56.3	17	78.6	25
6	Exeter Priory	71.8	43	75.8	48
7	Tiverton Castle	93.2	15	75.5	12
8	Barnstaple Central Town	75.2	17	62.2	14
9	Kingsbridge East	88.2	9	62.5	6
10	Exeter Whipton & Barton	49.9	21	60.6	24
11=	Shaldon & Stoke-in-Teignhead	N/a	N/a	58.8	6
11=	Newton Abbot Bushel	77.1	30	58.8	24
12	Newton Abbot Buckland & Milber	55.7	23	57.1	24
13	Exeter St Thomas	60.3	22	55.6	20

APPENDIX 3

Commissioning Recommendations

1. Devon Primary Care Trust should commit to continue to support the Devon Chlamydia Screening Programme increasing annual financial contribution in line with increasing annual screening targets.
2. The Devon Young People's Sexual Health Group should support the implementation of a comprehensive chlamydia screening programme supporting the use of venues and establishments (including non NHS settings) for screening sites and to optimise screening uptake a social marketing approach to the programme should be adopted.
3. Contraception and sexual health services centred on young people should be well publicised and accessible to all young people in Devon. They should particularly identify ways to encourage a greater uptake by young men.
4. Positive support services for teenage parents should also be accessible and well publicised to ensure young people choosing to have children receive appropriate support.
5. While Youth Enquiry Services and open access youth programmes exist throughout Devon, there is a need to ensure compliance with best practice guidance to quality assure services for young people. The concept should be established of a 'badged' service indicating to young people that a young people friendly (and quality assured) service is provided.
6. Dedicated sexual health services for young people need to be accessible to all but should be targeted at those in greatest need. At present, there is an inequity of Youth Enquiry Service provision throughout Devon. A study should be undertaken to examine the need for developing additional Youth Enquiry Services.
7. Interventions should be targeted at those young people at greatest risk of teenage pregnancy, in particular children and young people in care.
8. Reducing the delay in obtaining a termination is vital for young women who have made an informed decision. The patient pathway should be reviewed to try to reduce any unnecessary delays resulting in late terminations.
9. More young people should feel able to access sexual health services without concerns over confidentiality and how they will be treated. Services which provide sexual health services for young people which meet agreed criteria produced by young people should be 'badged'. A specific scheme for Devon should be introduced.
10. Access to free emergency contraception via designated pharmacists should continue to be commissioned by Devon Primary Care Trust.

11. Widespread free condom provision, particularly targeted at the medium and high risks groups, is a cost effective sexual health intervention. The introduction of a Devon C-Card system should be considered. This would ensure that while the distribution of free condoms would be widespread the quality of service will be standardised and there will be better auditing of the service.
12. An integrated young people's sexual health service model should be developed to provide a clear care pathway for young people.
13. Personal, social and health education in schools should be given a high priority with joint working to develop comprehensive programmes of sex and relationships education (SRE) in all schools.
14. A review of SRE, including APAUSE, should be undertaken by the commissioners with recommendations to go to the Devon Young Peoples Sexual Health Group.
15. The training programme delivered through PASW needs to be reviewed to ensure it is developed in line with the sexual health strategy to ensure it is fit for purpose.
16. An agreed ongoing training programme needs to be commissioned to ensure a quality standard of care for young people. The training should include progressive training for individuals who wish to further their skills, including some specific training for those working with young people with disabilities as well as regular refresher sessions to ensure individuals skills and knowledge are up to date. The training should be seen in the context of an integrated learning strategy for people working with young people in Devon and in parallel with sex and relationships training and education provision for young people
17. A review should be undertaken of the current publicity to promote local sexual health services for young people in Devon.
18. A publicity strategy needs to form part of the overall service plan as standard practice and include marketing principles to ensure local services are promoted in the necessary way to ensure increased awareness of services. Publicity needs to be ongoing, linked to the national campaigns and inclusive of local young people's views, ideas and designs.

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