



## **Joint Special Meeting of Children and Young People's and Adults, Wellbeing and Health Overview and Scrutiny Committees**

**Date**      **Tuesday 19 December 2023**  
**Time**      **1.30 pm**  
**Venue**     **Committee Room 2, County Hall, Durham**

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### **Business Part A**

**Items during which the Press and Public are welcome to attend.  
Members of the Public can ask questions with the Chair's agreement.**

1. Apologies for absence
2. Substitute Members
3. Declarations of Interest
4. Any items from Co-opted Members or Interested Parties
5. Preparation for Adulthood
  - A) Joint Report of the Director of Children and Young People's Integrated Services, County Durham Care Partnership and Director of Children and Young People's Integrated Services, County Durham Care Partnership (Pages 3 - 6)
  - B) Presentation by Director Children & Young People's Integrated Services, County Durham Care Partnership (Pages 7 - 24)
6. Valuing Neurodiversity in County Durham
  - A) Report of the Corporate Director of Children and Young People's Services (Pages 25 - 30)
  - B) Presentation by Commissioning Delivery Manager, Children's Services, County Durham Care Partnership (Pages 31 - 40)
7. Children, Young People and Vaping: An Update on the Evidence Base
  - A) Joint Report of the Corporate Director of Resources and the Director of Public Health (Pages 41 - 44)
  - B) Presentation by Public Health Advanced Practitioner (Pages 45 - 60)

8. Sexual Health Strategy
  - A) Report of the Director of Public Health  
(Pages 61 - 94)
  - B) Presentation by Public Health Advanced Practitioner  
(Pages 95 - 102)
9. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration

**Helen Bradley**

Head of Legal and Democratic Services

County Hall

Durham

11 December 2023

To: **The Members of the Children and Young People's Overview  
and Scrutiny Committee**

Councillor A Reed (Chair)

Councillor J Cosslett (Vice-Chair)

Councillors C Bell, R Crute, S Deinali, K Fantarrow, J Griffiths,  
K Hawley, C Hunt, C Lines, L Mavin, M McGaun, D Mulholland,  
K Rooney, J Scurfield, M Simmons, S Townsend, C Varty, E Waldock  
and M Walton

**Faith Communities Representatives**

Mrs L Vollans

**Parent Governor Representatives**

Professor Gosia M Ciesielska, Mr P Debrett-Watson

**Co-opted Members**

R Evans and A Gunn

To: **The Members of the Adults, Wellbeing and Health Overview and  
Scrutiny Committee**

Councillor V Andrews (Chair)

Councillor M Johnson (Vice-Chair)

Councillors J Blakey, R Crute, K Earley, D Haney, K Hawley, J Higgins,  
L A Holmes, L Hovvels, J Howey, P Jopling, C Kay, C Lines, M McKeon,  
S Quinn, K Robson, A Savory, M Simmons, D Stoker and T Stubbs

**Co-opted Members**

Mrs R Gott and Ms A Stobbart

**Co-opted Employees/Officers**

Healthwatch County Durham

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**Contact: Jordan Bell**

**Tel: 03000 269701**

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**Children and Young People's  
and Adults Wellbeing and  
Health Overview and  
Scrutiny Committee**



**19 December 2023**

**Preparation for Adulthood**

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**Joint Report of Michael Laing, Director of Integrated Community Services, County Durham Care Partnership and Jennifer Illingworth, Director of Children and Young People's Integrated Services, County Durham Care Partnership**

**Purpose of the Report**

- 1 The purpose of the report is to provide members of the Joint Special Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committee with information regarding considerations when transitioning from services and provided and commissioned for children and young people with complex needs to either adult services, or out of services where appropriate.

**Executive summary**

- 2 Arrangements were made with the Director of Integrated Children and Young People's Services, County Durham Care Partnership to attend a Joint meeting of Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committee to provide information on preparation for adulthood.

**Recommendations**

- 3 That the Joint Special Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committee receive the presentation and comment accordingly.

**Background**

- 4 At its meeting on 6 July 2023, Children and Young People's Overview and Scrutiny Committee agreed its work programme for 2023/24 included within that work programme was an item on Preparing for Adulthood. As this item is cross cutting with Adults Wellbeing and Health Overview and Scrutiny Committee it was thought appropriate to

bring this item together with other cross cutting items to a Special Joint meeting of Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committee.

- 5 Arrangements were made with the Director of Integrated Children and Young People's Services at County Durham Care Partnership to attend the Joint Special meeting on 19 December 2023 and provide a presentation covering:
  - Links to National Strategy and Local Priorities
  - Local Priorities
  - Work so far.
  - Initial Workplan areas of focus
  - Principles of the Healthcare Transition Pyramid
  - Transition Models
  - Governance
  - Young People's Comments
  - What's Next

## **Conclusion**

- 6 Members of Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committees will be aware of the work being carried out to support young people when transitioning from services provided and commissioned for Children and Young People with complex needs to Adult Services or out of services where appropriate.

## **Background papers**

- None

## **Authors**

Ann Whitton

03000268143

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## **Appendix 1: Implications**

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### **Legal Implications**

Not applicable

### **Finance**

Not applicable

### **Consultation**

Not applicable

### **Equality and Diversity / Public Sector Equality Duty**

Not applicable

### **Human Rights**

Not applicable

### **Climate Change**

Not applicable

### **Crime and Disorder**

Not applicable

### **Staffing**

Not applicable

### **Accommodation**

Not applicable

### **Risk**

Not applicable

### **Procurement**

Not applicable

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# Preparing for Adulthood Steering Group Update

Jennifer Illingworth – Director of Integrated Children’s Services  
[jenniferillingworth@nhs.net](mailto:jenniferillingworth@nhs.net)

GROWING  
UP

# What do we mean by ‘preparing for adulthood?’

- For the purpose of this group we are considering the transition from services provided and commissioned for children and young people with complex needs either to adult services, or out of services where appropriate . The group will also include education transitions and the transition from education settings into employment. The group is also concerned with preparation for adulthood in a broader sense to include for example (but not limited too):
  - Independent travel
  - Support into employment
  - Housing
  - Budget management
  - Nutrition and staying healthy



- The group focusses upon young people, aged 14 – 25 who reside within County Durham and/or are registered with a GP practice in County Durham, who are **currently known to more than one service** and by default will have needs that are more complex.
- The group acknowledges the existing work in this field by many other services and teams and aims to complement and contribute to that rather than duplicate efforts.

# Links to national strategy and local priorities

- NICE Guidance (NG43)

*Health and social care service managers in children's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people. This work could involve, for example, developing:*

- *a joint mission statement or vision for transition*
- *jointly agreed and shared transition protocols, information-sharing protocols and approaches to practice.*
- **Care Review**
  - *Transition into kinship care*
  - *Supporting care leavers into higher education*
  - *Have Corporate Parenting principles in place which will prepare those children and young people for adulthood and independent living*
- **SEND promise**

# Local priorities

- **Joint Health and Wellbeing Strategy 2021-25 (priorities)**

*Support young adults with Special Educational Needs and Disabilities, and Care Leavers, up to age 25 to reduce inequalities and improve life outcomes through high quality transition work from children to adult services*

- **Growing up in County Durham 2023-25**

*Making sure that children and young people with additional needs are supported throughout their childhood, teenage years and as they move into adulthood.*

*Improved children and young people's experience of the move from children to adult's services.*

- **TEWV Business Plan Priorities 2023/24 (Durham Tees Valley)**

*Agree a service approach for 16–25-year-olds (transitions)*

- **County Durham Place based Commissioning and Delivery Plan 2020-2025**

*Children and young people will be supported throughout their transition process into adulthood*

# Work so far

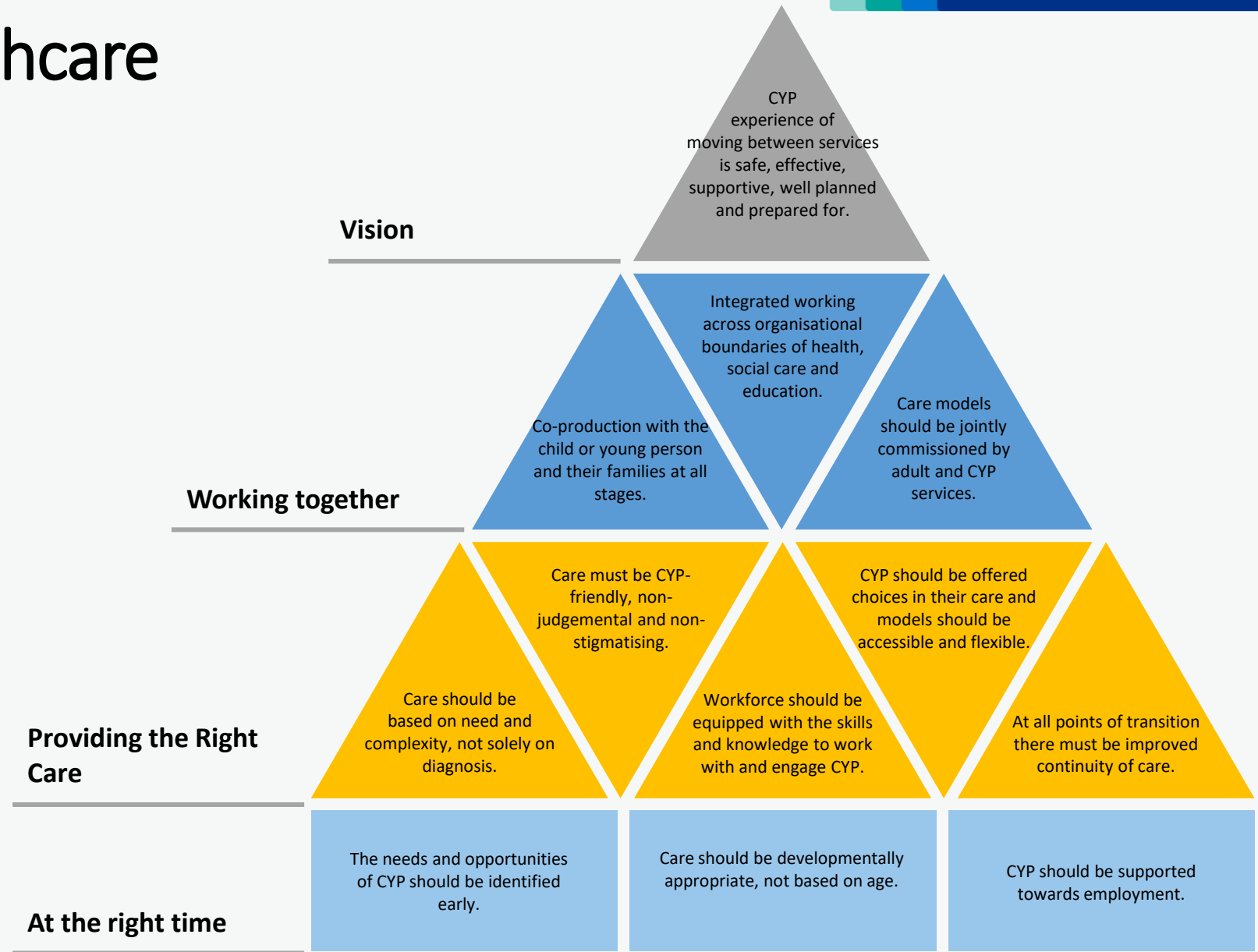
- Initial workshop held to re-set/re-scope existing group on 7<sup>th</sup> September – lots of interest from all partners including housing services and education
- Representatives on the group from adult services in both health and social care
- Investing in Children involved
- Lots of good work already in place – needs to be understood by all partners and shared
- Links to TEWV transitions steering group
- Links to NENC CYP transitions group (complex needs)

# Initial workplan areas of focus

- Ensuring the voices of young people are heard and central to any future developments
- System mapping of current offers/gap identification
- Multi- agency shared data set
- Training/communications/expectation setting
- Explore/pilot the possibility of integrated multi-agency transition teams or huddles including a Transition to Adulthood register that is owned, updated and shared by all relevant partners
- Age of transition – how can we move to a developmentally appropriate model?

# National framework/models for consideration

# Principles of the healthcare transition pyramid

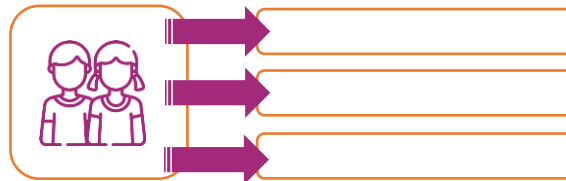


# Page 6 Different transition models, dependent on local need

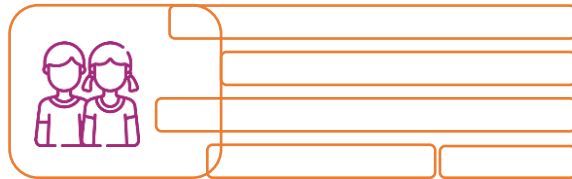
There is no one-size-fits-all model of transition. Established models have used a variety of arrangements based on local objectives and context. These tend to fall within six broad types of model.



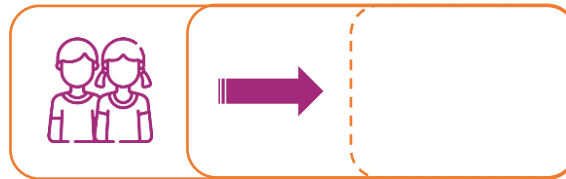
a) 0-25 integrated service



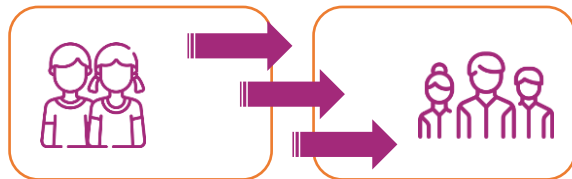
d) Services configured based on need



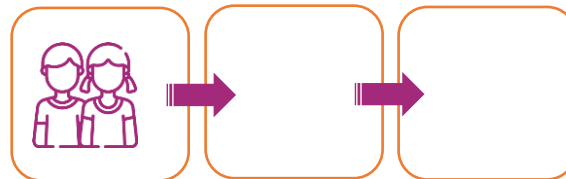
b) Speciality-specific services



e) Young adult health services



c) Flexible age boundary for adult service



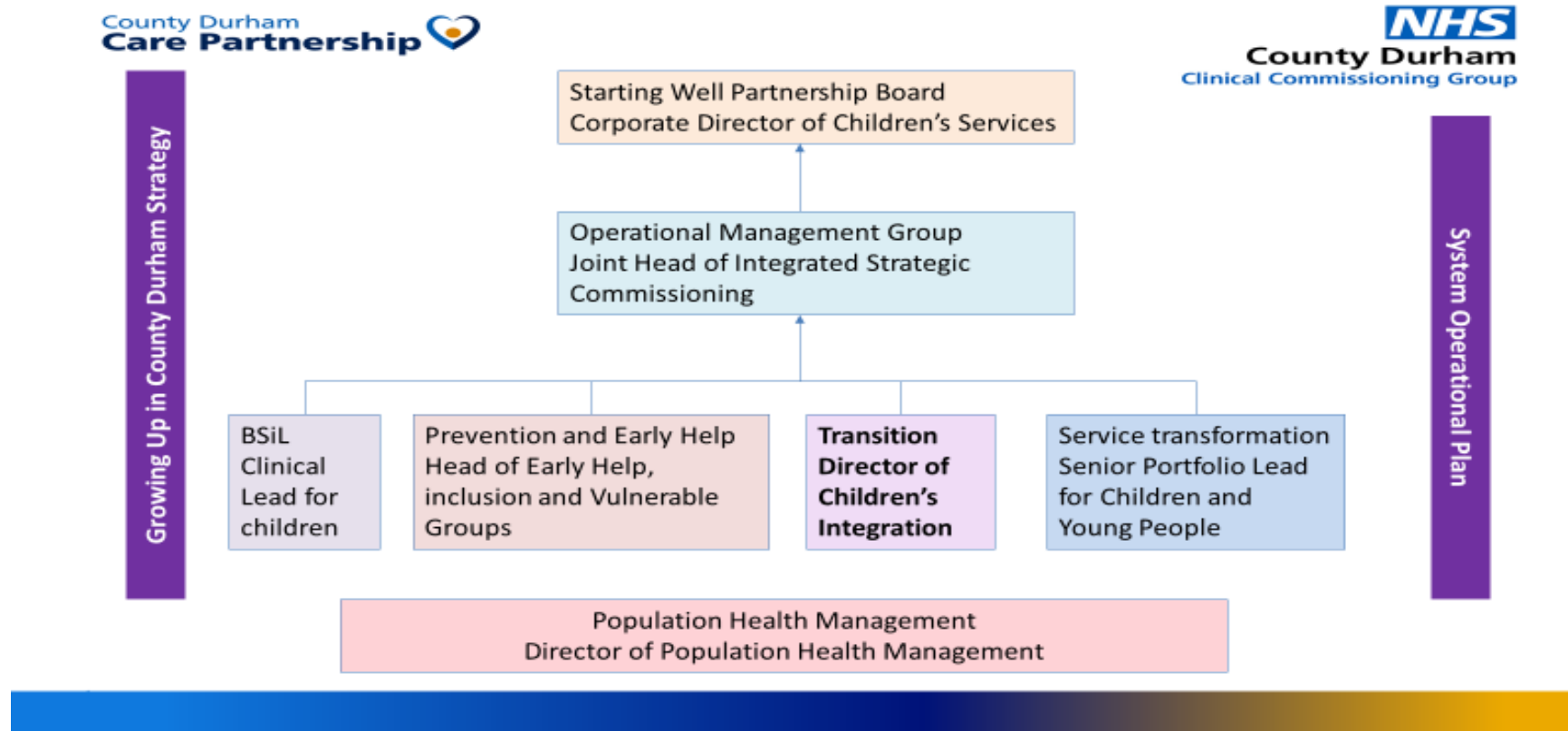
f) Bridging between CYP and adult healthcare

## Options for local models of care

- a) **A fully integrated 0–25-year model:** Services merge to provide care for young people aged up to 25.
- b) **Speciality-specific services that may cut across current age boundaries:** Services used by CYP with long-term conditions who are likely to need to healthcare transition into adult services.
- c) **Flexible age boundary for entering adult service:** The age boundary for entering adult health services in this model can be flexible, dependent on a young person’s need and/or presenting age. It may include specific services to support effective healthcare transition.
- d) **Services configured based on level of need:** Services are configured based on low, moderate or high complexity of need.
- e) **Young adult health services (e.g. 14–25 or 16–25):** Services specifically designed for young people in certain age brackets.
- f) **Bridging between CYP and adult healthcare:** Services which may offer a ‘one stop shop’ of support for young people e.g. for mental health.



# Governance



# What do we already know from our young people?



Adobe Stock | #77593655

# Good stuff.....

- Young Person A has remained supported by the Navigation team and has a successful support team who continue to provide them with support. Adult services have been able to secure, with support from Commissioning colleagues' accommodation to house them when they were required to move from their previous address quickly. They have not reoffended whilst being supported and weekly MDT meetings are held with the wider team to ensure we remain on track with plans for longer term accommodation.
- There is now a core team in place between the Navigation, Rapid Response and ASET team which allowed good working relationship with Young Person B and their family to be built. Young Person B has now been supported to move into their own independent accommodation which were the wishes of both themselves and their family.
- Once Young Person C was 18 they were transferred to the Navigation Team, and were allocated a young person's adviser, (YPA). Support to Young Person C continued to help build relationships and undertake the relevant assessments to ensure the correct support would be in place for them in adult services.

- 'I first met Staff Member A when I was in a very low place in hospital. This was in September 2022. Staff Member A has helped me with settling into a new placement and school and supported me with big changes in my life which has had a huge emotional effect on me. Staff Member A has never judged me and has always offered me the chance for me to talk in open and honest conversations and has always listened when I needed someone to get things off me chest to. I hope they help someone else as much as they helped me'
- With Young Person D, we have supported with what life will look like within adult services for them. We have supported the allocated adult worker with introductions and joint visits making the process a smooth transition. This has been done at a pace suitable to Young Person D and visits have allowed for them to start to build those relationships in the hope of supporting their independence and in agreement with their family. Visits have been done at a time and place suitable for Young Person D and conversations have taken place with adult worker around their wish for these visits to take place in a neutral setting, again to support with their anxieties.

# Not so good stuff.....

- Young Person E's parents have expressed being very disappointed throughout the transition, particularly relating to the appeals process. They feel that they have little trust in the local authority and it has been difficult to reassure the parents and build the rapport necessary to regain their trust since this has happened.
- Young Person F feels that they have not received a smooth transition into Adult services due to the number of moves they have been supported to make, albeit for their own safety.
- 'It's so difficult getting to know different care staff members – repeating my story'.
- Young Person G has mentioned there being several changes in workers which has been frustrating.
- In a focus group session it was a really significant concern for the young people involved in the conversation that support would potentially stop at 18

# What next

Event for CYP, families, carers and another one for professionals in January/February 2024

Have we been asking the right questions??





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**Children and Young People's  
and Adults Wellbeing and  
Health Overview and  
Scrutiny Committee**

**19 December 2023**

**Valuing Neurodiversity in  
County Durham**



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**Report of John Pearce, Corporate Director of Children and Young  
People's Services**

**Purpose of the Report**

- 1 The purpose of the report is to provide members of Children and Young People's and Adults Wellbeing and Health Joint Special Overview and Scrutiny Committee with information regarding work undertaken through the Starting Well Partnership (SWP) to support families of our neurodivergent children and young people.
- 2 Whilst the main driver for the work is to support those awaiting assessment, there is no exclusion criteria and any changes and improvements made will also support children, young people and families where some neurodivergence may be present, but they are not on the assessment waiting list.
- 3 Likewise, families who have been through the assessment process will also benefit, regardless of the outcome of their assessment.

**Executive Summary**

- 4 There are currently 4000 children and young people waiting for a neurodiversity assessment in County Durham. The waiting times for children and young people under 18 is approximately 48 months, while the waiting times for adults 18 years and over is approximately just over three years. Tees, Esk and Wear Valley NHSFT (TEWVFT) provide an assessment service for both adults and children.

- 5 An updated all age Autism Strategy was presented at Cabinet on 13 December 2023, and a briefing report is being prepared for Children and Young People's Overview and Scrutiny Committee in early 2024.
- 6 The vision for the Valuing Neurodiversity project is to meet the needs of children, young people and families at the point of identification without having to wait for a formal diagnosis. This work is expected to take three to five years to complete and annual reports will be taken to appropriate groups. A project board has been set up with subgroups led by the most appropriate people across the system.
- 7 There are currently four key subgroups delivering work on:
  - Training
  - Communication and Engagement
  - Support Offer Mapping
  - Support in Schools Pilot

## **Recommendations**

- 8 That Children and Young People's and Adults Wellbeing and Health Joint Overview and Scrutiny Committee receive the presentation.
- 9 Co-production is a key part of this work to ensure the help, advice and support available is what families need. Whilst we are closely engaged with Making Changes Together, our Parent/Carer Forum, the Joint Overview and Scrutiny Committee is asked to advise on ways to expand the reach of this aspect of the project.

## **Background**

- 10 The Children and Young People's Overview and Scrutiny Committee requested information on the Valuing Neurodiversity work when developing it's 2023/24 work programme.

## **Valuing Neurodiversity in County Durham**

### **Language and Terminology**

- 11 The terms *Neurodiversity*, *neurodivergent* and *neurotypical* refer to differing ways the brain functions. The result of being neurodivergent can be difficulty functioning in modern society which can manifest in a number of ways. Some of these, such as Attention Deficit and Hyperactivity Disorder (ADHD) can be helped using medication. Some, such as Autism, cannot. Some conditions, such as Foetal Alcohol Syndrome Disorder (FASD), can present very much like autism or

ADHD but the root cause, and therefore any medications, are quite different.

- 12 Further information from The Brain Charity can be found [here](#).

### **Context**

- 13 There are currently over 4,000 children and young people waiting for a neurodiversity assessment in County Durham. Tees Esk and Wear Valley NHSFT (TEWVFT) provide the assessment service for both adults and children. The children and young people's assessment looks at all neurodivergent conditions together, then the formulation process identifies (or not) the most appropriate condition relevant to the presenting behaviours of the individual child.
- 14 The waiting time for children and young people (under 18) is around 48 months. The waiting time for adults (18 and over) is just over 3 years.
- 15 TEWVFT operate a continuous improvement culture and, as such, are constantly looking to improve their services. However, they are hampered by a national increase in demand for neurodiversity assessment as well as recruitment and retention challenges for staff.
- 16 The updated all-age Autism strategy is being presented to Cabinet on 13 December and a briefing will be prepared for Scrutiny Committee in early 2024.

### **Vision**

- 17 The vision for the Valuing Neurodiversity project is to meet the needs of our children, young people and families at the point of identification without a need to wait for a formal diagnosis. This requires all parts of the system (health, education, social care, families) to move away from a diagnosis-led model to a needs-led model.

### **Governance and timescales**

- 18 It is expected to take 3 – 5 years from March 2023 to complete this work. Annual reports will be taken to appropriate groups. The work, and therefore sub-group structure, is expected to change on an annual basis.
- 19 A Project Board has been set up with sub-groups. The sub-groups are led by the most appropriate people from across the system. The project sits under the System Transformation sub-group of the SWP but also reports into the Mental Health, Learning Disability and Autism Partnership and the Think Autism Strategy Group. Presentations have also been given to the SEND Strategic Partnership and Making Changes Together Parent Carer Forum conference.

## **Current work**

- 20 There are currently 4 key sub-groups delivering work
- a. Training  
To identify the current offer, gaps and overlap then identify what, if any, additional training is needed. Training is for professionals and families.
  - b. Communications and Engagement  
To ensure a co-produced project
  - c. Support offer mapping  
To map and gap the support currently available
  - d. Support in schools pilot  
Supporting the conversations families have with education staff when neurodivergence is first suspected. Funded from the Mental Health, Learning Disability and Autism Partnership until March 2024.

## **Conclusion**

- 21 The Valuing Neurodiversity project aims to improve the help, advice and support available and accessible to families, children and young people, regardless of diagnostic status.
- 22 The whole-system project is long term, over 3 – 5 years, to deliver the culture change required to move from a diagnosis-led system to a needs-led system.
- 23 Initial work to identify available training, map current support available and support education setting staff is already underway.

## **Background papers**

- None

## **Authors**

Alison Ayres

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## **Appendix 1: Implications**

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### **Legal Implications**

None

### **Finance**

None

### **Consultation**

None

### **Equality and Diversity / Public Sector Equality Duty**

None

### **Human Rights**

None

### **Climate Change**

None

### **Crime and Disorder**

None

### **Staffing**

None

### **Accommodation**

None

### **Risk**

None

### **Procurement**

None

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# Valuing Neurodiversity in County Durham

Improving the help, advice and support available to our  
neurodivergent children, young people, and their families

Alison Ayres  
Commissioning Delivery Manager  
Children's Services  
County Durham Integrated  
Commissioning Team  
December 2023

# Language and Terminology

- Neurodevelopmental
  - Relating to the nervous system
- Autism
- Attention Deficit Hyperactivity Disorder (ADHD)
- Foetal Alcohol Syndrome Disorder (FASD)
- Neurodiversity, Neurodivergent & Neurotypical
- [Further info](#)



# Background and context

- Recent figures show over 4k children on waiting list for neurodevelopmental diagnostic assessment.
- The waiting time for diagnostic assessment is circa 48 months.
- Prevalence in adults is 1%. We're running at 2% of our under 18 population.
- National challenges with recruitment and retention.
- Expectation that something different follows diagnosis.
- Engagement identified that families find it difficult to navigate the system and find support.
- Families don't always receive accurate information and advice.
- The system isn't working.

# Vision

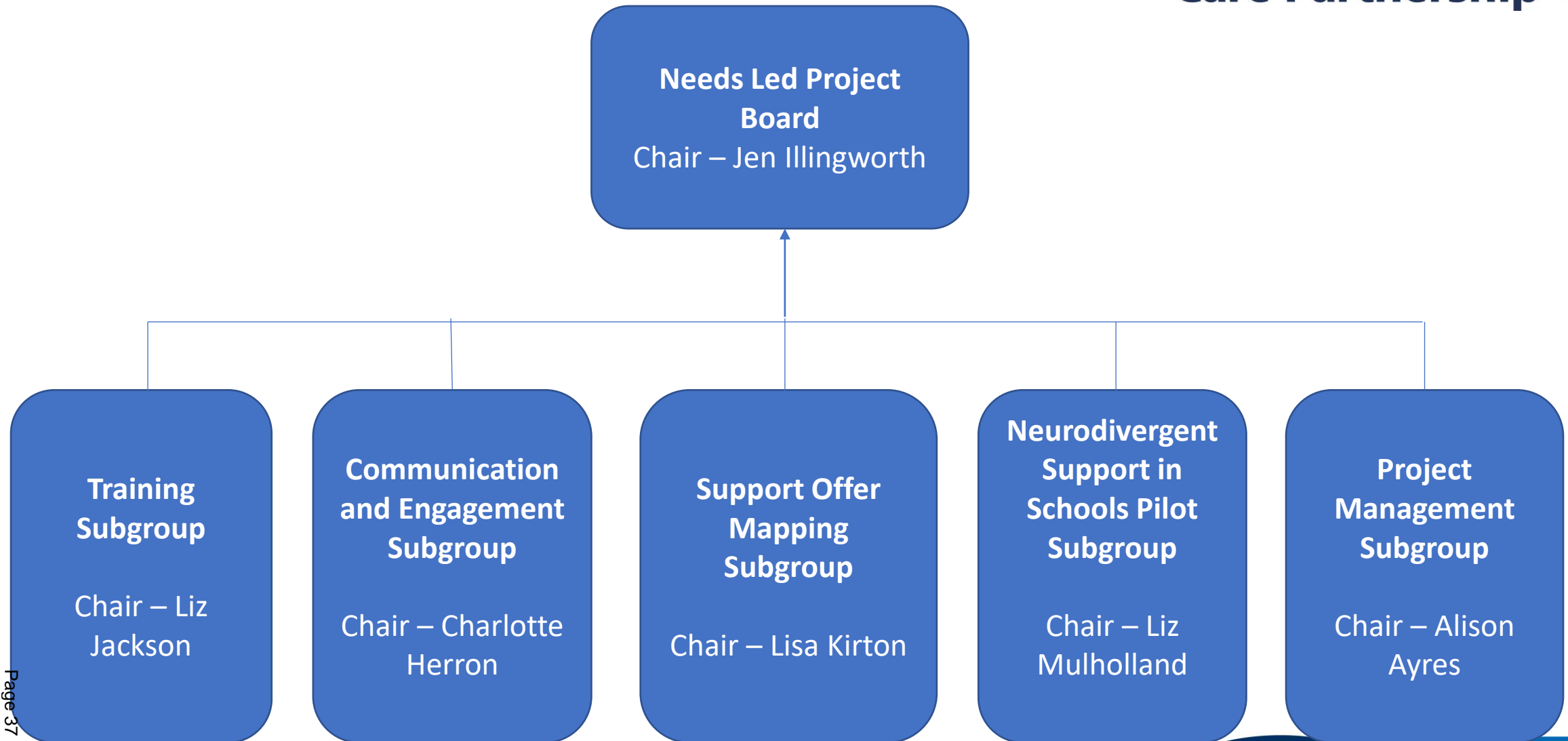
- Needs met at the point of identification
- Diagnosis as needed
  - Understanding of what diagnosis can add
- Ensuring advice, help and support is accessible, and that messages are consistent and appropriate regardless of the point of contact
- Confidence that the system can meet need
- Parents no longer feel they have to ‘fight’ or ‘battle’ to get help
- Ensuring a co-ordinated approach to training for all staff working with children who have neurodiverse needs.

# How will we do this?

- Small system-wide group to consider what needs to be done.
- Presentation to Parent/carer forum
- Survey
- Paper drafted for Care Partnership Executive setting out current state, future options, and timescales (March 2023)
- System-wide buy in
- System-Wide Project Group with Director Chair & sub-groups

# Governance

- This is a big piece of work, expected to take between 3 and 5 years to complete.
- We will regularly report our progress to the Starting Well Partnership Board, Mental Health, Learning Disability and Autism Partnership, Think Autism Steering Group and other relevant groups.



# What are we currently doing?

- Training
  - Create a county-wide training offer, provided by a variety of partners, pulling together existing training and identifying gaps.
- Comms & Engagement
  - The co-production engine
- Support offer mapping
  - There is a lot available. This group are mapping it across the County and will co-produce the gaps and solutions.
- Support in schools pilot
  - Improving the quality of the first conversation families have with the system

# Questions?

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**Children and Young People's  
and Adults Wellbeing and  
Health Overview and  
Scrutiny Committee**

**19 December 2023**



**Children, Young People and  
Vaping: An Update on the  
Evidence Base**

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**Joint Report of Paul Darby, Corporate Director of Resources and  
Amanda Healey Director of Public Health**

**Purpose of the Report**

- 1 The purpose of the report is to provide members of Children and Young People and Adults Wellbeing and Health Overview and Scrutiny Committee with an update on the evidence base relating to children, young people and vaping.

**Executive summary**

- 2 Arrangements were made with the Director of Public Health for Members of Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committee receive a presentation giving an update on the evidence base on Children, Young People and Vaping.

**Recommendations**

- 3 That Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Special Joint Committee receive the presentation and comment accordingly.

**Background**

- 4 At its meeting on 6 July 2023 Members of Children and Young People's Overview and Scrutiny Committee agreed its work programme for 2023/24, included in that work programme was an update on youth vaping.
- 5 As this is a cross cutting item with Adults Wellbeing and Health it was agreed that it would be considered at a joint special meeting of Children

and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committee.

6 Arrangements were made with the Director of Public Health to attend a Joint Special Meeting of Children and Young People's and Adults, Wellbeing and Health Overview and Scrutiny Committee on 19 December 2023 with a presentation covering the following information:

- Smoking Kills
- Impact of Vaping on Health
- Prevalence and Challenges
- Tobacco Legislation
- Prevalence Locally
- Cost Locally
- ADPHNE Position
- Evidence Based Tools and Resources
- ASH – Addressing Common Myths about Vaping
- Resources for Schools
- Balancing the Risks and the Benefits
- Regulations on Vapes
- Stopping the Start

## **Conclusion**

7 Members of Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committee will be aware of the work being done to address children, young people and vaping.

## **Background papers**

- None

## **Authors**

Ann Whitton

03000268143

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## **Appendix 1: Implications**

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### **Legal Implications**

Not applicable

### **Finance**

Not applicable

### **Consultation**

Not applicable

### **Equality and Diversity / Public Sector Equality Duty**

Not applicable

### **Human Rights**

Not applicable

### **Climate Change**

Not applicable

### **Crime and Disorder**

Not applicable

### **Staffing**

Not applicable

### **Accommodation**

Not applicable

### **Risk**

Not applicable

### **Procurement**

Not applicable

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# Children, Young People and Vaping

## An update on the evidence base

# Smoking kills

Page 46

*“People smoke for the nicotine but they die from the tar.”*  
**- Dr Michael Russell**

Tobacco and its smoke: lethal consumer product; thousands of chemicals, 250 toxins, 69 are known to cause cancer; **up to 2/3 of smokers will die early**; huge contributor to health inequalities.

15.4% of people in County Durham smoke this equates to around 65,000 people. However, there are higher rates among key groups – health inequalities issue:

- Routine and manual workers – 22.0%;
- Rates will be much higher in some groups e.g. serious mental illness, those living in social housing etc.

Most smokers want to quit:

- Many lack confidence, have low awareness, underestimate the risks;
- They need as many options and routes as possible.

1/3 of North East households could be lifted out of poverty if smoking reduced.

# Impact of vaping on health

## [The OHID review: Nicotine vaping in England 2022 evidence update](#) (8<sup>th</sup> in series)

- In the short and medium term, vaping poses a small fraction of the risks of smoking, but that vaping is not risk-free, particularly for people who have never smoked.
- There is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions. However, there is similar or higher exposure to harmful substances from vaping compared with not using any nicotine products.
- There is no significant increase of toxicant biomarkers after short-term secondhand exposure to vaping among people who do not smoke or vape.

## [The Cochrane living systematic review on e-cigarettes for smoking cessation](#)

*“Strongest evidence yet that e-cigarettes help people to quit smoking better than traditional nicotine replacement therapies, .....*”

# Prevalence and challenges

## 2023 adult e-cigarette prevalence – national data from ASH

- 9.1% adult prevalence – highest rate ever;
- 39% of smokers think vaping is as harmful or more harmful than smoking which is a misconception – **real concern and heading in the wrong direction.**

## 2023 youth e-cigarette prevalence (11-17 years) – national data from ASH

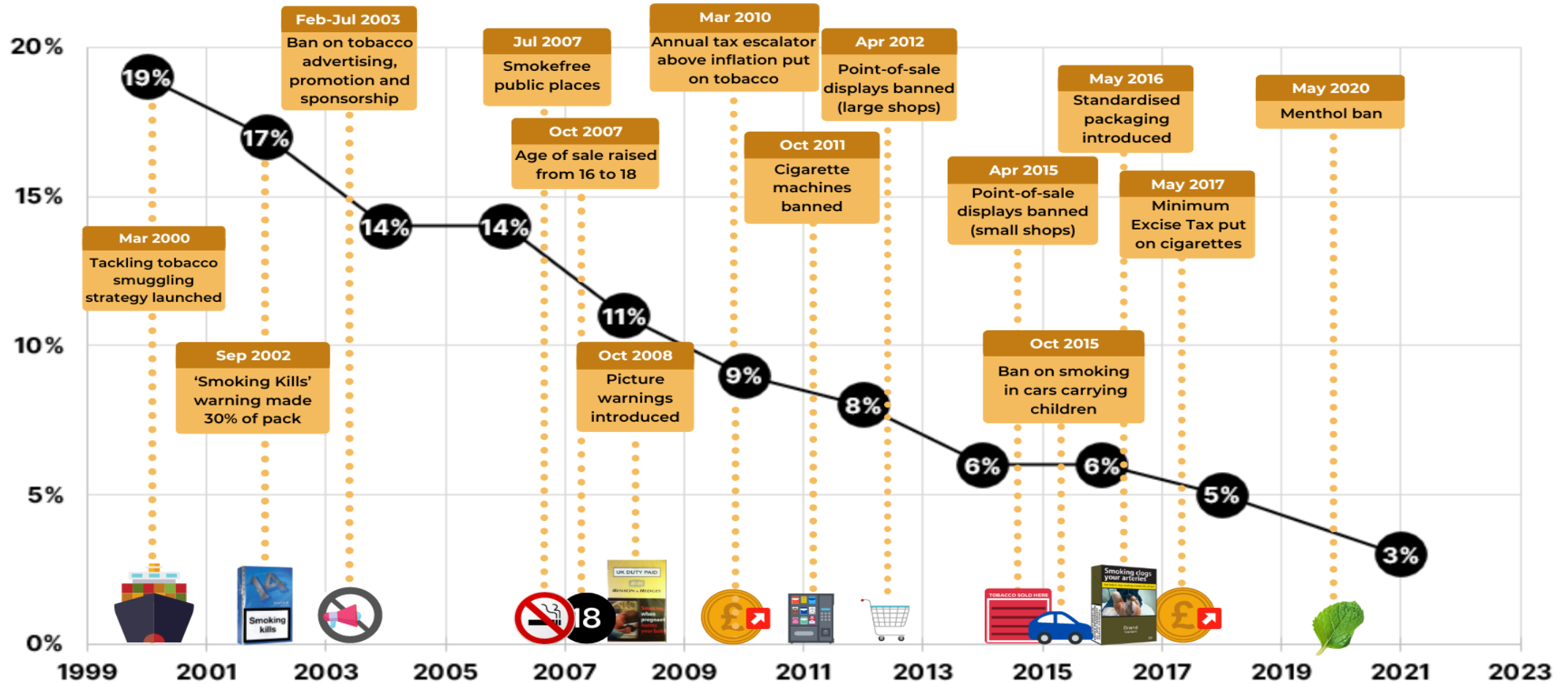
- Vast majority of 11-17 year olds have never vaped or smoked;
- 7.6% currently vape (NE schools data largely reflects this – 10% or less);
- 11.6% have experimented with vapes (tried them once or twice).

### **Issue with youth access and non-compliant products:**

- 44% NE failure rate for age of sale – local test purchasing activity is underway
- Tighter regulations needed.



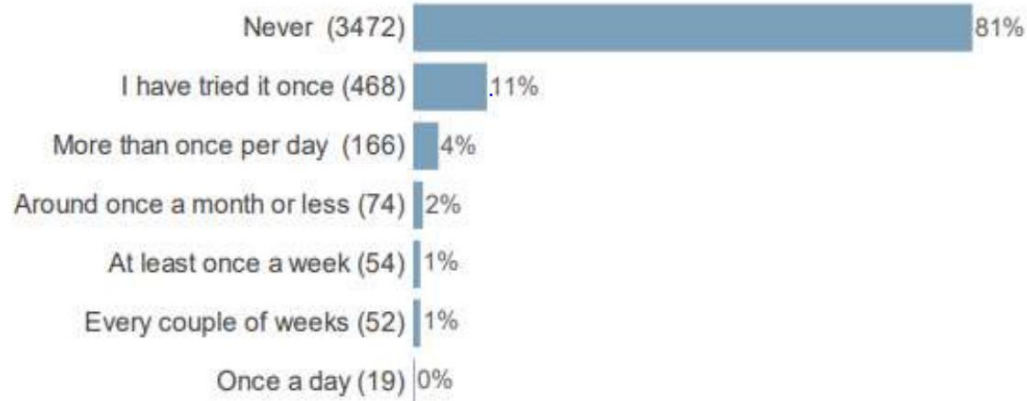
# Tobacco legislation – changing the adult world and the impact on youth smoking



# Prevalence locally

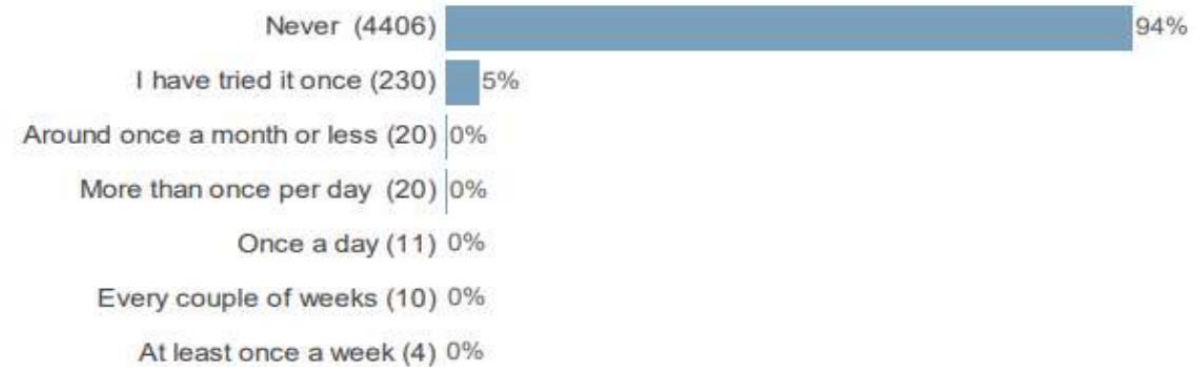
## Secondary schools – vaping

### Do you vape?



## Primary schools – vaping

### Do you vape?



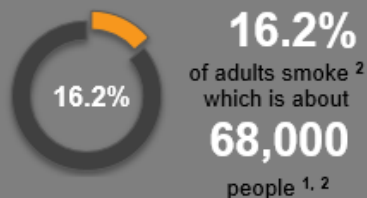
# Cost locally

Each year we estimate that smoking costs County Durham:

**£188.9M**

These costs are accrued in these areas

In County Durham:



An estimated **£167.5M** is spent on tobacco annually (legal and illicit)<sup>16</sup> based on an average annual spend of **£2,451** on tobacco per person

Revenue from cigarette and hand-rolled tobacco taxation only brings in about<sup>16</sup>

**£108.8M**

## PRODUCTIVITY LOSS<sup>5 to 9</sup>



**£150.4M**

## HEALTHCARE<sup>3, 4</sup>



**£22.2M**

## SOCIAL CARE<sup>10, 11</sup>



**£14.0M**

## FIRES<sup>12 to 15</sup>



**£2.2M**

### IMPACT OF SMOKING ON PRODUCTIVITY<sup>5 to 9</sup>

Smoking negatively affects earnings and employment prospects. The cumulative impact of these effects amounts to productivity losses of:

**£150.4M**



### HEALTHCARE COSTS DUE TO SMOKING<sup>3, 4</sup>

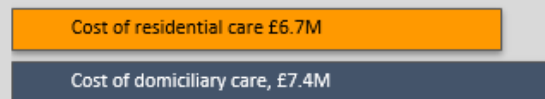
These costs are a result of smoking-related hospital admissions and the cost of treating smoking-related illness via primary care services.

**£22.2M**

### SOCIAL CARE COSTS DUE TO SMOKING<sup>10, 11</sup>

Many current / former smokers require care in later life as a result of smoking-related illnesses. The estimated costs to the local authority/ies is:

**£14.0M**



Smoking-related ill-health means social care is being provided informally by friends and family for: **13,000 people**

Smoking-related ill-health causes unmet care need for a further: **5,200 people**

If these were both replaced with formal paid care, it would cost the social care system an additional: **£163.3M**

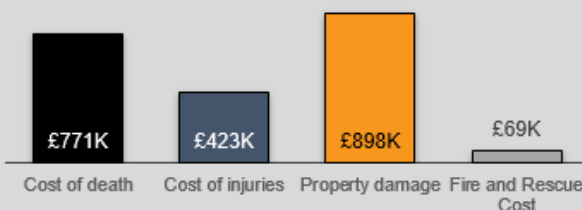
**13,000 people**   **5,200 people**   **£163.3M**

### FIRE COSTS DUE TO SMOKING<sup>12 to 15</sup>

Smoking materials are a major contributor to accidental fires, smoking related fires result in annual losses of:

**£2.2M**

About **18** smoking related fires are attended by Fire and Rescue Services each year.



# ADPHNE position

- [ADPHNE factsheet on youth vaping](#)

## Key message

- Vaping is not for children;
- Whilst it can help adults to quit smoking, it isn't risk-free;
- Those who don't smoke should not vape.

[ADPHNE](#) position statement – the role of vaping in tobacco control and the need to protect young people from vaping or smoking.

# Evidence based tools and resources

## National

[8<sup>th</sup> OHID evidence update on nicotine vaping in England](#)

[ASH briefing for local authorities](#)

[ASH guidance for schools and colleges](#)

[ASH addressing common myths about vaping](#)

[ASH, CTSI and Material Focus policy options for disposable vapes](#)

## Regional

[ADPHNE position statement on nicotine vaping](#)

[Smokefree NHS position statement on vaping](#)

ADPHNE and Fresh communications guide on vaping

[ADPHNE factsheet on youth vaping](#)

Vaping hub on Fresh [KHub](#) group – includes resources for schools.

Fresh supporting various forums and alliances with key focus on vaping.

# ASH: Addressing common myths about vaping

- ✘ “Vaping nicotine is more harmful than smoking tobacco” (*paras 21-30*)
- ✘ “Vaping is more addictive than smoking” (*paras 31-35*)
- ✘ “Disposable vapes deliver as much nicotine as 50 cigarettes” (*paras 36-42*)
- ✘ “Vaping is a proven gateway into smoking” (*paras 43-49*)
- ✘ “Nicotine damages brain development in young people” (*paras 50-53*)
- ✘ “The main reason children vape is because they like the flavours” (*paras 54-56*)





# Resources for schools

- Two posters for display in schools.
- Electronic leaflet designed for parents and carers with info on smoking and vaping.
- Short, animated film which can be used in PSHE lessons, form times and assemblies, to start discussions.
- PowerPoint slides ready for use by teachers in the classroom alongside the animated film to guide discussions.
- More detailed slideset for teachers, providing additional information to support educators, answering questions and signposting to additional support.
- (Originally developed in Sheffield with ASH).
- Further resources for KS3 have been produced nationally by Office for Health Improvement & Disparities: [Vaping – KS3 form time activities | PHE School Zone](#).



# Balancing the risks and benefits

*“With the focus on youths creating an environment in which smokers believe that vaping is as dangerous as or more dangerous than smoking, many smokers struggling to quit may be unwilling to try vaping as an alternative. This likely translates into less smoking cessation than if smokers correctly understood the relative risks of vaping and smoking.”*

**[Balancing Consideration of the Risks and Benefits of E-Cigarettes | AJPH | Vol. 111 Issue 9 \(aphapublications.org\)](https://aphapublications.org) - co-authored by 15 past presidents of the Society for Research on Nicotine and Tobacco for the American Journal of Public Health**



# Regulations on vapes

It's illegal to sell e-cigarettes and vaping products containing nicotine, or tobacco, to under 18s, or for an adult to buy them on behalf of someone under 18.

[Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/stopping-the-start-our-new-plan-to-create-a-smokefree-generation)

Following the Government announcement, a national consultation was launched and closed on 6<sup>th</sup> December, this included:

- restricting vape flavours;
- regulating vape packaging and product presentation;
- regulating point of sale displays;
- restricting the sale of disposable vapes;
- introducing an age restriction for non-nicotine vapes;
- exploring further restrictions for other nicotine consumer products such as nicotine pouches;
- preventing industry giving out free samples of vapes to children.

# Stopping the Start

On the 6<sup>th</sup> December at County Council a motion was passed to:

1. To respond to the Govt consultation with our support for the age of sale proposal
2. To respond to questions on vaping ensuring that evidence-based measures to tighten the promotion, packaging, branding, pricing of vapes to reduce appeal to children and young people are taking whilst ensuring we continue to encourage smokers to try to quit including by an option of switching over totally to vaping

Any questions?

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**Joint Special Children and Young People's and Adults, Wellbeing and Health Overview and Scrutiny Committee**



**19 December 2023**

**County Durham Sexual Health Strategy  
2023 – 2028**

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**Amanda Healy, Director of Public Health, Durham County Council**

**Purpose of the Report**

- 1 To provide members of the Joint Special Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny with the County Durham Sexual Health Strategy (CDSHS) 2023 – 2028 (Appendix 2) for their information.

**Executive summary**

- 2 The CDSHS aligns with a range of national policies and guidance on sexual and reproductive health and draws on key documents from organisations including the World Health Organization (WHO), British Association for Sexual Health and HIV (BASHH), and the National Institute for Health and Care Excellence (NICE).
- 3 The CDSHS was developed in partnership with various key stakeholders to identify the sexual health needs of County Durham residents.
- 4 The CDSHS has completed the 6-week public consultation and has informed the development of five priority areas and associated ambitions as set out in paragraph 13.
- 5 The final CDSHS was presented to the Health and Wellbeing Board for their consideration in November 2023.

**Recommendation(s)**

- 6 The Joint Special Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:
  - (a) To acknowledge the content of this report and accompanying CDSHS.

## Background

- 7 Sexual and reproductive health is a fundamental public health issue and clearly recognised as such by the WHO (2015).
- 8 The Health and Social Care Act 2012 outlines local authorities mandated responsibilities to commission a range of open access, sexual health services to meet the needs of their local population.
- 9 Having a CDSHS (Appendix 2) supports the legal duty of Durham County Council and sets out a range of ambitions aimed at improving people’s sexual health and reducing health inequalities in County Durham.

## An overview of the County Durham Sexual Health Strategy

- 10 The CDSHS, developed with multi agency partners, was subject to a 6-week public consultation. The consultation process included questionnaires, presentations and focus groups with key stakeholders. Feedback was received from professionals and County Durham residents including young people.
- 11 The CDSHS’s vision states that everyone in County Durham will have access to high quality, inclusive and confidential sexual health support.
- 12 The proposed CDSHS has five key priority areas and associated ambitions as set out in Table 1 below.

**Table 1: Priority Areas and Ambitions**

Priority Area	Ambitions
Priority 1: Relationships Education (RE), and Relationships, Sex and Health Education (RSHE) across the lifecourse	<ul style="list-style-type: none"> <li>• Support the delivery of RE in primary schools.</li> <li>• Support the delivery of RSHE in secondary schools.</li> <li>• Targeted support to identified vulnerable communities.</li> <li>• Support for parents and carers to have age-appropriate conversations with children and young people about healthy relationships and sexual health.</li> </ul>
Priority 2: Teenage conceptions, pregnancy and support for young parents	<ul style="list-style-type: none"> <li>• Deliver a range of sexual health promotion and health promotion campaigns targeting young people and vulnerable groups.</li> <li>• Provide interventions for young parents that help prevent repeat unplanned pregnancies.</li> <li>• Support young parents back into education, employment and/or training.</li> </ul>

<p>Priority 3: Contraception</p>	<ul style="list-style-type: none"> <li>• Understand the decline in the use of Long Acting Reversible Contraception (LARC) and aim to improve the take up across the system including primary care.</li> <li>• Develop County Durham's condom distribution scheme.</li> <li>• Support Community Pharmacies with the delivery of enhanced contraception services in line with other local and national services.</li> <li>• Develop a workforce that has the knowledge and skills to deliver the right support/services at the right time.</li> <li>• Work collaboratively with maternity services and wider partners to further develop a postnatal contraception pathway.</li> </ul>
<p>Priority 4: Sexually Transmitted Infections (STI's) and HIV</p>	<ul style="list-style-type: none"> <li>• Introduce a Sexual Health Oversight Group to tackle emerging issues and promote prevention interventions.</li> <li>• Reduce the stigma associated with HIV and STI's through awareness raising campaigns and education programmes.</li> <li>• Improve the uptake of HIV prevention programmes.</li> <li>• Continue to support Community Pharmacies to deliver contraception services and support.</li> <li>• Increase the opportunity to access screening in community-based settings.</li> <li>• Deliver an effective National Chlamydia Screening Programme across County Durham.</li> </ul>
<p>Priority 5: Reproductive health</p>	<ul style="list-style-type: none"> <li>• Reduce the rate of repeat termination of pregnancies.</li> <li>• Reduce the rate of smoking at time of delivery.</li> <li>• Increase the access to and uptake of the HPV vaccination programme.</li> <li>• Increase the inclusive support to adults including healthy relationships, contraception, menopause, and sexual dysfunction.</li> </ul>

## Conclusion

- 13 The CDSHS received broad support throughout the 6-week consultation process.
- 14 In order to deliver the ambitions, set out in Table 1, a detailed multi-agency delivery plan will be developed. This plan will be monitored by the Sexual Health Oversight Group.

## **Background papers**

- None

## **Other useful documents**

- None

## **Author(s)**

Helen Riddell

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Tel: 03000 262801



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## **Appendix 1: Implications**

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### **Legal Implications**

Local authorities have a legal duty to provide sexual health services as part of their public health responsibilities. This duty is outlined in the Health and Social Care Act 2012. Under this legislation, local authorities are responsible for commissioning and delivering a range of sexual health services to meet the needs of their local population. These services may include genito-urinary medicine (GUM) clinics, contraception services, STI testing and treatment, HIV care, abortion services, psychosexual medicine, and support for teenage pregnancy and sexual and reproductive health.

The duty to provide sexual health services is part of the broader mandate of local authorities to promote and protect public health in their areas and are expected to work in partnership with relevant stakeholders, including healthcare providers, voluntary sector organisations, and community groups, to ensure the provision of comprehensive and accessible sexual health services. Additionally, local authorities are guided by national strategies, policies, and guidelines related to sexual health, such as those issued by the Department of Health and Social Care, the National Institute for Health and Care Excellence (NICE), and professional bodies like the British Association for Sexual Health and HIV (BASHH).

By fulfilling their legal duty to provide sexual health services, local authority public health teams play a vital role in promoting sexual health, preventing the spread of STIs, reducing unintended pregnancies, and improving the overall well-being of their communities.

### **Finance**

There are pre-existing financial arrangements in place to support the commissioned services already in operations to uphold the Local Authorities legal duties. Any future financial implications, as a result of the activities outlined in the strategy, such as service provision, education and awareness campaigns, workforce training, research, and monitoring will be aligned with pre-existing council commissioning arrangements or governed by any pre-existing financial structures.

There are no known negative financial implications as a result of implementing the sexual health strategy.

## **Consultation**

The sexual health strategy will be made available for a six-week public consultation. A public consultation provides an opportunity to engage with a wide range of stakeholders, including service users, community members, professionals, and elected members, allowing for their contribution helping ensure that the strategy reflects the needs of local population.

Also, by involving the public, the local authority can demonstrate its commitment to addressing the health needs of the community and to making evidence-informed decisions, leading to more awareness of the issues, better engagement with sexual health services and improved health outcomes for the population which contributes to the overall effectiveness of the strategy in promoting sexual health and well-being.

## **Equality and Diversity / Public Sector Equality Duty**

The strategy aims to be as inclusive as possible and sections of the strategy have already been co-produced ahead of the public consultation to ensure that the language is meets all expected standards regarding gender, age, sexual orientation, ethnicity, disability, socioeconomic status, or other characteristics. Any potential negative implications from the use of language will be picked up in the consultation and focus groups before the final version is ratified. Extensive work had been undertaken to make sure all people in County.

## **Climate Change**

There are no known implications.

## **Human Rights**

As a local authority, it is important to uphold and respect human rights. The right to the highest attainable standard of health is given every consideration by Durham County Council and this includes protecting sexual health and providing adequate sexual health services.

It is crucial that any work connected to this strategy is completed by staff in a way that shows understanding to and adherence to their obligations regarding human rights. There have been no negative implications to a person's human rights by implementing this strategy.

## **Crime and Disorder**

There have been no crime and disorder implications identified by implementing this strategy.

## **Staffing**

There are pre-existing staffing arrangements in place to support the commissioned services already in operation that support the work of this strategy. Any changes will be aligned with pre-existing council commissioning arrangements or governed by any pre-existing staffing structures.

There are no known negative staffing implications as a result of implementing the sexual health strategy.

## **Accommodation**

There are no known accommodation implications to consider.

## **Risk**

There has been no particularly specified risk as a result of implementing this strategy.

## **Procurement**

There is no specific procurement detailed within this strategy.

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## **Appendix 2: County Durham Sexual Health Strategy 2023 - 2028**

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Please see separate document

# County Durham Sexual Health Strategy



2023 – 2028

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# Executive Summary

Sexual health refers to the state of physical, emotional, mental and social wellbeing in relation to sexuality and covers many topics. Sexual health services must be provided by law as they are an important part of our overall health. They are delivered in various places, by local authorities, GPs, pharmacies, voluntary and community sector organisations, schools, colleges, universities and youth services.

This strategy sets out the ambitions for the sexual health of people in County Durham and aims to reduce health inequalities.

It sets out why sexual health is important and outlines County Durham's vision and priority areas over the next five years. It has been developed in partnership with organisations that deliver services, the NHS, voluntary and community sector organisations and residents.

## The five priority areas of the strategy which we will focus on are:

### 1. Access high quality, age-appropriate Relationship Education (RE), and Relationships, Sex and Health Education (RSHE) for all (across the life course)

- continuing to support schools and colleges to develop and implement an RE/RSHE curriculum.
- targeting support (where necessary) to mainstream education settings and alternative education providers.
- targeting support to children and young people in communities to support the delivery of RE/RSHE.

### 2. Providing pregnancy support for young parents by:

- supporting the development of health promotional messages for vulnerable young people.
- working with our relevant NHS Trusts and wider partners to provide effective post-natal contraception and supporting access to contraception choices.
- continuing to help young parents to enable them to access work, education and training.

### 3. Improving access and increasing awareness of different types of contraception by:

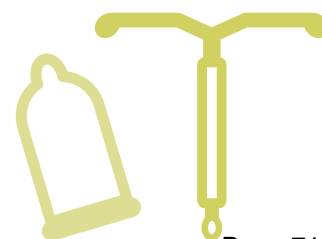
- increasing the take up of Long Acting Reversible Contraception methods such as the coil, injection or implant across County Durham making sure services work well together to offer a choice of contraception.

### 4. Reducing the stigma of STIs and HIV, and focus on prevention and early intervention by:

- supporting community-based services including pharmacies through information sharing and training to promote and normalise testing messages.
- increasing opportunities to access testing in the community.
- reduce stigma through a combination of awareness raising, health promotion campaigns, information sharing and education.

### 5. Supporting reproductive health through:

- a reduction of repeat number of termination of pregnancies that occur.
- working to support contraception choices.
- a reduction in the number of mothers who are smokers at the time they deliver their babies.
- increasing the human papillomavirus (HPV) vaccination programme.
- expanding work with older adults to provide the right type of sexual health services that meet their needs including contraception advice, healthy relationships, menopause and erectile dysfunction.



# Foreword

I am incredibly pleased to introduce County Durham's Sexual Health Strategy, emphasising the significance of community partnerships, collaboration, and engagement. It is great to see that by working together we can create an environment that fosters open dialogue, support, and respect for everyone's sexual well-being, contributing to their overall health and happiness.

Collaboration with local organisations, healthcare providers, schools, colleges, and community groups has been a strength in County Durham for many years, helping to keep people healthy, and this important partnership working continues and is raising awareness, and reducing stigma surrounding sexual health issues.

I would like to express my gratitude to the dedicated professionals, community partners, and residents of County Durham for the support and commitment to sexual health during the creation of this strategy. Together, we can create a community that embraces sexual well-being, promotes healthy relationships, and ensures that everyone can lead fulfilling and empowered lives.

Councillor Chris Hood



*Chris*

**Councillor  
Chris Hood**

Welcome to the Sexual Health Strategy for County Durham. Since 2013, Durham County Council has had the mandated responsibility to commission comprehensive, open access sexual health interventions and services. As the Director of Public Health, it is my responsibility to promote and protect all aspects of health and that includes the sexual health and well-being of the residents in our communities. Sexual health is an integral part of overall well-being, contributing to individuals' happiness and quality of life and essential for building healthy relationships.

This strategy reflects the collaborative efforts and achievements made over several years in advancing sexual health outcomes in County Durham. It provides insights into our understanding of the local sexual health data and needs and guides us in identifying priority areas and tailoring our ambitions to better meet the needs of the population moving forward.

I am proud to be able to highlight some specific programmes of work that support promoting sexual health and well-being throughout the county in the strategy, for example reducing the rates of teenage conceptions by 54% since 2010.

In addition, by recognising the importance of inclusivity and addressing health inequalities, we have strived to improve sexual health outcomes for all communities across County Durham. This strategy serves as a roadmap for our future endeavours, outlining our continued commitment to improving sexual health outcomes in County Durham.

I invite you to delve into this report, learn about our achievements, challenges, and plans for the future. I hope it inspires you to join us in our collective efforts to advance sexual health, reduce disparities, and foster a community where sexual well-being is valued and prioritised.

Director of Public Health



*Amanda*

**Amanda Healy**  
Director of  
Public Health



# Guiding Principles

This strategy was developed based upon the following key principles:

- working together with multi agency partners who have an interest in sexual health support and services, including voluntary community sector organisations, local residents and young people.
- using data to tell us about sexual and reproductive health across County Durham.
- looking at evidence from national research and best practice to describe what works well.
- supporting existing and local strategies including County Durham's Joint Health and Wellbeing Strategy.
- designing a strategy for all residents of County Durham and for all professionals working across County Durham.

## What are we going to do?

We have set out key ambitions that reflect local need and national recommendations. These ambitions, developed with County Durham residents, including young people, will form the basis of a multi-agency action plan that uses the County Durham Wellbeing Principles to:

- ensure County Durham residents have the opportunity to influence how they access Sexual Health Services and support.
- empower communities by seeking their views and acting on the feedback they share.
- reflect data, particularly about high risk groups and develop services and support around these.
- use what is best practice nationally and what works in County Durham.
- help and support providers to ensure that their staff have the skills and knowledge they need.
- build on existing community assets, for example the co-location of services within the Family Hubs and supporting the local Start for Life offer.
- have a live action plan which can be updated to reflect the needs of residents, staff and all providers.
- be inclusive in our approach to service design and consider how to best meet the needs of all individuals including young people with Special Educational Needs and Disability and adults with any learning difficulty or disability.

# Vision

Everyone in County Durham will have access to high-quality, inclusive, and confidential sexual health support.

This gives them the knowledge, self-assurance, and ability to make informed choices.

These choices promote physical, emotional, mental, and social wellbeing, which in turn reduce health inequalities, promote safer sexual practices and create healthier people and communities.

This strategy supports the work of the County Durham Health and Wellbeing Board and the vision is that:

**‘County Durham is a healthy place, where people live well for longer’**



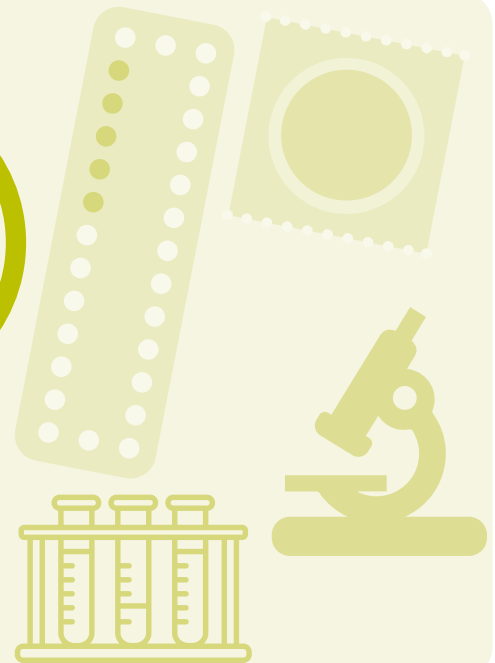
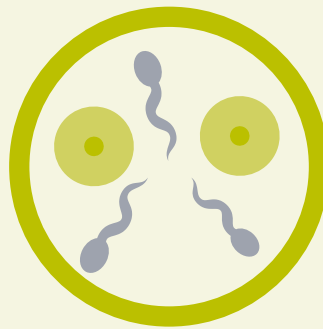
# Introduction

## The World Health Organisation (WHO) defines sexual health in the following way:

Sexual health is a state of physical, emotional, mental, and social wellbeing 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. For sexual health to be attained and maintained, the sexual rights of all persons must be protected, respected, and fulfilled.

### Sexual health is a broad topic including:

- assault, violence, criminality.
- consent.
- contraception.
- discrimination.
- healthy relationships.
- HIV, diagnosis, prevention & treatment.
- prevention and health promotion.
- psychosexual counselling.
- reproductive health.
- sexual identity.
- sexually Transmitted Infections (STI) screening and treatments.
- termination of pregnancy.



If the sexual health advice and support a person receives is not right for them, they may feel undervalued, stigmatised, discriminated against, and left out. This can increase inequalities and lead to poorer health outcomes.

Evidence tells us that people are more likely to make better choices and build healthy relationships when they are knowledgeable, self-assured and know where to go for help and confidential support. When people do this, it prevents problems from developing, increases wellbeing, encourages safer sexual practices, reduces inequalities, and creates healthier communities.

Sexual health is both physical sexual health and sexual wellbeing. Sexual wellbeing includes promoting sexual rights, healthy relationships, intimacy, sexual pleasure, and consent.

In County Durham, human rights and safety will be protected, all sexualities and genders will be respected, negative gender norms will not be tolerated, people of all ages will be free to develop confidence, knowledge, and skills in sexual health, and sexual wellbeing regardless of their sexual relationship type.

# Context and considerations

## The life course

Sexual Health needs change the older people get. It is important that children and young people access age-appropriate, high quality relationship education in their primary school settings and relationship, sex, and health education in their secondary education settings. This will help make them safer and support making informed choices during puberty. Sexual Health needs change the older people get. It is important that children and young people access age-appropriate, high quality relationship education in their primary school settings and relationship, sex, and health education in their secondary education settings. This will help make them safer and support making informed choices during puberty.

## National context

The Health and Social Care Act (2012) sets out the main responsibilities for local areas including commissioning responsibilities for sexual health services between Local Authorities and Integrated Care Boards (ICB).

### **Durham County Council is responsible for:**

Screening and treatment for HIV and STI's, most contraceptive services and, some aspects of Psychosexual Counselling.

### **North East and North Cumbria Integrated Care Board is responsible for:**

Commissioning termination of pregnancy services, sterilisation and vasectomy, non-sexual aspects of psychosexual counselling, HIV treatment and care, maintaining the

## Local context

In a large, geographically diverse population with small pockets of cultural diversity, the needs or cultural beliefs of the population should be identified and responded to.

Local factors such as unemployment, poor education, drug use, social isolation, financial problems, and being a member of a minority group or community can impact how people choose or access the services they need. By taking these things into account, health care providers can better meet the different needs of everyone in County Durham.

It is important to understand the populations in County Durham...

Census link: [How life has changed in County Durham: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk/census/2021/census-2021-how-life-has-changed-in-county-durham)

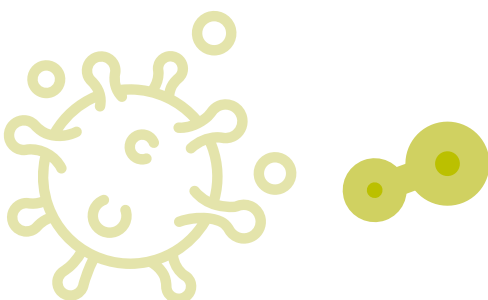
(Census 2021)

The diversity of population in and around Durham City is greater than the rest of the County, impacted by Durham University and, other large employers, based in the city.

Durham University has a student population of around **20,000** students from **100 countries**, many of whom live in and around Durham City.

(Durham University)

Understanding the population means services will be able to better meet peoples needs.



## Vulnerable Groups

People can be vulnerable for different reasons. They can face stigma and may benefit from targeted interventions and ways of working.

Vulnerable groups include LGBTQ+, Men who have sex with men (MSM), trans people, Gypsy Roma Traveller (GRT) communities, and other black and minoritised people.

Protecting young people and adults from sexual exploitation is important and requires support from services and local communities, in line with safeguarding policies and procedures.

Durham County Council is White Ribbon accredited and works with partners to promote White Ribbon Day and the White Ribbon core values. This includes challenging harmful attitudes and helping to build gender equality across countywide services.



Work to address issues relating to domestic abuse, including coercion and control, sexual violence and Violence Against Women and Girls (VAWG) is ongoing, promoting sexual safety and security in communities.

## Cost of living

In County Durham the levels of deprivation are higher than the England average and nearly half of the population (47%) live in areas in the top 30% most deprived areas in England (IMD 2019).

(Index of Multiple Deprivation 2019)

Around 1 in 4 residents and 1 in 3 children are estimated to live in relative poverty.



(gov.uk)

More information can be found by accessing this link:

[County Durham Poverty Overview V2 | County Durham | Report Builder for ArcGIS \(durhaminsight.info\)](#)

The cost of living means more people are struggling financially and may stop prioritising their sexual health. This could mean that more people might be at risk of STI's or unplanned pregnancies. This needs to be reflected in service accessibility to reduce the impact from travel costs as well as access to resources including contraception.

## Rural Considerations

County Durham is a largely rural area, and most people live in towns, villages or Durham City. This means that service delivery is not the same for everyone, making it more challenging to support sexual health and wellbeing that is equal for everyone. The aim of this strategy is to make sure service access is fair and everyone can get the right support, at the right time to meet their needs,



## Priority Area 1: Relationships Education, and Relationship, Sex and Health Education across the life course

Young people who report receiving positive RE and RSHE are more likely to:

- delay early sex.
- experience early sex which is consensual and have a smaller age gap with their partner, potentially reducing the risk of intimate partner violence.
- be aware of, or report sexual abuse.
- protect early sex with contraception and condoms.
- be less likely to contract a sexually transmitted infection.

**Student  
voice**

**survey  
responses**

**73%** of children and young people who responded said adults talk to them about healthy relationships.

(Taken from Student voice survey action plan – 22/23)

### Key Achievements:

- An established whole systems approach to Relationship Education for primary age pupils.
- An established whole system approach to Relationship, Sex and Health Education for secondary age pupils.

### The United Nations Convention of the Rights of the Child and protecting the rights of the child

The United Nations Convention on the Rights of the Child (UNCRC) is made up of 54 articles or statements, it explains how adults and governments must work together to make sure children's rights are protected and has been used in UK law since 1992. Durham County Council and all the organisations working in partnership across the sexual health system support and promote all aspects of the UNCRC and work directly and indirectly to respect and promote children's rights.

“As a parent I believe that the education my child receives about Relationship Education (RE) from school is suitable, informative, and age appropriate. I am happy that this is part of the teaching at his school as I feel it helps keep him safe and healthy” (Parent, child age 6)

### Under 18 Relationship Education (RE), and Relationship, Sex and Health Education (RSHE)

Today's children live online and offline in a complex world. This offers exciting and challenging opportunities. In this context, children and young people must learn how to stay safe and healthy and manage their relationships, including intimate sexual ones at an age-appropriate time.

Young people need clear information to make decisions about their health and wellbeing. Supporting all children and young people to access high quality RE/RSHE contributes to more positive relationships, a reduction in unplanned pregnancies, improved confidence and resilience. This helps young people make informed choices.

## What is RE and RSHE?

RE/RSHE is delivered in County Durham in line with all government guidance and evidence-based interventions, including the Keeping Children Safe in Education 2022 statutory guidance. This means that:

- primary school pupils will participate in Relationship Education that teaches children the essential skills necessary to build positive, enjoyable, and non-exploitative relationships. This will sit alongside the essential understanding of how to be healthy.
- secondary school students will participate in Relationship, Sex and Health Education (RSHE) learning about physical, sexual, moral and emotional development. Students will develop their understanding of health and the importance of stable and loving relationships, both on and off-line, respect, love and care for family life.
- special schools understand that rehearsing and embedding the knowledge and practical skills supports independent and fulfilling adult lives. RSHE is taught in special schools to children in County Durham in an adapted way that supports different learners levels of understanding and specific SEND needs.

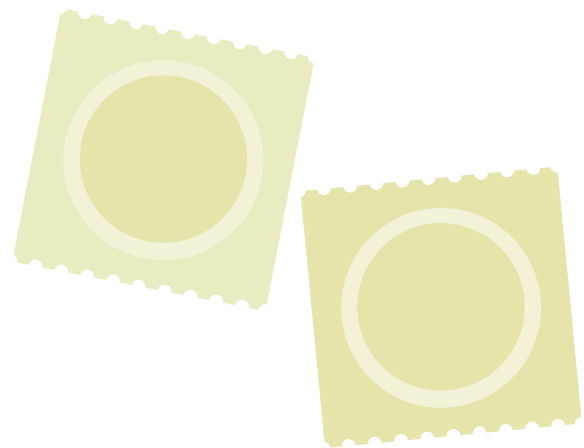
The [Relationship Education / Relationship, Sex and Health Education guidance](#) sets out the legal duties schools must comply with when teaching RSE and RSHE, as well as setting out some more detailed expectations of school, including teaching these subjects in an age-appropriate way.

Not all RSHE is delivered in and through education settings, for some young people in County Durham, their sexual health education and support needs are met by accessing provision available through youth and community groups, and specialist clinical services.

## Relationship, Sex and Health Education in adulthood

Healthy adult relationships involve honesty, trust, respect, and open communication. Intimate partners and friendships should be respectful and you should enjoy each other's company.

Close relationships and friendships can be very important for overall wellbeing and can be encouraged through a variety of community activities across County Durham. Support services are also available to help partners resolve specific issues. County Durham's Integrated Sexual Health service provides comprehensive advice and guidance to adults about contraception, relationships, sexually transmitted infections (STI's) and pregnancy decision making.



## Our Ambitions

- Support the delivery of relationship education in primary schools.
- Support the delivery of relationship, sex and health education in secondary schools.
- Targeted support to identified vulnerable communities including children and young people.
- Support parents and carers to have age appropriate conversations with children and young people about healthy relationships.
- Support parents and carers to have age appropriate conversations with young people about sex and relationships.



## Priority Area 2: Teenage Conceptions, Pregnancy and support for young parents

### In County Durham...

The under 18 conception rates have fallen in the last 10 years, but at 19.8 per 1,000 this is **significantly higher** than England.



(2020)

**Significantly fewer** under 18 conceptions lead to an abortion compared to England.

**46%**  
County Durham

**53%**  
England

(2021)

There are around 50 teenage mothers each year; 1.4% of all deliveries which is **significantly higher** than England.



(2021)

### Key Achievements:

- An established and successful Young Parents Programme is delivered across County Durham where participants report improvements in all areas of their lives.
- A young person's Mobile Sexual Health Outreach Service that targets areas of high need across County Durham.



### Teenage Conceptions and Pregnancy

Most teenagers do not plan a pregnancy, but poor sex education and a lack of contraception advice leaves them vulnerable. Some teenagers without support may not know what to do, who to tell, or where to go for information. Even teenagers with support may still find a pregnancy affects school, their friendships, and their mental health.

In County Durham, under 18 teenage conceptions have reduced by **54%** since 2010. This is a positive trend, further work is still required to narrow the gap between County Durham and England.



Durham County Council and other partners work together following the Teenage Pregnancy Prevention Framework and The Framework for Supporting Teenage Mothers and Young Fathers. These are designed to:

- help local areas assess their local programmes to see what's working well.
- identify any gaps in services.
- strengthen the prevention and support pathways for all young people, young parents and their children.
- safeguard and protect young people from exploitation or harm.

Both frameworks provide an evidence-based structure for a collaborative whole system approach to prevent unplanned teenage pregnancies and support teenage parents.

**Young women who access high quality RSHE are less likely to be pregnant by 18 and are less likely to experience an unplanned pregnancy in later life.**



## Support for Young Parents

Young parents can experience lots of connected inequalities which impact on their health and wellbeing. Getting the right support at the right time is important to help young parents, and:

- is integral to improving life chances.
- is key to giving every child the best start in life.
- can break intergenerational inequalities.
- Can reduce future demand on health and social services.

The County Durham Young Parents Programme brings together local partners to provide practical support to young parents that enhances their own development and the development of their child.

Participant feedback is positive and many young parents are supported into further learning and employment after completing the programme.

“I have learnt to try and do different activities with my daughter to help her grow and develop the best she can.”

“Going to the parenting group I have made new friends, learnt new things and the packs have helped me do fun activities with my children.”

“The programme was fantastic, my confidence has grown so much from the support that I am now looking and applying for apprenticeships, the packs have been amazing. I would highly recommend the course.”

(Participants evaluations 2022)

## Our Ambitions

- Deliver a range of sexual health promotion and health promotion campaigns targeting young people and vulnerable groups
- Deliver a range of sexual health promotion and health promotion campaigns targeting young people and vulnerable groups.
- Deliver interventions for young parents that help prevent unplanned repeat pregnancies.
- Support young parents into education, employment and/or training.

## Priority Area 3: Contraception

### In County Durham...

Since 2016 the prescribing of LARCs (excluding injections) has been **significantly lower** than the North East and England.

**9.8** per  
**1,000**



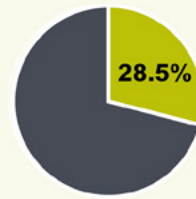
(2020)

**Significantly fewer** people under the age of 25 years attend specialist contraception service compared to England as a whole.

**51** per  
**1,000**  
**females**

**3** per  
**1,000**  
**males**

(2020)



Over a quarter of termination of pregnancy in those aged under 25 years are repeat abortions. The proportion is **increasing over time** and this is the case for County Durham and England.

(2021)

When discussing contraception, young people had similar questions...

“Which method of contraception suits me?”

“Where can I get contraception?”

“I’m under 16 – can I get contraception?”

Feedback from Durham City Centre Youth Project Survey 2021.

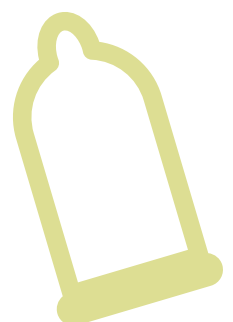
### Key Achievements:

- Over 200 C-Card outlets across County Durham.
- The online offer includes access to condoms and some types of contraceptive pill.
- Pharmacies are delivering a range of contraception services in communities across County Durham.
- Services worked well together across the system to offer a choice of contraception during the Covid 19 pandemic.

Access to inclusive services, getting the right advice and having a choice of contraception methods is important.

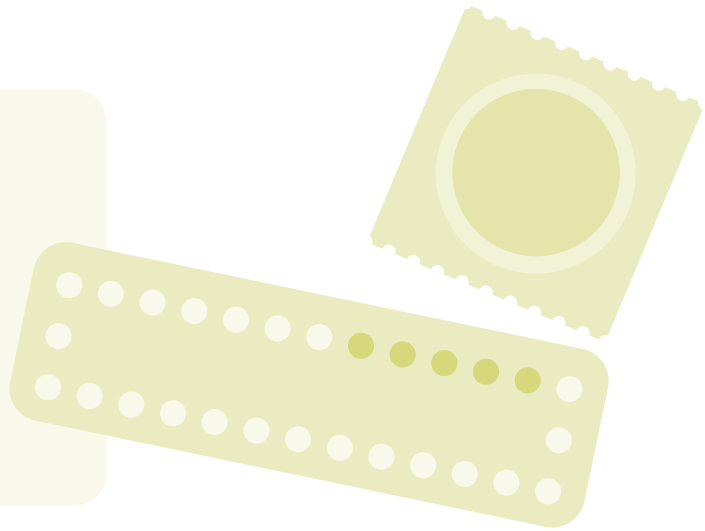
Services in County Durham follow all best practice guidance from The UK Health Security Agency (UKHSA), the Office of Health Improvements and Disparities (OHID) and National Institute for Health and Care Excellence (NICE) including offering a choice of free contraception along with advice and clinics to discuss a variety of health and relationship issues.

When choosing contraception, the method that works best will depend on several factors. In County Durham you can be supported by a range of services, that offer advice and support helping people make the choice that is right for them.



### **In County Durham you can get contraception free of charge**

- Sexual health or GUM (genitourinary medicine) clinics.
- GP (General Practitioners) surgeries.
- Some young people's services.
- Pharmacies.
- Online.



**Post-natal contraception is an important part of contraception provision, and an area of development in County Durham.**

**Having a planned pregnancy allows couples or individuals to be emotionally and mentally prepared for parenthood. It enhances the chances of a healthy pregnancy and reduces potential risks.**



Long Acting Reversible Contraception (LARC) is more reliable as it does not need to be taken everyday. Data shows that fewer people are choosing LARCs in County Durham. We know that GP's play an important roll in the delivery of LARC's within communities. Their skills are important in improving take up over the next 5 years.



**75%** of users rated the online condom offer as excellent.

Feedback from County Durham's Integrated Sexual Health Service

### **Our Ambitions**

- Understand the reduction in LARC use and and improve the take up across the system including Primary Care.
- Develop County Durham's condom distribution scheme.
- Continue to support Community Pharmacies with the delivery of enhanced contraception services in line with other local and national services.
- Develop a workforce that has the knowledge and skills to deliver the right support and/or services at the right time.
- Work collaboratively with maternity services and wider partners to further develop the postnatal contraception pathway.

## Priority Area 4: Sexually Transmitted Infections and HIV

### In County Durham...



Between 2,000 and 3,000 new STIs are diagnosed each year at a rate which is **significantly lower** than England. (2021)

**40** per  
**100,000**  
**Gonorrhoea**

Diagnostic rates of gonorrhoea and syphilis are **significantly lower** than the North East and England. (2021)

**4** per  
**100,000**  
**Syphilis**



1 in 7 people aged 15-24 years are screened for chlamydia. The screening and detection rate is **significantly lower** than across England. (2021)

### Key Achievements:

- County Durham residents have access to a comprehensive online screening offer.
- All County Durham residents have access to an Integrated Sexual Health Service.
- County Durham's Community Pharmacy Network provides a range of sexual health interventions including local access to free Emergency Oral Hormonal Oral Contraception and C-Card services and ongoing national supplies of contraception.

In County Durham there is a robust multi-agency response to the identification of STI's that includes the Local Authority and NHS services working together. Work on outbreaks and antibiotic resistance is ongoing to protect the overall health of people living in County Durham.

Between **2,000 and 3,000** new STI's are diagnosed in County Durham residents each year.

**Half** of newly diagnosed STIs are in young people aged **15-24 years**.

The rates of new diagnoses are higher in the more deprived areas of the county.

Reinfection rate (an indicator of high-risk behaviour) in County Durham is lower than the England average.



STI's and reinfections are an avoidable health risk that can cause sexual and reproductive illnesses.

Using a condom is a safe and responsible way to have sex, they provide a physical barrier that can help prevent the spread of STI's including HIV, Chlamydia, Syphilis, Gonorrhoea and Herpes.

# HIV

## In County Durham...

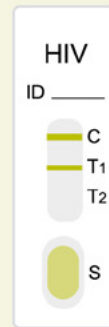


The rate of people living with HIV (aged 15-59 years) and the rate of people newly diagnosed with HIV is **significantly lower** than England.

(2021)

The proportion of people attending specialist sexual health services and tested for HIV is **significantly lower** than England.

**32%** County Durham  
**46%** England



(2021)

**99.7%**

of those accessing HIV care, receive treatment to suppress the virus, this is **significantly higher** than England. "Undetectable equals Untransmittable."

(2021)

An HIV diagnosis today means living with a long-term condition. The introduction of Pre Exposure Prophylaxis (PrEP) means that some people can access treatment that reduces the risk of contracting HIV. This helps support the work to tackle HIV, prevent onward transmission, enabling people to live healthy lives.

With an early diagnosis and effective treatments, most people living with HIV will not develop any AIDS-related illnesses and will have a near-normal lifespan.

Wider access to screening has changed the landscape of HIV prevention.

Health promotion messages should focus on promoting the use of condoms.



## National Chlamydia Screening Programme (NCSP)

Chlamydia is the most commonly diagnosed STI in England. Most of the harm caused by untreated Chlamydia is in women. The NCSP focuses on reducing reinfections, reproductive harm, and onward transmission. The programme also raises awareness of good sexual health.

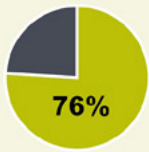
Following the introduction of the National Chlamydia Screening Programme data for 2021 shows County Durham's detection rate was 1,588 per 100,000 - lower than figures for the North East and England, respectively.

## Our Ambitions

- Understand the reduction in LARC use and improve the take up across the system including Primary Care.
- Reduce the stigma associated with HIV and STI's through awareness raising campaigns and education programmes.
- Improve the uptake of HIV Prevention Programmes
- Continue to support Community Pharmacies to deliver contraception services and support.
- Increase the opportunity to access sexual health screening in community based settings.
- Deliver an effective National Chlamydia Screening Programme, across County Durham.

## Priority Area 5: Reproductive Health

### In County Durham...



The coverage for cervical screening (aged 25-49 years) is **significantly higher** than England.

(2022)

The proportion of abortions performed under 10 weeks is **significantly lower** than England.

**84%**  
Durham

**89%**  
England

(2021)



Around 1 in 6 mothers are smokers when they have their baby, **significantly higher** than England.

**14.6%**

(2021/22)

### Key Achievements:

- Opportunistic and planned cervical screening is offered within the Integrated Sexual Health Service.
- High take up of screening programmes during pregnancy.

### Screening and vaccinations

Access to screening and vaccinations contributes to better sexual health.

There are many screening programmes available. Accessing the right one(s) is really important. Screening means that health problems might be found much earlier and people can get the right treatment sooner.

### The human papillomavirus (HPV) vaccine -

protects against genital warts and cancer (cervical and some head, neck, anal and genital cancers). It is given to all genders.

Coverage of one dose of the HPV Vaccine has been falling in County Durham since 2019/20.

**57.8%** of girls

**45.3%** of boys



(2021/22)

### Cervical screening

Cervical Screening is a test for all women and people with a cervix aged 25 to 64 years which can help prevent cervical cancer.

The screening programme in County Durham has maintained high coverage for over a decade, compared to the North East and England. Coverage for 2022:

**76%**

aged 25-49 years



**77%**

aged 50-64 years

A person's sex at birth, hormones or surgeries can impact on screening requirements. Trans, non binary and people who prefer to self describe may need screening for the health needs aligned to male or female reproductive organs not aligned to their gender. Screening programmes must be inclusive and considerate of how people's medical needs may differ.



From puberty to menopause, women, assigned female at birth, can have a range of sexual health needs. Making up 51% of the population and 47% of the workforce, their overall health can affect their families, jobs, communities, and society. It is important that there is information available to support people to make decisions about their health without embarrassment or judgment from others.

## Pregnancy

In County Durham people are asked to contact their GP after finding out you are pregnant for access to the maternity services pathway.

In County Durham Trans men and non-binary people assigned female at birth who are pregnant will be offered the same antenatal and newborn screening tests.



Maternity services in England provide infectious disease in pregnancy screening for HIV, syphilis and hepatitis B. The local maternity services provider in County Durham consistently achieves screening coverage of **99%**.

## Unplanned Pregnancies

An unplanned pregnancy is a pregnancy that occurs when no children, or no more children were anticipated. A reduction in unplanned pregnancies supports people's wellbeing.

Some unplanned pregnancies lead to a termination of pregnancy. The earlier the termination of pregnancy occurs, the lower the risks and complications can be and are an indicator of service quality.

In County Durham, termination of pregnancy under 10 weeks have been consistently and significantly below the England average. County Durham's rank within England for this indicator was 144th out of 149th.

Repeat terminations can have an emotional impact on people and are often an indicator of other unmet needs.

## Trying to get pregnant

The North East including County Durham has a significantly lower fertility rate than England. However, over the previous 10 years the fertility rate in County Durham has followed regional and national trends.

Smoking during pregnancy can cause serious pregnancy-related health problems. In County Durham we have higher rates than the England average.



This has fallen since 2010 but still **1 in 6 (14.6%)** people smoke at the time of delivery (2021 – 2022) and that number is significantly worse than the North East and England data.

**Being healthy before trying to conceive including, eating well, exercising, not smoking, and avoiding alcohol is important. People wishing to conceive should take folic acid and prenatal vitamins. County Durham GPs and community pharmacists can provide up-to-date advice and support.**



General menstrual health can include short-term symptoms such as heavy or irregular periods, menstrual pain, and premenstrual syndrome (PMS). Promoting equitable access to menstrual hygiene products, educating the public generally about menstrual hygiene practices, and addressing the stigma surrounding menstruation can support and normalise this.

## Menopause

Often between **45 to 55**, although it can happen earlier or later the menopause is when periods stop due to reduced hormones.



It is important that people affected can access high-quality, personalised menopause care from their GP. If needed, specialist care should be available and reduce any inequalities in menopause treatment.

## Miscarriage and stillbirth

An estimated 1 in 4 pregnancies end in miscarriage with a smaller number of pregnancies ending as ectopic or molar pregnancies and still births.

At any stage, either an early loss or a later loss will affect an individual's or family's wellbeing. There are local and national services that can support people, families, and services that can offer advice to employers on how to support their employees.

## Other common reproductive health issues

There are other reproductive health issues that can affect a person's wellbeing.

Polycystic Ovary Syndrome (PCOS) is a hormonal condition that can affect many health outcomes. Awareness raising can help people to live better with support or lifestyle modifications.

Endometriosis, where the womb lining grows abnormally, like PCOS, can cause pain and poor health affecting people's happiness and wellbeing. GPs can support and offer treatments.

## Sexual Dysfunction

Sexual dysfunction refers to a broad range of difficulties that can occur at any stage. These difficulties can affect individuals or couples and may interfere with their ability to experience satisfaction and pleasure. Sexual dysfunction can have physical, psychological or relational causes and it can occur in all genders.

Some people might need support for erectile dysfunction, (ED). Being unable to get an erection or keep an erection long enough to have sex can be embarrassing, upsetting and damaging to people's happiness, relationships and mental health.

Other common types of sexual dysfunction include premature ejaculation, this condition occurs when a man ejaculates sooner than desired during a sexual activity.

Women can be affected by conditions such as Female Sexual Arousal Disorder, this refers to the difficulty or inability of a woman to become aroused during sexual activities and can be linked to hormonal imbalances, medications, stress and trauma. The NHS offers advice on all of these conditions, and GP's can help with medication and other interventions.

## Our Ambitions

- Reduce the rate of repeat termination of pregnancy.
- Continue to reduce the rate of smoking at the time of delivery.
- Increase access to and uptake of HPV vaccination programme to pre-pandemic levels.
- Increase the inclusive support to adults including healthy relationships, contraception, menopause, and sexual dysfunction.

**There will be a 5-year, multi-agency action plan to achieve all the ambitions set out in this strategy.**



# Abbreviations

A2W	Approach to Wellbeing
AIDS	Acquired Immune Deficiency Syndrome
CDDFT	County Durham and Darlington NHS Foundation Trust
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
ICB	Integrated Care Board
IUD	Intrauterine Device - Non-Hormonal copper coil
IUS	Intrauterine System - Hormonal coil
LA	Local Authority
LARC	Long-Acting Reversible Contraceptive
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer, Questioning or any other associated identity.
MSM	Men who have sex with Men
NENC ICB	North East and North Cumbria Integrated Care Board
RHE	Relationships and Health Education
RSHE	Relationships, Sex and Health Education
STI	Sexually Transmitted Infections
UKHSA	UK Health Security Agency
VAWG	Violence Against Women and Girls
WHO	World Health Organisation

# Glossary of Terms

**Abortion:** Deliberately ending a pregnancy by the removal of pregnancy tissue, products of conception or the foetus and placenta from the uterus. The preferred terminology is now Termination of Pregnancy.

**AIDS:** Acquired Immunodeficiency Syndrome, a late stage of HIV infection where the immune system is severely damaged, making the individual vulnerable to opportunistic infections.

**Bilateral Oophorectomy:** Surgical removal of both ovaries, often performed as a treatment for certain conditions or as part of gender-affirming surgeries.

**Body Autonomy:** The right of individuals to have control over their own bodies, including decisions related to sexual activity, reproduction, and medical interventions.

**Cervical Screening:** A medical examination that involves the collection of cells from the cervix to detect abnormalities and early signs of cervical cancer.

**Chlamydia:** A common sexually transmitted infection caused by the bacterium *Chlamydia trachomatis*, often asymptomatic but can lead to complications if left untreated.

**Cisgender:** Refers to individuals whose gender identity matches the sex assigned to them at birth.

**Condoms:** Barrier devices used during sexual intercourse to prevent the transmission of sexually transmitted infections and unintended pregnancies.

**Consent:** Voluntary agreement to engage in sexual activity. It must be given without coercion, manipulation, or incapacitation.

**Gender Identity:** An individual's deeply-held sense of their gender, which may or may not align with the sex assigned at birth.

**Gonorrhoea:** A sexually transmitted infection caused by the bacterium *Neisseria gonorrhoeae*, which can infect the genital tract, rectum, and throat.

**Herpes:** A common viral infection caused by the herpes simplex virus (HSV), characterized by recurring outbreaks of painful blisters on the skin or mucous membranes.

**HIV:** Human Immunodeficiency Virus, a virus that attacks the immune system, weakening its ability to fight off infections and diseases.

**Hysterectomy:** Surgical removal of the uterus, often performed to treat various gynaecological conditions.

**Human Papillomavirus (HPV):** A group of sexually transmitted viruses that can cause genital warts and certain types of cancers, including cervical cancer.

**Intimacy:** Emotional closeness and connection between individuals, including physical affection, trust, and open communication.

**LARCs:** Long-Acting reversible contraception, such as a copper coil, a hormonal coil, the contraceptive injection and a hormonal implant. These methods can last between 3 months to 5 years and do not require the user to remember to take any medication on a daily basis.

**Life-course:** Refers to the various stages and transitions individuals experience throughout their lives, including childhood, adolescence, adulthood, and older age.

**LGBTQ+:** An acronym representing lesbian, gay, bisexual, transgender, and queer/questioning individuals, and other diverse sexual orientations and gender identities.

**Non-binary:** Refers to individuals whose gender identity does not exclusively align with being male or female.

**Oral Contraception:** Birth control methods that involve the use of hormonal pills taken orally to prevent pregnancy.

**Pre-Exposure Prophylaxis (PrEP):** Medication taken by individuals at high risk of contracting HIV to reduce the likelihood of infection.

# Glossary of Terms

**Relationships education, relationships and sex education (RSE) and health education:**

The statutory phrase used within the guidance to schools by the Department for Education, relating to the teaching of children regarding relationships, sex and health. More commonly in society, these terms are referred to as Relationships Education (RE) in primary schools and Relationship, Sex and Health Education (RSHE) in secondary schools. It is important to know that both RE & RSE includes teaching about health and both RE & RSE are taught age appropriate topics.

**Reproductive Health:** The state of physical and mental wellbeing related to the reproductive system, including fertility, pregnancy, childbirth, and postpartum care.

**Screenings:** Medical tests or examinations conducted to detect diseases, conditions, or risk factors in individuals who do not exhibit symptoms.

**Sexual Education:** Formal or informal learning about human sexuality, including information about anatomy, reproduction, relationships, consent, and safe sexual practices.

**Sexual Health:** The state of physical, emotional, mental, and social wellbeing related to sexuality.

**Sexual Orientation:** An individual's emotional, romantic, and/or sexual attraction to others, such as heterosexual, homosexual, bisexual, or pansexual.

**Sexual Violence:** Any unwanted sexual act or activity, including rape, sexual assault, harassment, and coercion.

**Syphilis:** A sexually transmitted infection caused by the bacterium *Treponema pallidum*, which can progress through various stages if left untreated, affecting multiple organ systems.

**Termination of pregnancy:** The preferred terminology for the removal of pregnancy tissue, products of conception or the foetus and placenta from the uterus. Often termed abortion.

**Trans men:** Individuals who were assigned female at birth but identify and live as men.

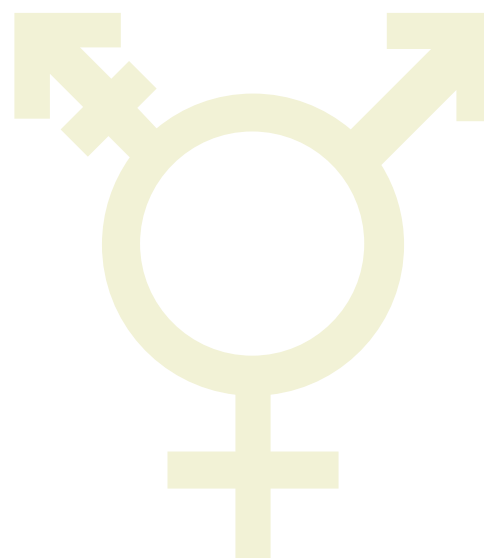
**Trans women:** Individuals who were assigned male at birth but identify and live as women.

**Transgender:** An umbrella term for individuals whose gender identity differs from the sex assigned to them at birth.

**Vaccinations:** Administration of vaccines to stimulate the immune system and provide protection against specific infectious diseases.

**Violence against Women and Girls (VAWG):** Any form of harmful behaviour targeted towards women and girls due to their gender, including physical, sexual, and psychological abuse.

**White Ribbon:** An international campaign that aims to end violence against women by engaging men and boys as allies.



# Professional Resources and Tools

- ➔ The “British Association for Sexual health and HIV [About BASHH | British Association for Sexual Health and HIV](#)” Is the merger of the Medical Society for the Study of Venereal Diseases and the Association for Genitourinary Medicine. The object is to promote and improve diagnosing, treating, and managing sexual health.
- ➔ [HIV prevention resources](#) are available for free by [HIV Prevention England](#), the national HIV prevention programme.
- ➔ [Sexual and reproductive health information for professionals](#) is provided via the national programme Sexwise – [www.sexwise.org.uk](http://www.sexwise.org.uk)
- ➔ [Reproductive health is a public health issue](#) is a series of 3 documents about reproductive health impacts and healthcare needs of females and can be used as a reference point for healthcare professionals to inform prioritisation and planning.
- ➔ The [teenage pregnancy prevention framework](#) provides guidance for local areas on maintaining reductions and narrowing inequalities in under 18 conception rates.
- ➔ The [framework for supporting teenage mothers and young fathers](#) sets out the importance of dedicated support for young parents.
- ➔ If you have a concern about a child or young person’s welfare who lives in County Durham, call First Contact on 03000 267 979 an visit [www.durham-scp.org.uk/concerned-about-a-child](http://www.durham-scp.org.uk/concerned-about-a-child) for more information.
- ➔ The [syphilis action plan](#) provides guidance to optimise the 4 pillars that are essential to syphilis control and prevention:
  - increase testing frequency
  - deliver partner notification to British Association for Sexual Health and HIV (BASHH) standards
  - maintain high antenatal screening
  - sustain targeted health promotion.
- ➔ Changes to the [National Chlamydia Screening Programme \(NCSP\)](#) were announced in 2021 to focus on reducing reproductive harm.
- ➔ The “Women’s reproductive health programme: progress, products and next steps [Women’s reproductive health programme: progress, products and next steps - GOV.UK \(www.gov.uk\)](#).”
- ➔ The [British Menopause Society British Menopause Society | For healthcare professionals and others specialising in post reproductive health \(thebms.org.uk\)](#) is the specialist authority for menopause and reproductive health.
- ➔ The Miscarriage association [The Miscarriage Association: Pregnancy loss information and support](#) supports anyone affected by miscarriage.

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## References

[Sexual and Reproductive Health and HIV](#)

[A Framework for Sexual Health Improvement in England](#)

[Syphilis Action Plan](#)

[Women’s Reproductive Health Programme](#)

[Miscarriage and the workplace - The Miscarriage Association](#)

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# County Durham Sexual Health Strategy

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19<sup>th</sup> December 2023



## Background and Context

- Sexual and Reproductive Health is a fundamental public health issue
- Local authorities have a mandated responsibility to provide open access services to meet the needs of their populations
- Having a Sexual Health Strategy supports DCC's legal duty
- Aims to reduce health inequalities for County Durham residents
- Carried out a 6-week public consultation
- Focus groups with key stakeholders
- Workshops with targeted and vulnerable groups
- Range of questionnaires to target audiences



## Priority Area 1: RSHE across the lifecourse

- Support the delivery of Relationship Education in primary schools.
- Support the delivery of Relationship, Sex and Health Education in secondary schools.
- Targeted support to identified vulnerable communities.
- Support for parents and carers to have age-appropriate conversations with children and young people about healthy relationships and sexual health

## Priority Area 2: Teenage Conceptions, Pregnancy and Support for Young Parents

- Deliver a range of sexual health promotion and health promotion campaigns targeting young people and vulnerable groups.
- Provide interventions for young parents that help prevent repeat unplanned pregnancies.
- Support young parents back into education, employment and/or training

## Priority Area 3: Contraception

- Understand the decline in the use of Long Acting Reversible Contraception (LARC) and aim to improve the take up by women across the system including primary care.
- Further develop County Durham's condom distribution scheme.
- Support Community Pharmacies with the delivery of enhanced contraception services in line with other local and national services.
- Develop a workforce that has the knowledge and skills to deliver the right support/services at the right time.
- Work collaboratively with maternity services and wider partners to further develop a postnatal contraception pathway.

## Priority Area 4: Sexually Transmitted Infections and HIV

- Introduce a Sexual Health Oversight Group to tackle emerging issues and promote prevention interventions.
- Reduce the stigma associated with HIV and STI's through awareness raising campaigns and education programmes.
- Improve the uptake of HIV prevention programmes.
- Continue to support Community Pharmacies to deliver contraception services and support.
- Increase the opportunity to access screening in community-based settings.
- Deliver an effective National Chlamydia Screening Programme across County Durham.

## Priority Area 5: Reproductive Health

- Reduce the rate of repeat termination of pregnancies.
- Reduce the rate of smoking at time of delivery.
- Increase the access to and uptake of the HPV vaccination programme.
- Increase the inclusive support to adults including healthy relationships, contraception, menopause, and sexual dysfunction.

## Next Steps

- Develop a multi-agency implementation plan
- Continue to utilise the Approach to Wellbeing
- Regularly review progress
- Report annually