

West Sussex Sexual Health Needs Assessment 2025

Executive Summary

Data current at March 2025

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Introduction

A health needs assessment can be defined as a systematic approach to assessing the health needs of the population¹. This needs assessment focuses on the sexual and reproductive health and wellbeing of the population of West Sussex and aims to assess how the needs of the population in relation to sexual and reproductive health are being met in order to identify areas for improvement.

Sexual health is defined by the World Health Organisation as²:

“A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

This has guided the four topics explored in this needs assessment, which are:

- Sexually Transmitted Infections (STIs)
- Human Immunodeficiency Virus (HIV)
- Reproductive health
- Healthy relationships

Sexual health is important across the lifecourse. At different ages, sexual health needs can differ.

This needs assessment has been undertaken using a mixed methods approach, utilising both quantitative and qualitative approaches to gather data and assess how the needs of the population in relation to sexual and reproductive health are being met. The qualitative work included listening to views of local residents through a survey, and gathering perspectives from a range of stakeholders across West Sussex in statutory and voluntary sector organisations through interviews, focus groups and a roundtable event held in October 2024.

A note on terminology used within this needs assessment: Throughout this needs assessment, the terms ‘male’ or ‘female’ have been used to describe genders. It is recognised that these terms may not necessarily reflect how a person will identify or feel about themselves and therefore may not encompass the gender identity of some residents of West Sussex.

This executive summary provides an overview of the key findings identified across the different chapters of the needs assessment. Areas of focus are also presented for each of the four topics of the needs assessment. For further detail or explanation on any of the points please refer to the main report.

¹ Faculty of Public Health. Health Knowledge.[internet] Accessed 17th Feb 2025. Available from: [The uses of epidemiology and other methods in defining health service needs and in policy development | Health Knowledge](#)

² World Health Organisation. [internet] Sexual Health [cited 26 Nov 2024]. Available from: [Sexual health](#)

West Sussex population

- **Population change:** The population in West Sussex grew between 2013 and 2023. This population growth has been due to migration both from within the UK and internationally. Horsham, Mid Sussex and Chichester observed the largest increase as a proportion of their population during this time.
- Epidemiological measures of reproductive health in West Sussex
 - Overall, the **birth rate** (number of live births per 1,000) has decreased steadily over the last decade. The trend in birth rate in West Sussex is broadly in keeping with the trends seen nationally.
 - According to the latest data from 2023, the total **fertility rate** (number of children that women would have, if the age-specific fertility rates were applied through the reproductive years), was highest in Crawley (1.66) and Mid Sussex (1.65). The lowest total fertility rates were in Chichester (1.34) and Worthing (1.31).
 - The highest **age-specific fertility rate** (number of births per 1,000 women in that age group) was highest in 30–34-year-olds (102.8 per 1,000 women).
- For West Sussex in 2023, the average age for mothers was 31.3 years in 2023. In England and Wales (2023 data), the median age for first time mothers was 30.9 years and for fathers 33.8 years, the highest it has ever been.
- **Younger age groups** are more likely to be sexually active, with implications for sexual health, often considered as 15- to 24-year-olds.
 - There were approximately 87,000 individuals aged between 15 and 24 in West Sussex, of which 42,000 (48%) were women, according to the mid-year population estimate in 2023.
 - The population of 15 and 24 year olds is projected to increase until approximately 2032 and is then expected to fall.
 - Similar trends are expected across most district and boroughs in West Sussex over this time period, with Arun expected to have the highest number of females aged 15-24 across all projected years.
- **Women of reproductive age** (broadly 15 to 54 years) have reproductive health needs with potential contraception needs.
 - There were 212,863 women aged 15 to 54, mid-year population estimate in 2023.
 - A published study from the United States suggests the mean reproductive life span has slightly increased due to a slight lowering of average age at menarche (when menstruation starts) and slight increase in average age at menopause. This suggests women may spend longer in this phase of life
- **Deprivation:** West Sussex is the 129th least deprived local authority out of 151 in England (where 1 indicates the most deprived area). There are pockets of deprivation around the county. Crawley and Arun are the most deprived districts in West Sussex. Coastal inequalities are also experienced.
- **Ethnicity:** The West Sussex population is comprised a range of ethnicities: White (84.2%), followed by White: Other (5.8%), and Asian (1.6%). Crawley is the most diverse district and borough in terms of ethnicity in West Sussex, being more ethnically diverse than England overall, with over a quarter of people self-reporting to be of a global majority ethnicity.
- **Sexuality:** 2.9% of the West Sussex population (16+ years) stated that they were gay, bisexual, pansexual or asexual in the 2021 census (England approximately 3.0%).
- **Disability:** 16.1% (n=148,900) of the population in West Sussex reported in the 2021 Census that their daily activities were limited either a little or a lot by a disability (England 17.7%).
- Informed by national and local understanding, there are **defined population groups** which warrant specific consideration with regards to sexual health and wellbeing – the West Sussex population groups are further described in the full report.
- Many **wider determinants** influence sexual and reproductive health. As an example, West Sussex record a higher rate of admissions to hospital for alcohol specific conditions in under 18s than the England rate.

Sexual attitudes and lifestyles

The most recent published data gathered through the UK National Survey of Sexual Attitudes and Lifestyles (NATSAL) (for which the findings summarising the national picture through data collected in 2010-2012, though still considered relevant), found that:

- The mean age of first sexual intercourse is occurring at a younger age, reported as 17 years in both men and women.
- Online information in relation to sexual health is reported to be accessed more frequently by individuals from a younger age cohort.
- The proportion of individuals (approximately 4 in every 5 individuals) report sexual contact with at least one sexual partner within the last year, though this has decreased over time.
- Trends over time suggest that the frequency of sexual intercourse with a member of the opposite sex is decreasing.
- The proportion of men who report not using a condom with at least two sexual partners is reported to be decreasing (i.e. men reported condomless sex to be decreasing).
- Evidence suggests that sexual contact is continuing into older adulthood. 42% of women and 60% of men aged 65-74 years reporting having had at least one opposite sex sexual partner in the previous year,
- Heterosexual individuals in the UK are frequently using general social media apps, as opposed to dating specific apps, to form personal and sexual relationships.

A report by the World Health Organisation, which focused on adolescents in 42 countries across Europe, showed high rates of unprotected sexual intercourse amongst adolescents across Europe, with a significant decline in condom use between 2014 and 2022. This may indicate changing behaviours around condom use whether generally or within this younger age demographic.

West Sussex sexual health service provision

West Sussex Integrated Sexual Health Service

West Sussex County Council commission University Hospitals Sussex NHS Foundation Trust to provide the West Sussex specialist sexual health service. University Hospitals Sussex NHS Foundation Trust is also commissioned by the NHS to deliver HIV care and treatment.

- The Integrated Sexual Health Service operates through a central booking telephone line, three 'hubs' at Crawley, Worthing and Chichester where face to face booked appointments are available Monday to Saturday with daytime and some evening clinics, two 'spoke' services in Bognor and Horsham with face to face booked appointments, including a women's only clinic in Bognor, telephone consultations, online access including click and collect options, and an outreach and health promotion team.

First time attendances

First time attendances at the West Sussex integrated sexual health service has increased consistently from 2019 to 2023, being over 15,000 in 2023.

- By age: Individuals aged between 25 and 34 in West Sussex made up the biggest proportion of first-time attendances at sexual health services.
- By sexual orientation: Over 40% of first attendances at the sexual health service in West Sussex were females who reported their sexual orientation as heterosexual.
- By ethnicity: By far the highest proportion of first-time attendances reported their ethnicity as white. Less than 5% of all first-time attendances reported their ethnicity as Mixed, Black or Asian.

All activity

- Since 2019/20 to 2024/25, there has been an increase in the proportion of activity by individuals aged 35-44 and a decrease in the proportion of activity in 16-24 year olds.
- The highest rate of Integrated Sexual Health Service activity has consistently been in individuals living in the second and third most deprived population quintiles. The lowest activity has been in the most deprived quintile.
- It has not been possible to understand how fully the capacity of the sexual health service is being utilised, or how this varies across hub locations or service types, because there is no established mechanism to assess this metric. The service reports there to be good availability of sexual health appointments.

Outreach

- Outreach and health promotion is a component of the integrated sexual health service delivery intended to meet the needs of vulnerable groups and those from deprived areas in accessing appropriate services. College and University settings were the settings most frequently reached in 11 months from Jan to Nov 2024.

Digital

- From 2020, when the Covid-19 pandemic contributed to a shift in how sexual health services were delivered, digital access has remained high, now contributing between 30% and 40% of the total activity.
- Online services available are self-sampling STI testing and condom provision.
- Online activity is highest in those aged between 20 and 24, with rates of use also high in individuals aged 16-19 and in those aged 25-34
- Rates of online ISHS activity are consistently lowest in people from the least deprived population quintiles.

Out of area

- 93.2% of sexual health service consultations by West Sussex residents occurred within the West Sussex service with almost another 5% attending the sexual health service commissioned by Brighton and Hove City Council.

Locally commissioned services

- **General Practice** is commissioned by West Sussex County Council to provide Long Acting Reversible Contraception for contraceptive purposes. Other contraception services provided by GPs are part of the standard General Medical Services contract.

- At January 2025, almost all GP practices were contracted to insert IUDs/IUS's and contraceptive implant. There is a cross-practice referral mechanism in place which should enable complete coverage across the of this service across West Sussex through referring to another GP practice if the service is not directly provided.
- **Community Pharmacy** is commissioned by West Sussex County Council to provide Emergency Hormonal Contraception (EHC) free of charge to all ages (age limit removed December 2024). The NHS Advanced Contraception Service for community pharmacies to deliver on-going oral contraception is commissioned by NHS England.
- At January 2025, 24 out of approximately 140 (less than 20%) of community pharmacies participated in the West Sussex County Council emergency hormonal contraception locally commissioned service.
- NHS Sussex report that approximately 80% of community pharmacies in West Sussex were signed up to deliver NHS Community Pharmacy Contraception Service at September 2024.
- A national NHS community pharmacy EHC service is expected to be implemented from October 2025.

Focus group with WSCC colleagues working in CYPL services

- Participants highlighted the emotional barriers young people experience in accessing sexual health support, such as anxiety, shame and stigma.
- Concern was raised about the lack of a walk in and wait option at local sexual health clinics.
- Some practitioners reported having relationships with clinic staff where they could arrange fast track appointments for their service users, and reported that this worked well; it was suggested that these pathways should be formalised.
- Digital access was welcomed, however it was felt that more could be done to promote this.
- Ideas for improving access were suggested including better utilisation of wider services which young people are in contact with which could offer education, signposting and condom provision.

Public facing survey

The survey was hosted on the 'YourVoice' platform and sent by email directly to specific community voluntary sector organisations who work with population groups of interest to understand experience of defined population groups and the general population in access to sexual health information, advice and services. 101 participants answered the main version of the survey. 16 participants answered the EasyRead version.

- Respondents reported receiving sexual health information from digital services and the internet or healthcare professionals (same response from EasyRead).
- Nearly half of respondents reported they were aware of STI and HIV testing and over half reported they were aware of and knew how to access sexual health clinics during the week. Two thirds of respondents to the EasyRead survey reported to be aware of sexual health clinics.
- A small number of respondents noted they wanted to access sexual health services but couldn't, and a fifth of respondents reported they have had difficulties accessing sexual health services.
- A range of preferences were expressed with regards to appointment types, including online booking, drop in, access to sexual health services through their GP, as well as existing routes noted.
- Respondents noted their interaction with staff at the local sexual health service was largely positive with staff commended for their kindness, professionalism and non-judgemental attitude.

Sexually Transmitted Infections

Note added prior to publication

Data sourced from: Office for Health Improvement and Disparities. Public health profiles. 2025
<https://fingertips.phe.org.uk/> © Crown copyright 2025 was updated in June 2025. A summary of selected new data is included in the full needs assessment report.

Key points

All Sexually Transmitted Infections

- If untreated, some STIs can be associated with serious long-term complications, such as chlamydia and gonorrhoea, which can lead to serious complications such as pelvic inflammatory disease and ectopic pregnancies.
- The Covid-19 pandemic had a significant impact on the transmission of STIs. Social distancing and lockdown led to a significant decrease in the number of new cases of STI diagnoses in 2020. Nationally and locally, whilst not yet reaching pre-pandemic levels, new diagnosis of STIs have increased since 2021, and continue to increase to near pre-pandemic rates.

STI testing rate (excluding chlamydia in under 25s)

- The STI testing rate in 2023 exceeded the rate of testing observed pre-Covid and was the highest rate over the last decade. 25,383 STI tests were conducted at a rate of 2,844.6 per 100,000 in West Sussex in 2023, significantly lower than the England rate of 4,110.7 per 100,000.

New STI diagnoses in 2023 (excluding chlamydia aged under 25)

- There were 2,855 new STI diagnoses at a rate of 320 per 100,000 in West Sussex in 2023, lower than the England rate of 520 per 100,000. Since 2020, there has been a yearly increase in the rate of new STI diagnosis per 100,000 population both nationally and locally, however, the overall rate remains lower than prior to the Covid-19 pandemic.

STI test positivity (of those tested, percentage who test positive)

- 5.8% of STI tests yielded positive results in West Sussex in 2023, a lower positivity than 7.3% for England.

STI re-infections

- An estimated 10.2% of 15 to 19 year-old women and 9.7% of 15 to 19 year old men presenting with a new STI at a sexual health service during the five-year period from 2018 to 2022 became re-infected with a new STI within 12 months. This was higher than observed for England at 9.9% of 15 to 19 year old women and 8.9% of 15 to 19 year old men.

Inequalities in STI diagnoses (2022 data)

- Rates of STI diagnosis were higher in more deprived areas.
- 41.7% of diagnoses of new STIs made in sexual health services in West Sussex residents were in young people aged 15 to 24 years old, compared to 44.5% in England.
- In people where sexual orientation was known, 18.4% of new STIs in West Sussex residents were among GBMSM. This compares to 27.1% in England. For West Sussex, 2.9% of the population are not heterosexual, highlighting that the GBMSM group is disproportionately impacted by STIs.
- Across all ethnic groups, West Sussex lags behind England in the rate of STI diagnoses. The England rate of STI diagnoses is approximately double the West Sussex rate in Black and Mixed categories, which is a greater gap than the other ethnicity categories.
- National survey data (NATSAL-3) suggests that people entering a new relationship in midlife are an at-risk group of transmitting sexually transmitted infections. Encouraging condom use in this demographic has been identified nationally as an opportunity to protect against STIs occurring in people in their midlife.

Specific Sexually Transmitted Infections

Chlamydia

- **Participation in screening** aims to identify individuals who have asymptomatic chlamydia. In 2023, the proportion of females screened for chlamydia in West Sussex was 16.8%, significantly below England, 20.4%.
- **Chlamydia detection rates** are an indicator of the success of chlamydia control programmes given that detection indicates testing is reaching populations where chlamydia can be found. In West Sussex, the chlamydia detection rate in females aged 15 to 24 years olds in 2023 was 1,540 per 100,000. This is significantly below the national detection rate of 1,962 per 100,000 and well below what is considered the target of 3,250 per 100,000. Only ten local authority areas across England are achieving the target detection rate, and all of these areas exceed the West Sussex proportion of females screened for chlamydia.
- **Considering settings where chlamydia testing is undertaken**, the sexual health service records the highest proportion of chlamydia diagnoses consistently over recent years, and since 2023 there has been a notable increase in online testing. Generally over time, the positivity rate of testing in the sexual health service has been highest with online testing not far behind.
- **Partner notification:** In 2022/23, the sexual health service was achieving the partner notification standard for chlamydia. Insight work however suggests that there is no mechanism for partner notification in primary care in West Sussex, noting that this is not unusual compared to other local authority areas.
- According to a local **survey conducted in 2024 by Healthwatch**, barriers to chlamydia testing amongst young people include stigma and a lack of knowledge.
- **Well performing local authority areas** on population level chlamydia areas were contacted. Key learning included taking a data led approach to inform strategies for guiding testing and detection.

Gonorrhoea

- Gonorrhoea is a bacterial STI caused by the bacteria *Neisseria gonorrhoea*. It can be an indicator of widespread STI transmission through unsafe sexual activity. Rates of diagnosis of gonorrhoea in West Sussex have increased over the last two years, reflecting national trends.
- The rate of diagnosis of gonorrhoea, 77 per 100,000 in West Sussex (n=688 cases) in 2023 remains lower than comparative rates in England (149 per 100,000). This rate is the highest rate of diagnosis of gonorrhoea recorded locally over the time period available.
- Crawley observed the highest rate of diagnosis of gonorrhoea per 100,000 in West Sussex in 2023. Statistical analysis of the trend over the last 5 years shows the rate to have increased in Arun, Mid-Sussex and Worthing.
- In 2022, almost 40% (n=225 out of 565) of gonorrhoea diagnoses in West Sussex residents were among GBMSM.
- **Partner notification:** In 2022/23, the sexual health service was achieving the partner notification standard for gonorrhoea.

Syphilis

- Syphilis is a type of STI caused by the bacteria *treponema pallidum*. It is important to prevent and detect because left untreated, syphilis can lead to death and can cause serious co-morbidity.
- West Sussex has not experienced the same increase in cases of syphilis as observed in England.
- Nationally, most diagnoses are in individuals aged between 25-34 years and in GBMSM.
- In 2022, over 70% (n=50 out of 70) of syphilis diagnoses in West Sussex residents were among GBMSM.

Shigella

- *Shigella sonnei* is a type of bacteria which is associated with gastrointestinal symptoms and can lead to fevers and diarrhoea. In West Sussex, there was an increase in the number of cases of sexually transmitted shigella from 0 cases in 2021 to 25 cases in 2023. This reflects the national pattern. Small numbers of cases were observed across all district and borough areas within West Sussex at this time.

Mycoplasma genitalium

- *M. genitalium* is a type of bacteria which can cause symptoms such as pain when urinating or vaginal discharge and tends to be tested only where there are specific indicators. It can be associated with pelvic

inflammatory disease. In 2023 there were 75 new diagnoses of M. genitalium in West Sussex, 8.4 per 100,000, and almost half the England rate (15.6 per 100,000).

Genital warts (HPV vaccine)

- In West Sussex, coverage of this vaccine is slightly higher than observed nationally. However, the most recent coverage (2022/23 data) of 77.1% (England, 71.3%) for one dose in females is lower than the benchmark goals of a coverage greater than or equal to 90%. In males, coverage for one dose in West Sussex is 65% in 2023, which is similar to the England rate of 65.2%.

Stakeholder perspectives

- A West Sussex sexual health roundtable discussion held with a range of stakeholders in October 2024 highlighted opportunities for improvement, including strategies focusing on engagement and inclusion of at-risk groups for example through active outreach.
- General Practice colleagues shared that typical practice for STI testing was not as a full sexual health screen, nor followed up with partner notification, and that, lack of a walk-in service for sexual health in West Sussex was reported as a barrier to access, particularly in younger people.
- The GP Federation stated that they felt considering the needs of inclusion groups was key, including to build trust with population groups in order to reduce inequalities.

Areas of focus

Opportunity to address stigma and improve awareness of and engagement in STI testing, through:

- **Ensuring the existing STI testing offer is clearly communicated with consistent information**, including promoting awareness of online provision of STI test kits with click and collect options. Communications must be tailored to meet the needs of the local population including people living with a learning disability.
- **Undertaking insights into barriers and facilitators to STI testing focusing on specific population groups** to inform access and service design. This should include a focused effort to improve understanding of population groups defined in this needs assessment and ensuring children and young people in specific groups are heard from or considered appropriately, for instance, looked after children and children with special educational needs.
- **Co-designing regular public facing campaigns which include a call to action to engage in STI testing**, aiming to reach populations where STI testing is low, health inclusion groups, young people and also including reaching mid-life adults entering a new relationship.
- **Developing and implementing a 'Making Every Contact Count' sexual health module** following an 'ask', 'advise' and 'act' approach for people working with population groups at risk of STIs including in statutory and voluntary services.
- **Exploring how promotion and engagement of STI testing could be incorporated into a holistic approach** supporting healthy lifestyles including mental wellbeing, where appropriate.
- **Promoting preventative actions, specifically condom use and HPV vaccination.**

Opportunity to improve access to and targeting of STI testing, including chlamydia screening, through:

- **Increasing variety in modes of access to the specialist sexual health service as well as understanding patterns of service utilisation within the sexual health service by different population groups** e.g. evenings and weekends, as well as online provision, and alongside developing a greater understanding of service capacity.
- **Improving access to and uptake of chlamydia screening aged 15 to 24 years through a refresh of the West Sussex Chlamydia Action Plan.** This could include:
 - o Working alongside young people to consider options for improving access which may be acceptable to young people.

- Establishing and strengthening links with wider services who may be supporting young people, for instance youth services, school nurses, Family Hubs and others.
- Taking a data driven and behaviourally informed approach to optimising the chlamydia testing pathway and driving focused improvement which could include more deprived or coastal areas, settings yielding positive results, re-testing, or partner notification, for instance.
- Increasing in-person access for populations living away from the sexual health hub clinic locations.
- **Embedding STI testing within relevant services and settings** where STI testing might be undertaken to better understand data and pathways, including whether STI detection can be optimised, notably:
 - **Women's Health Hubs** (in line with the national core specification and as a routine consideration to contribute to the holistic care intended through these hubs) **and considering opportunities for neighbourhood working and primary care** to further develop their role in sexual health, particularly STI testing.
 - **Termination of pregnancy services.**
- **Improving reach of testing to population groups who may be at higher risk of sexually transmitted infections** including through:
 - Working with the integrated sexual health service outreach and health promotion team to build a regular programme which includes reaching defined population groups as set out in this needs assessment, including reaching more deprived areas, people who report their ethnicity as Black or Asian, and gay, bisexual and men who have sex with men (GBMSM).
 - Delivery of a small grants programme to develop initiatives led by community and voluntary sector organisations which have established trusted relationships with these communities.
 - Reaching populations where there are high rates of gonorrhoea diagnoses, such as GBMSM, as well as in geographically reaching Crawley, where the highest gonorrhoea diagnostic rate is observed, as well as Arun, Mid-Sussex and Worthing, where rates are considered to have increased.

Opportunity to strengthen efforts to prevent or minimise onward spread following a positive test, through:

- **Considering how a mechanism for partner notification could be established for STI tests undertaken in GP settings** given GP testing contributed approximately 10% of the total diagnoses of chlamydia in 2024 with no mechanism to enable partner notification. It is acknowledged that it is not unusual compared to other local authority areas to not achieve partner notification within General Practice and therefore considering option of approaches would be worthwhile.
- **To take a data driven and behaviourally informed approach to understand engagement in re-testing** after a positive chlamydia test result and whether this may be linked to the higher proportion of re-infections observed in 15 to 19 year olds given that these young people are already known to the sexual health service. To consider how re-testing can be monitored on an on-going basis.

Human Immunodeficiency Virus

Key points

Background

- Human Immunodeficiency Virus (HIV) is a type of virus which can lead to a decrease in the immunity of an individual. It can be spread through several different transmission routes. In the UK, the most common mode of transmission is through sexual transmission.
- The 'Towards Zero' action plan for England aims to achieve a reduction of 80% in the transmission of HIV by 2025, as part of a long-term goal to reduce the transmission of HIV to zero by the year 2030. A new HIV action plan for England is expected in summer/autumn 2025.

Pre-Exposure Prophylaxis (PrEP)

- Pre-Exposure Prophylaxis (PrEP) is a medication which individuals can use to reduce the chances of acquiring a HIV infection and is taken before a potentially risky sexual encounter.
- In West Sussex 10.3% of people visiting sexual health services were estimated to be in need of PrEP in 2023 which is similar to the national figure of 10.1%. Crawley has the highest proportion, 12.3%.
- The proportion of the identified population who receive PrEP in West Sussex has increased between 2021 and 2023, from 56.5% (n=420) to 81.9% (n=1,101), with this latest figure significantly higher than the England proportion.
- In West Sussex, use of PrEP was highest in individuals from the most deprived quintiles (quintiles 1 and 2), and in younger adults, with figures from 2023/24 showing that the highest rates of activity were in individuals aged 16-34. Low PrEP activity in females was recorded in West Sussex.

HIV testing rate

- The HIV testing rate in 2023 exceeded the rate of testing observed pre-Covid and was the highest rate over the last decade. The HIV testing rate in West Sussex was 2,073.8 per 100,000, which equates to 18,505 tests performed and is significantly lower than the rate of 2770.7 per 100,000 in England.
- Testing activity for HIV in West Sussex is higher in individuals living in more deprived quintiles of the population (deprivation quintiles 1 and 2), compared to less deprived population quintiles.
- Sexual health service activity data shows that the highest activity of HIV testing is in individuals who are between the ages of 20-24 and 25-34, and also 16-19-year-olds for females.
- Worthing Hospital and East Surrey Hospital (which contributes to serving the Crawley population) are included within the next phase of rollout of the NHS led Emergency Department HIV opt out testing programme expected to be implemented in 2025/26.

New HIV diagnoses

- 68 new cases of HIV were reported in West Sussex in 2023, a rate of 7.5 per 100,000 new HIV diagnoses. This rate has increased in recent years, mirroring the national trend, and is the highest rate observed since 2014. The West Sussex rate was lower than the England rate of new HIV diagnoses, of 10.4 per 100,000.
- The rise in new cases of HIV is primarily driven by individuals who have already been diagnosed with HIV outside of the UK.
- In 2023, the rate of new HIV diagnosis amongst individuals who are first diagnosed in the UK in West Sussex (2.9 per 100,000, n=26) was lower than England (4.9 per 100,000).
- Acquiring an HIV infection in the South East through heterosexual sexual contact accounted for 63% of all new cases of HIV, of which 69% were in individuals born in Africa (2022 data).

HIV diagnosed prevalence

- In 2023, it was reported that there were 1,247 individuals living with HIV in West Sussex.
- In 2023, the prevalence of HIV per 1000 in individuals aged between 15 and 59 in West Sussex was 1.98, which is lower than the England rate of 2.40. High HIV prevalence local authorities are defined as those with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years. Crawley (prevalence rate in individuals aged 15-59 of 3.74 per 1000) and Worthing (prevalence rate in individuals aged 15-59 of 2.72 per 1000) are high prevalence areas.

Late HIV diagnoses

- 51.7% (n=30) of people in West Sussex first diagnosed with HIV in the UK in 2021-23 received their diagnosis late, which is higher than the proportion in England of 43.5%. On this measure, a 'red' rating is applied to a proportion of late diagnoses over or equal to 50%.
- The proportion of heterosexual and bisexual women, and heterosexual men first diagnosed with HIV in the UK, who received their diagnosis late had 'red' ratings for data covering 2021-23.
- Stakeholder perspectives highlighted a high proportion of new diagnosis of HIV in refugees and asylum seekers in West Sussex, with a high proportion of late HIV diagnoses made in this population.

Living with HIV

- Treatment for HIV has improved, and individuals who are diagnosed and treated promptly can expect to have a near normal life expectancy.
- 960 (77%) of the total individuals living with HIV in West Sussex were aged between 15 and 59 in 2023.
- In 2022, the proportion of individuals aged over 50 living with HIV in the South East was 53%, which is an increase from the 30% aged over 50 in 2013.

Areas of focus

Opportunity for recognising and adapting local action and practice to reflect the changing local HIV epidemiology

- **To closely monitor the prevalence of HIV per 1,000 in individuals aged between 15 and 59 in West Sussex** given there has been an increased trend and with the current figure being 1.98 per 1,000. High HIV prevalence local authorities are defined as those with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people.
- **To recognise that:**
- **Local populations where greatest number of new HIV diagnoses are observed are:**
 - **Where transmission has been through heterosexual sexual contact** of which approximately two thirds of individuals were born in Africa (assuming South East data is applicable to West Sussex), and,
 - **Amongst people who have already been diagnosed with HIV outside of the UK.** This population are often in need of a tailored approach to care for both HIV care and treatment as well as concomitant sexual and reproductive health needs, including potentially benefitting from a trauma informed approach.
- **The population of people living with HIV is ageing.** As a part of this,
 - Adult social care service delivery may be improved by building awareness of HIV through training for staff working in these settings, as an example, recognising too that some individuals working in these settings may themselves be from high HIV prevalence countries.
 - Optimising support for people living with HIV to live with a good quality of life could include building awareness and vigilance among GPs and other healthcare professionals to comorbidities that people living with HIV can experience at younger ages than those without HIV.

Opportunity for continued and renewed focus on local actions to reduce HIV transmissions through prevention and testing, including in building shared and visible leadership

- **To further develop local HIV leadership in supporting the delegation of the commissioning of HIV care and treatment from NHS England to Integrated Care Boards in April 2025.** This presents an opportunity for further cultivating local leadership on HIV and actions to address stigma.
- **To continue to work towards and regularly monitor progress towards actions in the West Sussex Towards Zero Action Plan and refresh to appropriately reflect the new national HIV Action Plan expected in 2025.**
- **To increase awareness and accessibility of preventative measures and draw on local insights and emerging evidence to inform this, notably for:**
- **Condoms, through:**
 - o Working alongside individuals from priority populations to:
 - Scope settings/routes through which access can be improved
 - Increase motivation to use condoms
 - Reduce other barriers, drawing on local insights work on this topic.
- **PrEP, through:**
 - Raising awareness of the availability of PrEP
 - Continuing to identify people in need of PrEP
 - Ensuring the PrEP needs of women are met given activity is currently low in this group
 - Exploring how PrEP need are being met in further population groups such as GBMSM.
- **To increase awareness and accessibility of HIV testing through:**
 - o **Supporting implementation of NHS led opt out HIV testing in Emergency Departments at Worthing Hospital and East Surrey Hospital** (which contributes to serving the Crawley population), which are located in or near to lower tier local authority areas of high HIV prevalence. In addition, seeking to understand the contribution this pathway is making to overall identification of new diagnoses in West Sussex through understanding how HIV diagnoses identified through this open access hospital pathway are attributed to West Sussex as the place of residence for some individuals.
 - o **Continued implementation of the West Sussex Towards Zero Action Plan** including:
 - Learning from and utilising local insights in practice,
 - Continuing to value and build on relationships with the community and voluntary sector and local communities, which are valued opportunities to reach population groups and address equalities, such as by running the funded community-based HIV testing clinics, and,
 - Implementing Making Every Contact Count for HIV,
 - Implementing PrEP Emerge (a mobile health application within a digital health pathway to support PrEP)
 - o **Promoting awareness of HIV testing when indicator conditions are present in primary care and in other relevant settings such as TB clinics,** to ensure learning from West Sussex late diagnosis audits is applied in practice.
 - o **Continuing to undertake high quality HIV late diagnosis audits** which are led by the integrated sexual health service.

Reproductive health including contraception and condom use

Key points

Planning for pregnancy

- A key component of good sexual health and wellbeing is being able to choose when to become pregnant in which contraceptive choices and decision making plays a key role. It is estimated that up to forty five percent of the pregnancies that occur in the UK are unplanned.

Reach of sexual health service to young adults

- Attendances by females for contraceptive reasons at the sexual health service was highest for:
- 18-19 year olds: 12% of the estimated West Sussex population in this age group, slightly higher than the national figure of 10%, and,
- 20-24 year olds: 13% of the estimated West Sussex population in this age group, slightly higher than the national figure of 11%.

Overall contraceptive activity

- General Practice provides the greatest volume of contraceptive items to the West Sussex population.
- All population metrics, apart from LARC provision through the sexual health service setting, shows higher contraceptive activity locally compared to national figures.
- Nationally and locally, user dependent hormonal methods of contraception appear to be decreasing and use of emergency contraception appears to be increasing; rates of total LARC prescribed have not yet recovered to the rates seen in 2019, before the COVID-19 pandemic.

User dependent hormonal contraception

- Rates of prescriptions of the progestogen only pill and combined hormonal contraception pill from GP practices and integrated sexual health services in West Sussex are higher than national rates. However, these rates have declined slightly in recent years both nationally and in West Sussex.
- Based on 2023 data, rates of GP prescribed progestogen only pill were lowest for Chichester, Worthing and Mid-Sussex, and rates of GP prescribed combined hormonal contraception were lowest for Crawley and Worthing.
- The local survey undertaken for this needs assessment which was particularly aimed at reaching defined population groups indicated low awareness of community pharmacy services for access to oral hormonal contraception. This finding was verified by activity data from the community pharmacy oral contraception service, perhaps reflecting that this is a relatively new service, having been established nationally in December 2023.

Long Acting Reversible Contraception

- A higher **total** (provided by the integrated sexual health service and GPs) **prescribed rate of LARC** was reported in West Sussex for 2023, in comparison to the national rate.
- Lower rates of total prescribed LARC were reported in Chichester and Crawley, with rates decreasing in these areas (assessed as trend over last five years).
- **GP prescribed LARC** in West Sussex has been significantly higher than the England average for several years. Rates of LARC prescribed by GPs declined nationally and locally in 2020 and are yet to recover to the rates seen prior to the Covid-19 pandemic. More up to date LARC activity data taken from monthly contract monitoring data from GP practices to WSCC suggests that there has been a decrease in activity between 2022/23 and 2023/24 locally.
- At January 2025, almost all GP practices were contracted to insert IUDs/IUS's and contraceptive implant. A cross-referral mechanism exists which allows GP practices to refer their registered patients to another GP practice within their Primary Care Network to facilitate access to LARC across the county.

- Rates of **LARC provision from the West Sussex sexual health service**, where the provision of LARC occurs in much smaller numbers, appears to have remained stable in recent years, though perhaps observed a decline during 2024.
- Data suggests LARC activity through the sexual health service has been consistently highest from women living in the more deprived quintiles (quintiles 1 and 2) of the West Sussex population.
- In 2023/24, the highest rate of LARC activity through the integrated sexual health services was for the resident populations of Worthing and Crawley, followed by Chichester (the locations where the main hub clinics are), with the lowest rates of LARC activity were in Horsham and Mid Sussex.
- Good practice identified from well performing local authority areas on LARC highlighted the utility of collaboration between primary care and sexual health services.

Emergency Contraception

- Nationally collated data from sexual health services suggests that between 2022/23 and 2023/24, there was an increase of 13% in the uptake of emergency contraception use in the country. There is no national aggregation of community pharmacy emergency hormonal contraception (EHC) data through locally commissioned services, nor of private sales of EHC through community pharmacies, or from GPs.
- Available West Sussex emergency contraception activity data (comprising EHC through the community pharmacy locally commissioned service or EHC or EC through the sexual health service) showed an approximately 25% increase from 2021 to 2024, however this does not include provision through GPs, nor of private sales of EHC through community pharmacies.
- At January 2025, 24 out of approximately 140 (less than 20%) of community pharmacies participated in the West Sussex County Council emergency hormonal contraception locally commissioned service.
- West Sussex County Council Public Health are working with partners to deliver online access to EHC provision.
- A national NHS community pharmacy emergency hormonal contraception service is expected to be implemented from October 2025.

Condom provision

- Free condom provision through the West Sussex sexual health service includes in-person, outreach and online provision. Individuals can request condoms online which will then either be delivered confidentially to their home, or delivered to 'Click and Collect' locations.
- In the local survey, undertaken for this needs assessment, which was particularly aimed at reaching defined population groups, 45% (45/101) reporting that they did **not** use condoms. Of EasyRead respondents, a higher proportion of individuals reported that they did **not** use condoms, 75% (12/16). The majority of respondents reported that they buy condoms.

Natural family planning

- Perspectives shared at the sexual health roundtable and through interviews with colleagues working in integrated sexual health services, alongside data from the sexual health service, indicated that there may have been a shift towards natural family planning as a preferred method. This method has lower effectiveness as a contraceptive method.
- A recent published study using data from England and Wales highlighted that the proportion of individuals who reported to use natural family planning methods around the time of conception had increased from 0.4% in 2018 to 2.5% in 2023.

Teenage conceptions and births

- There has been a large decrease in the number of conceptions in under 18s in England and locally since 2011.
- The latest figures (2021) on under 18 conception rate and birth rate in West Sussex show lower rates than the national rates.

Abortion rate

- Since 2019 the rate of abortions in under 18s has decreased in West Sussex. The under 18 abortion rate in West Sussex was lower than the England rate in 2021 (latest published data).
- The rate of conceptions in under 18's which led to abortion was slightly higher in West Sussex compared to that observed nationally in 2021. The number was highest in Crawley.
- The total abortion rate (total number of women having an abortion per 1000 female population aged 15-44 years) in West Sussex was below the total abortion rate for England in 2021.
- Overall, there has been an increase in the total abortion rate in West Sussex between 2017 and 2021, similar to trends seen in England.
- A national report examining the increase in abortion rates concluded that there has been a reduction in the provision of contraception, and this in combination with good access to early abortion services may have contributed to abortion rates increasing. Furthermore, the report noted that findings from the national Women's Reproductive Health Survey in 2023 showed post-conception contraceptive advice was generally considered poor, and that knowledge relating to contraception amongst women and girls was generally considered to be poor which was suggested to contribute to the reduction noted in the number of women accessing contraceptive services.

Pelvic Inflammatory Disease

- The England rate of pelvic inflammatory disease (PID) hospital admissions in women aged 15-44 years per 100,000 population has slightly increased over the last decade up to 2023/24. In West Sussex, between 2020/21 and 2023/24 rates of PID increased. For 2023/24, the rate of admissions to hospital due to PID was substantially higher than the England rate and higher than 'similar' local authority neighbours. Further analysis is required to understand possible explanations.

Ectopic pregnancy

- In England, ectopic pregnancy admissions to hospital in women aged 15-44 years has remained stable over the last decade to 2022/23, with a slight increase in 2023/24. In West Sussex since 2017/18, rates of admissions to hospital with an ectopic pregnancy in West Sussex have increased year on year. The increased observed in the latest data (2023/24) show the ectopic pregnancy admission rate in West Sussex to be significantly higher than the rate seen nationally.

Perspectives from colleagues indicated opportunity to ensure:

- A clear local offer is articulated to the local population given the number of access points for contraception available.
- The value and contribution of the NHS Pharmacy Contraception Service is utilised through increasing activity within this recently implemented service for on-going oral contraception.
- A post-natal contraception offer through maternity services is developed alongside partners to ensure pathways to on-going contraceptive care are in place.
- Collaboratively working across primary care, the integrated sexual health service and the abortion service to ensure clear pathways (e.g. for emergency IUD fitting) as well as to identify opportunities for targeting efforts to increase contraception as a preventative measure for rising abortions.

Areas of focus

Opportunity to develop a closer, on-going local understanding of quantitative data relating to contraceptive use and related outcomes
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- **To develop a dashboard of contraceptive activity using a range of data sources to enable a clearer local understanding across all services and settings to enable local actions. To ensure a meaningful product, this should include:**

- Data describing the West Sussex population with a potential contraceptive need, given the population size is expected to increase until 2032.
 - Data from NHS Sussex, NHS England and West Sussex County Council commissioned contraception provision (emergency and on-going), including prescribing data to enable GP activity to inform a whole system view.
 - Data relating to abortion and other relevant outcomes, which should include data from abortion services given the time lag observed in nationally published abortion data at the time of writing (latest data from 2021).
 - Data enabling understanding at smaller geographical areas and of population groups that may experience inequalities relating to reproductive health and including aspects of pre-conception care where data is available.
- **To undertake further exploration of the high rates of admission to hospital with pelvic inflammatory disease and ectopic pregnancies**, to inform understanding of demographic and clinical characteristics to inform whether preventative actions may be possible.

Opportunity to acknowledge changing attitudes and preferences to contraception and work alongside young people to make informed choices

- **To ensure a 'local contraceptive offer' is clearly articulated and communicated to the West Sussex population** which covers the range of access points and credible information about the different types of contraception available to raise awareness of services available and specifically building awareness of the NHS community pharmacy oral contraception service and the forthcoming (expected October 2025) NHS community pharmacy emergency hormonal contraception service.
- **To continue engaging with the West Sussex population, with a focus on young people and people in defined population groups, to support informed decision making around contraceptive choices.** The aim being to:
 - **Ensure credible and consistent information is available** utilising channels which will reach these population groups, including use of local webpages.
 - **Work alongside young people and specific population groups to co-design information.** This should acknowledge that the average age of first sexual intercourse is occurring at a younger age, nationally reported as 17 years in both men and women, and that there are changing attitudes towards contraception, with a particular focus on changing attitudes towards natural family planning with a move away from hormonal contraceptive methods (including exploration of whether this is a universal change in attitudes amongst young people or within some population groups).
 - **Stimulate a wider support network for young people, and all groups within the local population.** While the integrated sexual health service is reaching young people on contraceptive activities to a similar extent to other services nationally, the vast majority of young people are not seen in these services and therefore there is a need to ensure consistent information is available in relevant settings (including community and voluntary sector led settings who often have trusted relationships with specific population groups they are working with) as well as through education settings, parents/carers as well as others who may be working with or supporting young people. This also recognises that while this needs assessment did aim to reach a range of population groups through a survey, it was limited in reach and it is imperative that information and advice reaches all in our local population, including where it may need a tailored approach.
 - **Take a place based approach where it may be warranted.** For example, data suggests Crawley experiences the lowest rate of GP prescribed LARC and GP prescribed combined

hormonal contraception, the highest number of teenage conceptions which lead to an abortion, the highest fertility rate, and the highest rates of PID and ectopic pregnancies.

Opportunity to ensure contraceptive services are accessible, and that where applicable, individuals are supported in their care to access contraception through clear pathways which span across services

- **To increase awareness and accessibility of emergency contraception** through:
 - o Increasing the number of community pharmacies signing up to and actively delivering the EHC locally commissioned service to align with access to on-going oral contraception available through this setting, and without waiting for implementation of the forthcoming NHS community pharmacy EHC service, expected October 2025.
 - o Continuing to work towards online access to EHC to ensure timely access is available across the county.
 - o Ensure a clear pathway is understood for timely access to the integrated sexual health service where needed for emergency contraception for specific groups
 - o Ensure emergency contraception is considered within specific safeguarding pathways, for instance in working with missing, exploited and trafficked children and young people
- **To increase awareness and accessibility of condoms** through:
 - o Working alongside individuals from priority populations to scoping settings/routes through which access can be improved, as well as, increase motivation to and use of condoms as well as reducing barriers. This could include promoting condoms as a non-hormonal contraceptive method for young people. This should also ensure population groups are reached where HIV transmission may be the primary concern such as people from the Black African community and GBMSM.
- **To establish collaborative working to ensure access to all contraceptive methods and specifically LARC to improve support to individuals, such as through:**
 - o Considering methods of access to all contraceptive methods and including LARC, acknowledging the request for drop in provision, and bearing in mind that the rate of female under 25s attending specialist contraceptive services has gradually reduced over time.
 - o Formalising pathways for looked after children, individuals being supported through the PAUSE programme, and others, to ensure timely support
 - o Ensuring clear pathways for ongoing contraception for people accessing abortion services (with the aim of particularly understanding the 'repeat abortion' group and reflecting on whether there may be opportunities to strengthen the contraception offer at the first attendance to this service) and sexual assault referral centres.
 - o Facilitating support and collaboration between primary care and the sexual health service, for instance, through establishing a local forum/network, as well as recently established women's health hubs to ensure a comprehensive offer.
 - o Ensuring a clear post-natal contraceptive offer, including LARC, through maternity services which meets national guidance and addresses inequalities, and with pathways to on-going contraceptive care and provision linked into wider services.
 - o Considering if there are specific approaches or considerations needed in different geographical areas or for specific population groups.
- **To understand patterns of service utilisation within the sexual health service by different population groups** e.g. evenings and weekends, and alongside developing a greater understanding of service capacity.

Healthy relationships

Key points

A key part of sexual health and sexual wellbeing is promoting healthy relationships. Within this needs assessment, healthy relationships have been interpreted in two parts, namely that:

- Individuals should be protected against sexual harms and exploitation, and that,
- Promoting and fostering healthy relationships and healthy attitudes and views towards sex is an essential part of promoting good sexual wellbeing.

Individuals should be protected against sexual harms and exploitation:

- There are estimated to be 7,410 children sexually abused each year in West Sussex (source given in main report). In 2022/23, related to child sexual abuse, there were 0.23 (n=41) child protection plans (CPPs) per 1,000 children living in the area in West Sussex indicating substantial under identification by statutory services.
- According to national survey data gathered in NATSAL-3 (data collected 2010-2012), 1 in 10 women and 1 in 71 men said they had experienced non-volitional sex since the age of 13. The median age of the most recent occurrence of non-volitional sex was 16 for males and 18 for females. In most cases the person responsible was known to the individual.
- Whilst rates of sexual offences in West Sussex are lower than rates seen nationally and seen generally across the South East, the rate of sexual offences in the population of West Sussex has increased to 2.4 per 1000 population in 2022/23 (n=2,125).
- Increasing reports of sextortion have been observed by online safety colleagues in West Sussex County Council with data indicating that 14 to 17 year olds were more likely to become the victim of this type of crime.

Promoting and fostering healthy relationships and healthy attitudes and views towards sex is an essential part of promoting good sexual wellbeing:

- According to national survey data gathered in NATSAL -3, the median age of first heterosexual intercourse reported was 17 years in both men and women.
- Information specific to supporting recognition of a healthy relationship was identified on Your Space (West Sussex County Council webpages for teens) and Health for Teens (national NHS led webpages with some local information able to be locally tailored). However, there was no similar information on the sexual health service webpage.
- From September 2020, Relationships Education (RE) has been compulsory for all primary school pupils, and Relationships and Sex Education (RSE) has been compulsory for all secondary pupils. RSE curriculum information and credible resources are within the Education 4 Safeguarding (E4S) online platform accessible to all schools in West Sussex, not only West Sussex County Council maintained schools. There was reported to be good engagement with the materials from primary schools but more limited engagement from secondary schools. Stakeholder feedback noted their impression of variable RSE provision in schools and knowledge of young people.
- The role of parents and carers in supporting sexual health and wellbeing was not a prominent part of what was heard through stakeholder engagement.
- Challenges to promoting healthy conversations by people working with and supporting young people were noted including a lack of confidence and a lack of cultural competence,
- Unmet needs for supporting healthy relationships were evident in considering specific population groups, for instance, there is only limited local insight into Chemsex, needs are not being adequately met for people living with a learning disability, there is likely to be low awareness of healthy relationships and sexual health in older adults, and, the association of mental health and sexual health is only beginning to be recognised in published literature.

Areas of focus

Opportunity to advocate the importance of a preventative approach in keeping people safe from the harms of unhealthy relationships, through:

- **Actively supporting strategies to identify child sexual abuse to reduce unmet need**, and ensuring relevance to sexual health and wellbeing needs of individuals are considered, through the West Sussex Children's Safeguarding Partnership.
- **Supporting work to prevent sexual harms experienced online and associated with the nighttime economy through** supporting the West Sussex County Council community safety and online safety teams and raising awareness with young people in education settings, as well as wider initiatives. This could include working alongside community safety partnerships to explore how a harm reduction approach could incorporate information about sexual health services in addition to provision of information about alcohol, for instance.
- **Ensuring the West Sussex Violence Against Women and Girls Partnership is aware of the rising number of recorded sexual offences** and the relevance to sexual health and wellbeing.

Opportunity to increase prominence of sexual health and wellbeing information and advice and ensure support is wrapped around young people, through:

- **Utilising a trauma informed approach within sexual health services** to ensure individuals who have or are experiencing an unhealthy relationship or harmful sexual experience feel supported to access and continue accessing sexual health services.
- **Ensuring high quality and consistent public facing information is accessible for young people** to raise awareness and recognition of healthy relationships across a range of online front doors.
- **Enhancing and responding to data on young people's sexual health** gathered through the West Sussex School Health Check, including ensuring action supports and informs equitable approaches, for example for children who have Special Education Needs and Disabilities, are Electively Home Educated, and other groups
- **Supporting colleagues working in WSCC Education, and schools, to ensure Relationship and Sex Education (RSE) curriculum delivery is of consistent high quality across all schools**
- **Supporting parents and carers are equipped to appropriately support their children** in understanding healthy relationships and know to tell someone if they experience sexual harms.
- **Supporting people working with children and young people**, including in community and voluntary sector, and statutory services, to ensure they are equipped to offer appropriate support in understanding healthy relationships and know to tell someone if they experience sexual harms.
- **Ensuring sexual health services meet youth friendly standards** to support young people to feel confident in accessing services

Opportunity to recognise the role of healthy relationships for specific population groups and the tailored approach which may be needed, through:

- **Undertaking further work alongside the substance misuse service to gain a greater local understanding of Chemsex**, for instance, initially to explore recording of sexual orientation, with the aim of reduce potential harm and ensure appropriate support for individuals engaging in Chemsex.
- **Raising awareness of healthy relationships in later life and consider what may be helpful for community and formal care settings** to support individuals and ensure practice takes account of relevant CQC guidance.
- **Ensuring needs of people living with a learning disability are met, for instance through producing resources that are accessible**, including EasyRead materials.
- **Ensuring the bidirectional association between mental health and sexual health in young people is considered** to ensure young people can be supported and particularly how these services have a good awareness of services available to support both aspects.