InsideOutcomes

Sexual Health
Data Dictionary

Introduction

What is the Sexual Health Dictionary?

In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.

The review produced the report 'Fair Society, Healthy Lives' which proposed a cradle-to-grave approach to reduce inequalities, commonly referred to as the Life Course Framework. This broke down people's lives into a number of different life phases.

It concluded that, to have a significant impact on health inequalities, action needs to be taken on six policy objectives. These policy objectives are listed below against their applicable life phase and focus area:

Policy Objective:	Life Phase:	Focus Area:
Give every child the best start in life.	Starting Well	Pre-Natal - Pre-School
Enable all children, young people and adults to maximise their capabilities and have control over their lives.	Developing Well	School
Create fair employment and good work for all.	Working Well	Training and Employment
Ensure a healthy standard of living for all.	Living Well	Family
Create and develop healthy and sustainable places and communities.	Living Well	Community
Strengthen the role and impact of ill health prevention.	Ageing Well	Retirement

Whilst the themes identified in the Life Course Framework cover all aspects of the population there is need for a range of more specific indicators for different services. This document is a dictionary created for work with people who are being supported by sexual health services.

What is this data dictionary?

The measures defined in this dictionary work with a preventative model of support. One of the most effective methods of measurement, when delivering preventative services, is that of risk and protective factors. The removal of risks and the addition of protective factors provides a statistical basis for evidence of impact.

The definitions in this dictionary result from the analysis of the relevant national outcome frameworks, programmes and clinical guidelines. These have then been combined to form a single document listing all of the measures relevant to the Living Well life stage.

For each measure there is a definition (taken from one or more of the source documents), an explanation of why the measure is recorded, a description of the data that is collected and the survey point(s) at which the data is recorded. There is also a separate table showing which framework or policy records the measure.

The dictionary is separated into three areas of risk: Personal Circumstances, Lifestyle and Behaviour, and finally, Status.

Personal Circumstances - related to the factor(s) that are relevant to the support people need. Personal circumstances are non-clinical factors that are likely to have an adverse effect on health. Many of these types of risk are unchangeable or may take a long time to resolve.

For example: Social isolation is a personal circumstance. Being socially isolated can cause stress and anxiety, increased risk of misusing alcohol or substances, and increased visits to the GP or Accident and Emergency.

Lifestyle and Behavioural factors - something that increases the likelihood of a poor long-term health outcome. These will form the basis of the support provided and are able to be reduced with the right support and services. The removal of this type of risk can be achieved in a shorter period.

For example: smoking is a lifestyle and behavioural factor that increases the risk of heart, lung and respiratory disease.

Status - the result of a lifestyle and behavioural factor. The removal or reduction of these risks is likely to be a long-term outcome.

For example: A person who has been diagnosed as pre-diabetic as a result of poor lifestyle and behavioural factor(s) now has 'pre-diabetic' as a status, however the focus of support will be on the removal and reduction of the lifestyle and behaviour issues.

The data dictionary is a shared reference document that describes what should be recorded. This is because it is important that everybody who collects the data has the same understanding of what is being collected.

The measures to be recorded are taken from the following frameworks:

Organisation:	Framework Title:
National Institute for Health and Clinical Excellence	PH50 Domestic Violence and Abuse CG110 Pregnancy and Complex Social Factors CG62 Antenatal Care for Uncomplicated Pregnancies PH14 Smoking Prevention PH24 – Alcohol Disorders QS178 Sexual Health NG60 HIV Testing QS23 Drug Use Disorders
Department of Health	Improving Outcomes and Supporting Transparency
Department of Health	CCG Improvement and Assessment Framework
Department of Health	Healthy Child Programme
Department of Health	No Health Without Mental Health
Department of Work and Pensions	Social Justice Outcomes Framework
Department of Health	A framework for sexual health improvement in England

Sexual Health – Example Risk Map

Personal circumstances

Current Score : **C**
Score on assessment : **C**
Highest Score : **C**

Accommodation

Housing - homeless
UNASSIGNED
Assign

The client has nowhere to live: someone is not homeless if they are in temporary accommodation

Housing - temporary accommodation
UNASSIGNED
Assign

The client is living in temporary accommodation, this includes hostel accommodation, sofa surfing, or short-term arrangements outside the family

Housing - unsuitable housing
ASSIGNED
Resolve
Delete

The client feels they are living in unsuitable accommodation, this might be because it is unsafe, unsanitary, overcrowded, in disrepair or at risk of domestic abuse.

Domestic abuse

Disclosed domestic violence and abuse
UNASSIGNED
Assign

Client who self-reports that they are or have been subject to domestic violence and abuse. Including physical, mental and emotional abuse.

Family

Unsupported teen
UNASSIGNED
Assign

Financial hardship

Financial hardship
UNASSIGNED
Assign

Client who self-discloses that they have unmanaged debt, rent arrears, or low income

Safeguarding

Vulnerable adult
UNASSIGNED
Assign

The client meets the criteria for a vulnerable adult

Behaviour

Current Score : **2**
Score on assessment : **2**
Highest Score : **2**

Alcohol

Alcohol
UNASSIGNED
Assign

The client is drinking more than the recommended units of alcohol per week on average: 14 units for both women and men, 4 units for pregnant women

Language

Difficulty in Understanding English
UNASSIGNED
Assign

Client reports that they have difficulty speaking, reading, writing or understanding English

Smoking

Smoking
UNASSIGNED
Assign

The client smoked cigarettes in the last week, regardless of number per day

Substance misuse

Substance misuse
ASSIGNED
Resolve
Delete

The client regularly uses intoxicants (excluding alcohol) to an extent where physical dependence or harm is a risk

Status

Current Score : **1**
Score on assessment : **1**
Highest Score : **1**

General health

Access to Testing
UNASSIGNED
Assign

Client has not been offered testing for hepatitis B, hepatitis C and HIV and referral to service if positive.

Mental health

Diagnosed mental health condition
UNASSIGNED
Assign

Client has a diagnosed mental health condition

Stress and Anxiety
ASSIGNED
Resolve
Delete

The client reports excessive worry about a number of different events associated with heightened tension. These have been present for at least 6 months and have significant impact on their lives

Low wellbeing
UNASSIGNED
Assign

The client has a low sense of wellbeing, as indicated by their result on either SWEMWBS, WEMWBS or the ONS Measuring National Well-being Programme

Sexual health

Teenage preganancy
UNASSIGNED
Assign

Conceptions to young women aged 15 - 17

STI
UNASSIGNED
Assign

The client is identified as having a sexually transmitted infection

Chlamydia
UNASSIGNED
Assign

Young people aged 15 - 16 who are diagnosed with chlamydia through screening

Unwanted pregnancy
UNASSIGNED
Assign

The client is a woman who reports that their pregnancy is unwanted

Contents

Personal Circumstances:

Behavioural Factors:

Additional Clinical Factors:

Personal Circumstances

Personal circumstances are measures of socio-economic factors that are present in a person's life. These can be quite profound factors that are have an impact on a person's ability to manage health lifestyle choices or even to make changes that can change clinical factors.

Measure	Disclosed domestic violence and abuse
Definition	The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: • psychological • physical • sexual • financial • emotional Where this is historic then it will be recorded if that abuse still affects the client's life presently.
Reason for collecting	People experiencing domestic violence and abuse may experience additional physical and mental health needs as a result of abuse. In addition, people may have additional support needs during their training and early employment. Domestic violence and abuse are safeguarding issues where children are involved.
Data collected	Number of people who self-report that they are or have been subject to domestic violence and abuse.

Outcome Framework	Reference
NICE Guidance	PH50 CG110
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17 HCP – P45
Public Health Outcome Framework	1.11
Social Justice Outcome Framework	KI-1

Measure	Financial Hardship
Definition	The client reports that their household are on a low income (60% of average wages before housing costs) Indicators are: 1. The family cannot afford a number of food and clothing items 2. They claim Job Seekers Allowance, Employment Support Allowance or Income Support 3. They have required fuel costs that are above average or, were they to spend that amount, it would leave them with a residual income below the fuel poverty line. 4. They have unmanaged debt; this includes rent arrears
Reason for collecting	Clients may be perceived to be in a 'benefits trap' where they are unable to earn enough to equal or exceed their current rate of benefit. Recent legislation has capped benefits resulting in increased need to obtain employment. Many clients may find the cost of training and work-focused activity difficult to manage.
Data collected	Number of clients who self-disclose that they have unmanaged debt, rent arrears or low income.

Outcome Framework	Reference
Public Health Outcomes Framework	1.1, 1.17
Social Justice Outcomes Framework	KI-4
Healthy Child Programme	HCP – P17

Measure:	Housing - Homeless
Definition:	You may be legally homeless if: 1. You've no legal right to live in accommodation anywhere in the world. 2. You can't get into your home - eg. your landlord has locked you out. It's not reasonable to stay in your home - eg. risk of violence or abuse. 3. You're forced to live apart from your family or people you normally live with because there's no suitable accommodation for you. 4. You're living in very poor conditions - eg. overcrowding. If you're legally homeless, your council must provide you with help – this could range from giving advice to arranging accommodation. The amount of help they give you will depend on things like: ● If you became homeless through no fault of your own ● If you're eligible for assistance If you're in priority need
Reason for Collecting:	Being homeless is an indication of social risk. This has implications for financial status.

Outcome Framework:	Reference:
Public Health Outcome Framework	1.15i
Social Justice Outcome Framework	KI-1

Measure:	Housing - Temporary Accommodation
Definition:	Temporary accommodation includes sofa-surfing, hostel accommodation and short-term arrangements as a non-dependent.
Reason for Collecting:	Living in temporary accommodation is an indication of social risk. It often leads to a period of financial crisis for someone as benefits will usually be delayed.
Data Collected:	Number of clients who are living in temporary accommodation as defined above.

Outcome Framework:	Reference:
Public Health Outcome Framework	1.15ii
Healthy Child Programme: Pregnancy and the First Five Years	HCP - P17
Social Justice Outcome Framework	KI -1

Measure:	Housing - Unsuitable Accommodation
Definition:	Accommodation is self-declared unsuitable by the client.
Reason for Collecting:	Unsuitable accommodation might include housing repairs or overcrowding. Typically, this will have an adverse effect on the client and the wider family's physical and mental health.
Data Collected:	Does the client feel that they are living in unsuitable accommodation? This might be because it is unsafe, unsanitary, overcrowded or in disrepair.

Outcome Framework:	Reference:
Public Health Outcome Framework	1.15i
Healthy Child Programme: Pregnancy and the First Five Year	HCP – P17
Social Justice Outcome Framework	KI-1

Measure	Unsupported Teen
Definition:	Under 20 years at time of conception and is not supported by family
Reason for Collecting:	Developing a clear and detailed map of existing services in the UK for pregnant women with complex social factors, and the effectiveness of these services, would enable a benchmark of good practice to be set that local providers could adapt to suit their own populations and resources.
Data Collected:	The numbers of adults who meet the age criteria and cannot call on support of family of a wider social group.

Outcome Framework	Reference
NICE Guidance	CG110 CG62

Measure:	Vulnerable Adult
Definition:	A "vulnerable adult" is aged 18 or over; receives or may need community care services because of a disability, age or illness; and who is/or may be unable to take care of themselves or protect themselves against significant harm or exploitation. "A person lacks capacity in relation to a matter if, at the material time, he is unable to make a decision for himself (in relation to the matter) because of an impairment of, or disturbance in the functioning of, the mind or brain." [Definition of a 'vulnerable adult' from the Mental Capacity Act, 2005]
Reason for Collecting:	Vulnerable people are at particular risk of being able to access important services that can improve their mental and physical wellbeing. In addition, vulnerable people are at greater risk of being victims of abuse and violence.
Data Collected:	Number of clients who meet the criteria for being a vulnerable adult.

Outcome Framework:	Reference
Adult Social Care Outcome Framework	4B

Behavioural Factors

These are issues that increase the likelihood of a poor long-term health outcome. These will form the basis of the support provided and are able to be reduced with the right support and services. The removal of this type of risk can be achieved in a shorter period.

Measure:	**Alcohol Misuse**
Definition:	Clients who regularly exceed the advised maximum amount of alcohol. For both men and women: 2 - 3 units per day (guideline: <14 units per week)
Reason for Collecting:	Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol can be a contributory factor to falls in older people. As the metabolic rate slows down with ageing the effect of alcohol is greater.
Data Collected:	The number of clients who regularly exceed the advised maximum amount of alcohol units per day.

Outcome Framework:	Reference:
NICE Guidance	CG110, CG192, CG100, PH24, CG127
Public Health Outcome Framework	2.1, 2.15
Social Justice Outcome Framework	KI5
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17 HCP – P45

Measure	Difficulty in Understanding English
Definition	Self-reported indicator whereby the client says they have difficulty with reading, writing or speaking English
Reason for collecting	Having a difficulty in understanding English can lead to social isolation and make it more difficult for a client to access services on their own.
Data collected	Number of people who self-report having difficulties with reading, writing or speaking English

Outcome Framework	Reference
NICE Guidance	CG110 CG62
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17
BIS - Skills Funding Statement 2012 - 2015	Reference

Measure:	Smoking
Definition:	Client who smokes, regardless of number of cigarettes. Also, clients that co-habit with smokers are at increased risk of smoking related disease.
Reason for Collecting:	Smoking is a major cause of preventable morbidity and premature death, accounting for 79,100 deaths in England in 2011 and some 18 per cent of all deaths of adults aged 35 and over.
Data Collected:	Number of clients who smoke, regardless of number per day.

Outcome Framework:	Reference:
NICE Guidance	CG62, PH14, CG127
Public Health Outcome Framework	2.3, 2.9, 2.14
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P18 HCP – P22

Measure:	**Substance Misuse**
Definition:	Adults who regularly use recreational drugs, misuse over-the-counter medications, misuse prescription medications or misuse volatile substances (such as solvents or inhalants) to an extent whereby physical dependence or harm is a risk.
Reason for Collecting:	Individuals misusing substances pose significant risks in terms of overall health and well-being, reduced life expectancy, increased blood-borne virus transmission and reduced physical and psychological health. Substance misuse can also be risk factor in increased suicide risk.
Data Collected:	Number of adults who report that they misuse substances.

Outcome Framework:	**Reference:**
NICE Guidance	CG110, NG64
Public Health Outcome Framework	2.15
Social Justice Outcome Framework	KI-5
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17 HCP – P45
No Health Without Mental Health	Reference
Preventing Suicide in England	Reference

Status

Status measures are generally more intractable issues such as clinical diagnosis or issues relating to skills and employment. These issues are likely to be heavily dependent on the resolution of things relating to healthy behaviours and socio-economic factors.

Measure:	Access to Testing
Definition:	Client has not been offered testing for hepatitis B, hepatitis C and HIV and referral to service if positive.
Reason for Collecting:	Blood-borne viruses can cause chronic poor health and can lead to serious disease and premature death. Rates of infection with blood-borne viruses are high among people with drug use disorders, specifically those who inject drugs. Vaccination can protect against hepatitis B and carrying out testing to diagnose infection with blood-borne viruses is the first step in preventing transmission and accessing treatment.
Data Collected:	Number of clients who report they have not been offered test or referral to an appropriate service.

Outcome Framework:	Reference:
NICE Guidance	QS23, NG60

Measure	Chlamydia
Definition	Young people aged 15 - 16 diagnosed with chlamydia through screening.
Reason for collecting	Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health.
Data collected	Number of young people aged 15 - 16 who are diagnosed with chlamydia through screening.

Outcome Framework	Reference
A Framework for Sexual Health in England	Reference
Public Health Outcome Framework	3.2

Measure	Diagnosed with a Mental Health Condition
Definition	People who have a diagnosed mental health condition
Reason for collecting	Diagnosed mental health conditions can pose a risk for physical health and well-being as well as being a potential safeguarding issue.
Data collected	Number of people with a diagnosed mental health condition

Outcome Framework	Reference
NICE Guidance	CG192 1.1.1.1
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17

Measure:	**Low Reported Wellbeing**
Definition:	1. Scoring 40 or less on the Warwick-Edinburgh Mental Well-being Scale. 2. Scoring 16 or less on the Short Warwick-Edinburgh Mental Well-being Scale 3. Low sense of Wellbeing. 4. ONS Measuring National Well-being Programme.
Reason for Collecting:	Low sense of wellbeing is an indicator of social risk.
Data Collected:	1. Number of adults scoring 40 or less on the Warwick-Edinburgh Mental Well-being Scale. 2. Number of people scoring 16 or less on the Short Warwick-Edinburgh Mental Well-being Scale 3. Number of adults scoring 4 measures on ONS programme. 4. Self-reported stress.

Outcome Framework:	Reference:
Public Health Outcome Framework	2.23 2.24
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17
No Health Without Mental Health	Reference

Measure:	Stress and Anxiety
Definition:	General Anxiety Disorder can cause a change in behaviour and the way people think and feel about things, resulting in symptoms such as: ● Restlessness ● A Sense of Dread ● Feeling Constantly "On Edge" ● Difficulty Concentrating ● Irritability
Reason for Collecting:	Symptoms may cause withdrawal from social contact (seeing family and friends) to avoid feelings of worry and dread, and/or the inability to attend work. These actions can cause worry and increase a lack of self-esteem.
Data Collected:	Number of clients who report symptoms of general anxiety disorder.

Outcome Framework:	Reference:
NICE Guidance	CG45
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17

Measure:	**Sexual Health - Unwanted Pregnancy**
Definition:	Unwanted pregnancy.
Reason for Collecting:	Up to 50% of pregnancies are unplanned; these have a major impact on individuals, families and wider society.
Data Collected:	Number of clients who report that their pregnancy is unwanted.

Outcome Framework:	**Reference:**
NICE Guidance	CG110
A Framework for Sexual Health Improvement in England	FSHE – P33

Measure:	**Sexually Transmitted Infections (STI)**
Definition:	A bacterial or viral infection acquired through sexual activity.
Reason for Collecting:	STI management and control protects patients from re-infection and long-term consequences of an untreated infection and protects the wider community from onward transmissions.
Data Collected:	The number of people who have a bacterial or viral infection acquired through sexual activity

Outcome Framework:	**Reference:**
Public Health Outcome Framework	3.02.ii
A Framework for Sexual Health in England	FHSE – P28

Measure	Teenage Pregnancy
Definition	Conceptions to all young women aged 15 - 17.
Reason for collecting	Reducing conceptions in young women under the age of 18 has important benefits for short and long-term health outcomes. Teenage parents are at increased risk of postnatal depression and poor mental health in the 3 years following birth.
Data collected	Number of conceptions to young women aged 15 - 17

Outcome Framework:	Reference:
NICE Guidance	CG110
Public Health Outcome Framework	2.4
Healthy Child Programme: Pregnancy and the First Five Years	HCP – P17
No Health Without Mental Health	Reference

The data dictionaries are licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

If you would like further information on the dictionaries, and how they can support your work please email info@insideoutcomes.co.uk.