

SEXUAL HEALTH IN LEICESTER

ADULTS:

JOINT STRATEGIC NEEDS

ASSESSMENT

A Joint Strategic Needs Assessment (JSNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making.

The JSNA:

Is concerned with wider social factors that have an impact on people's health and wellbeing such as poverty and employment.

Looks at the health of the population with a focus on behaviours which affect health, such as smoking, diet and exercise.

Provides a view of health and care needs in the local community

Identifies health inequalities

Indicates current service provision

Identifies gaps in health and care services, documenting unmet needs

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1. INTRODUCTION

‘Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.’¹

2. WHO’S AT RISK AND WHY?

According to the National Survey of Sexual Attitudes and Lifestyles Surveys (Natsal)^{2,3} sexual health behaviour of the population of England has changed since the survey was first undertaken in 1991. The survey has been carried out every 10 years and the most recent published Natsal survey from 2011 demonstrated an increase in the:

- number of sexual partners over a person’s lifetime, particularly for women, where this has increased from 3.7 (1991) to 7.7 (2011)
- sexual repertoire of heterosexual partners, particularly with oral and anal sexual intercourse

All sexually active individuals of all ages are at risk of sexually transmitted infections (STIs), including HIV, and unplanned pregnancies (in the fertile years). However, the risks are not equally distributed amongst the population, with certain groups being at greater risk. Poor sexual health may also be associated with other poor health outcomes. Those at highest risk of poor sexual health are often from specific population groups, with varying needs which include:

- Men who have sex with men (MSM)
- Young people who are more likely to become re-infected with STIs
- Some black and ethnic minority groups
- Sex workers
- Victims of sexual and domestic abuse
- Other marginalised or vulnerable groups, including prisoners

Nationally, there is a correlation between STIs and deprivation. This correlation is weaker in Leicester and there is a strong association with the distribution of the 15-24 year old population.

The Natsal-Covid study⁴ has a number of reports looking at how the Covid-19 pandemic affecting access to condoms, chlamydia and HIV testing and cervical cancer screening at a population level.

People described thinking carefully about whether to have intimate contact with someone outside their household. They balanced the risk of Covid-19 transmission with their needs for sexual intimacy and to maintain relationships.

3. THE LEVEL OF NEED IN THE POPULATION

In response to the Covid-19 pandemic in March 2020, lockdowns and social distancing measures reduced social and physical contact between people and also the capacity to deliver face-to-face consultations. Many services underwent rapid reconfiguration to increase access to STI testing via telephone or internet. STI testing and diagnoses decreased across all infections during 2020, particularly for STIs diagnosed clinically via a face-to-face consultation (genital warts or genital herpes) compared to those that could be diagnosed via self-sampling kits (chlamydia and gonorrhoea). Testing levels have largely recovered during 2021.

3.1 SEXUALLY TRANSMITTED INFECTIONS (STI)

Acute STIs are considered to be: chlamydia, genital warts, gonorrhoea, syphilis and HIV/AIDS.

As STIs are often asymptomatic, screening of groups with greater sexual health needs can aid early detection and treatment and help reduce long-term consequences including infertility and ectopic pregnancy.

Control of STIs is reliant on use of condoms, reducing overlapping and multiple partners, access to testing and treatment and notifying and testing partners when an individual tests positive. Vaccination is also an intervention that can be used to control genital warts, hepatitis A and hepatitis B.

Over the past decade to 2019, diagnoses of chlamydia, gonorrhoea and syphilis have increased, notably in males, whilst diagnoses of genital warts have decreased due to the protective effect of HPV vaccinations.

Key figures for STIs in Leicester:

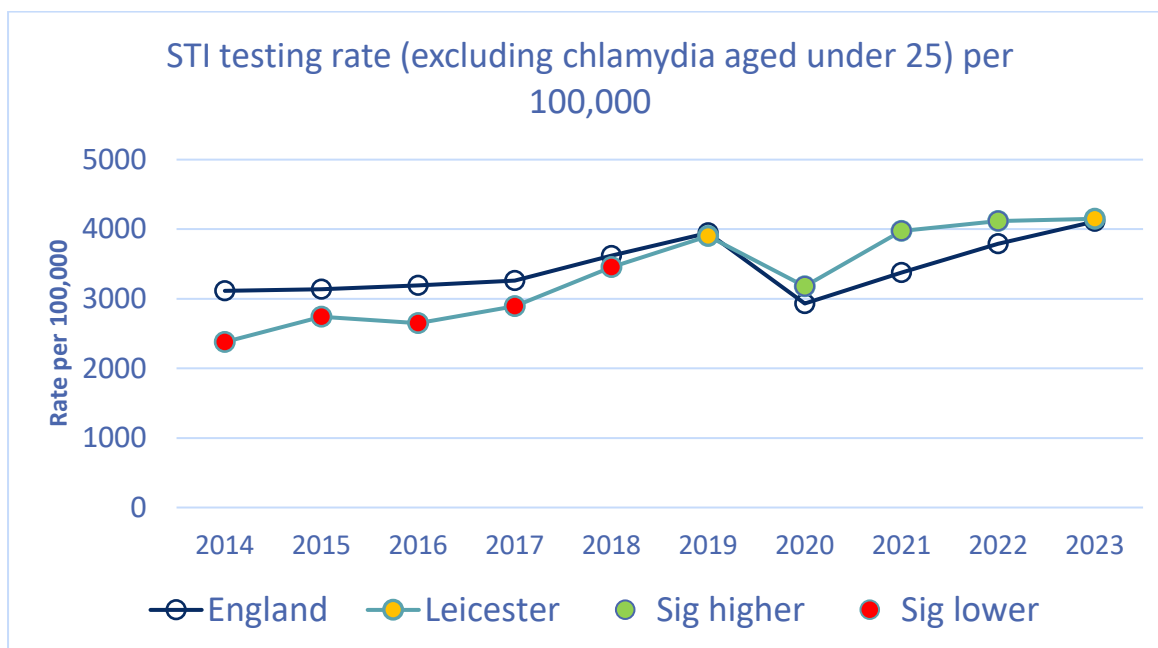
- A total of 2,760 STIs were diagnosed in Leicester residents in 2023. This is equivalent to a rate of 739 per 100,000 and a significant decrease from 915 per 100,000 in 2013. The rate is **higher than** the rate of **704** per 100,000 in England.
- Chlamydia is the most common STI in young people. Excluding chlamydia in under 25s, there were 1,721 new sexually transmitted infections STIs in Leicester residents in 2023. This represents a rate of 461 per 100,000 population, which is significantly lower than the national rate of 520 per 100,000 population
- New STIs are more common in young people aged 15-24
- Young people are also more likely to become re-infected with STIs.
- Numbers of new STIs diagnosed were highest in women, heterosexual men and MSM

Source: Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles*: <https://fingertips.phe.org.uk>, *Summary Profile of Local Authority Sexual Health (SPLASH), 2023*.

In 2023 the rate of STI testing (excluding chlamydia in under 25 year olds) in Sexual Health Services in Leicester was 4,149 per 100,000, an increase of 30% from 2020 where testing was reduced as a result of social distancing and service reconfiguration. Testing rates in Leicester are now higher than pre-pandemic levels and similar to the national rate (4,111 per 100,00).

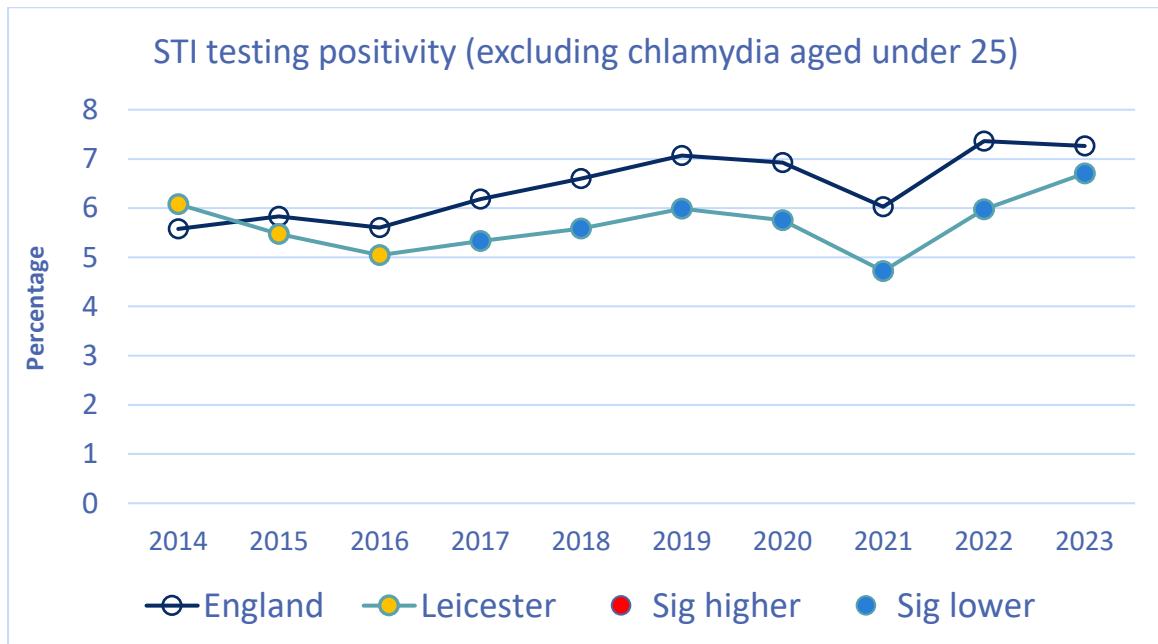
Positivity rate depends on both the number of diagnoses and the offer of testing. The positivity rate in Leicester has been significantly lower than England since 2016 and in 2023 positivity was 6.7%, lower than 7.3% in England. *The methodology changed in Sept 2021 to better reflect testing within the population accessing Sexual Health Services.

Figure 1: STI testing rate (excluding chlamydia in under 25 year olds) per 100,000



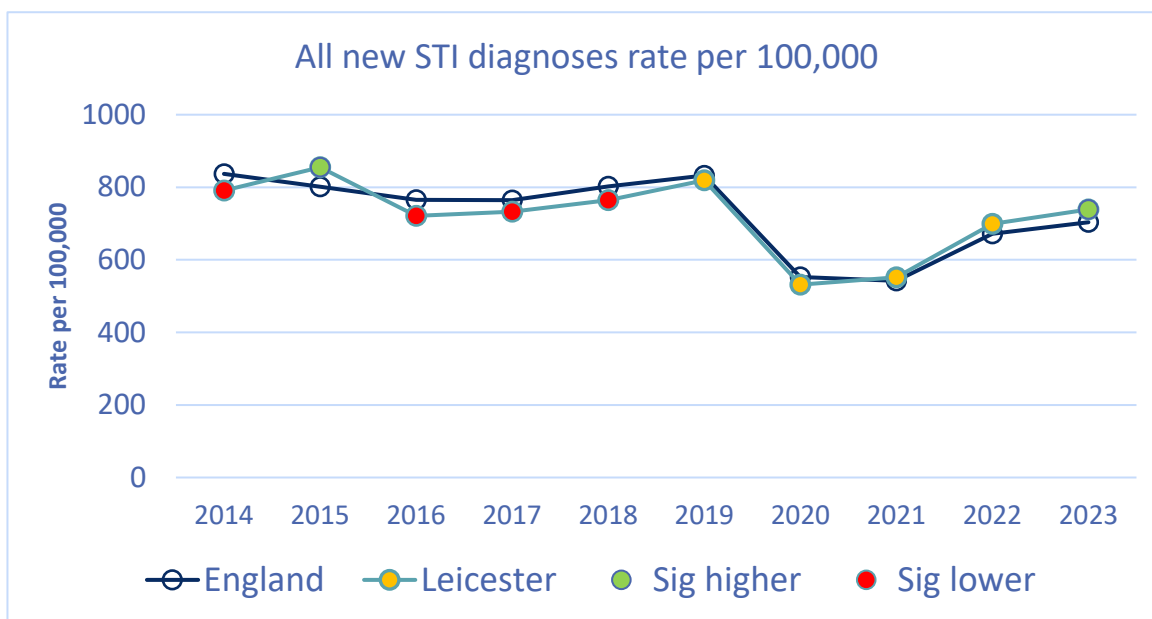
Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Figure 2: STI testing positivity (excluding chlamydia aged under 25)



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Figure 3: Rate of all new STI diagnosis in Leicester and England



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Figure 4 : STI diagnosis in Leicester and England

Legend: ● Better 95% ● Similar ● Worse 95% ● Lower 95% ● Similar ● Higher 95% ○ Not applicable

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better ↑ Increasing ↓ Decreasing

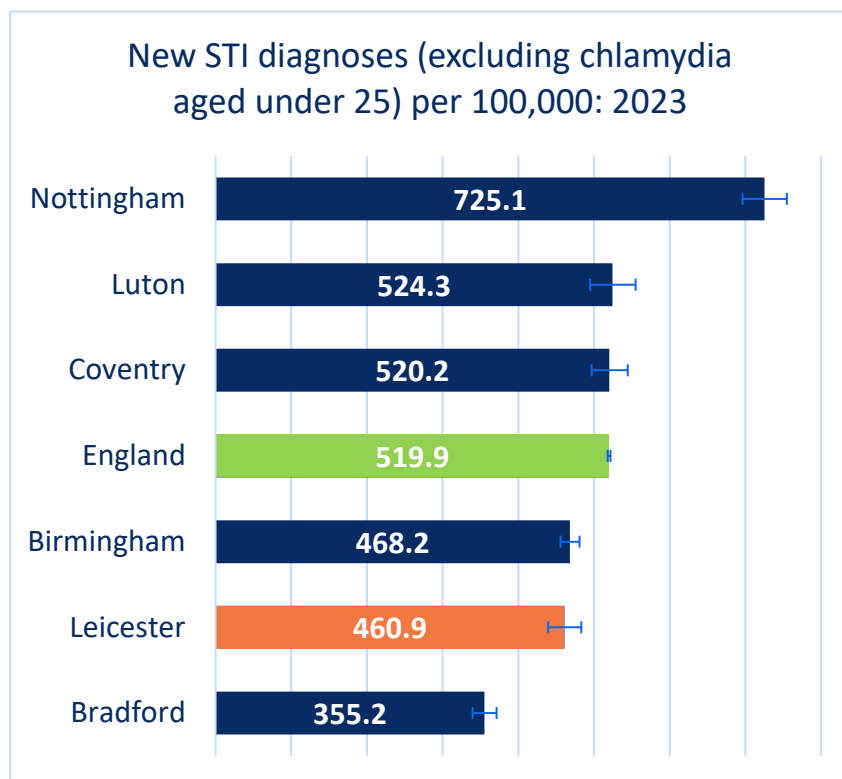
Indicator	Period	Leicester				England		
		Recent Trend	Count	Value	Value	Worst/Lowest	Range	Best/Highest
Syphilis diagnostic rate per 100,000	2023	→	34	9.1	16.7	169.5		1.7
Gonorrhoea diagnostic rate per 100,000	2023	↑	543	145	149	1,295		33
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2023	→	647	2,062	1,962	984		4,777
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2023	→	375	1,136	1,042	478		2,657
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2023	→	1,032	1,603	1,546	803		3,379
Chlamydia proportion of females aged 15 to 24 screened	2023	—	5,676	18.1%	20.4%	11.6%		41.3%
Chlamydia diagnostic rate per 100,000	2023	→	1,581	423	341	149		1,420
Chlamydia diagnostic rate per 100,000 aged 25 years and older	2023	→	542	230	223	1,368		75
Genital warts diagnostic rate per 100,000	2023	→	142	38.0	45.8	138.2		15.2
Genital herpes diagnosis rate per 100,000	2023	→	163	43.7	47.6	176.4		10.5
Mycoplasma genitalium diagnostic rate per 100,000	2023	↑	31	8.3	15.6*	0.5		113.9
Trichomoniasis diagnostic rate per 100,000	2023	→	38	10.2	16.0*	0.5		131.6
All new STI diagnoses rate per 100,000	2023	→	2,760	739	704	289		3,730
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	→	1,721	461	520	3,304		177
STI testing rate (exclude chlamydia aged under 25) per 100,000	2023	↑	15,493	4,149.2	4,110.7	623.8		21,742.2
STI testing positivity (excluding chlamydia aged under 25)	2023	→	1,039	6.7%	7.3%	3.9%		16.8%
Sexually transmitted Shigella spp. per 100,000 adult male population	2023	→	2	1.0	9.0	113.0		0.0
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2022/23	↓	1,269	52.8%	71.3%	22.9%		92.7%

Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Leicester is ranked 58th highest of 154 upper tier local authorities (UTLAs) for new STI diagnoses (excluding chlamydia among 15-24 years) in 2023 with a rate of 461 per 100,000 residents aged between 15 and 64, significantly better than the rate of 520 per 100,000 in England.

Figure 5, below, shows the rate of all new STIs in comparison to Leicester’s Office of National Statistics (ONS) peer comparator local authorities and the national average.

Figure 5: Rates of all new STIs (2023)



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

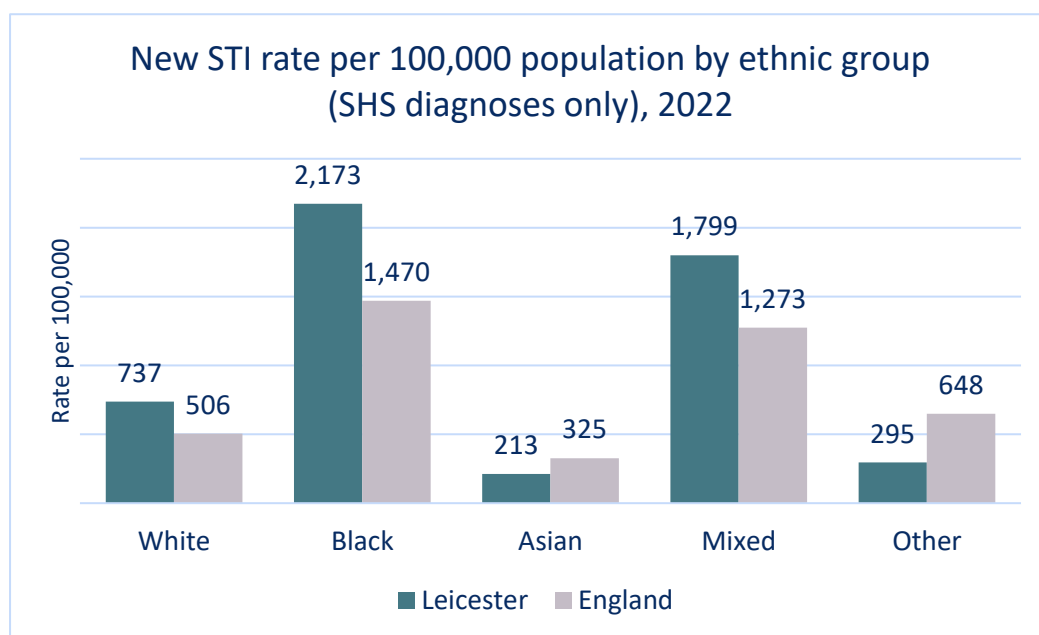
Highest rates of new diagnoses of STIs are found in young people 15-24, men who have sex with men, and in Mixed and Black ethnic groups.

3.1.1 STIS AND ETHNIC GROUPS

In Leicester, around 45.8% of all new STIs diagnosed in sexual health services are found in White residents, 25.3% in Black or Black British, 13.7% in Asian or Asian British and 10.1% in Mixed ethnic groups. There are 1.8% in other ethnic groups and 4.2% not specified as reported in 2022. In terms of rates, Black and Black British ethnic groups show the highest rate of new STIs (2,173 per 100,000 in Leicester and 1,470 in England), followed by Mixed (1,799 for Leicester and 1,273 for England), White (737 for Leicester and 506 for England), Asian ethnic groups (213 for Leicester and 325 for England), and other ethnic groups (295 for Leicester and 648 for England).

Where recorded, 50.2% of new STIs were diagnosed in people born overseas⁵.

Figure 6: Rates of new STI diagnoses in sexual health services by ethnic group, 2022

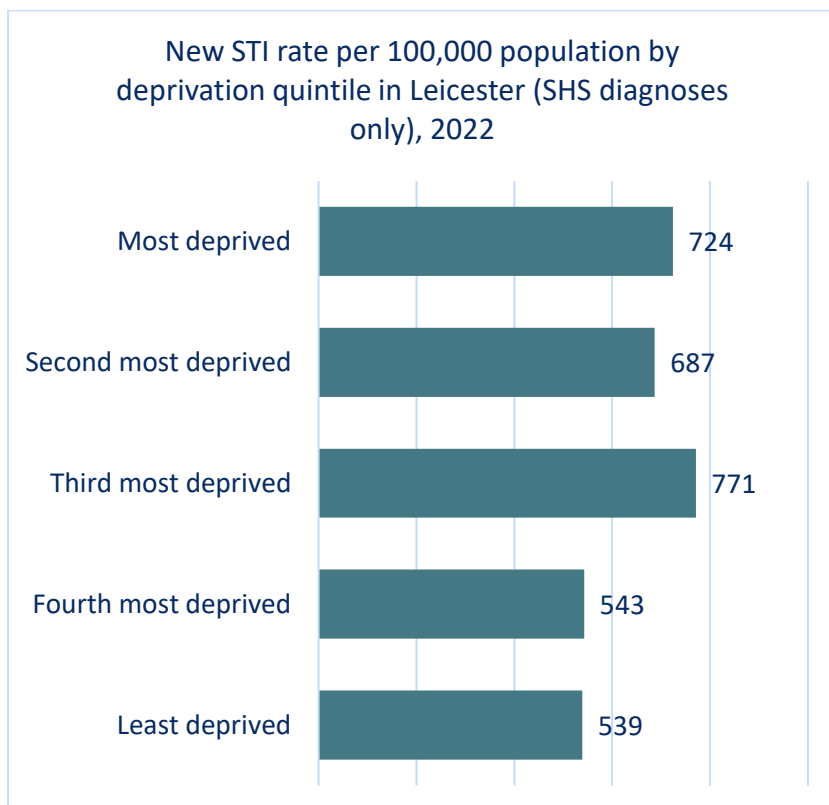


Source: Local Authority HIV, Summary Profile of Local Authority Sexual Health (SPLASH), 2022

3.1.2 STIS AND DEPRIVATION

There is an association between higher STI rates in more deprived areas of Leicester and lower rates in the least deprived areas. *Note rate for least deprived quintile has been suppressed due to low numbers)

Figure 7: New STI rate per 100,000 by deprivation quintile, 2022

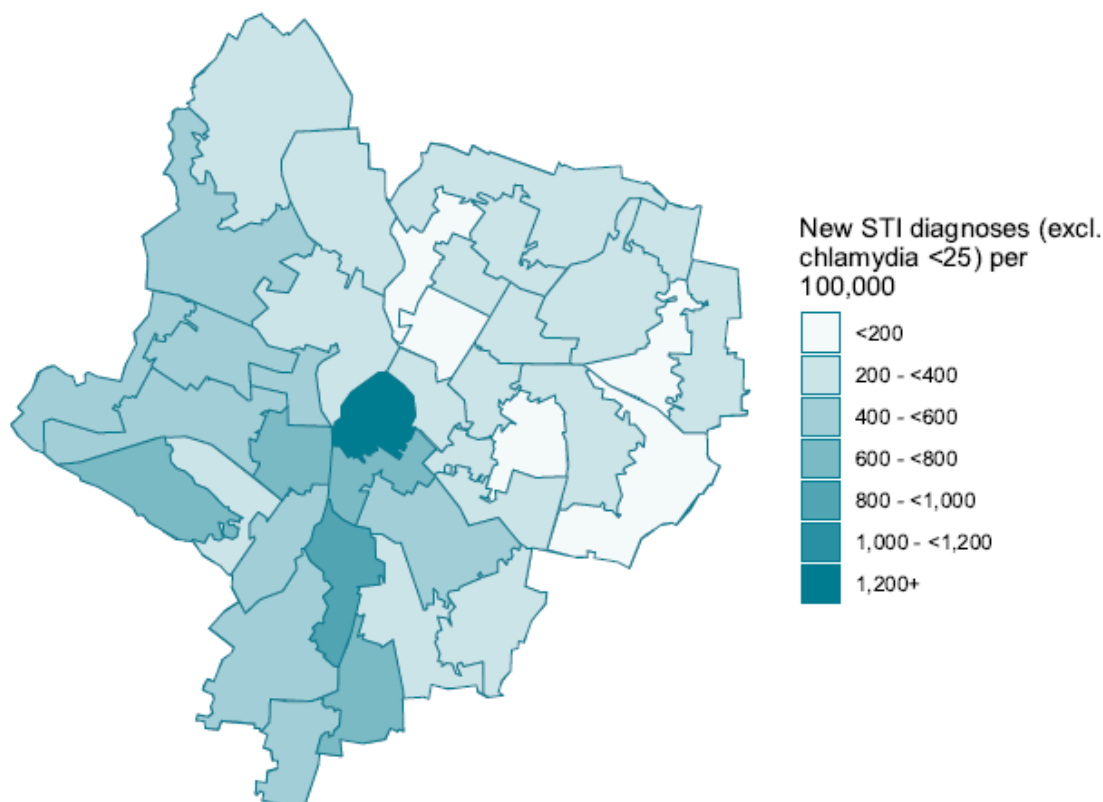


Source: UKHSA Summary Profile of Local Authority Sexual Health (SPLASH), 2022

3.1.3 STIS BY MIDDLE SUPER OUTPUT AREAS (MSOAS)

The distribution of STIs across Leicester shows higher rates in the city centre, west and south of the city.

Figure 8: New STI diagnoses (excluding chlamydia in under 25s) by MSOAs, 2023



New STI diagnoses in Leicester by MSOA

Source: Summary Profile of Local Authority Sexual Health (SPLASH), 2023

3.2 CHLAMYDIA

Chlamydia is the most commonly diagnosed STI in England and the most commonly diagnosed STI in the young adult population aged 15-24 years. Chlamydia is often asymptomatic and left untreated can lead to serious reproductive health consequences.

Chlamydia screening and diagnosis in Leicester residents, 2023

- The rate of chlamydia diagnoses per 100,000 has decreased by over 30% from 2019 (1,750 diagnoses: 473 per 100,000 in 2019 to 1,208 diagnoses: 341 in 2020) and continued to decrease in 2021 (327 per 100,000). In 2023, the rate has increased to 423 (1,581 diagnoses) which is significantly higher than the national diagnosis rate (2023: 341).

<ul style="list-style-type: none"> • Young people aged 15-24 have the highest rate of chlamydia accounting for 65% of all new chlamydia diagnoses,
<ul style="list-style-type: none"> • There were 1,032 diagnoses of chlamydia in people aged 15-24 years in Leicester in 2023, giving a detection rate of 1,602 per 100,000 (of the 15-24 population) which is significantly lower to the national rate of 1,555 per 100,000 15-24 year olds. • Detection rates are almost double in young women under 25 (2,061) compared with men under 25 (1,135)
<ul style="list-style-type: none"> • In over 25s there were 542 new chlamydia diagnoses, giving a rate of 230 per 100,000 which is similar to the England rate (223)
<ul style="list-style-type: none"> • Leicester has a statistically significantly worse rate for screening females aged 15-24 years for chlamydia (18.1%) compared to England (20.5%)

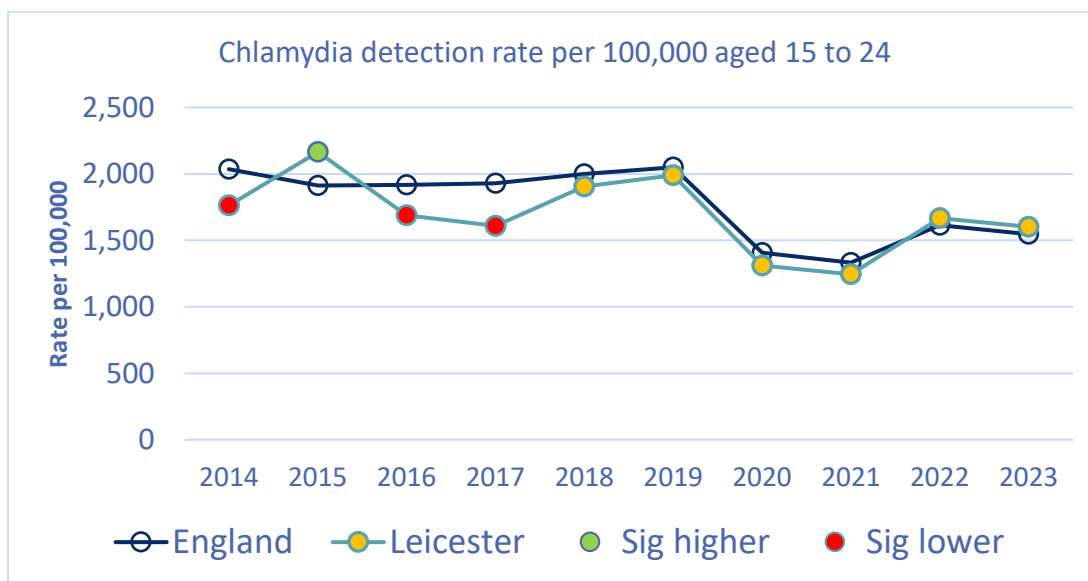
Source: Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles*: <https://fingertips.phe.org.uk>

In June 2021 the National Chlamydia Screening Programme changed to focus on reducing the harms from untreated chlamydia infection which occur predominantly in young women and other people with a womb or ovaries. Opportunistic screening will be offered in community settings (eg GP or Community pharmacy)

In Leicester, the chlamydia detection rate in 15-24 year olds in 2023 was 1,602 per 100,000. Significantly fewer 15-24 year olds females were tested for chlamydia in Leicester (18.1%) compared to nationally (20.5%).

Figure 9 below shows the chlamydia detection rate in 15-24 year olds in Leicester. A decrease of 34% was seen between 2019 and 2020, due to the Covid-19 pandemic and social and physical distancing measures in place. These affected both sexual behaviour and health service provision. Rates are higher in 2022 and 2023 but are still lower than pre-pandemic levels.

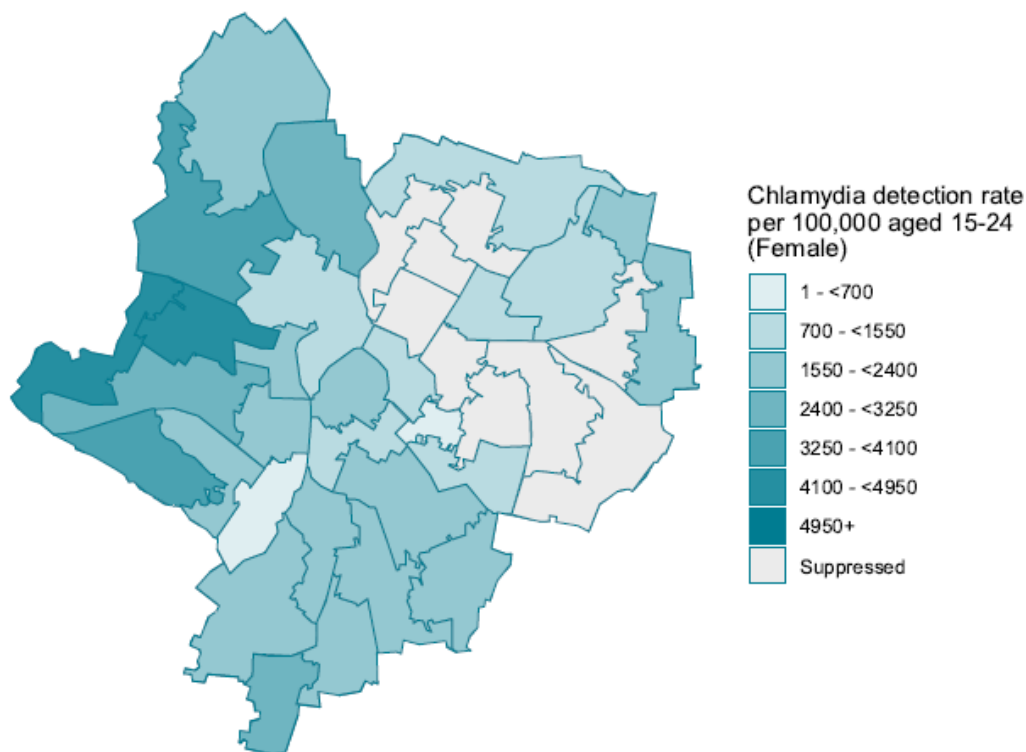
Figure 9: Chlamydia detection rate in 15-24 year olds



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Chlamydia detection is higher in the city centre and areas in the west of including New Parks West, Abbey, West End and Braunstone.

Figure 10: Map of chlamydia detection rate per 100,000 population in 15-24 year olds in Leicester by middle super output area, 2023



New Chlamydia diagnoses in Leicester by MSAO

Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

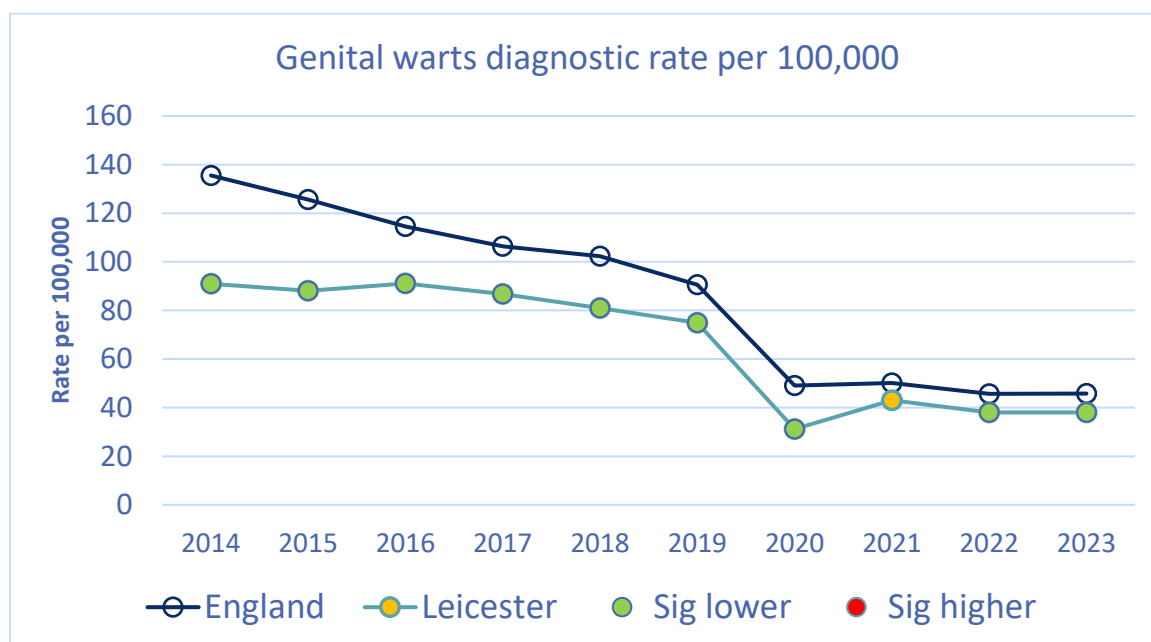
3.3 GENITAL WARTS

Genital warts are the third most common STI in England, making up around 8% of all STIs.

- In 2023, there were 142 acute diagnoses of genital warts in Leicester. This equates to a rate of 38.0 per 100,000 population, which is statistically similar to the national average of 45.8 per 100,000 population
- There is a general downward trend in the rate of genital warts diagnosed both in Leicester and England overall

Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Figure 11 : Trend in diagnostic rate for genital warts



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Since 2008, all 12-13 year old girls have been offered the human papilloma virus (HPV) vaccination through an immunisation programme, which provides protection against the most common types of genital warts, including those that cause some forms of cervical cancer. The HPV vaccination programme has been extended to boys of the same age from September 2019.

3.4 GENITAL HERPES

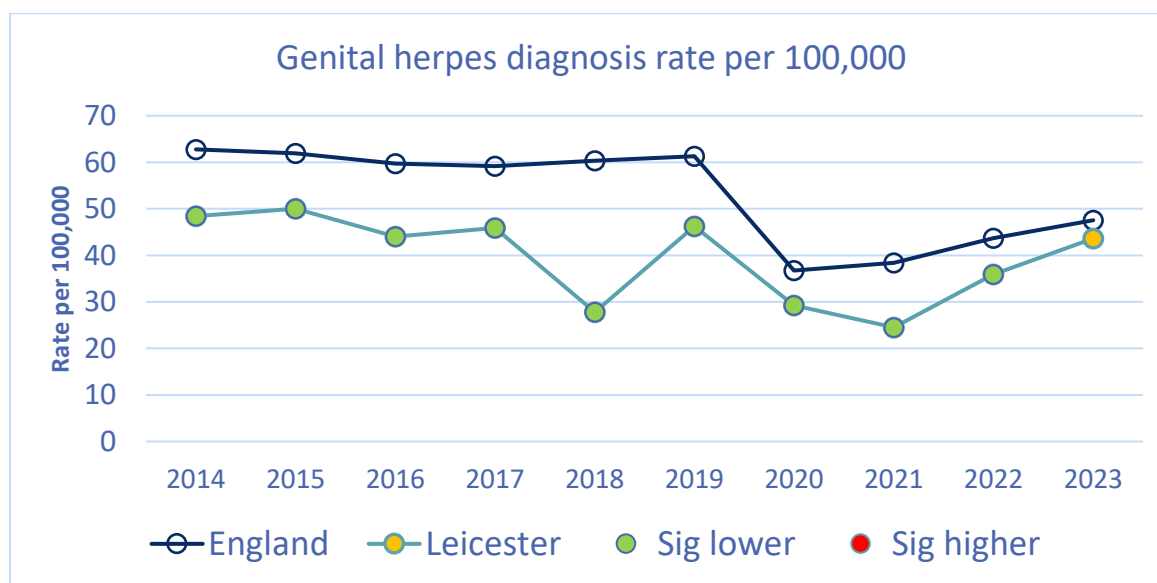
Genital Herpes is the most common ulcerative sexually transmitted infection in England.

- There were 163 diagnoses of genital herpes in 2023, equivalent to 43.7 per 100,000, which is similar to the England rate (47.6)
- The genital herpes rate in Leicester is generally lower than nationally. The lowest diagnosis rate was in 2020 during Covid-19, falling further in 2021 and showing an increase in 2022 and 2023.

Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health

Profiles: <https://fingertips.phe.org.uk>

Figure 12 : Trend in diagnostic rate for genital herpes



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health

Profiles: <https://fingertips.phe.org.uk>

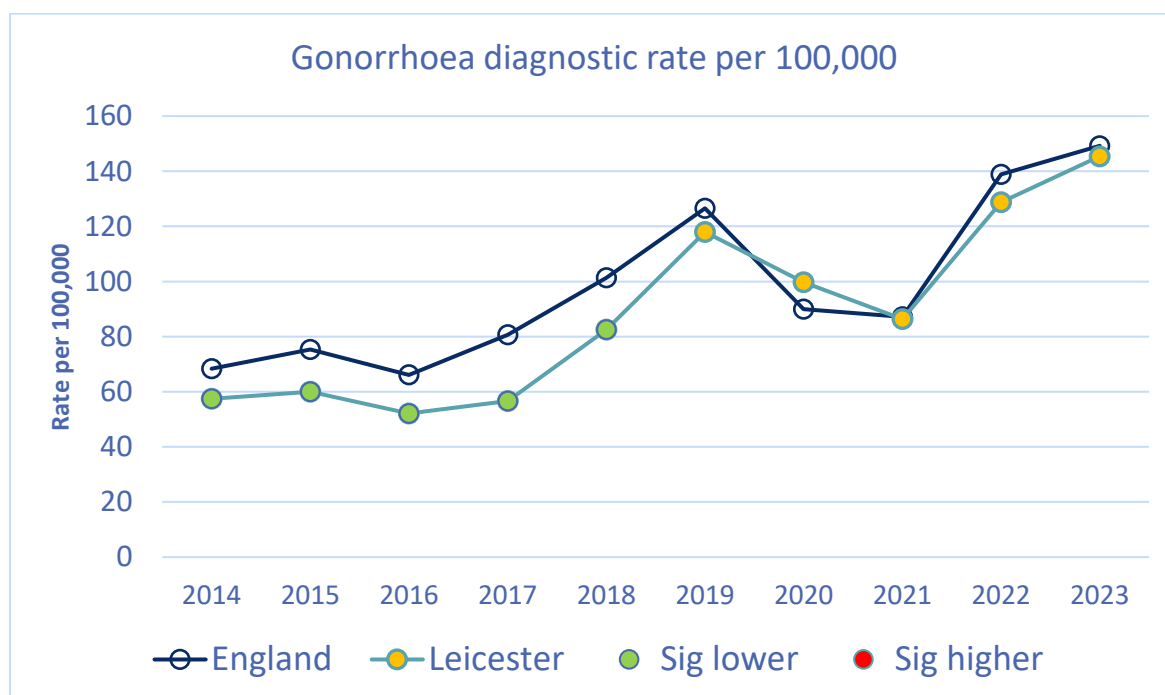
3.5 GONORRHOEA

Gonorrhoea is used as a marker for rates of unsafe sexual activity. The bacteria can infect the cervix, urethra and rectum and can also be passed from a pregnant woman to her baby.

- In Leicester (2023), there were 543 diagnoses of gonorrhoea, which is a rate of 145 per 100,000 population and is similar to the national rate of 149 per 100,000 population
- Gonorrhoea diagnostic rates have seen a significant increase in Leicester between 2017 (57 per 100,00 in 2017 and 118 per 100,000 in 2019). England has also seen a significant rise (from 81 in 2017 to 127 in 2019), however rates have been lower in 2020 and 2021 during Covid-19 pandemic. In 2022 and 2023, rates have risen higher than pre-pandemic levels to 145 in Leicester and 149 in England (2023)
- An estimated 5.0% of women and 5.3% of men diagnosed with gonorrhoea at a SHS between 2018 and 2022 became reinfected with gonorrhoea within 12 months. Nationally, an estimated 4.1% of women and 12% of men became reinfected with gonorrhoea within 12 months⁵

Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Figure 13: Trend in gonorrhoea diagnostic rate

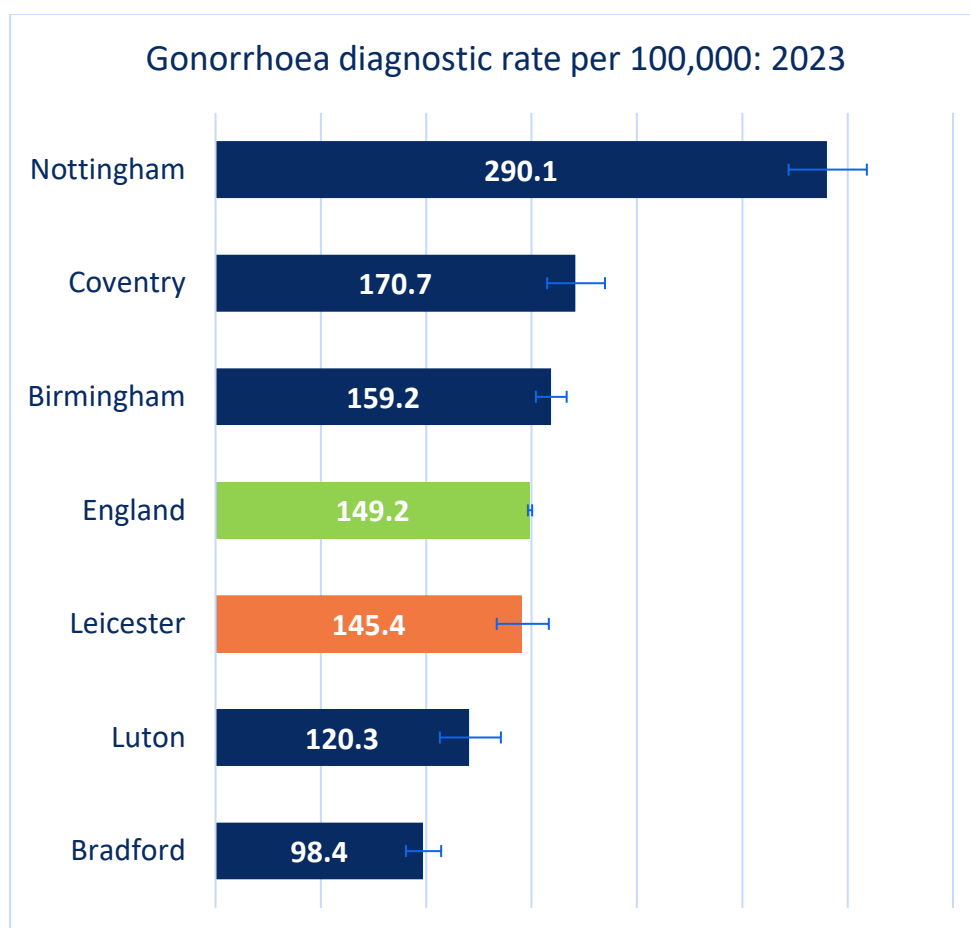


Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Gonorrhoea infections rates doubled between 2016 to 2019 both nationally and in Leicester. In 2020 and 2021 rates reduced during the Covid-19 pandemic.

Of our comparator areas, Nottingham has the highest gonorrhoea infection rate (290) and Leicester has the 3rd lowest.

Figure 14: Gonorrhoea diagnostic rate in Leicester and peer comparator areas



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

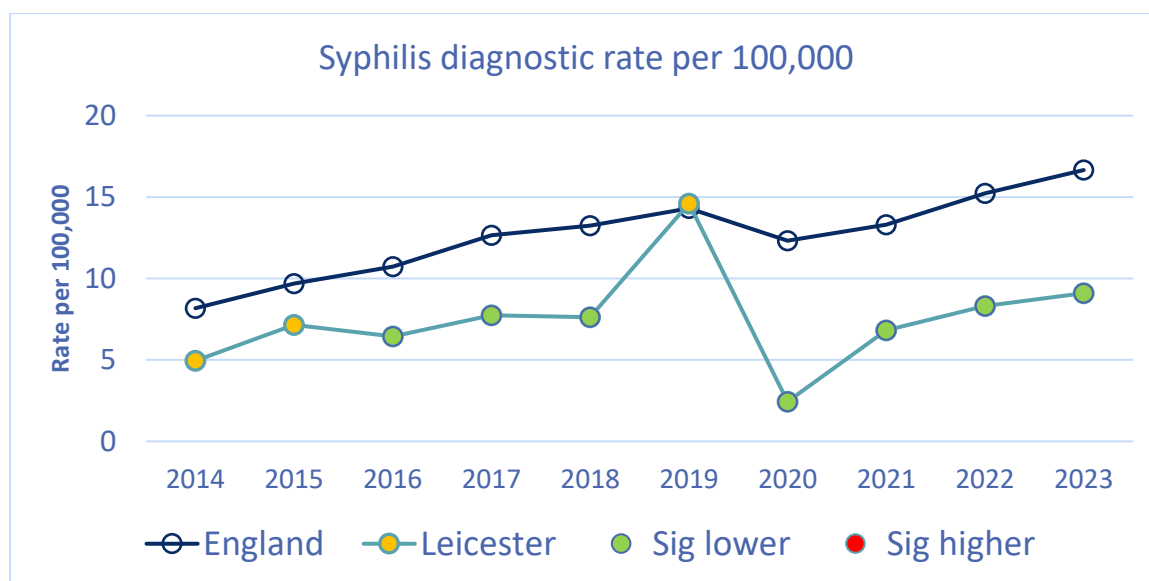
3.6 SYPHILIS

The number of syphilis diagnoses has risen significantly in recent years in the UK, but is still one of the least common STIs. It is an important public health issues in men who have sex with men.

- There were 34 diagnoses of syphilis in Leicester in 2023, equivalent to a rate of 9.1 per 100,000 which is significantly lower than England (16.7 per 100,000)
- Syphilis rates had been increasing overall in England, with a fall during the Covid-19 pandemic in 2020 and increasing since 2021. The rapid fall in rate in 2020 in Leicester is due to relative small numbers

Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Figure 15: Trend in syphilis diagnostic rate



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

3.7 HUMAN IMMUNODEFICIENCY VIRUS (HIV)

England has set an ambition to end HIV transmission, AIDS and HIVI-related deaths by 2030. The England HIV Action Plan 2022-2025⁶ set out intermediate commitments to achieve this ambition, including:

- Preventing people from getting HIV by investing in a National HIV Prevention Programme and expanding access to PrEP for key groups
- Ensuring those who get HIV are diagnosed promptly by scaling up HIV testing in high-risk populations, including A&E departments
- Preventing onward transmission from those with diagnosed infection through rapid treatment
- Delivering interventions which aim to improve the health and quality of life of people with HIV and tackle stigma

Over the last decade there have been many improvements in HIV treatments, leading to longer life expectancy for those infected with HIV. Free and effective antiretroviral therapy (ART) means people can manage their HIV.

The diagnosed HIV prevalence rate for England in 2022 was 1.7 per 1,000 population. Sentinel studies by Public Health England indicate that 12% of HIV positive people are unaware of their diagnosis⁷. The potential for onward transmission, where unsafe sex is practised, poses a public health risk. The two groups most affected by HIV in the UK are Men who have Sex with Men and people who have migrated from regions of the world where HIV is common, such as sub-Saharan Africa.

In 2022, 3,805 people were newly diagnosed with HIV in England, giving a rate of 6.9 per 100,000. This is similar to pre-pandemic levels in 2019 (7.1 per 100,000). During COVID-19, the diagnosis rate fell to 5.5 per 100,000 in 2020.

3.7.1 KEY FINDINGS FOR HIV IN LEICESTER

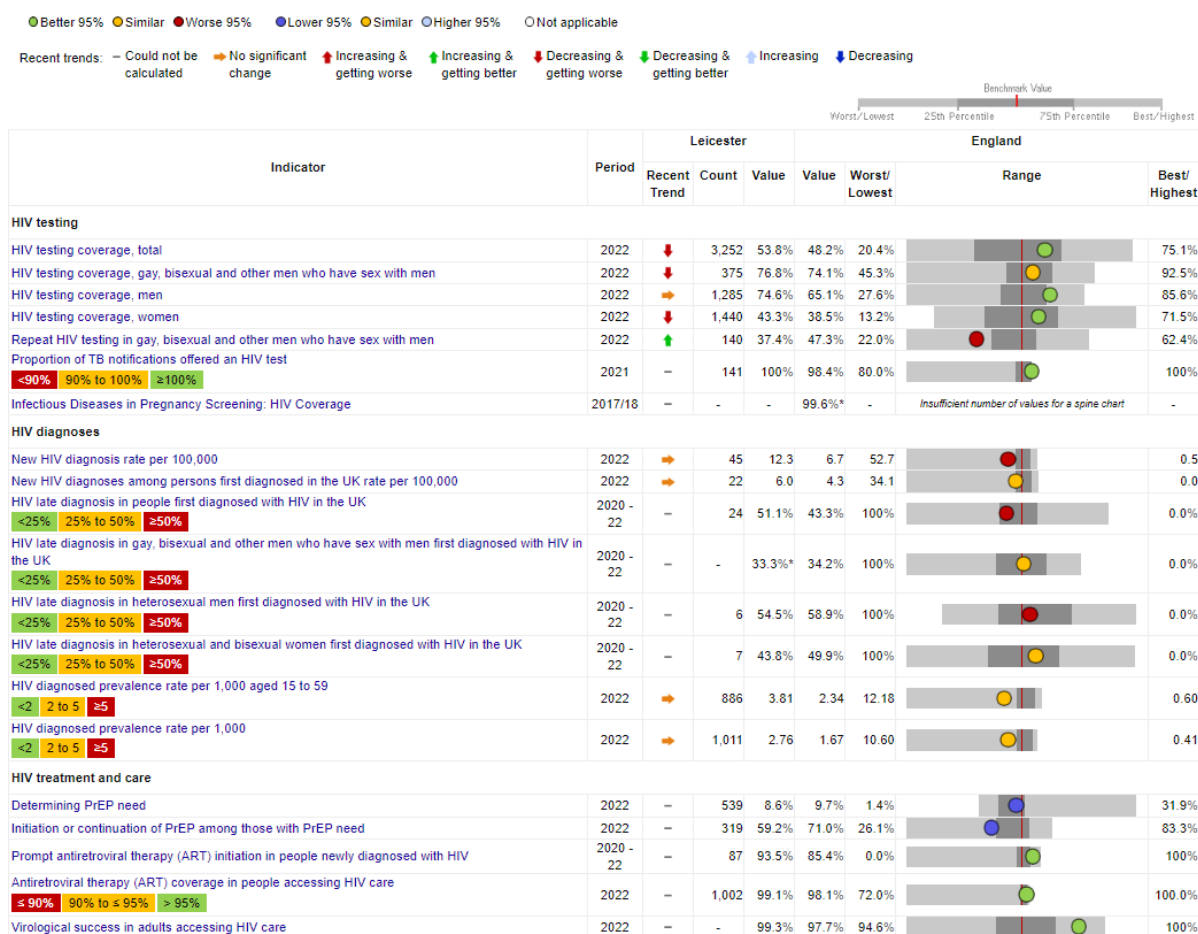
See report: [HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/111111/HIV_testing,_PrEP,_new_HIV_diagnoses_and_care_outcomes_for_people_accessing_HIV_services_2022_report.pdf)

<ul style="list-style-type: none"> • In 2022 there were 1,011 residents diagnosed with HIV in Leicester
<ul style="list-style-type: none"> • Leicester is considered a high HIV prevalent area, with a rate of 2.8 per 1,000 population which is significantly higher than the national average of 1.7 per 1,000.
<ul style="list-style-type: none"> • In 2022, Leicester is ranked the 5th highest area outside London for diagnosed HIV prevalence, with only Brighton and Hove, Manchester, Salford, Blackpool and Luton being higher

- Overall Leicester has seen a significantly higher rate of new HIV diagnosis than England over the past 10 years. In 2022, there were 45 Leicester residents newly diagnosed with HIV. This is a rate of 12.3 per 100,000 of the population, significantly higher than the England rate of 6.7 per 100,000 of the population. The number of new HIV diagnoses has fallen since the highest number of 83 in 2014.
- 51% of HIV diagnoses in Leicester were made at late stage of infection in 2022, significantly higher than England (43%)
- Among specialist SHS patients from Leicester who were eligible to be tested for HIV, 54% were tested compared to 48% in England in 2022 (HIV testing coverage).
- In 2022, 20% of people living with diagnosed HIV in Leicester were White, 59% Black African and 2% Black Caribbean and 21% of other ethnic origin
- An estimated 15% are likely to have acquired their infection through sex between men and 77% through sex between men and women

Source: Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles*: <https://fingertips.phe.org.uk>, Summary Profile of Local Authority Sexual Health (SPLASH)

Figure 16: Key HIV indicators in Leicester compared to the rest of England



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Leicester is significantly worse than England for repeat HIV testing in gay, bisexual and other men who have sex with men, new HIV diagnosis rate, HIV late diagnosis overall and HIV late diagnosis in heterosexual and bisexual women.

3.7.2 HIV TESTING

There are national indicators that evidence the degree to which people are offered HIV testing at sexual health services in each area. This is referred to as HIV testing coverage and is the percentage of people offered an HIV test at the sexual health service. Leicester is significantly lower for this, for both men and women, against the associated national averages.

Table 1 shows HIV testing coverage indicators in Leicester for men are significantly higher than in England. HIV testing levels for women and for men who have sex with men (MSM), are similar to national levels. In 2022, the percentage of MSM who tested

more than once in the previous year was 37.4%, significantly lower than 47.3% in England.

Table 1: HIV testing coverage indicators, 2022

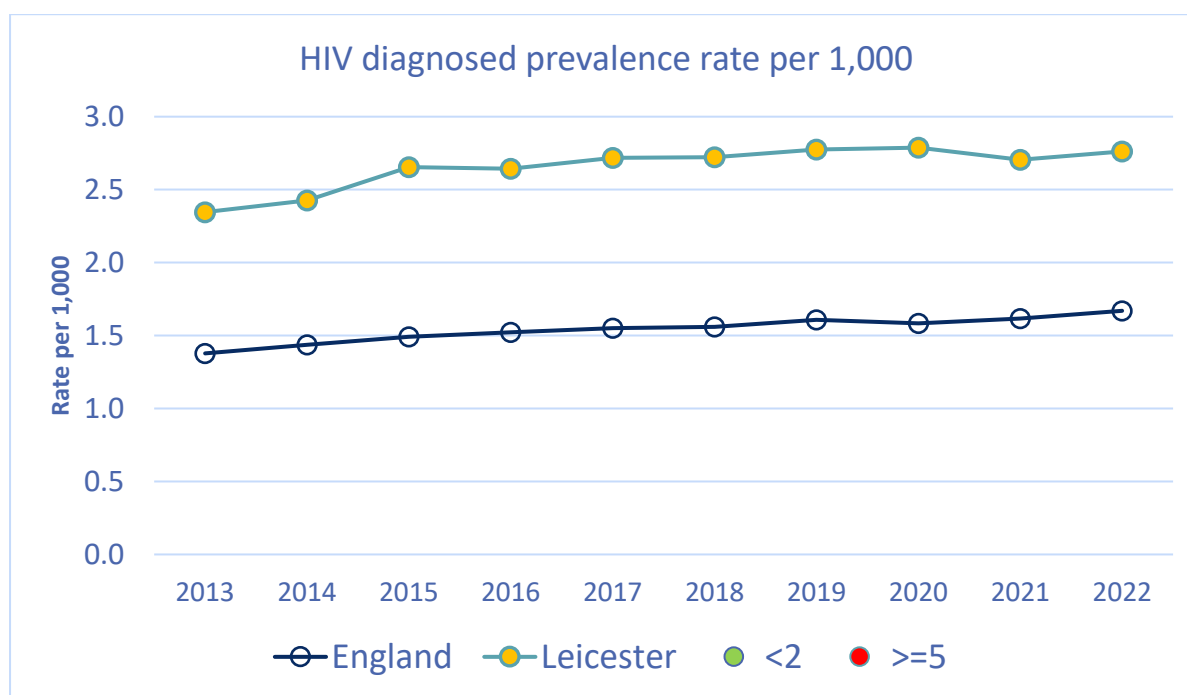
Indicator	Year	England	Leicester
HIV testing coverage, men (%)	2022	65.1	74.6
HIV testing coverage, GBMSM (%)	2022	74.1	76.8
HIV testing coverage, women (%)	2022	38.5	43.3
HIV testing coverage, total (%)	2022	48.2	53.8
In comparison to England	Worse	Similar	Better

Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

3.7.3 HIV DIAGNOSED PREVALENCE

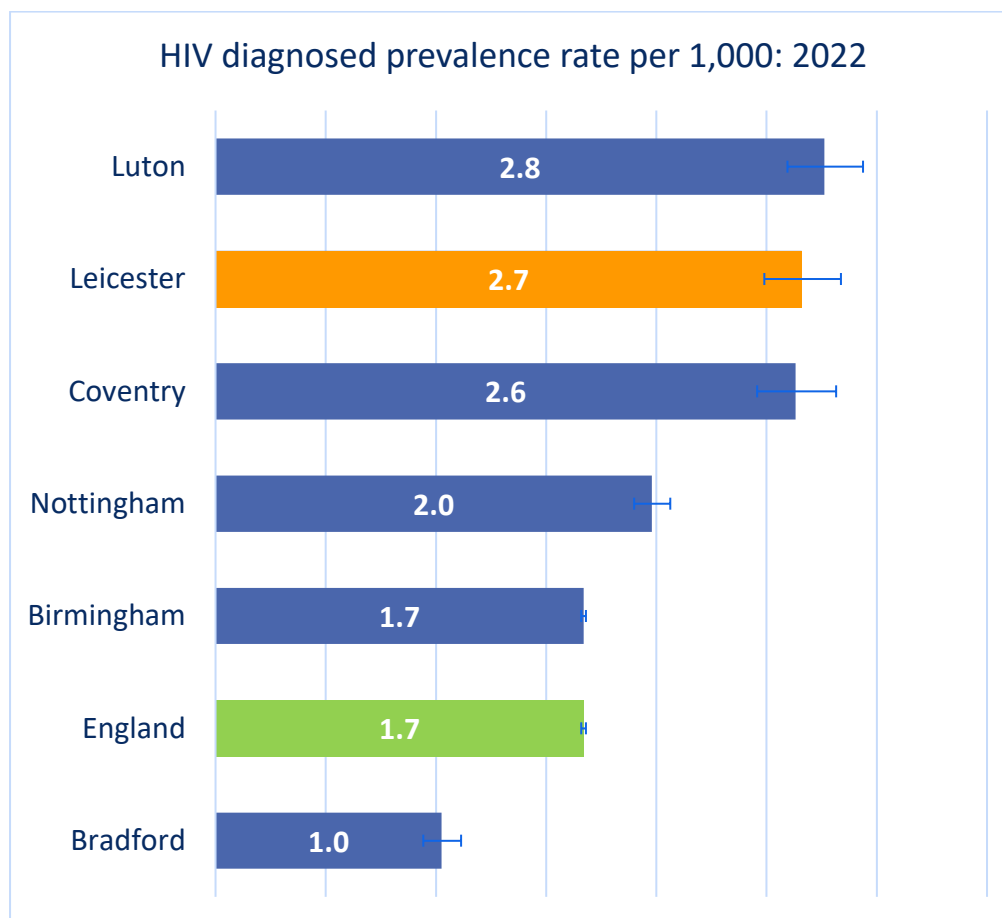
In 2022, there were 1,011 residents seen at HIV services (diagnosed prevalence). This gives an HIV diagnosed prevalence rate of 2.8 per 1,000 population in Leicester, higher than England at 1.7 per 1,000. Leicester ranks the 5th highest area outside London for diagnosed HIV prevalence, with only Brighton and Hove, Manchester, Salford, Blackpool and Luton being higher.

Figure 17: HIV diagnosed prevalence rate per 1,000



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Figure 18: Diagnosed HIV prevalence per 1,000 population by ONS comparator group, 2022



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Diagnosed prevalence of HIV across Leicester are generally higher in the west of the city. Areas including Beaumont Leys, New Parks and Braunstone have rates greater than 10 per 1,000 residents.

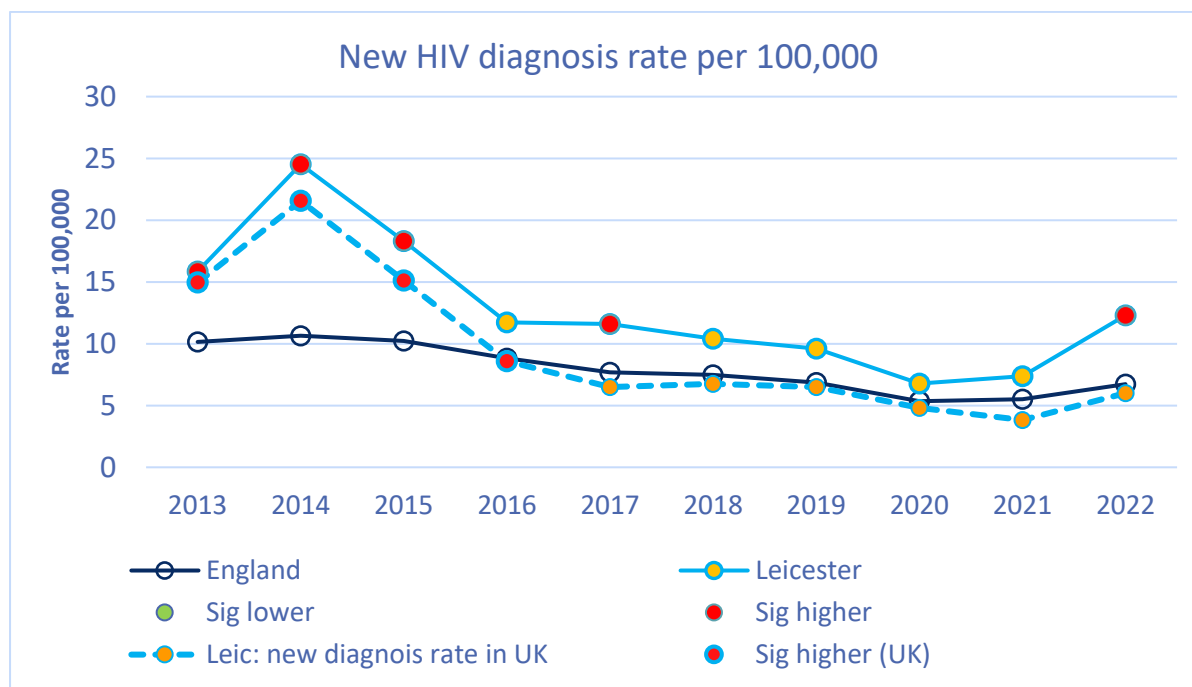
The rate of new HIV diagnosis gives insight into the onward transmission of HIV. HIV testing is via a variety of different medical services (genitourinary medicine services) and non-medical settings including self-testing.

New HIV diagnoses have been decreasing over the last few years, with the lowest rate in 2020 (due to Covid-19 restrictions and reduced testing) and an increase in 2022 to 12.3 which is significantly higher than England and pre-pandemic levels.

HIV is measured at a total diagnosis rate and for diagnoses where the first positive test occurred in the UK. This helps measure the HIV transmission in the UK more accurately.

Figure 20 shows the new diagnosis rate and new diagnosis rate for persons first diagnosed in the UK. In 2022, there were 45 new diagnoses in Leicester of which 22 were first diagnosed in the UK. The new diagnosis rate within the UK for Leicester residents (6.0) is similar to the national rate (4.3) but the overall new diagnosis rate is significantly higher (Leicester 12.3, England 6.7)

Figure 19: New HIV diagnosis rate per 100,000

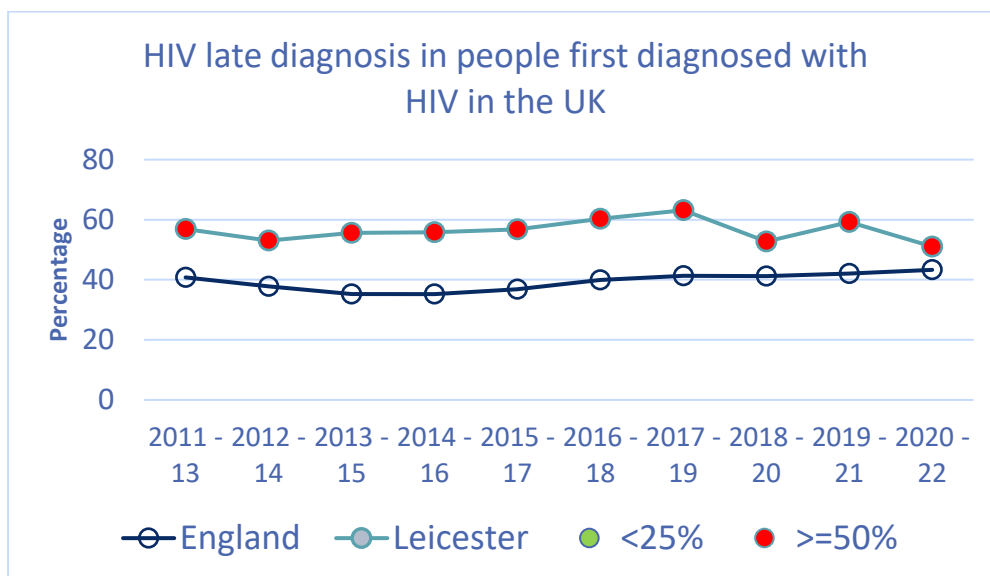


Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Late stage diagnosis:

Late-stage HIV diagnosis is defined as someone with a CD4 count of less than 350 per ml. Late diagnosis can result in greater morbidity and earlier mortality. Leicester has consistently shown a significantly higher percentage of people (over 50%) who are diagnosed late for HIV. In the latest period (2020-2022), 51% of HIV diagnoses in Leicester were made at a late stage of infection, compared with 43.3% in England.

Figure 20: Percentage with late diagnosis of HIV



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Leicester has a significantly higher rate of late-stage diagnosis compared with England and with peer areas.

Figure 21: HIV late-stage diagnosis in different risk groups, 2022

First diagnosed in the UK	England	Leicester
All	42.1	59.2
Gay, Bisexual, MSM	31.2	35.7
Heterosexual men	57.8	71.4
Heterosexual women	49.4	56.3
25-50%	25-50%	>=50%

Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

3.7.4 HIV TREATMENT AND CARE

PrEP is a drug taken by HIV-negative individuals before they have sex to stop them acquiring HIV. The roll-out of routine PrEP commissioning began in England in Autumn 2020 via Specialist sexual health services for those identified at substantial HIV risk.

HIV surveillance data now includes 2 new indicators on HIV Pre-exposure Prophylaxis (PrEP) for determining need in individuals and in initiating or continuing PrEP treatment. Leicester is significantly lower than England for both these indicators.

PrEP need is the proportion of all HIV negative people accessing specialist sexual health services who are at substantial HIV risk and could benefit from receiving PrEP. PrEP need in Leicester has increased from 6.4% in 2021 to 8.6% in 2022. Similarly PrEP in England has increased from 7.5% in 2021 to 9.7% in 2022. Of those with a PrEP need in Leicester, 59% have initiated or continued with PrEP

Antiretroviral therapy (ART) are medicines which help reduce the amount of HIV in the blood (viral load) to a low level to keep the immune system working. ART also prevents transmission of HIV to HIV-negative partners through sex.

ART coverage in people accessing HIV care monitors the percentage of people prescribed ART from the total number of people seen for HIV care. In 2022, 99.1% of people accessing HIV care in Leicester were prescribed ART (98.1% in England).

HIV Action Plan: annual update to parliament: [HIV Action Plan: annual update to Parliament - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/hiv-action-plan-annual-update-to-parliament-2022.pdf)

3.8 CONTRACEPTION

Contraception plays an important role in preventing unplanned pregnancies that can lead to abortion or maternities and can result in financial, housing and relationship pressures. There is also a strong association with lower educational attainment, smoking, recent drug use and from receiving sex education from sources other than school.

The Third National Survey of Sexual Attitudes and Lifestyles (NATSAL-3) carried out in 2010-12 found that 16.2% of all pregnancies in the year before the study were unplanned.

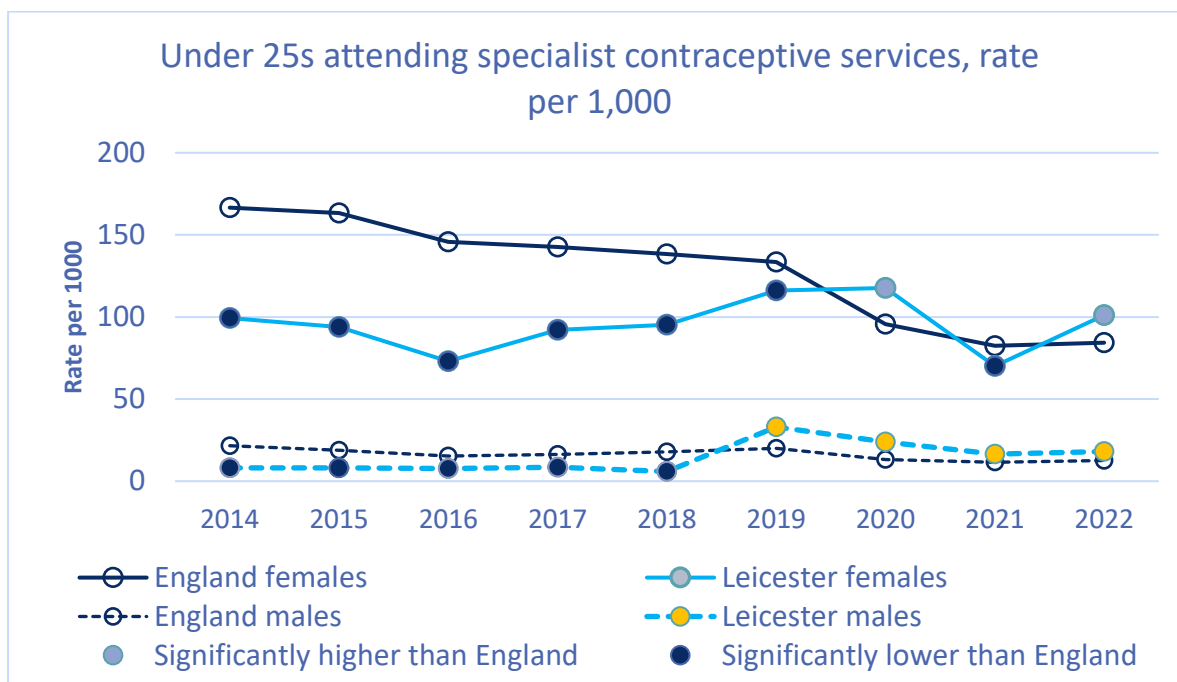
- In 2022/23 there were around 5,100 females and 2,100 males using Sexual and Reproductive Health (SRH) services in Leicester. (71% female, 29% male). This is around 4% of the female population aged 13-54 in Leicester
- Of these, 2,400 females were using the services for contraception
- In 2022, the overall rate of Long-Acting Reversible Contraception (LARC) prescribing in Leicester (33.3 per 1,000 female population) is significantly lower than the national rate (44.1 per 1,000 female population)
- LARC prescribing in Sexual Health Services in Leicester (16.1 per 1,000) is significantly lower than England at (17.7 per 1,000). Similarly, the rate in General practice in Leicester (17.2 per 1,000 female population) is significantly lower than England (26.5 per 1,000 female population) in 2022.

Source: NHS Digital Sexual and Reproductive Health Services, England 2022/23, Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

3.8.1 SPECIALIST SEXUAL HEALTH SERVICES (SRHS)

Contraception is provided by general practices and at sexual and reproductive health services (SRHS). Data is mandated from SRHS and this shows a national downward trend in attendance at these services. It is thought that this is partially due to increased provision of Long-Acting Reversible Contraception (LARC) methods that require fewer appointments.

Figure 22: Under 25s attending specialist contraceptive services

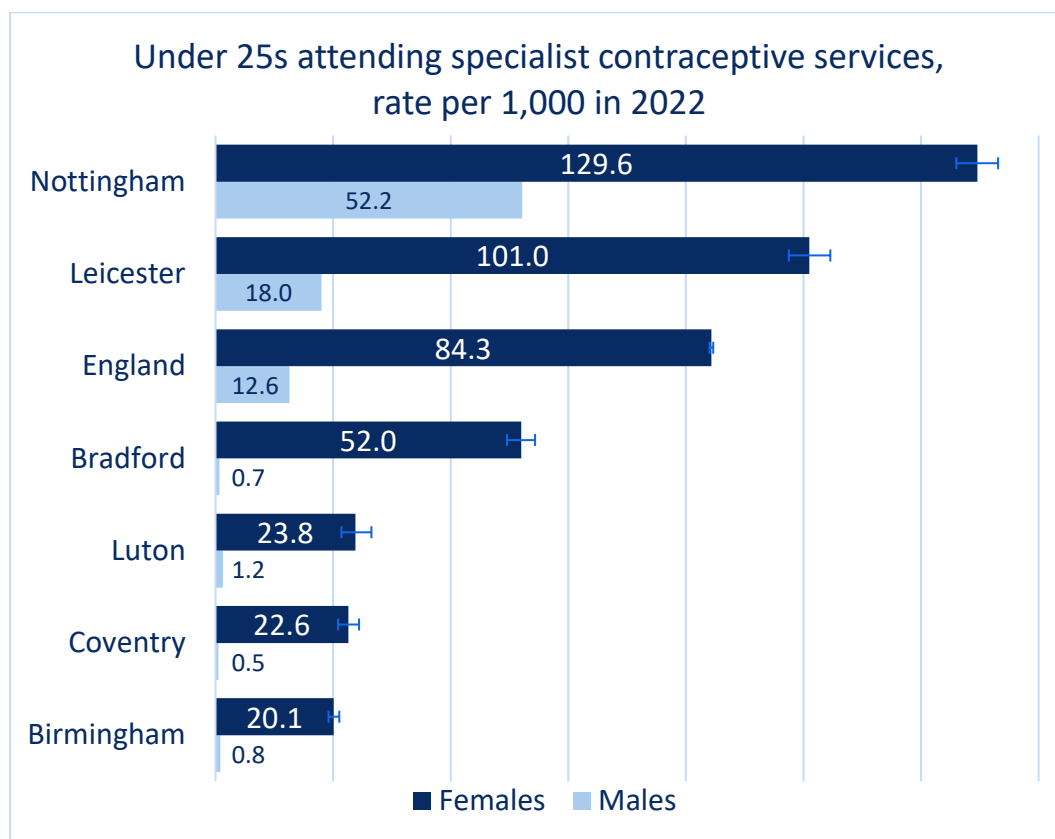


Source: Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles*: <https://fingertips.phe.org.uk>

Prior to 2020, significantly fewer young people under 25 attend specialist contraceptive services in Leicester than in England overall. This trend has shifted to being higher than the England rate for men in 2019, and for women in 2020.

Within Leicester's comparator areas, both Leicester and Nottingham show higher rates of men under 25 attending SRHS.

Figure 23: Rate of attendance of SRHS for under 25s in Leicester and ONS comparator group, 2022

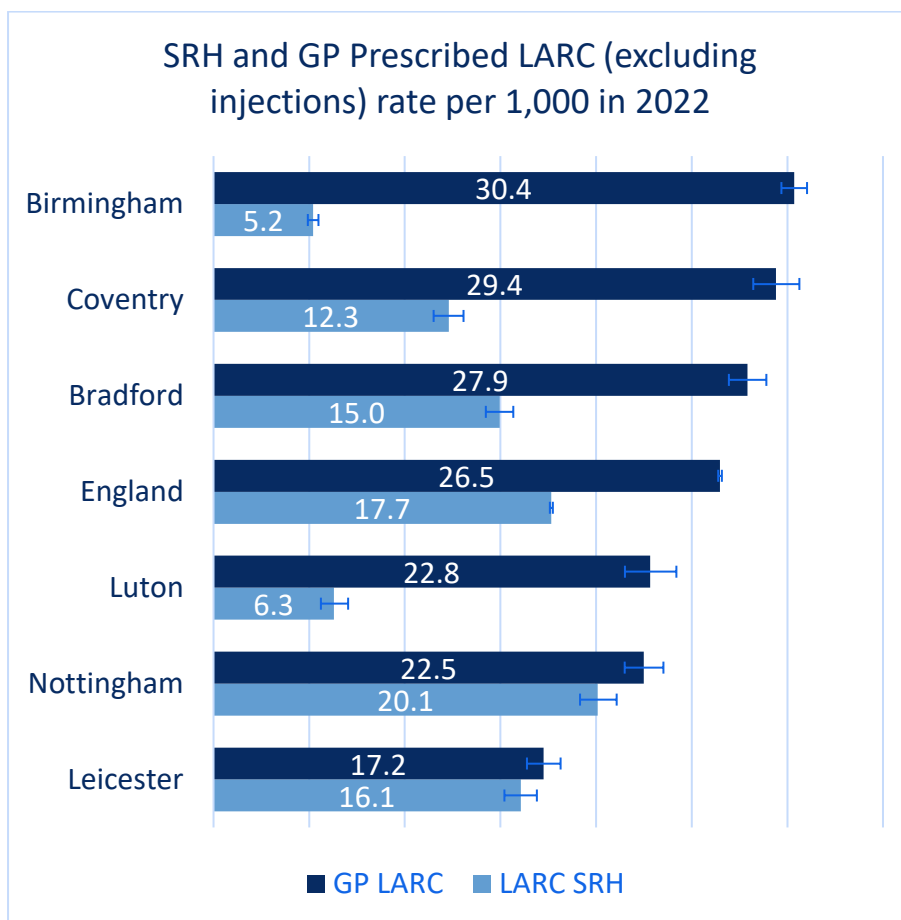


Source: Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles*: <https://fingertips.phe.org.uk>

3.8.2 LONG-ACTING REVERSIBLE CONTRACEPTION (LARC)

NICE guidance⁸ recommends increased provision of Long-Acting Reversible Contraception (LARC), as they are well tolerated by women and cost effective. Prescription data provides information on the use of these methods in general practice. The overall rate of LARC prescribing in 2022 in Leicester (33.3 per 1,000 female population) is significantly lower than the national rate (44.1 per 1,000 female population). LARC prescribing in Sexual Health Services is significantly lower in Leicester (16.1 per 1,000) than in England (17.7 per 1,000) as well as the rate in General practice in Leicester (17.3 per 1,000 female population) is significantly lower than England (26.6 per 1,000 female population). Work needs to be undertaken to find out the reasons for this low rate and to address it.

Figure 24: SRH and GP LARC prescribing rates per 1,000, 2022



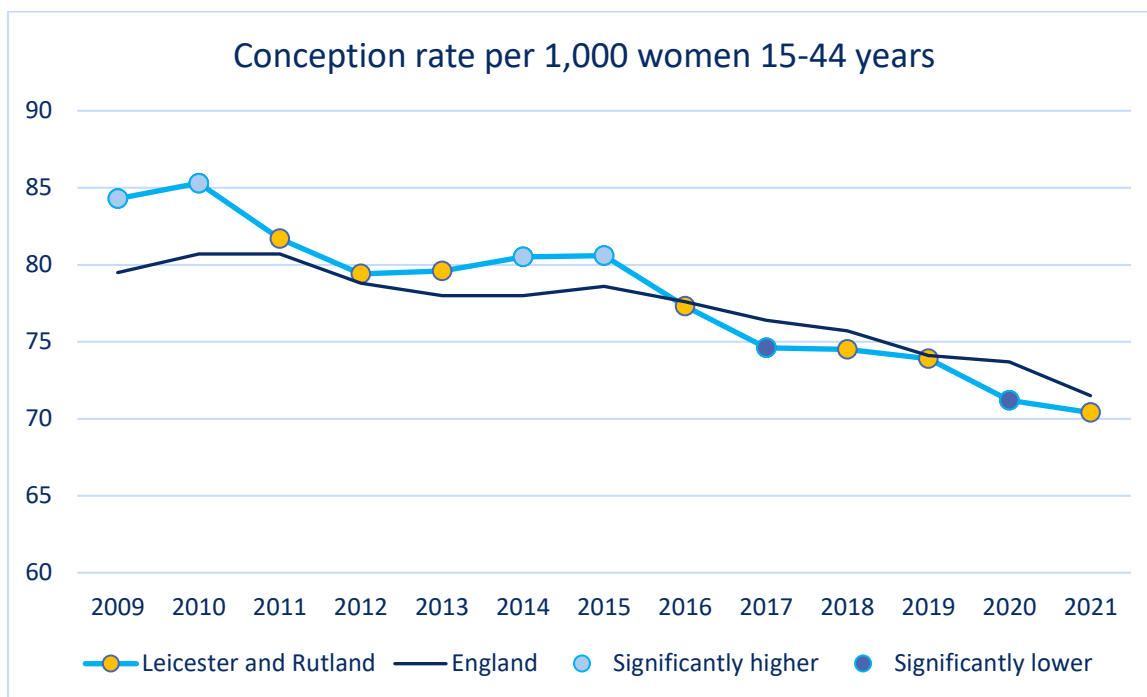
Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

3.9 CONCEPTIONS

3.9.1 CONCEPTION RATES

The figure below shows the conception rates in Leicester have declined over the past decade from being significantly higher than England to significantly lower than England in 2020 and similar to England in 2021.

Figure 25: Conception rates per 1,000 women aged 15-44



Source: ONS Conceptions in England and Wales;

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables>

Fertility rates show the number of live births per 1,000 females 15-44 years and can be used to indicate population growth.

In 2021, the average age of women who gave birth in England and Wales increased to 30.9 years. Fertility rates increased overall, with increasing rates in the older age groups and declining rates in younger age groups. The highest stillbirth rate was in women over 40 years⁹.

In Leicester the average number of children per woman was 1.5 (England 1.6)

3.9.2 TEENAGE CONCEPTIONS

Teenage pregnancy is a health inequality in Leicester. Teenagers have the highest rate of unplanned pregnancy and poorer health outcomes relating to higher rates of stillbirth and infant mortality and higher rates of low birth weights. Children born to teenage mothers have a 63% higher risk of living in poverty, and mothers under 20 have a 30% higher risk of poor mental health in the first 2 years after giving birth.

Note: Overall Conception data for Leicester is not available separately but combined with Rutland. As numbers are very small in Rutland this will give a lower overall rate

than for Leicester city alone. Under 18 conception data is available for Leicester separately

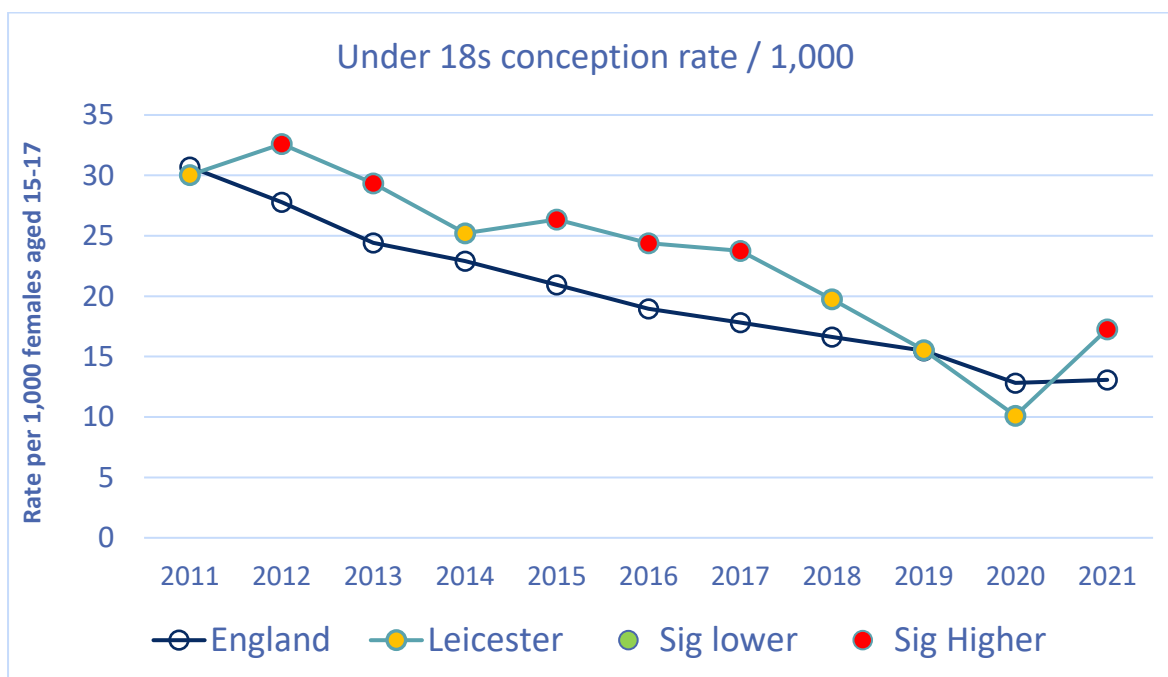
- Overall conception rate for Leicester and Rutland combined in 2021 is 70.4 per 1,000 women aged 15-44 similar to the England rate (71.5)
- Of these, 27.6% lead to abortion, similar to England (26.5%)
- Under 18 conception rate for Leicester in 2021 is 17.3 per 1,000 15-17 year olds, significantly higher than England at 13.3 per 1,000.
- Of these, 42.5% lead to abortions which is significantly lower than England (53.4%)
- Under 18 conception rate in Leicester has seen a reduction from 30.0 per 1,000 in 2011 to 11.4 in 2020, increasing to 17.3 in 2021.

Source: ONS conceptions data:

www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables

Since the Teenage Pregnancy Strategy was introduced in 1999, there has been a 71% reduction in the under 18 conception rate in England overall. Leicester's under 18 conception rate has reduced from 59.1 in 1999 to 17.3 per 1,000 15-17 year olds statistically higher than the national rate.

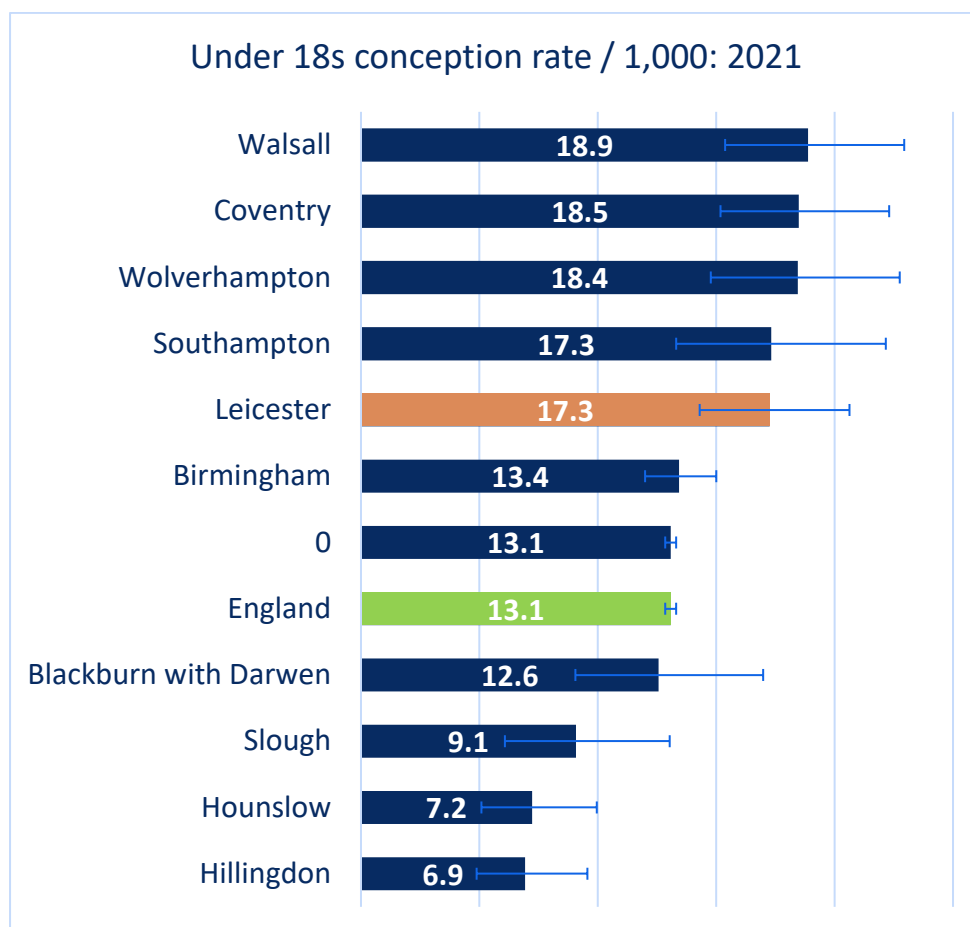
Figure 26: Under 18 conception rate



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

Leicester has the fifth highest under 18 conception rate within peer areas as shown in figure 26.

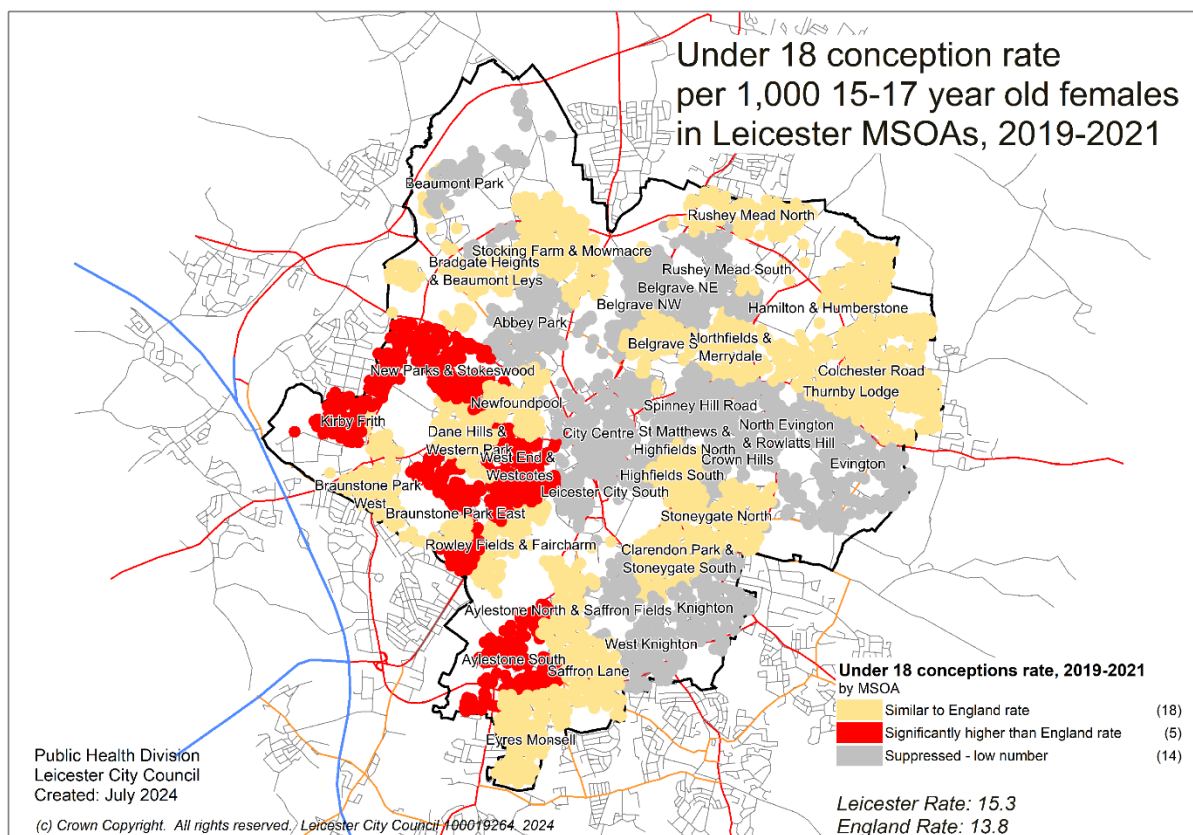
Figure 27: Under 18 conception rate for Leicester and comparator areas, 2021



There is variation in teenage pregnancy rates across Leicester. Five middle super output area in the south and west of Leicester are significantly higher Braunstone East, New Parks East and West, West End and Aylestone), Wards in the east of Leicester are generally similar or lower than the England average.

Figure 28: Teenage pregnancy rates in Leicester 2019-2021

(benchmarked against England)



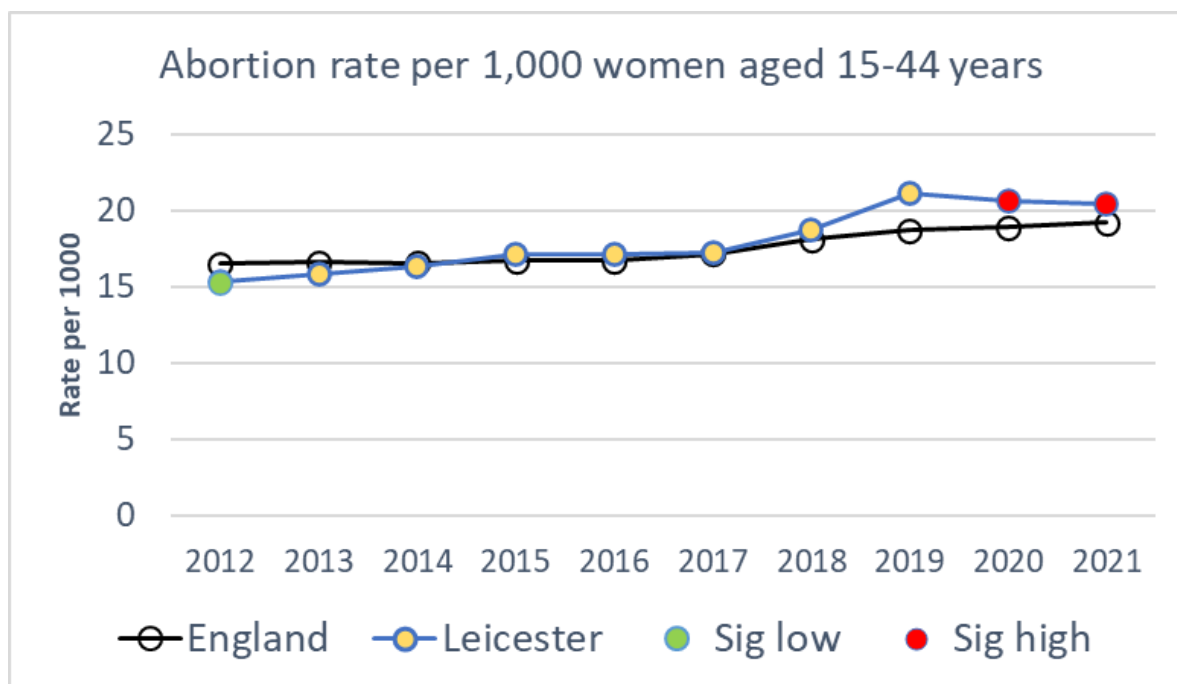
Source: Office for National Statistics

3.10 TERMINATION OF PREGNANCY

- In 2021, there were around 1,650 abortions in Leicester, giving an abortion rate of 20.4 per 1,000 female population aged 15-44 years, significantly higher than the England rate of 19.2
- Among Leicester women aged under 25 years in 2021, 30.1% have had a previous abortion, which is similar to the England rate 29.7%
- In Leicester women over 25 years, the abortion rate was 20.7 per 1,000 females in 2021, significantly higher than England 17.9
- In 2021, 88.9% of NHS funded abortions are under 10 weeks gestation, similar to England (88.6%)

There has been a gradual increase in the abortion rate in Leicester since 2012.

Figure 29: Abortion rate per 1,000 women aged 15 to 44 in Leicester

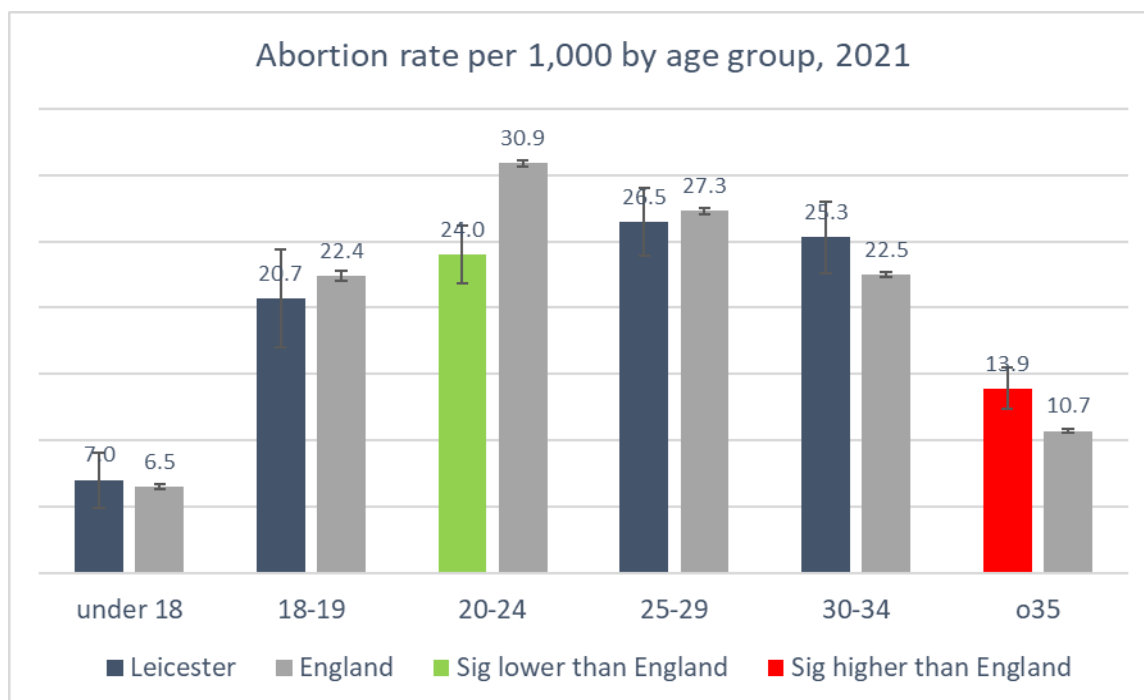


Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles: <https://fingertips.phe.org.uk>

3.10.1 ABORTION RATES BY AGE GROUP

Abortion rates are generally lowest in under 18 year olds, increasing for women in their 20s and decreasing in the over 30s. Leicester shows a similar rate of abortions to England in under 18s and 18-19 year olds. The highest abortion rate in England is seen in 20-24 year olds, whilst for Leicester the highest rate is seen in 25-29 year olds and the rate in 20-24 year olds in Leicester is significantly lower than England. In over 35s, the abortion rate is significantly higher in Leicester than England.

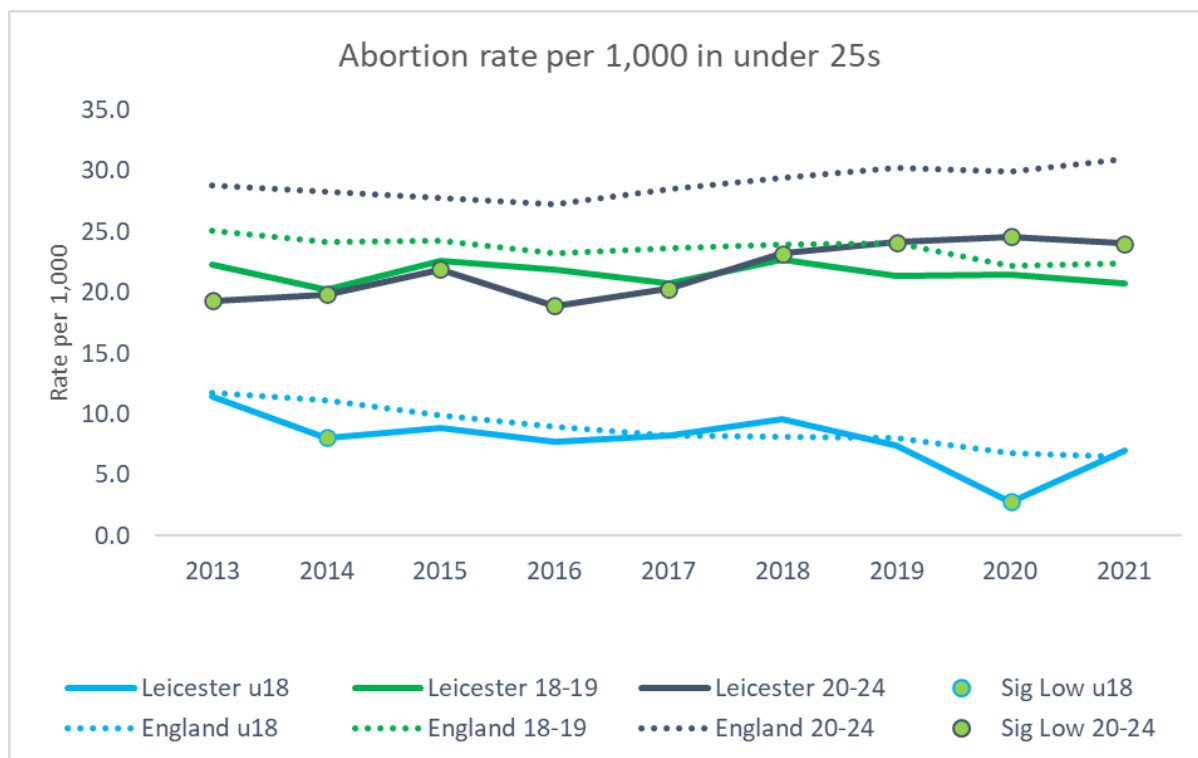
Figure 30: Abortion rate per 1,000 by age group, 2021



Source: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2021>

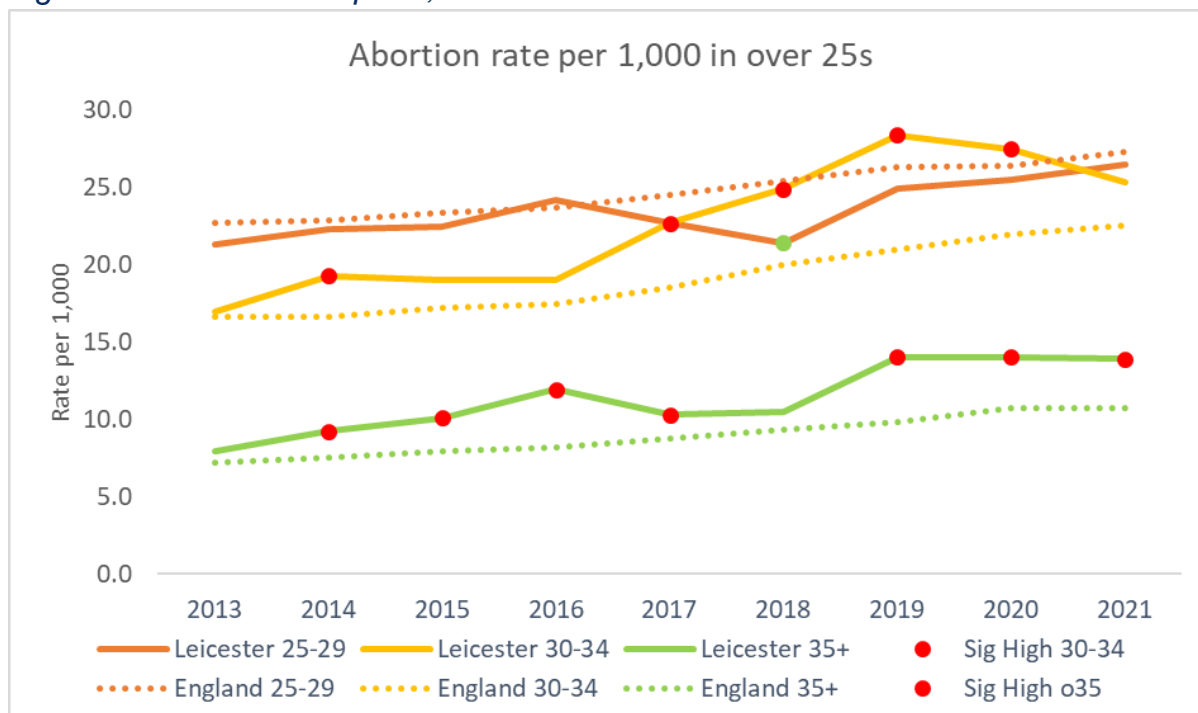
The figures below show the trend in abortion rates over the past few years. There has been an upward trend of increasing rates for abortions in 20-24, 25-29 and over 35 year olds in Leicester. In 30-35 year olds there has been a reduction over the most recent years.

Figure 31: Abortion rate per 1,000 in under 25s



Source: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2021>

Figure 32: Abortion rate per 1,000 in over 25s



Source: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2021>

3.10.2 REPEAT ABORTIONS

Repeat abortions for those aged under 25 are similar to England and the rates were similar in 2020 and 2021. In 2021 repeat abortions for those aged under 25 during were 30% in both Leicester and England. The overall picture on termination of pregnancy in Leicester shows a lower rate when compared against the national average. The reasons for this are unclear and further investigations are required to ensure that poor access to the service is not the cause.

4. CURRENT SERVICES IN RELATION TO NEED

Table 2 below details Commissioning responsibilities in respect to sexual health services.

Table 2: Commissioning Responsibilities for sexual health services

Commissioning Responsibilities		
Local authorities	Integrated Care Systems	NHS England
<ul style="list-style-type: none"> • Comprehensive, open access sexual health services including: • Contraceptive services • STI testing and treatment • HIV testing • National Chlamydia Screening Programme • Psychosexual counselling • Sexual Health specialist services (including young people's services, teenage pregnancy services, outreach, prevention and promotion, services in educational establishments and pharmacies) 	<ul style="list-style-type: none"> • Abortion services • Sterilisation • Vasectomy • Non-sexual health elements of psychosexual services • Gynaecology, including contraception for non-contraceptive purposes 	<ul style="list-style-type: none"> • Contraception as provided as additional service of GP contract • HIV treatment and care (including post-exposure prophylaxis) Moving to ICS in 2025 • Promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs • Sexual health elements of prison health services • Sexual Assault Referral Centres • Cervical screening • Specialist foetal medicine services

These responsibilities are changing as the new plan for the NHS is developing and Integrated Care systems are being established.

There are a variety of sexual health providers within Leicester, covering various levels of service provision. The community of sexual health providers across Leicester, Leicestershire and Rutland (LLR) is supported by the Sexual Health and HIV Network, which meets twice a year in order to share developments and good practice.

The Integrated Sexual Health Services (ISHS)

ISHS is commissioned by the local authority and is provided by Midlands Partnership Foundation Trust. The latest contract commenced on 1st April 2024 and provides open access contraception, STI testing and treatment, outreach work, psychosexual counselling and a young people's service that includes a C card scheme.

The aim of the ISHS is to provide a range of accessible, high-quality, responsive, cost-effective, confidential services across LLR. The service provides an open access hub and spoke model of sexual health provision, meeting all the sexual health needs of an individual in one visit.

In addition to the ISHS, other services which deliver elements of sexual health services in Leicester are as follows:

Young People's Clinics:

Choices is a nurse-led sexual health service for young people aged 24 and under offering sessional clinics at a number of locations (New Parks, Haymarket [18 and under only], Leicester College Abbey Campus). There has been a shift in attendances at all Young People's clinics post Covid-19, despite efforts to promote them.

General Practice:

General Practice provides the majority of contraceptive provision for registered patients via the General Medical Services (GMS) contract. NHS England commissions GMS contracts nationally.

Leicester City Council also commission GPs to provide LARC methods Intra-Uterine Devices and Systems (IUD/S) and subdermal implants (SDi). Chlamydia screening is commissioned for 15-24 year olds only.

Pharmacy Emergency Hormonal Contraception:

Emergency hormonal contraception (EHC) and chlamydia screening is currently available free of charge to those under 25 years in 11 community pharmacies in Leicester. This is commissioned by Leicester City Council.

Termination of pregnancy services:

Termination of pregnancy services are commissioned by the Leicester, Leicestershire and Rutland Integrated Commissioning Board (LLR ICB). The services are provided by University Hospitals of Leicester NHS and by the British Pregnancy Advisory service (BPAS).

Vasectomy services are commissioned by LLR ICB and currently provided by Patient Care Locally, a community interest company.

Sterilisation services are commissioned by LLR ICB and delivered by Patient Care Locally.

HIV treatment and care:

HIV treatment and care is commissioned by NHS England though this responsibility is about to be transferred to the ICB and is primarily provided through secondary care by the specialised departments of Infectious Diseases and HIV at University Hospitals of Leicester NHS Trust.

Social care is provided by the adult and social care team at the local authority, where housing advice and social care support can be accessed by those living with HIV. The delivery of post-exposure prophylaxis and pre-exposure prophylaxis is commissioned by the local authority, although NHS England funds the costs for the drugs.

Sexual Assault and Rape Centres:

Sexual Assault and Rape Centres (SARC) are commissioned by NHS England. The SARC has been redesigned in Leicester. The service is available 24 hours a day for those reporting sexual assaults/violence. These centres are safe locations, where victims of sexual assault can receive medical care, counselling and forensic examination quickly and sympathetically. There are Independent Sexual Violence Advisors (ISVA) who are available to support men and women who are victims of sexual abuse.

Prison sexual health services:

These are commissioned by NHS England. Leicester has one prison and it has service provision by Midlands Partnership Foundation Trust, for one session per week.

Relationship and Sex Education (RSE):

RSE is important to ensure that both healthy and enjoyable sex lives are nurtured and developed. Sex education is a required part of the curriculum in state schools, but this is not prescribed. There is guidance from the Secretary of State on what

should be provided. There are differing levels of RSE provision across state schools across the city.

Healthy Child Programme

As part of Healthy Together (the 0-19 Healthy Child Programme offer in the City) Public Health Nurses (School Nurses) offer confidential advice and support to all young people in the city on any issue, including sexual health. Activities include a weekly drop-in in all secondary schools, Healthy Fairs once a year and support via Chat Health, the free confidential text service, and via www.healthforteens.co.uk. Leicester Partnership NHS Trust are also looking at the possibility of having Skype based contacts.

Sexual Health promotion and HIV prevention:

This is commissioned by Leicester City Council and provides for specific groups who are more at risk of adverse sexual health outcomes. These groups include :

- Sex workers (including on-street and in-premises venues)
- People newly arrived to the City including refugees and asylum seekers
- LGBTQ+
- People from certain ethnic and community groups- the focus of the ISHS 'Diverse Communities' project

5. PROJECTED SERVICES USE AND OUTCOMES

There is a clear relationship between sexual ill health, poverty and social exclusion.

Leicester is the 32nd most deprived local authority in England, with over three quarters of the population living in the 40% most deprived areas nationally. It is also one of the most ethnically diverse cities in the country and has a relatively young population, with almost half of the local population being under 29 years of age. The population aged 15-44 years is predicted to grow by 7% by 2040 from 171,700 to 183,560¹⁰.

Indicators of sexual and reproductive health need have been deteriorating over the past decade, which has been linked to long-term changes in sexual behaviour and patterns of contraceptive usage within the population. This creates a complex picture of continual need for sexual health services. However, population sexual health is highly amenable to public health interventions, via high quality and age-appropriate RSE, accessibility to contraceptive, treatment and care services and targeted interventions for specific groups with higher needs or risks. Addressing and reducing, or at least ameliorating, these trends is of importance.

The local ISHS has seen a rise in contraceptive consultations, while England has seen a year-on-year reduction in contraceptive consultations. This needs detailed investigation to ensure Leicester's rise is not related to access and/or the service

model. There is also evidence of decreasing accessibility to contraception in primary care. With significant, continual growth expected in the young adult population in Leicester, a continued increase in the focus and development of alternative models of sexual and reproductive health services provision is required.

There is also an increased need to ensure that relationship and sexual health programmes address the greater vulnerability of adolescents to unprotected sex, sexual coercion (including sexual exploitation), HIV and other STIs and unintended pregnancies (while enabling them to delay pregnancy), as these are also important factors in breaking the intergenerational cycle of poverty.

Late diagnosis of HIV infection adds to the overall cost burden on services, as treatment may not always be as successful if presenting co-morbidities exist. This can also lead to further or extra requirements for both health and social care support. As more people are living longer with HIV infection, there will also be a rise in the number of infected people seeking support and care. Secondary care services need to reflect the aging HIV population who develop new co-morbidities, as well as newly diagnosed patients. And, as the number of people affected by HIV infection increases, there will be further expectations of provision, as partners, families and carers also require support.

Emerging issues and developments:

- Increasing uptake of online and remote STI testing and prescribing
- Nationally, rates of gonorrhoea and syphilis have risen starkly in recent years and continue to do so
- Chemsex is becoming more known about and accessible and local partners and services need to be aware of its risks and communicate this to service providers.
- Child sexual exploitation is a serious issue and all service providers should be made aware of the signs and able to report this through appropriate mechanisms.
- Pre-exposure prophylaxis for HIV has been found to be highly effective in preventing HIV transmission. Uptake in Leicester remains below expected levels despite work on this, so increasing uptake, particularly amongst certain groups remains a priority
- Diverse community work: with the increasing development of remote services it is important that all communities are still able to access sexual health services hence a community engagement and focus on underserved communities is a priority.

6. UNMET NEEDS AND SERVICE GAPS

6.1 HIV TESTING, DIAGNOSIS AND CARE

National evidence shows that significant numbers of HIV cases remain undiagnosed and access to HIV testing requires further improvement. HIV tests should be offered for HIV:¹¹

- In Primary care to people who:
 - Request testing
 - Have [risk factors](#) for HIV.
 - Have another sexually transmitted infection.
 - Have an [AIDS defining condition](#), an [indicator condition](#), or [clinical features of HIV infection](#).
 - Are newly registered with general practice or are having a blood test, if they have not had an HIV test in the past 12 months, in areas of the UK where diagnosed prevalence of HIV is high (greater than 2 per 1000 population aged 15–59 years).
- All pregnant women should be offered screening for HIV as part of routine antenatal care.
- All children at risk of HIV infection should have an HIV test.
- If a venous blood sample is declined:
- If the person chooses not to take up an immediate offer of a test:

Leicester is currently undertaking a pilot (as part of a nationally funded programme) of opt-out testing for HIV and viral hepatitis via the A+E department at UHL. It will be interesting to see if this affects diagnosis rates, and late diagnosis rates in the city.

6.2 CHLAMYDIA SCREENING

Leicester should be working towards achieving the chlamydia diagnosis rate of 2,300 per 100,000 (*Public Health Outcomes Framework* indicator). In June 2021, the National Chlamydia Screening Programme (NCSP) changed to focus on reducing the harms from untreated chlamydia infection.

6.3 TERMINATION OF PREGNANCY SERVICES

There is a national specification for Termination of Pregnancy services (TOPs) to include pre and post counselling and provision of HIV testing in high prevalence areas and contraception for all women. TOPs are mainly provided as medical terminations where medication is taken to terminate the pregnancy or as surgical interventions. Over the last 10 years, more women have accessed medical terminations and during the Covid-19 pandemic, medication has been accessed via online triage and received remotely at home. It is important these women still have access to post TOP

counselling and contraception, especially since it looks as though the shift towards at home medical abortion for early pregnancies is likely to continue.

6.4 CONTRACEPTION

Emergency Hormonal contraception (EHC) is available to young people under 25 at participating pharmacies. Formerly this has been the case because rates of unintended pregnancy were higher in this age group, as well as being more likely that the under 25s might lack financial resource to purchase EHC over the counter. However, recently the data has shown an increasing rate of TOPs in the 25-30 age group, which may indicate an unmet contraceptive need in this group and a need to re-evaluate this programme. However, this must be subject to financial and epidemiological considerations. The EHC service in Leicester City now allows two options for EHC to be provided under a PGD; levonogestrel (Levonelle) or Ulipristal acetate (EllaOne) in line with national best practice guidance.

6.5 RELATIONSHIPS AND SEX EDUCATION

Natsal research¹² (March 2015) emphasises the role that schools play in RSE and models should be explored for local implementation. Continue health promotion work with young people to increase young people's understanding of healthy relationships, prevent STIs and improve contraceptive uptake.

6.6 PATIENT PATHWAYS

The following service delivery and patient pathways, which may be jointly provided or provided by other providers, require clarification:

- Psychosexual services (including sex addiction)
- Sterilisation and Vasectomy
- Prison Sexual Health services
- Genital dermatology
- Ensure that all services related to sexual health and HIV treatment and care have clear patient pathways to and from the Integrated sexual health service and GPs

6.7 BEHAVIOUR CHANGE INTERVENTIONS

Few social marketing exercises have been undertaken to determine appropriate behaviour change interventions. It may be possible to explore these in partnership with

other services, for example, with Drug and Alcohol services, which would benefit both services.

6.8 SERVICE USER INPUT

Service users were consulted prior to re-commissioning of the Sexual Health Service, The Sexual Health Services Public Consultation took place between Jan-March 2023 seeking feedback from staff providing the service, service users, stakeholders and members of the public. Themes included:

- Education and training: groups expressed the importance of sexual health education for all in an understandable, approachable and acceptable way in partnership with the community, delivery as part of 'health' and to include a focus on healthy relationships in general
- Beliefs and perceptions: Open and honest conversations around sexual health issues, with culturally competent support and counselling to make people feel confident to make decisions that work best for them
- Barriers to accessing services: there may be practical barriers around not understanding services available, accessibility and communication barriers. Whilst online booking appointments or test kits were useful for some, there may be privacy concerns for kits received by post
- Age-appropriate services: Consideration of where sexual health services are delivered and different formats appropriate for younger and older service users
- Information sharing and signposting: Importance of confidential service and understanding of what is available to support and signpost to services where needed

In response to the survey, the following points have been actioned:

- 1) 55% of responses were in favour of increasing the amount of online information available
 - *Website and online information will be increased to ensure visibility and coverage across different communication platforms is made available.*
 - *Accessibility with information related to the service and booking appointments online will be prioritised to meet the needs of service users.*
 - *Develop signposting information around access to sexual health services across Leicester, helping to address identified barriers to accessing services.*
 - *Leicester Sexual Health services have been provided online for the last 4 years and we would expect a continuation and refinement of these services. This provides an excellent platform on which to link individuals into discreet sexual health advice, information, support, testing and care*
- 2) 64% of responses were in favour of increasing the online booking appointments available for the sexual health service

To increase the number of bookable online appointments, whilst also offering a mixture of drop-in (turn up and wait) and bookable appointments for the service.

Service website:

The Service website will provide a 'Self-help Hub' that will incorporate:

- *Digital Front Door*
- *Sexual & Reproductive Health advice and information*
- *Self-triage to support self-managed care*
- *Online appointment booking where possible using Electronic Patient Records for previous attenders*
- *Access points, including key links to vital provision offered in General Practice and beyond*
- *Service offer*
- *Appointment booking: if there isn't an appointment available within 2 days or the time the resident requests an alternative location will be offered*
- *Ability to request an interpreter or translator for the appointment.*
- *There should be automatic appointment booking for 3-month post STI testing with text reminder*
- *Self-sampling information*
- *Signposting to other useful services and sources of help*
- *Professionals page for those services delivering other sexual and reproductive health services e.g., GP's, Pharmacies, Public health nursing, maternity*

3) 53% of responses were in favour of having a mixture of both drop-in (turn up and wait) and bookable appointments

- *A triage system should be used whenever Service Users contact sexual health services and this includes the telephone (single point of access), in clinic (face-to-face) and online. The triage system should be effective in identifying those who need to be seen urgently, those who need to be seen face-to-face and those who are suitable for online/digital services.*
- *The triage should also identify when a longer appointment would be beneficial or there are communication needs such as interpretation, translation, or disability access requirements.*
- *Develop signposting information around access to sexual health services across Leicester, helping to address identified barriers to accessing services.*

4) 77% of responses were in favour of ordering STI kits online

- *The Provider will provide a robust digital offer, which includes STI self-sampling, remote prescribing of oral contraception, EHC and STI treatment (chlamydia). The digital Service will only be available to Leicester City residents.*

5) 68% of responses were in favour of introducing a telephone consultation advice service

Access to LARC and phone booking:

- *The Provider will provide a telephone single point of access with a dedicated phone number that is used to access the service.*
- *The Provider will provide a dedicated single point of phone access for the following times:*
 - *Monday – Friday 8am-7pm*
 - *Saturday 8am -3pm*
- *These timings have been based on current activity levels and will be reviewed at least annually.*
- *There will be:*
 - *Automated texting for appointment reminders and a system for clinician call back is required.*
- *Dedicated staffing will be required for the SPOA to meet the demand of calls to the service.*
- *We have asked any provider to ensure there are reported access standards and anyone requiring a call back is done within a set timeframe*

LARC SPOA (Long-Acting Reversible Contraception Single Point of Access): The service will also provide in collaboration with GPs and Leicester PCNs a single point of access for LARC procedures this will be a single number with text back reminders as described above. There will be triage and advice so that women arriving at LARC appointments are fully prepared for the procedures.

6) 66% of responses thought working more closely with communities and community group organisations would have a positive impact

- *Enabling communities to hold open and honest conversations around pre-existing beliefs and perceptions in relation to sexual health. Thus helping to address these in a culturally sensitive and informative way.*
- *To help develop accessibility for those experiencing language barriers by tailoring service appropriately for users.*
- *To work closely with communities to build trust and develop closer working relationships via Community Engagement/Link workers.*
- *Ensuring age appropriate services are suitably co-designed and delivered to reflect the age of those engaging with sexual health services.*
- *Working across areas that have generally seen an under-representation or lack of engagement by developing services in the identified locations.*
- *To provide appropriate education and training around sexual health for specific communities, ensuring this is delivered in an understandable, approachable and acceptable way.*

7. RECOMMENDATIONS FOR CONSIDERATION BY COMMISSIONERS

Commissioners are recommended to:

- Ensure maximum cooperation between commissioners (see table 2 above) for effective commissioning of sexual health and related services and a seamless experience for patients.
- Consider the issues raised in this summary.
- See detailed recommendations table from previous HNA, published 2022

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