Leicestershire County Council

Leicestershire Sexual Health Strategy

2020-2023

DRAFT

Foreword

Sexual and reproductive ill-health can affect anyone – often when it is least expected. An unplanned pregnancy or diagnosis of a complex sexually transmitted infection (STI), (such as HIV) can have a significant impact physically and mentally, sometimes with knock on effects of stigma resulting in discrimination and further impact on education, employment, housing and social care needs.

Achieving good sexual health is complex and the sexual health needs of the population continue to evolve. Over the past few decades there have been significant changes in dating and relationships, and how people live their sexual lives including personal attitudes and beliefs, social norms, peer pressure, confidence and self-esteem, misuse of new drugs and alcohol, coercion and abuse. This has led to changes in risk taking behaviour such as increased average number of sexual partners, expansion of heterosexual repertoires and chemsex. Services must adapt to these changing needs to ensure the best outcomes for our local population.

This Strategy sets out our priorities up to 2023 for what we can do as a council to support good sexual health across Leicestershire.

Delivery of this strategy will require significant partnership working with the NHS and other organisations. I look forward to supporting this collaborative effort to meet our strategic vision and objectives.

Mr Lee Breckon,
Lead Member for Health and Wellbeing

Introduction

Since the implementation of the 2016-2019 Sexual Health Strategy, we have significantly improved services and reduced fragmentation in service delivery across Leicester, Leicestershire and Rutland (LLR). Examples include re-commissioning of an integrated sexual health service, embedding new technologies such as online STI testing and developing contractual agreements to allow patients to access cervical screening and coils across providers. As a result, we have made good progress against many sexual health indicators when compared nationally and to our local comparator authorities. We will continue to adapt and respond to the changing national context, to a growing population and to expanding sexual health needs to ensure the best outcomes for Leicestershire's population.

This strategy takes stock of achievements made thus far and outlines the key priorities for the next 3 years to further improve sexual health outcomes for Leicestershire's residents. These priorities align with Leicestershire County Council's Strategic Plan 2018-22 which aims to be 'Working together for the benefit of everyone.' The outcomes include:

- **Strong economy:** Leicestershire's economy is growing and resilient so that people and businesses can fulfil their potential.
- **Wellbeing and opportunity:** The people of Leicestershire have the opportunities and support they need to take control of their health and wellbeing.
- **Keeping people safe:** People in Leicestershire are safe and protected from harm.
- **Great communities:** Leicestershire communities are thriving and integrated places where people help and support each other and take pride in their local area.
- **Affordable and quality homes:** Leicestershire has a choice of quality homes that people can afford.

Amid a number of changes and unknowns, including the implications of the NHS Long Term Plan, a forthcoming national Sexual and Reproductive Health strategy and uncertainty of Public Health Grant funding, this strategy focuses on the opportunities and challenges that are on the horizon.

These include working with evolving primary care networks whilst developing a sexual health improvement approach that considers the wider determinants of poor sexual health across Leicestershire.

This strategy has been developed using an evidence based approach driven through the Leicestershire Sexual Health Joint Strategic Needs Assessment chapter published in September 2019. This included a review of the current national and local sexual health outcomes, services, evidence base and evaluation of the Leicestershire Sexual Health Strategy 2016-2019. The recommendations in this strategy reflect those findings. The Sexual Health JSNA can be found here:

www.lsr-online.org/uploads/jsna-sexual-health.pdf

Good sexual health is important both to individuals and to society. WHO, 2002 defines sexual health as;

'… a state of physical, emotional, mental and social well-being in relation to sexuality.' (Page 5, WHO, 2002)[1]

Investment in sexual and reproductive health not only improves the overall health of the population, it is also cost effective. The consequences of poor sexual health cost the NHS an estimated £193m in unintended pregnancies in 2010 and approximately £630m in HIV treatment and care in 2012/13. [2 3 4])

Supporting young people to develop safe, healthy relationships and prevent unplanned pregnancy is key to enabling them to fulfil their aspirations and potential.

At a strategic level, getting prevention right:

- is integral to safeguarding, emotional health and wellbeing and early help
- integrates with chlamydia screening and STI prevention
- maximises cost effectiveness of sexual and reproductive health services
- reduces future demand on health and social services

Teenage mothers are more likely than other young people to not be in education, employment or training; and by the age of 30-years, are 22% more likely to be living in poverty than mothers giving birth aged 24-years or over. For every teenage mother who gets back into education, employment or training saves agencies £4500 a year.[5]

Teenage mothers are also more likely to need and receive targeted support than older parents. Children born to teenage mothers have a 63% higher risk of living in poverty. For every child prevented from going into care; social services would save an average £65k a year.[5]

The total cost savings of unplanned pregnancy across the public sector, including healthcare and non-healthcare settings, the return on investment for every £1.00 spent is £4.64 over a four year period, and £9.00 over 10 years. Evidence also suggests that £1.00 investment in contraception saves £11.09 in averted outcomes (NHS savings) £1.00 invested in LARC saves £13.42 in averted outcomes (NHS savings).[6]

- For every one pound invested in contraception saves £11.09 in averted negative outcomes
- An increase in long acting reversible contraception (LARC) usage could save £102 million.

Insights into the current picture of sexual health in Leicestershire

Sexually transmitted infections

While Leicestershire reflects national trends for sexually transmitted infections (STIs), for instance rates of syphilis are increasing nationally and locally, its rates for STIs remains lower compared to the England average. In 2018, overall 3,603 new STIs were diagnosed in residents of Leicestershire, a rate of 522 per 100,000 residents (compared to 784 per 100,000 in England). Nationally and locally, the burden of STIs continues to be greatest in young people (aged 15-24). Men who have sex with men (MSM), specific Black and minority ethnic groups, vulnerable people (including Looked After Children (LAC), those with physical and learning disabilities and those who had adverse childhood experience, are all at greater risk of STIs. Reinfection rates of STIs, particularly in women, are an issue in some areas of the county.

Chlamydia detection rates in Leicestershire are lower than the national average (1,703 per 100,000 population compared to the England average of 1,975 per 100,000 population). Therefore, it will be part of the strategic plan to increase the detection rate. We are awaiting a review of the national chlamydia screening programme which is due to report soon.

HIV transmission, late diagnosis

Since 2011, the HIV diagnosed prevalence rate in Leicestershire has remained lower than the national benchmark of a rate less than 2 per 1,000 population. However, over the last five years, both nationally and locally the trend has significantly increased over time, while HIV testing coverage for Leicestershire has remained significantly worse than England for the last four years.

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. Although numbers of late diagnoses are comparatively small in Leicestershire, this is a concerning trend that needs to be addressed through good information about testing for both residents and health professionals and, good access to HIV testing at sexual health clinics.

Increasing HIV testing among Men who have sex with Men (MSM) and black Africans in England would prevent 3,500 cases of HIV transmission within five years and save £18million in treatment costs per year. Poor sexual health is also linked to broader health inequalities, with higher rates of STIs transmission found in the most deprived areas of Leicestershire.

Termination of pregnancy

The total abortion rate in Leicestershire has increased significantly over the past six years, reflecting the national pattern. In Leicestershire the rate of abortions in over 25s has increased since 2014, but the rate remains below the national rate.

Teenage pregnancy

Since the introduction of the Teenage Pregnancy Strategy in 1999, England has achieved a 61.8% reduction in the under-18 conception rate between 1998 and 2017 whereas Leicestershire has achieved a higher decrease, at 67.6% reduction. This equates to ten consecutive years that the rate of teenage pregnancies both nationally and locally has decreased. The latest data shows in 2017 the under-18 conception rate per 1,000 females aged 15-17-years was 12.3 per 1,000 females aged 15-17-years, significantly better than the England rate of 17.8 per 1,000 females aged 15-17-years. This equates to 135 under 18 conceptions in Leicestershire in 2017. [7]

Vision

Our strategic vision for good sexual health in Leicestershire is for:

> The people of Leicestershire to make informed, positive choices about their reproductive and sexual health to reduce unplanned pregnancies and sexually transmitted infections (including HIV).

The 2016-2019 Sexual Health Strategy made significant progress in pulling the 'system' together, including a range of procurements and contractual agreements to ensure that the highest quality, evidence based services are built around the individual rather than organisational structures.

Now that these strong building blocks are in place, the 2020-23 strategy will focus on sexual health improvement, leadership and policy in Leicestershire.

This will allow for further progress to be made, whilst acknowledging the changing commissioning landscape, development of the integrated care system and its impact on partners. Combining this approach with the results and recommendations from the JSNA chapter has provided a clear evidence base and rationale for the strategic priorities and helped shaped the vision below.

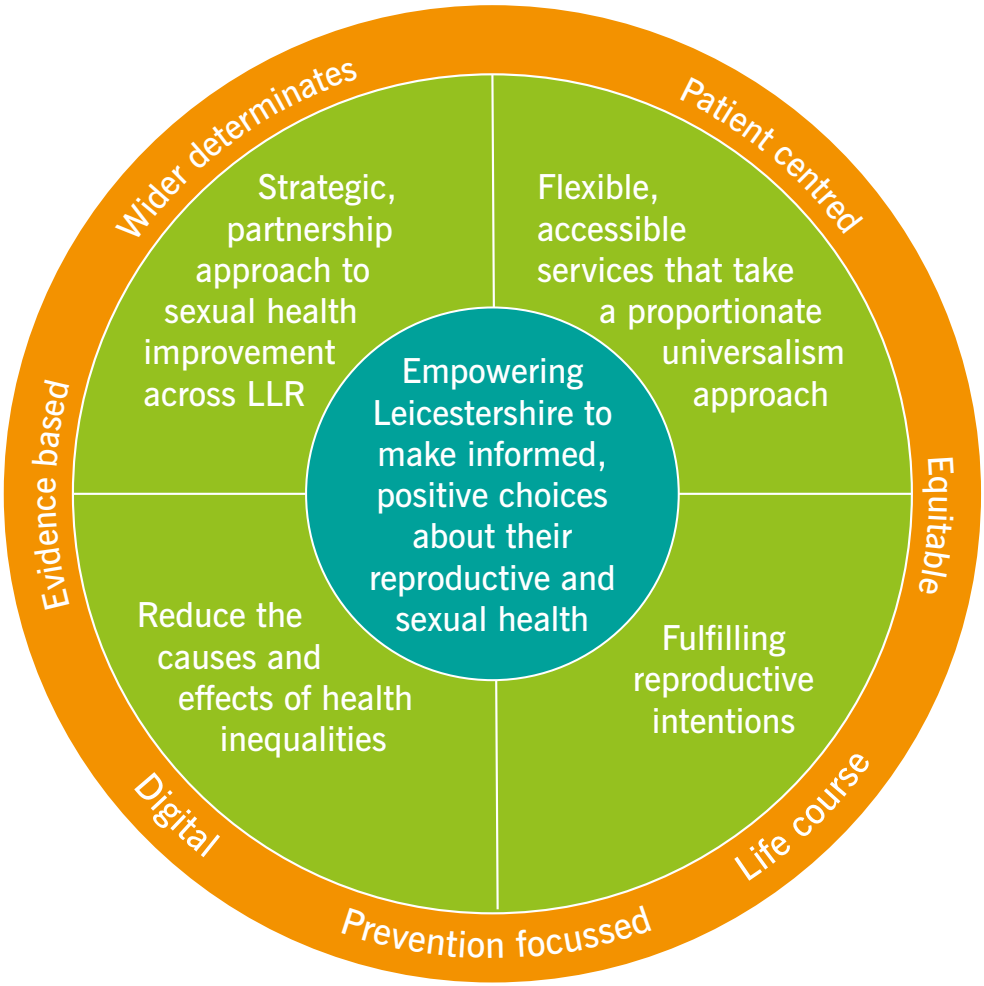
Our strategic approach:

What does good sexual and reproductive health look like across Leicestershire?

The previous Leicestershire Sexual Health Strategy 2016-19 was specifically commissioning focused, to 'pull the system back together' following the fragmentation of services in the 2013 Health and Social Care Act. Much of this work has now been implemented including developing section 75's for intrauterine devices for menorrhagia, NHS England commissioning cervical cytology from the sexual health service, re-commissioning of the LLR Integrated sexual health service (ISHS) and moving the city centre hub into a more accessible, purpose-built facility within the Haymarket. Therefore, the 2020-23 strategy looks at sexual and reproductive health into a policy and leadership role across Leicestershire, while acknowledging there are still commissioning intentions to be discharged.

The key question that this strategy aims to answer is 'What does good sexual and reproductive health look like across Leicestershire?' Figure 1 below, summarises the key priorities to answer this question.

Figure 1 Summary of the key sexual health priorities across Leicestershire



These will be described in further detail below using the following structure;

- Where are we now?
- What do we want to achieve?
- How will we get there?

Priority 1:
Informed, empowered choice around sexual and reproductive health

Where are we now?

There are a variety of ways in which we engage with the people of Leicestershire to support them in making informed, empowered choices about their sexual and reproductive health. This can range from delivery of Relationships and Sex Education (RSE) in schools, to information about the services available, to targeted sexual health campaigns. However, we know that relationships, attitudes and sexual practices have evolved, including the use of dating apps, increasing average numbers of sexual partners and varying sexual repertoire. Therefore, we must also adapt how we communicate with the local population so they can make informed, safe choices about their sexual and reproductive health. The introduction of statutory RSE in all primary and secondary schools from September 2020 will also present another avenue for providing information.

What do we want to achieve?

- Informed, empowered population that can make positive choices about their sexual and reproductive health and personal relationships.
- A sustainable model for delivering high quality, effective RSE (including relationships, sexual and reproductive health over the life course) across all schools and young people's settings.
- Clear, consistent sexual health communication messages across LLR, that make use of national campaigns as appropriate.
- Targeted health promotion campaigns for groups at high risk of poor sexual and reproductive health using behavioural insights methodologies.

How will we get there?

- Complete a behavioural insights piece of work including qualitative insight with young people to determine where to focus future efforts and resources to inform and empower them to make positive choices about their relationships, sexual and reproductive health. This will include use of social media approaches to communication campaigns and gathering information.
- Inform public health actions with behavioural change theory to enable women (specifically those aged over 25 in whom the abortion rate is rising) to make informed contraception choices that include Long Acting reversible Contraception (LARC).
- Support further education colleges and other young people's settings to embed high quality RSE as part of the wider personal, social, health and economic education for statutory implementation by September 2020. This will include fully making use of the links with the Healthy Schools programme, RSE toolkit, RSE training offer and links to the Leicestershire and Rutland RSE group.
- Evaluate the current RSE offer and its impact. Develop this into a regular audit process to assess the quality and consistency of RSE delivery across schools and colleges. Specifically review the relationships and sex education received by looked after children, children with learning and physical disabilities.
- Consider what RSE material is available to support parents to discuss RSE with their children including Speak Easy courses for those particularly at risk including foster carers, teenage mothers and those accessing social care.
- Utilise sexual health contracts to ensure consistent, effective sexual health communications between providers and service users.
- Targeted health promotion campaigns using behavioural insights for specific at risk groups and in relation to STI re-infection rates particularly in Charnwood and Oadby and Wigston. This will include mapping all projects across Leicestershire that aim to increase access to sexual health improvement and HIV prevention for high risk groups.
- Engage with patient and public groups, through consultation on the 2020-2023 strategy, to understand the stigma they may feel around sexual health and, develop a communication strategy, with partners, to reduce that stigma and, in turn reduce health inequalities.
- Improved access and uptake to sexual and reproductive health self-care including information, advice and guidance, and access to online services as appropriate.

Priority 2:

Flexible, accessible services for all based on proportionate universalism

Where are we now?

Across Leicestershire there is a comprehensive sexual and reproductive service offer that is delivered through general practice, the LLR Integrated Sexual Health Service, pharmacy, University Hospitals Leicester and the voluntary and community sector. Significant work has been completed to improve services and reduce fragmentation across the LLR system, however there is still work to be done. There are changing sexual and reproductive health needs across the population, including increasing rates of syphilis and drug resistant gonorrhoea, increasing risk taking behaviour such as ChemSex, evolving demands of patients and introduction of new technologies such as pre-exposure prophylaxis (PrEP) for HIV.

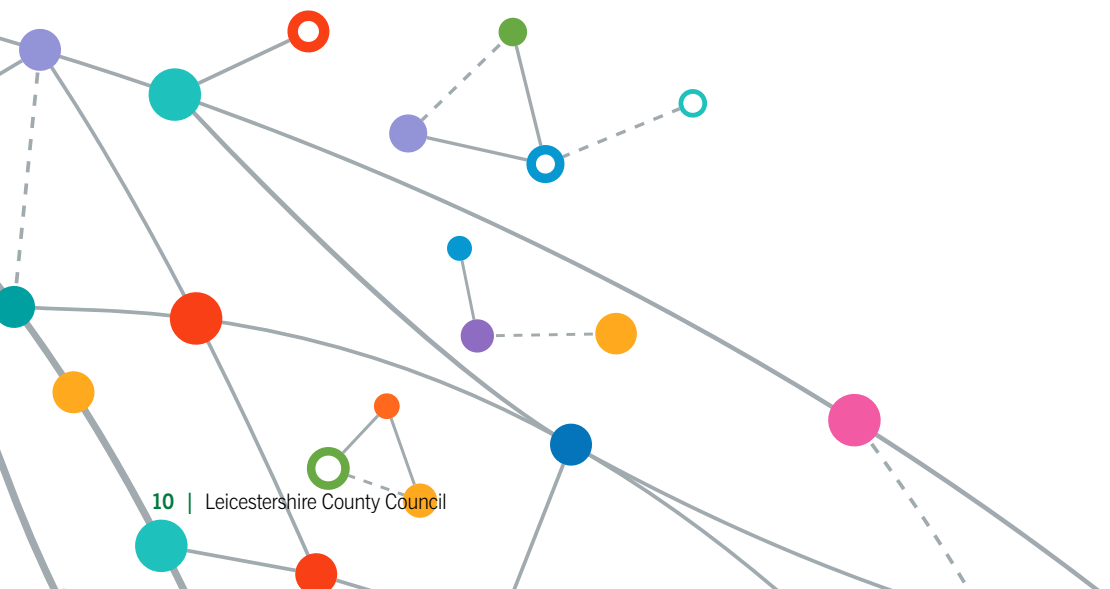
Within this context there are groups at specific high risk of poor sexual health (young people, men who have sex with men (MSM), specific Black and minority ethnic groups, vulnerable people (including Looked After Children, those physical and learning disabilities and those who had adverse childhood experience) and there are shortages in specialist sexual health staff and competencies across the system. The sexual health services and workforce must therefore consider how it provides an equitable, high quality service across Leicestershire, while remaining flexible and adaptable to meet these specific and changing population needs.

What do we want to achieve?

- High quality, clinically and cost-effective services for all that proportionately target specific high risk groups (proportionate universalism). For example, those who are homeless will need greater support and focused information to access sexual health services than those who are housed.
- Skilled, flexible sexual and reproductive health workforce that is able to recruit and retain high quality staff that can adapt to local need.

How will we get there?

- Review the new model of ISHS delivery (in particular the digital offer) in relation to access to STI testing and diagnoses, including HIV, and how these meet the specific needs of the whole population and at risk groups through case mix review.
- Implement Public Health England (PHE) syphilis action plan as appropriate for Leicestershire including increased frequency of STI testing for high risk MSM, improved partner notification, antenatal testing, targeted health promotion. Support PHE enhanced surveillance for gonorrhea resistance, targeted health promotion and communication to GP.
- Improve data quality of HIV testing coverage and uptake in ISHS, especially in MSM. Develop a process for case review of late HIV diagnoses to enable learning from missed diagnosis opportunities.
- Improve chlamydia detection rates by increasing the proportion of young people screened for chlamydia.
- Ensure services meet the sexual health needs of young people, including looked after children, by reviewing the latest trends in their attitudes, beliefs and access to sexual health and reproductive health services. This will include exploring the reductions in demand for emergency hormone contraception in under 25's, C-card in under 19's and standard contraceptive appointments in the sexual health service.
- Utilise contracts to ensure homelessness services and domestic abuse services support and signpost their clients to sexual health services and provide follow up support as appropriate.
- Further strengthen the links between sexual health and substance misuse services with relation to Chemsex services and health promotion as part of the substance misuse re-procurement.
- Consider the use of digital online services for oral and emergency hormone contraception in primary care.
- Targeted interventions in the teenage pregnancy hotspots including Coalville, Copt Oak, Anstey, Rothley, Sileby, Wigston and South Wigston. Complete a health equity audit and review annual practice performance in order to inform and improve uptake of cervical cytology Review the model of cervical cytology following a national review, including self testing options for Human Papillomavirus (HPV).
- Consider longer term commissioning arrangements for Hepatitis A vaccination in MSM.
- Drive an increase in the uptake of LARC utilising the development of primary care networks to review of the model of delivery of LARC in primary care, exploring opportunities for greater inter-practice referrals and equity of access across the county.
- Review progress in delivering the recommendations of the training needs assessment specifically for the specialist workforce. When appropriate, consider a follow up assessment to measure impact and ensure the training and development pathway has been fully established across Leicestershire and Rutland.
- Work with Health Education East Midlands to consider the long term workforce implications to deliver sexual and reproductive health across the system. In particular the specialist medical sexual health workforce and primary care capacity to deliver LARC.
- Understand the level of existing knowledge and competence to deliver effective sexual health messages in order to develop a coordinated and consistent approach across primary and community based staff to support referral and signposting to more specialised services



Priority 3:
Fulfilling reproductive intentions.

Where are we now?

Choosing to have children and the timing and size of that family unit is down to each individual and/or couple. The Third National Survey of Sexual Attitudes and Lifestyles (NATSAL-3)[8], carried out in Britain in 2010-12, found that 16.2% of all pregnancies in the year before the study interview were unplanned, with 21.2% in 16 to 19 year olds, but higher numbers in 20 to 34 year olds. Of the unplanned pregnancies 42% ended in an abortion, 32% miscarriage and 25% went on to a full term pregnancy which may become wanted or potentially link into social care. Poor sexual health can affect fertility or lead to problems such as pelvic inflammatory disease and risk of ectopic pregnancy. People are choosing to start families later in life, with the latest evidence suggesting the average first time mother is now aged 29 years old. Increasing age of the mother is also associated with increased risk of infertility. Infertility can have a significant impact on the physical and mental health of the individual, couple and family. Both unplanned pregnancy and infertility can cause financial, housing and relationship pressures and impact on existing children. There are also considerations around fostering and adoption that need to link into children's social care services. In Leicestershire we would like to support individuals and couples to be in the best socially and financially secure position and in good physical and mental health when considering starting a family.

What do we want to achieve?

- Support Leicestershire residents to have the best opportunity to have children at a time and place in life that they choose.

How will we get there?

- Deliver other elements of the sexual health strategy to reduce likelihood of unplanned pregnancy and STIs.
- Strength the abortion pathway by completing the PHE abortion pathway review to inform future commissioning model and action plans to reduce the increasing trend in abortions.
- Review the reproductive pathway, strengthening the delivery of LARC in maternity and abortion services, especially for those at high risk of repeat unplanned pregnancies to ensure that women have more control over when they chose to become pregnant in the future.
- Embed MECC Plus into sexual health services to ensure women can access prevention services to support improvement in their overall health and wellbeing before conception (for example, stop smoking service, maternal obesity and supplement preparation.)
- Review the infertility pathway ensuring a prevention focus, linking back to actions in priority one.

Priority 4:

Reduce the impact of health inequalities on sexual and reproductive health

Where are we now?

Poor sexual health is closely linked to health inequalities, which are avoidable and unfair differences in health status between groups of people or communities. They are the result of a wide range of determinants, from genetics to income, to ethnicity, to where you live and other social factors, including behavioural risks such as smoking, which all impact on peoples' health and can drive poor health

To bring about real change and reduce the inequalities that can often lead to poor sexual health outcomes we need to reduce the impact of local structural influences such as economics, education and employment. This includes working with partners internally on Leicestershire County Council's Strategic Plan 2018-22 which aims to work together for the benefit of everyone, building a strong local economy to promote opportunities to enable communities to thrive and support people to take control of their health and wellbeing.

What do we want to achieve?

- Reduce the causes and impact of health inequalities and the wider determinants in society on sexual and reproductive health.
- Clear links between the Leicestershire Sexual Health Strategy and Leicestershire County Council's Strategic Plan 2018-22.

How will we get there?

- Complete PHE's Teenage Pregnancy Self Assessment toolkit to identify gaps and actions needed to improve the outcomes of young parents.
- Repeat the Equality & Human Rights Impact Assessment (EHRIA) as part of the 2020-2023 strategy development and one year after the commencement of the ISHS contract to assess whether reductions in barriers to access STI and HIV testing have been achieved and what further action is needed.
- Utilise the contractual arrangements with the homelessness service and the domestic violence service to refer people into sexual health services as appropriate and provide support to access treatment.
- Link with partners across departments and organisations to improve signposting and support to sexual health services, thereby improving access.
- Review Leicestershire County Council's Strategic Plan 2018-22 and implementation plan to develop key objectives within the appropriate workstreams that will tackle other specific wider determinants that affect sexual health. This includes high risk groups (teenage parents, safeguarding, looked after children, social care, youth offending, learning and physical disabilities.
- Consider sexual and reproductive health implications for Leicestershire County Council's workforce Health and Wellbeing strategy and action plan.
- Work with CCGs and primary care networks to be aware of the inequalities in sexual health that can impact on people's health and together develop action plans that can reduce these
- Link into place based strategies and approaches to reduce health inequalities including links to integrated neighbourhood teams and primary care network development.
- Consider how health and care services may need to meet the future demands of an aging HIV population. For example, linking into work on multimorbidity and integrated neighbourhood teams.
- Prioritise the reduction of STIs in at risk groups such as: young people aged between 15-24, men who have sex with men (MSM), specific Black and minority ethnic groups, vulnerable people (including Looked After Children (LAC), those with physical and learning disabilities and those who had adverse childhood experiences).

Priority 5:

Working with partners to maintain a strategic approach to sexual health improvement.

Where are we now?

As a result of the 2012 Health and Social Care Act, sexual health commissioning became fragmented across local authority, clinical commissioning groups and NHS England. Significant progress has been made in the previous 2016-2019 Sexual Health Strategy to 'pull the system together', including a range of procurements and contractual agreements to ensure the highest quality, evidence based services are built around the individual and not organisational structures (including a section 75 agreement for Intrauterine System (IUS) for menorrhagia, commissioning of cervical cytology from the sexual health service, recommissioning of the ISHS and community based services delivery in primary care.) However, there are still efficiencies to be made in some pathways (abortion, psychosexual and HIV) and new services such as PrEP and Hepatitis A vaccination for MSM that are likely to need commissioning across the system. National guidance from the NHS Long Term Plan has also suggested the need for further joint or co-commissioning with the NHS in the future.

What do we want to achieve?

- Good joint working with other sexual health commissioners including joint procurements and co-commissioning of services across organisational boundaries where possible.
- Seamless sexual health patient pathways built around the patient.

How will we get there?

- An agreed Leicestershire strategic approach to commissioning and delivery of sexual health services over the next 3 years.
- Review biannual LLR sexual health commissioner's terms of reference to ensure they are fit for purpose and meet the needs of all commissioning partners across LLR. This should include consideration of co-commissioning models of sexual health, use of partners data and the role of workforce leads, such as Health Education East Midlands.
- Explore joint and co-commissioning opportunities for Sexual and Reproductive Health services across LLR including abortion, PrEP, HIV.
- Join up and coordinate sexual health communications and information sharing with partners across LLR, including NHS and VSCE colleagues. Consider leadership approach needed to drive this agenda.
- Jointly review the national sexual health strategy and PHE Sexual and Reproductive action plan due to be published imminently and develop LLR plan/ commissioning intentions in collaboration with partners.
- Consider developing further indicators for future sexual health strategy dashboards that inform strategic commissioning decisions and ensure a focus on outcome improvements.
- Work with NHS England to review PrEP trial progress/ findings to inform future commissioning approaches.

Key activities to deliver this approach

To ensure the strategic approach is delivered we will;

- **Work with partners** across the LLR sexual health system. This includes revising the LLR Sexual Health Commissioners meeting to ensure all commissioning intentions are aligned and task and finish groups to progress key elements of the strategic approach.
- **Keep partners informed** of progress. We will develop a detailed action plan which will be regularly reviewed and updated to track progress. Progress updates will be provided to the sexual health clinical network, commissioners meetings and directorate management teams.
- **Monitor performance** through implementation of the action plan and development of a sexual health dashboard. These will be easily accessible for all partners to view.

How will we know we have made a difference?

The key indicators to assess whether this strategy has made a difference are presented in the Public Health England Sexual and Reproductive Health Profiles. (Available online at **http://fingertips.phe.org.uk/profile/sexualhealth**). These include rates of specific STIs, HIV and unplanned pregnancies. This is supplemented with local sexual health tableau dashboards and further indicators will be developed as part of the detailed action plan. All data will be split by local authority area and compared to local comparator local authorities. Information will be collated and triangulated with local sexual health provider performance to produce an annual progress update against the action plan and how this has translated to improved sexual health outcomes across Leicestershire. This report is then presented annually to the Public Health Departmental Management Team and quarterly to the Sexual Health Strategy Implementation Group.

Scrutiny performance reports and the developing health and wellbeing place based dashboard also offer an opportunity to evaluate effectiveness at a local level.

Our ambition is to see a reduction in health inequalities in sexual health through an improvement in access to services especially for those experiencing homelessness, substance misuse or domestic violence; improved access to contraceptive and sexual health services for all, including in primary care; an increase in the uptake of LARC, especially among women over 25 and, fewer late diagnoses of HIV due to greater awareness among the public and health professionals of testing and access to PrEP.

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