

## Sexual Health

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### Introduction

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This constitutes the full section on Sexual Health for the Adults' JSNA 2016.

'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.'<sup>1</sup>

### Who's at risk and why?

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According to the National Survey of Sexual Attitudes and Lifestyles Surveys (Natsal)<sup>2,3</sup> sexual health behaviour of the population of England has changed since the survey was first undertaken in 1991. The 2011 Natsal survey 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 level of need in the population

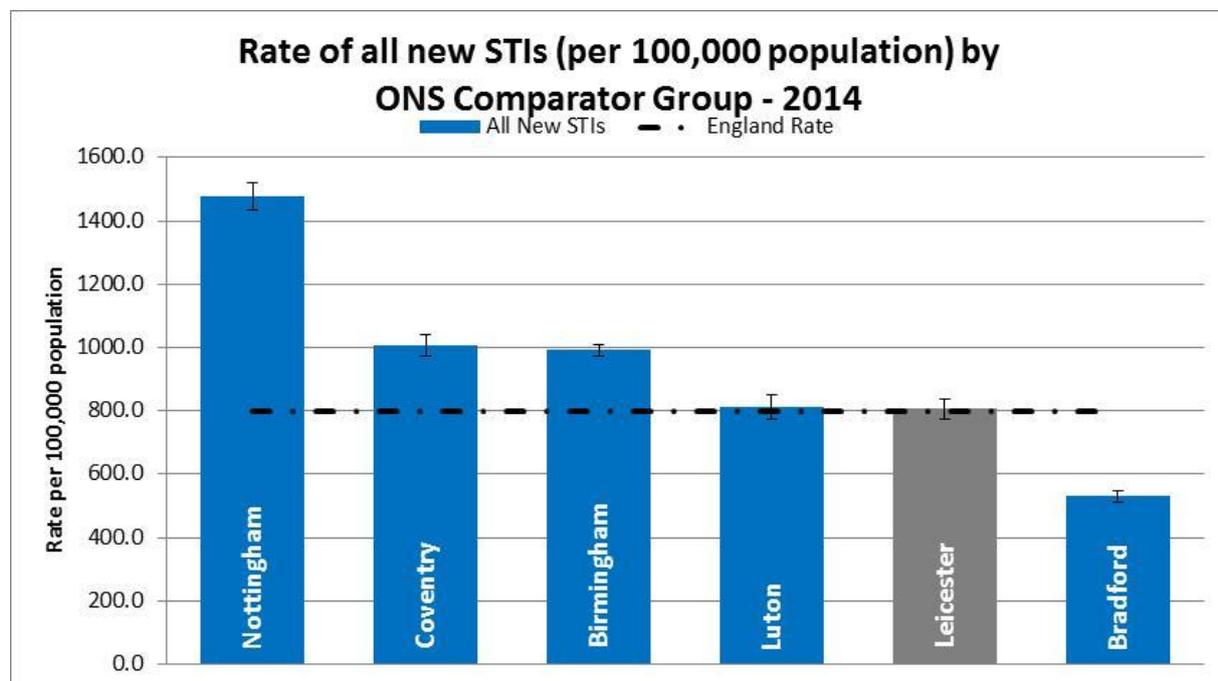
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#### Sexually transmitted infections

Acute STIs are considered to be: chlamydia, genital warts, gonorrhoea, syphilis and HIV/AIDS. Figure 1, 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. In 2014, Leicester (at 806 per 100,000 population) had a rate of STIs comparable to the national average (797 per 100,000 population).

There has been a statistically significant decrease in the rate of all new STIs in Leicester since 2013, from 906 to 806 per 100,000 population. For acute STIs, the most recent data (2014) ranks Leicester 80th out of 326 local authorities (with rank 1 being the worst).

Figure 1: Rates of all new STIs (2014)



Source: Public Health England, 2014

### 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. Leicester's Chlamydia Screening Programme is part of the National Chlamydia Screening Programme, which provides opportunistic screening to sexually active young people aged 15-24 years. In 2014, there were 1,048 diagnoses of chlamydia in people aged 15-24 years in Leicester. This gives a diagnosis rate of 1,757 per 100,000 (of the 15-24 population) which is significantly lower than the national rate of 2,012 per 100,000 (of the 15-24 population).

Because of the chlamydia screening programme's 15-24 year old target group, we use the Leicester City Council Children's Services statistical peer group for comparative purposes. Leicester has a similar or lower rate of chlamydia diagnoses to all in this group, bar Hillingdon (1,369 per 100,000 equivalent population), where Leicester has a statistically significantly higher chlamydia diagnosis rate. 19.5% of 15-24 year olds were tested for chlamydia in Leicester in 2014, which is statistically significantly worse than the England rate of 24.3%. In Leicester, 9% tested positive for chlamydia, which is above the national average (8.3%).<sup>4</sup> It is worth noting that the percentage of 15-24 year olds screened, has fallen in the last two years.

### Genital Warts

Genital warts is the second most common STI in England. The highest rates are seen in women aged 16-19 years and men aged 20-24 years. In 2014, there were 312 acute diagnoses of genital warts in Leicester. This equates to a rate of 93.5 per 100,000 population, which is statistically significantly lower than the national average of 128.4 per 100,000 population. Since 2008, all 12-13 year old girls have been offered the human papilloma virus 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.

### Genital Herpes

The genital herpes rate in Leicester has fallen from  $\pm$  68.3 per 100,000 (2013) to 49.7 per 100,000 (2014), against an England rate of 57.8 per 100,000 (2014). This is a sharp fall is contrary to the national trend, so it is important to monitor it and ascertain reasons for this decline.

### Gonorrhoea

Gonorrhoea is becoming more difficult to treat, as it can easily develop resistance to antibiotics. In Leicester (2014), there were 194 diagnoses of gonorrhoea, which is a rate of 58.1 per 100,000 population and is similar to the national rate of 63.3 per 100,000 population. In Leicester, there has been a 23% reduction in the rate for gonorrhoea since 2012. Confirmatory testing was introduced in 2012, which may account for this fall.

### Syphilis

The number of syphilis diagnoses has risen significantly in recent years in the UK, but is still one of the least common STIs. The rate of syphilis diagnoses in Leicester (2014) was 5.1 per 100,000 population, which is similar to the national average of 7.8 per 100,000 population.

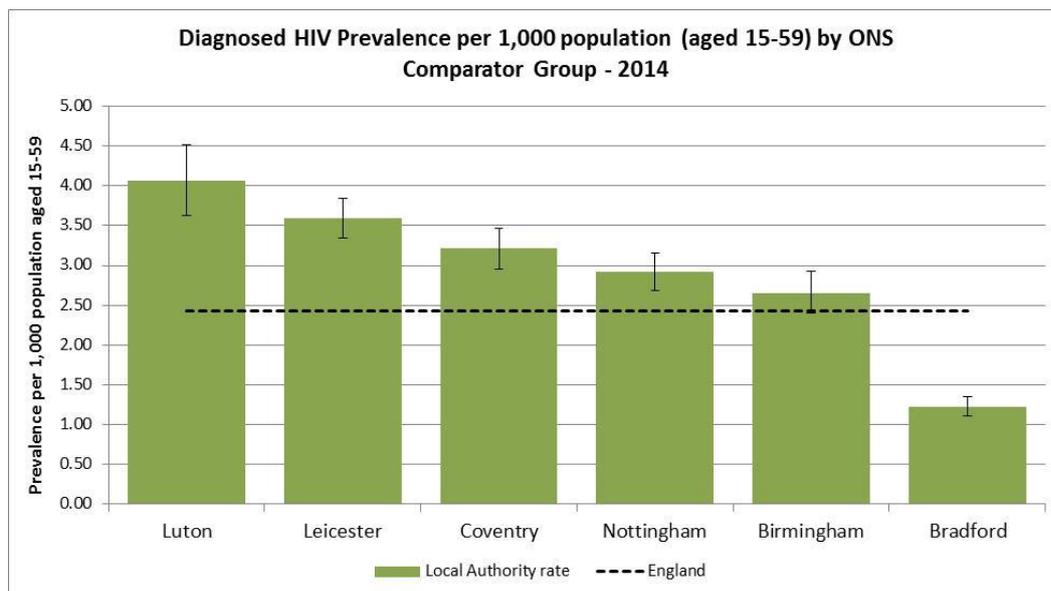
### Human Immunodeficiency Virus (HIV)

HIV infection is one of the fastest growing, serious health conditions in the UK. Over the last decade there have been many improvements in HIV treatments, leading to longer life expectancy for those infected with HIV. The overall HIV prevalence rate for England in 2014 was 2.4 per 1,000 population aged 15-59 years. Sentinel studies by Public Health England indicate that 24% of HIV positive people are unaware of their diagnosis. 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 MSM and people who have migrated from regions of the world where HIV is common, such as sub-Saharan Africa.

Leicester is considered a high HIV prevalent area, with a rate of 3.6 per 1,000 population aged 15-59 years, which is significantly higher than the national average of 2.4 per 1,000. Leicester is ranked 7<sup>th</sup> highest HIV area outside London, with only Brighton and Hove, Manchester and Salford being higher. As is evident in Figure 2, Leicester has the second highest rates in its ONS peer comparator group.

In 2014, there were 45 Leicester adult residents newly diagnosed with HIV. This is a rate of 16.7 per 100,000 of the population, against an England rate of 12.3 per 100,000 of the population.

Figure 2: Diagnosed HIV prevalence per 1,000 population by ONS comparator group, 2014



Source: Public Health England: Survey of Prevalent HIV Infections Diagnosed (SOPHID)

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.

The quality of the offer is also measured and this is known as HIV testing uptake, and captures the percentage of people taking a test when offered. Leicester is significantly better than England on HIV testing uptake. Further interrogation of these data show that women are offered the test less than men.

Table 1 shows both HIV testing uptake and HIV testing coverage indicators for men who have sex with men (MSM), men and women.

Table 1: HIV testing uptake and coverage indicators, 2014

Indicator	Period	England	East		
			Midlands	Leicester	
HIV testing uptake, total (%)	2014	77.5	83.7	87.6	
HIV testing uptake, MSM (%)	2014	94.5	96.1	98.4	
HIV testing uptake, women (%)	2014	71.5	81.5	82.4	
HIV testing uptake, men (%)	2014	84.8	86.2	93.7	
HIV testing coverage, total (%)	2014	68.9	72.5	56.6	
HIV testing coverage, MSM (%)	2014	87.2	86.2	86.6	
HIV testing coverage, women (%)	2014	61.9	68.0	46.7	
HIV testing coverage, men (%)	2014	78.0	77.8	72.7	
In comparison to England			Better	Similar	Worse

Source: Sexual and Reproductive Health Profiles, 2014

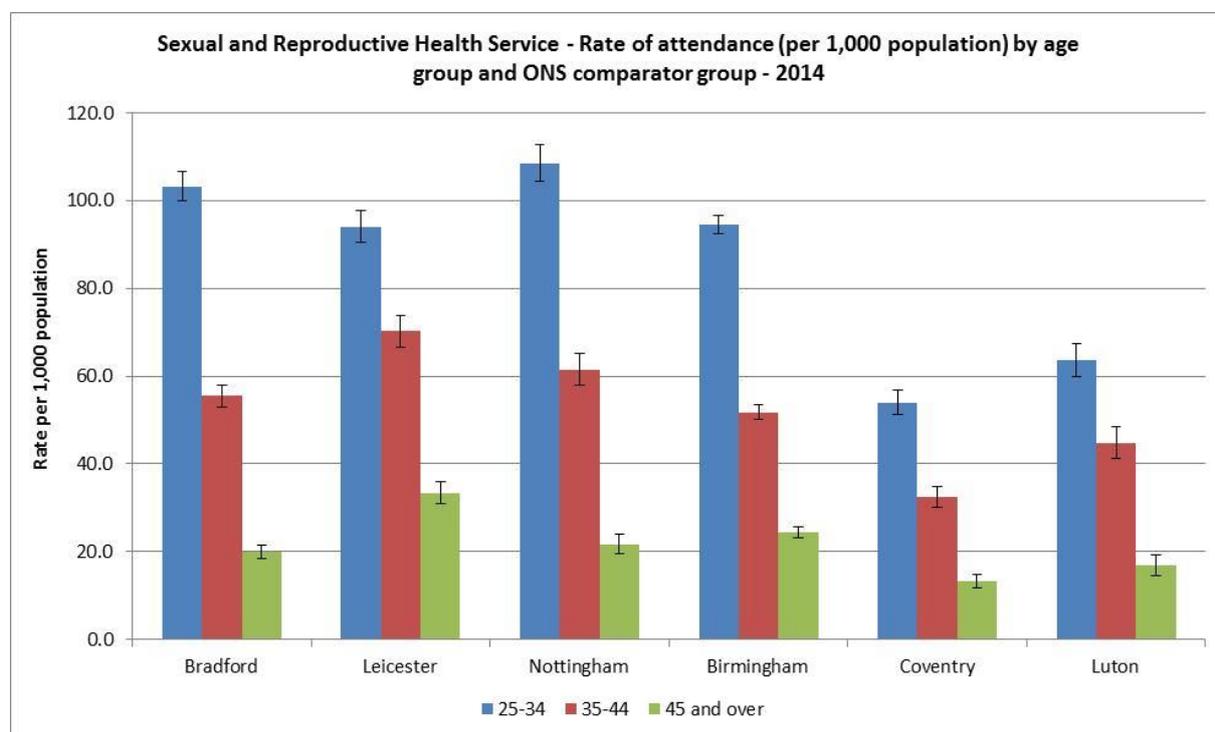
In 2014, 817 adult residents (aged 15 years and older) in Leicester received HIV-related care of which 330 were males and 490 were females. The two most common ethnicities receiving HIV care were Black African, comprising 61% of those in treatment and White accounting for another 18%. In regard to source of infection or exposure, 80% of infections were thought to have to been acquired through sex between men and women<sup>5</sup> and 12.7% probably through sex between men.<sup>6</sup>

Late 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 a higher percentage of people who are diagnosed late for HIV at 56% between 2012-2014, compared to England at 42%.<sup>7</sup>

### Contraception

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. In 2014, of those that attended SRHS nationally, 89% were women and 11% were men. Women aged 18-19 years were most likely to use a service, with 21.9% having at least one contact with a SRHS. Figure 3 shows that in Leicester the highest attendance rate is amongst the 25-34 year group (95 per 1,000 population) when compared with the 35-44 and 45-54 age group (70 and 34 per 1,000 population).

**Figure 3: Rate of attendance of SRHS per 1,000 population by age group in Leicester and ONS comparator group, 2014**



*Source: PHE – SHRAD (Sexual and Reproductive Health Activity Dataset), 2014*

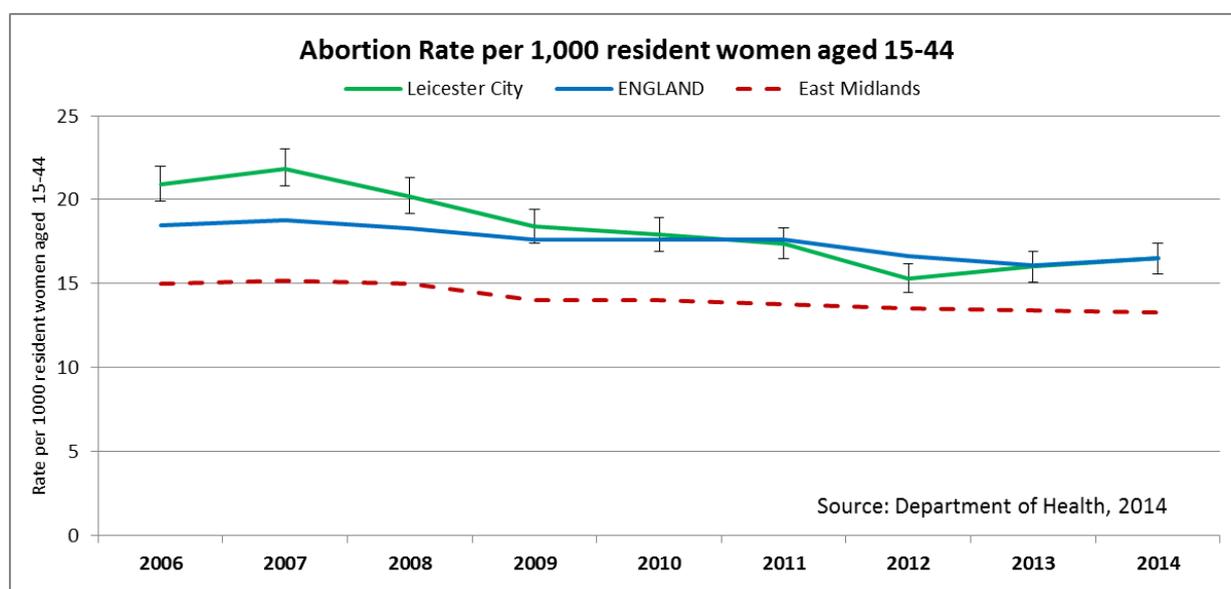
NICE guidance<sup>8</sup> recommends increased provision of Long Acting Reversible Contraception (LARC), as they are well tolerated by women and cost effective. Prescription data provides information on the use of these methods in general practice. Leicester has a very low rate of LARC use at 30.1 per 1,000,

compared to an English rate of 55.2 per 1,000. This rate has been falling since 2011. The reasons for this need to be explored. One explanation may be that GPs are purchasing the devices, as this would reduce the prescribing rate.

### Termination of Pregnancy

In 2014, the total abortion rate for Leicester was 16.5 per 1,000 female population aged 15-44 years and is in line with the rate for England. Among women aged 25 years and over who had an abortion in 2014, 43% had a previous abortion, compared to 46% for England. Figure 4 shows the trend in rate of abortions per 1,000 women aged 15-44, in Leicester and England. There has been a continual fall in the abortion rate in Leicester from 19.8 in 2006 to 16.5 in 2014, a total fall of 21%. This is almost double the fall in England (11%) from 18.5 in 2006 to 16.5 in 2014.

**Figure 4: Abortion rate per 1,000 women aged 15 to 44 in Leicester (2006-2014)**



*Source: Legal Abortions Department of Health (2006 – 2014)*

Current services in relation to need<sup>1</sup>

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

**Table 2: Commissioning Responsibilities for sexual health services**

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

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) is commissioned by the local authorities (Leicester City, Leicestershire County and Rutland County) and is provided by Staffordshire and Stoke on Trent NHS Partnership Trust (SSOTP). It commenced on the 1<sup>st</sup> January 2014 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:*

General Practice provides the majority of contraceptive provision for registered patients via additional services, within the General Medical Services (GMS) contract. All GPs in Leicester have signed-up to provide this service. 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

<sup>1</sup> Please note that there is more detail about services in the [Sexual Health Joint Specific Needs Assessment 2013](#).

olds only.

Pharmacy: Emergency hormonal contraception (EHC) and chlamydia screening is currently available free of charge to those under 25 years in 71 community pharmacies in Leicester. This is commissioned by Leicester City Council.

Termination of pregnancy services are commissioned by the Leicester City Clinical Commissioning Group (LCCCG). The services are provided by University Hospitals of Leicester NHS Trust for terminations up to 12 weeks gestation and by the British Pregnancy Advisory service (BPAS) for terminations between 13 and 24 weeks. BPAS service provision for procedures is located outside of Leicestershire and therefore women need to travel in order to gain access to the clinics.

Vasectomy services are commissioned by the LCCCG and currently provided in a variety of settings. LCCCG has procured a scalpel-less vasectomy service.

Sterilisation services are commissioned by the LCCCG and delivered locally.

HIV treatment and care is commissioned by NHS England 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 is commissioned by the local authority, although NHS England funds the costs for the drugs.

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 are commissioned by NHS England. Leicester has one prison and it has service provision by SSOTP, 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.

#### *Health Shops*

These health shops are enhanced school nurse sessions offering weekly scheduled and/or drop-in appointments, in participating secondary schools. The health shops operate flexibly, with opening times that are convenient to young people.

#### Sexual Health promotion and HIV prevention

This is commissioned by Leicester City Council and provides for specific 'at risk' groups as follows :

- People with HIV - Leicestershire AIDS Support Service (LASS)

- African heritage communities - Leicestershire AIDS Support Service (LASS)
- Men who have sex with men - TRADE
- Sex Workers – New Futures (until 31<sup>st</sup> March 2016)
- Young people’s work and RSE coordination - Staffordshire and Stoke on Trent NHS Partnership Trust

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### Projected services use and outcomes in 3-5 years and 5-10 years

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

Leicester is the 20th most deprived local authority in England, with almost half of the population living in areas of very high deprivation. It is also one of the most ethnically diverse cities in the country and has a relatively young population, with 45% of the local population being under 29 years of age. According to Census 2011 figures, Leicester had a 17% increase in its population between 2001 and 2011. Leicester’s population growth is expected to continue to rise by 5.2% by 2021<sup>9</sup>.

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:

- On-line provision of tests are becoming more popular and reliable. These may become the mode of choice for some young people.
- 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. The decisions about its funding and availability will be made in the next 12 months.

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## Unmet needs and service gaps

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### HIV testing, diagnosis and care

National evidence shows that significant numbers of HIV cases remain undiagnosed and access to HIV testing requires further improvement. The recommendations of the 'Halve It Campaign' and the NICE Guidance<sup>10 11</sup> on HIV testing for high prevalent areas should be reviewed.

### Chlamydia screening

Leicester should be working towards achieving the new chlamydia diagnosis rate of 2,300 per 100,000 (*Public Health Outcomes Framework* indicator).

### Termination of pregnancy services

If the gestation of pregnancy exceeds 12 weeks, patients are referred to BPAS, which provides the service outside Leicestershire. This may be an issue for some patients. The overall rate for termination of pregnancy in Leicester is low and the reasons for this need to be explored, to ensure that access to services in Leicester is not a barrier.

### Relationships and Sex Education

Natsal research<sup>12</sup> (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 prevent STIs and improve contraceptive uptake.

### 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
- Women's health services including, cervical screening , sexual health for antenatal women with STIs , menorrhagia care
- 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

## 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.

## Service user input

There is limited service user input into the development of services.

## Patient Consultation

The Leicester Health and Wellbeing Survey 2015, showed that there is a strong preference generally to use their GP or Practice Nurse for sexual health advice or treatment (including contraception and sexually transmitted infections). 64% of 16-34 year olds and 74% of 35-64 year olds said they would do so. Within the 16-19 age group 53% said they would use their GP or Practice Nurse. This is significantly higher than their willingness to use other services, such as Accident and Emergency, Integrated Sexual Health Services, Walk in Centre, The Internet, Chemist or Pharmacy, Family and Friends, for sexual advice or treatment.

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## Recommendations for consideration by commissioners

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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.

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## Key contacts

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<sup>1</sup> WHO | Sexual health [www.who.int/topics/sexual\\_health/en/](http://www.who.int/topics/sexual_health/en/)

<sup>2</sup> N. Field, C.H. Mercer, P. Sonnenberg, C. Tanton, S. Clifton, K.R. Mitchell, B. Erens, W. Macdowall, F. Wu, J. Datta, K.G. Jones, A. Stevens, P. Prah, A.J. Copas, A. Phelps, K. Wellings, A.M. Johnson (2013): Associations between health and sexual lifestyles in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), *Lancet*; 382: 1830–44

<sup>3</sup> K. Wellings, K.G. Jones, C.H. Mercer, C.Tanton, S. Clifton, J. Datta, A.J. Copas, B. Erens, L.J. Gibson, W. Macdowall, P. Sonnenberg, A. Phelps, A.M. Johnson (2013): The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3); *Lancet*; 382: 1807–16

<sup>4</sup> Chlamydia Testing Activity Dataset (CTAD data) 2014.

[https://www.hpawebervices.org.uk/HIV\\_STI\\_WebPortal/login.aspx](https://www.hpawebervices.org.uk/HIV_STI_WebPortal/login.aspx). Accessed 02 September 2015

<sup>5</sup> SOPHID data 2013: Public Health England

<sup>6</sup> SOPHID 2015

<sup>7</sup> Public Health England, 2014

<sup>8</sup> NICE Guidance [CG30] Long-acting reversible contraception (update) September 2014

<sup>9</sup> ONS Population Projections 2012

<sup>10</sup> NICE guidance PH34 Increasing the uptake of HIV testing among men who have sex with men March 2011

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<sup>11</sup> NICE Guidance PH33 Increasing the uptake of HIV testing among Black African in England March 2011

<sup>12</sup> Clare Tanton et al 'Patterns and trends in sources of information about sex among young people in Britain: evidence from three National Surveys of Sexual Attitudes and Lifestyles', *BMJ Open* 2015;5:e007834  
doi:10.1136/bmjopen-2015-007834 accessed 23<sup>rd</sup> April 2015