
Sexual health in Leicester

The need and key
recommendations

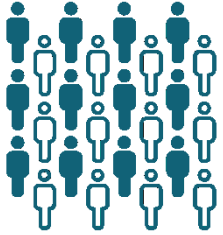
The core elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.



Department of Health

- Reduce inequalities and improve sexual health outcomes
- Build an open and honest culture where everyone is able to make informed and responsible choices about relationships and sex.
- Recognise that sexual ill health can affect all parts of society, often when it is least expected.

Ensuring access to appropriate sexual health information, interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk.



Many people with sexually transmitted infections (STIs) are unaware and may remain undiagnosed for many years. This increases the risk of onward transmission in the general population.



Unintended pregnancies, terminations and teenage conceptions can lead to many long term emotional, health and social consequences



Sexual dysfunction can affect self-esteem leading to relationship problems.

Commissioning sexual health services is the responsibility of three main commissioners.



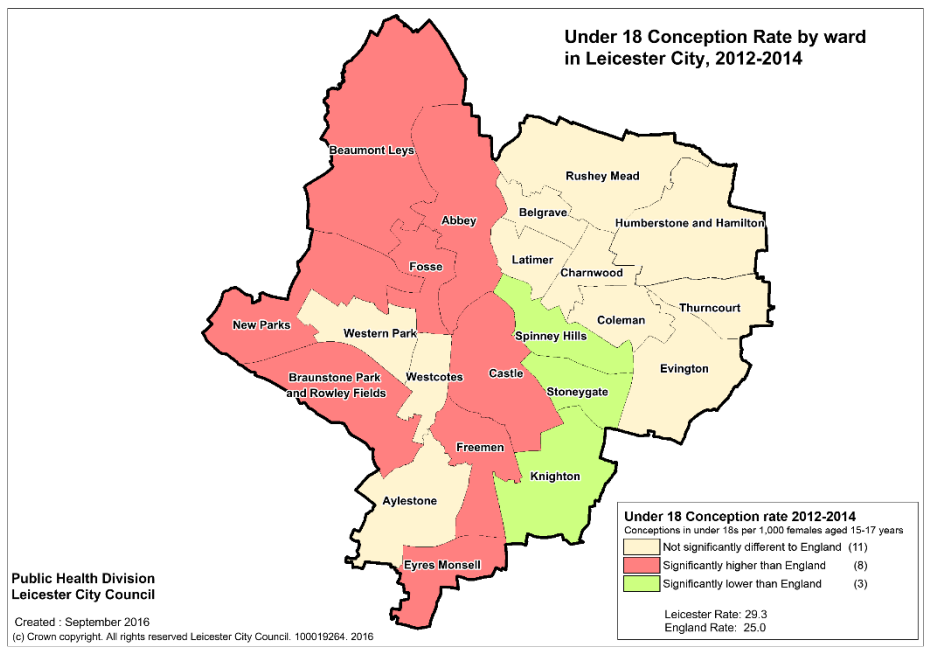
Comprehensive, open access sexual health services that include:

Contraceptive services
STI testing and treatment
HIV testing
Chlamydia screening
Counselling
Specialist services

Abortion services
Sterilisation
Vasectomy
Non-sexual health elements
Gynaecology.

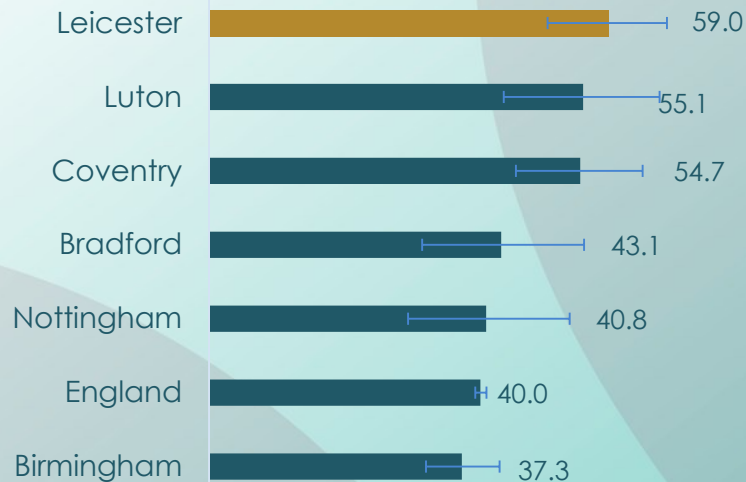
Contraception (GP led)
HIV treatment and care
Testing and treatment of STIs
Prison sexual health services
Sexual assault referral centres
Cervical screening.

Leicester's population include the young, ethnically diverse, and deprived. This demographic profile contributes to the high level of sexual health need.



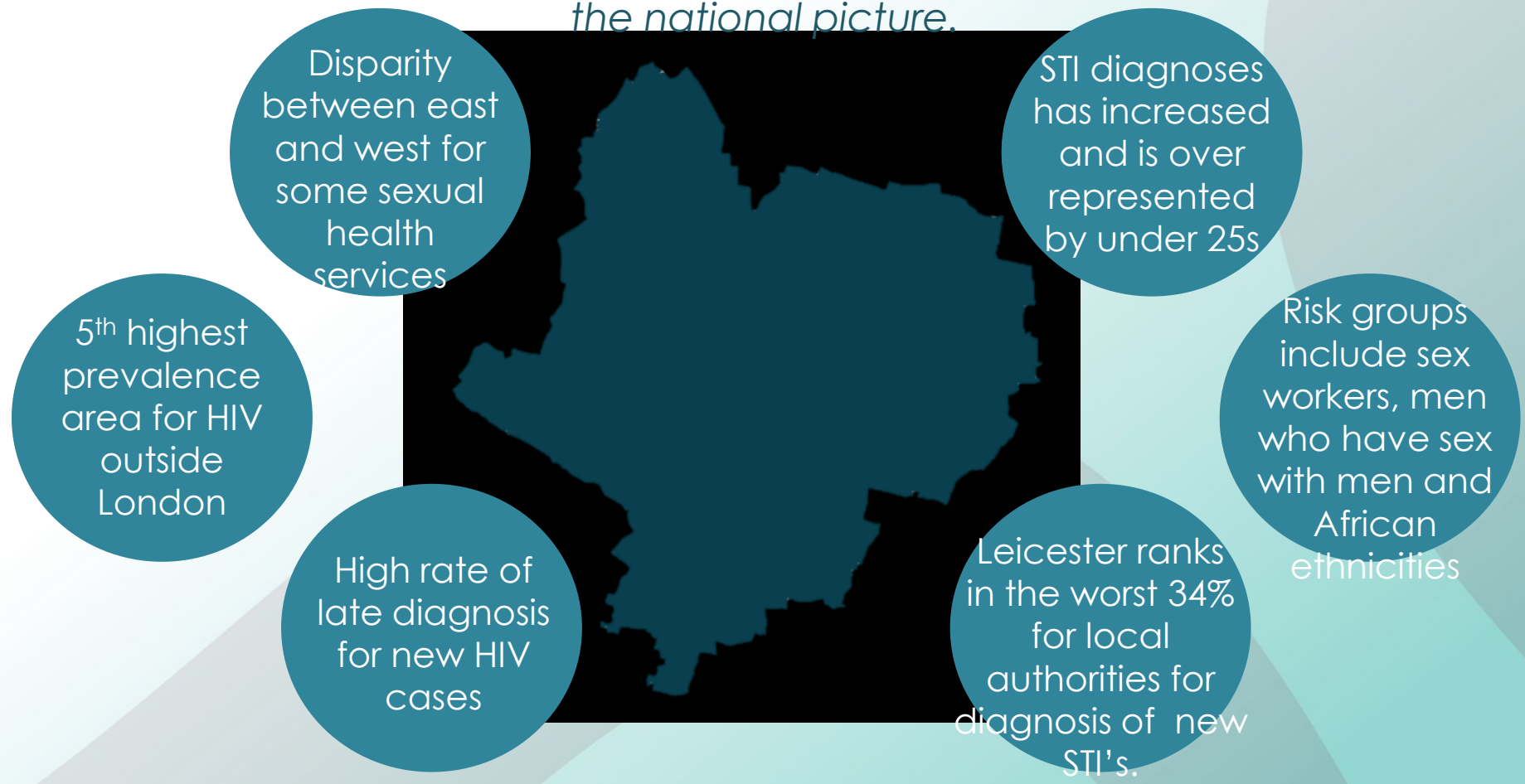
The Under 18 conception rate is significantly higher than England in many areas of the West and North West.

HIV late diagnosis by peer comparator

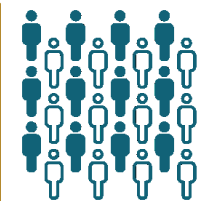


Leicester reports a significantly higher percentage of new HIV cases being diagnosed late compared to England.

Like many other urban areas, Leicester continues to be an area with significant sexual ill health as evidenced by high rates of acute STIs and HIV compared to the national picture.



The Leicester Sexual Health Needs Assessment makes a series of recommendations that consider the sexual health need for the Leicester population.



Commission sexual health services for people at high risk, specifically men who have sex with men (MSM), BME especially African Heritage, Sex workers and vulnerable young people.



Ensure that geographical differences in conceptions under 18 are taken into consideration when developing services.



Commission services to increase early testing and diagnoses of HIV. Implement an ongoing review of HIV testing which identifies gaps and opportunities for early diagnosis and prevention.

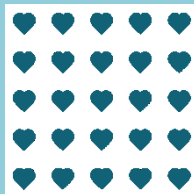
Summary recommendations should be considered by the three commissioners .



Investigate reason for fall in LARC in primary care and develop media campaign promoting this method of contraception.



Embed chlamydia screening in services such as Termination of Pregnancy (TOP), Gynaecology and midwifery.



Map Relationship and Sexual Education (RSE) provision against new recommendations to identify gaps in provision.

The needs assessment identifies recommendations for potential future sexual health issues and new developments in service delivery.



Emerging STIs such as Zika virus, Hepatitis A should be appropriately prevented, tested for and treated.



Develop a clear response to provision of PreP.



Internet developments, vending machines and other technological developments should be implemented .

The full set of recommendations and commissioners can be seen in the following table.

| No. | Recommendation | Leicester City Council | Clinical Commissioning Group | NHS England area team |
|-----|---|------------------------|------------------------------|-----------------------|
| 1. | Ensure commissioning of sexual health services for people identified as high risk, specifically MSM,BME especially African Heritage, Sex workers and vulnerable young people. | √ | | |
| 2. | Ensure that geographical differences in conceptions under 18 are taken into consideration when developing services. | √ | √ | |
| 3. | Commission services to increase early testing and diagnoses of HIV including annual report of all services to indicate trends or service need. | √ | √ | |
| 4. | There should be an ongoing review of HIV testing, new diagnoses to inform an annual report which identifies gaps and opportunities for early diagnosis and prevention. | √ | √ | |
| 5 | Continue to embed chlamydia, screening in services eg TOP, Gynaecology and midwifery | √ | √ | |
| 6. | Ensure TOP service compliant with National TOP service specification and delivers post TOP LARC and self referral service and tests for chlamydia and HIV. | | √ | |
| 7. | Map RSE provision against new recommendations to identify gaps in provision. | √ | | |
| 8 | Internet developments, vending machines and other technological developments should be implemented . | √ | | |
| 9.. | Investigate reason for fall in LARC in primary care and develop media campaign promoting this method of contraception. | √ | | |
| 10 | Develop clear pathway to mental health service for some psychosexual health patients. | | √ | |
| 11 | Emerging STIs such as Zika virus, Hepatitis A should be appropriately prevented, tested for and treated. | √ | | |
| 12. | Develop a clear response to provision to PREP. | √ | | √ |