

Health and Wellbeing Scrutiny Commission

23 August 2017

Title: **Sexual Health & HIV
prevention: service review**

Lead Director: Ruth Tennant



Useful information

Ward(s) affected: All Wards

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1. Introduction

The aim of this paper is to provide members of the Leicester Health and Wellbeing Scrutiny Commission with an overview of City Council's Sexual Health services and a summary analysis of local need for these services.

A spending review of these services is currently underway with proposals being considered by the Executive this summer. This will be brought back to Scrutiny later this year, following public consultation.

2. Background and context

Under the Health and Social Care Act 2012, upper tier local authorities assumed statutory responsibility for the provision of open access sexual health services.

The purpose of these services is to control infection, prevent outbreaks and to reduce unwanted pregnancies. These services have to be open access: this means that someone from Leicester can use a service anywhere in the country, paid for by the city council or equally our local service can be used by a non-Leicester resident with their own local authority paying for the costs of their treatment.

Local authorities are responsible for commissioning the following;

Contraceptive services including;

- Provision of long acting reversible contraception (LARC).
- Emergency hormonal contraception (EHC) (free for women under 25) from community pharmacies
- Condoms including the C card scheme

Sexually transmitted infection (STI) testing and treatment services, including chlamydia screening

HIV prevention & testing (although HIV treatment is the responsibility of NHS England)

Specialist Services including;

- Young people's services and support for RSE in schools & colleges
- Teenage pregnancy services
- Education and training of the wider workforce

- Co-ordination of relationships and sex education (RSE) in secondary schools and colleges

3. Sexual Health Needs in Leicester

Leicester, like many young urban areas, has relatively high rates of acute sexually transmitted infections (STIs), a high rate of HIV diagnoses and a rate of under 18 conceptions above the national average¹.

Good sexual health is not evenly distributed in society with some groups more likely to experience poor sexual health. There is a relationship between sexual ill health, poverty, social exclusion as well as a disproportionate burden of HIV infection amongst gay and bisexual men and some Black and Minority Ethnic (BME) groups. Many of these factors contribute to the high level of sexual health need in Leicester including deprivation and social inequality along with a relatively young and ethnically diverse population.

Many people with STIs, which includes HIV, are unaware that they have the infection and may remain undiagnosed for many years. This not only impacts on their own health and wellbeing, but increases the risk of onward transmission to others. Unplanned pregnancy, termination of pregnancy and teenage conception can have long term emotional, health and social consequences for the individual and their family and a societal cost.

A detailed needs assessment of sexual health need in the city has been carried out so that we can assess whether changes need to be made to better meet this need. This uses local data collected by our services which is then collated nationally, allowing us to compare the picture in Leicester with national rates. The needs assessment is available on request but the key findings of this are:

Teenage pregnancy

Leicester has a higher than average rate of under 18 conceptions. The rate locally has fallen in the last 15 years by some 50%. A partnership strategy has been implemented in Leicester over the last 10 years to support the reduction in under 18 conceptions. This has included an increased effort in improving education in schools along with information on access to contraception and sexual health services

There were 153 conceptions in 15-17 year olds in Leicester in 2015 a rate of 26.2 per 1000. This is a fall of 59.4 % since the data collection started in 1998 when there were 365 conceptions (a rate of 64.6 per 1000). In 2015 there was a small rise in the rate and in the previous two years a slowing in the rate of reduction. This is being closely monitored.

Reducing rates of teenage pregnancy in the city are likely to be due to a range of factors but access to appropriate relationship and sex education and increased knowledge of, and access to, appropriate contraception services are key to maintaining the reductions that have been seen since the late 1990s.

Access to contraception

¹ Source: *Public Health England, Sexual and Reproductive Health Profiles, 2016*

The number of women using the most effective forms of contraception (LARC methods which have the best success rates as they are not dependent on people remembering to use them) is a key measure of the effectiveness of local service: areas with high LARC rates also tend to have lower rates of unwanted pregnancy and lower teenage pregnancy rates. The overall rate of provision in Leicester is low at 32 per 1000 women aged 15-44 compared to 53 per 1000 women aged 15-44 nationally. The number of GPs offering this service has also been falling as a result of other pressures on primary care and a lack of trained GP to take this work on. Tackling this locally needs to continue to be an important priority.

Sexually transmitted infections

Sexually transmitted infections include chlamydia, genital warts, syphilis and gonorrhoea. Syphilis and gonorrhoea are serious infections that if left undiagnosed can cause multiple organ problems. Nationally and locally we have seen a rise in both of these infections and this is also the picture in Leicester.

Chlamydia is the most common STI particularly among the 15-24 age group.

The local chlamydia screening programme is part of the national screening programme and provides opportunistic screening for sexually active young people (age 15 – 24). It is delivered in a variety of settings across the city including further education colleges and universities.

In 2015 21.6% of young people aged between 15 and 24 were screened slightly lower than the national average of 22.5%. The most recently reported diagnosis rate in Leicester is 2190 per 100,000 (higher than the national average rate of 1887 per 100,000) Leicester is ranked 54 out of 326 local authorities with 1 being the highest.

The rate of new diagnoses of STIs (excluding Chlamydia) in Leicester is 881.4 per 100,000 (2976 infections) compared to 767.6 per 100,000 in England. This ranks Leicester 112 out of 326 local authorities, with rank 1 being the worst, for diagnosis of new STIs.

HIV

Leicester is the 5th highest prevalent area for HIV outside London. In 2016 832 people living in Leicester had an HIV diagnosis, this is a rate of 3.82 per 1000 people and is a rise compared to 2012 when there were 757 people living with HIV in Leicester; a rate of 3.6 per 1000. This is nationally defined as a high prevalence area. In Leicester 80% of people acquired their HIV heterosexually: most of these cases will have been acquired abroad by people who previously lived in countries where HIV is very common. 61% of people living with HIV in Leicester are of black African ethnicity and 12.7% are men who have sex with men (MSM). Although the total number of HIV cases has risen, the number of newly diagnosed cases per year has begun to slow.

It is important that individuals who become infected with HIV know their diagnosis as soon as possible to allow early access to treatment. . Early treatment is very effective and extends the individuals life. It is also effective in reducing the likelihood of transmission to others.

4. The city's sexual health services

The city council is responsible for a number of sexual health services designed to meet this need. The total cost of these services is currently £4.1 million and the service has a savings target of £800k by 2019/20. These services are due to be recommissioned later this year:

Integrated Sexual Health Services

This service provides all types of contraception and sexually transmitted infection (STI) testing and treatment. It also includes services for young people under 25 including chlamydia screening programme and the C card (condom provision scheme). The service is provided at two hubs (St Peters Health Centre and Loughborough) and spokes (where there is a lower level of service provision) around Leicester and Leicestershire. The young people's services are provided in FE colleges, the universities and community settings.

Last year, there were 40,000 attendances at the services by Leicester residents, 15,000 for STI testing/ treatment appointments, 15,200 for contraception appointments. The balance was for other sexual health related services.

As well as providing contraception and STI testing and treatment, the service also provides training for a wide range of staff ranging from clinical staff such as school nursing, to teachers and schools who need a basic level of training to carry out Relationship and Sex Education in schools and colleges. In 2016 the service worked with 10 secondary schools and 2 FE colleges.

The service also carries out outreach work with particularly high risk groups including sex workers.

The contract for these services is provided by Staffordshire and Stoke on Trent NHS Partnership Trust (SSOTP) and is a joint contract with was tendered jointly with Leicestershire and Rutland County Councils.

Contraception in GPs and pharmacists.

The local authority also pays for some sexual health services provided by GPs and pharmacists:

- Provision of Long Acting Reversible Contraception (LARC) from GPs. These forms of contraception are highly effective and are offered at some GP practices in the city. 800 women use this service, which provides an alternative venue to the main integrated sexual health service, each year.
- Provision of Emergency Hormonal Contraception (EHC) ('Morning after pill') free to women under the age of 25 years. This is available from pharmacies across Leicester. There were 2390 'morning after pill' consultations in 2016.

Voluntary sector services

Although the main integrated sexual health services provides a good level of coverage within the city, there are also a number of services paid for by the City Council which are provided by the voluntary sector. This specifically supports groups who may not access the main service and where the information in our local needs assessment shows a need for more targeted work. These services – which are due to be reviewed later this year – are provided

by LASS (support for people living with HIV and also people of African heritage) and TRADE (sexual health promotion, outreach and HIV testing for men who have sex with men).

5. Progress and issues

A review of our local sexual health services has shown the following:

- The main integrated sexual health service is heavily used and there is high demand for this service. The service offers a mix of on-line booked appointments and walk-in sessions and there have been high waiting times for some services. St Peters Health Centre, where the service is currently based is a high rental cost facility. There have also been some complaints from staff and residents about the location specifically about parking and perceptions of safety at night.
- There are reducing numbers of GPs and nurses willing and able to provide LARC contraception services in practices although this service is valued by patients. We are working closely with GPs to ensure that there is sufficient provision in the community and that there is an ongoing training programme for GPs and practice nurses to provide this.
- There have been some changes in the demographics of people who are newly diagnosed with HIV or other STIs and we will need to review these services to ensure that their focus remains on this prevention work.

6. Proposals for the future

Sexual health services across the country are embracing new technologies, this includes texting results to people, residents taking tests themselves at home, posting them to a lab and receiving results by text, the use of vending machines for repeat services such as collection of condoms. It is proposed that all of these methods and an increase in online booking facilities are incorporated into the procurement of the services from 2019. This will be subject to public consultation starting in September 2017.

Proposals for achieving savings within sexual health services are under development but will focus on a number of key areas:

- Greater use of digital services requiring less face-to-face time
- Moving to more cost effective accommodation, subject to an appropriate city centre location being identified.
- Reviewing voluntary sector service to ensure that they are value for money and provided to the population most at need of sexual health promotion and HIV prevention.

Work is underway to re-procure the main integrated sexual health services with Leicestershire County Council and Rutland County Council. As part of this process we will be undertaking public consultation this will include gathering views on greater availability of digital and online services. This is due to start in Autumn this year, after final proposals have been agreed with the Executive.

Financial implications

The services in this paper are currently part of a spending review with a savings target of £800k. Detailed proposals and the associated financial implications will form part of proposals to be submitted to the Executive.

Legal implications

The re-procurement of the ISHS should be in accordance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015. Similar to the existing ISHS arrangement, this has been delivered whereby a joint procurement process had been undertaken but separate service contracts entered into by respective authorities which allows for greater autonomy whilst seeking to achieve scales of economy. Any collaborative task involving a joint procurement with other external bodies will require a Collaborative Agreement. Legal and Procurement to be engaged to assist with this.

A consultation exercise will need to be undertaken because there is a reduction in funding and remodelling leading to reduction in service provision and there is a potential impact on service users. Detailed legal advice should be sought on the specific remit of the consultation and the specific consultation materials however in summary:

The client department must ensure that the consultation process is meaningful, fair and proportionate to the potential impact of the proposal. The result of any consultation must be taken in to consideration in the decision making process in a transparent way and with the responses being detailed within the report before a decision is taken.

In respect of any savings to be realised under existing contracts, this should be done in consultation with the Contract Manager with input from Legal were required. Any amends to existing Contract may require consultation under the ISHS partnership agreement.

In respect of accommodation savings this will also need to form part of the delivery model and further legal and commercial advice will be provided once the options are crystallised. TUPE and Property advice may need to be sought.

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Climate Change and Carbon Reduction implications

No Climate Change Implications

Equalities Implications

Sexual health is an important and wide-ranging area of public health, having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk.

The council's Public Sector Equality Duty (PSED) as set out in the Equality Act 2010 requires decision makers to be aware of and take account of the impact of its proposals on those likely to be affected.

The introduction of self-management facilities which provides some services more efficiently will have a positive impact for service users from across all protected characteristics.

The consultation process needs to be meaningful, fair and proportionate to the potential impact of the proposal.

An Equality Impact Assessment of this proposal is being undertaken and will be presented as part of proposals to be submitted to the Executive.

Surinder Singh

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