



Leicester
City Council

Health and Wellbeing Scrutiny

Community Integrated Sexual Health Promotion Services

Lead director: Ruth Tennant

Useful information

- Ward(s) affected: All
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1. Purpose of report

This paper outlines planned changes to local sexual health promotion services in response to changing local needs. These changes are subject to public consultation. The Health and Wellbeing Scrutiny Commission is asked to:

- Note the proposed changes
- Agree to receive the results of public consultation on the proposed model and its changes at a future meeting.

2. Summary

- Leicester City Council's (LCC) Division of Public Health commissions local services to provide community sexual health promotion and HIV prevention. Contracts will expire on 31st March 2019.
- A review of sexual health needs in the city has been used to identify changes that need to be made to these services so that they meet changing sexual health in the city. The new model will focus on the provision of sexual health promotion to the most at-risk groups in Leicester.

3. Background Information

Context of review

This paper presents the proposed model for Sexual Health and HIV prevention.

The council has a mandated responsibility to provide sexual health to anyone that presents regardless of their area of residence. (This is referred to as open-access). These services detect and treat Sexually Transmitted Infections (STIs) and provide contraception. Alongside the city's Integrated Sexual Health Service (ISHS), Leicester City Council funds specific services aimed at preventing STIs and HIV in high-risk groups.

The changing face of HIV, which can now be very effectively controlled allowing people to live normal lives once on treatment, and the changing profile of STIs means that we need to review whether the services we currently provide are fit for purpose. This review has considered the current and emerging needs in the City to ensure we commission services that meet the needs of the highest risk groups in the city.

Current community based sexual health promotion and HIV prevention is targeted at three groups where rates of STIs and/ or HIV are highest: Men who have sex with men, people with HIV and people of African heritage. These contracts are due to expire on 31st March 2019.

Target Group	Provider
People with HIV and their families	Leicestershire Aids Support Service (LASS)
Men who have Sex with Men (MSM)	Trade Sexual Health
People of African Heritage	LASS

What are the current Sexual Health Promotion and HIV Prevention services intended to provide?

LASS and TRADE are currently commissioned to provide the following:

- Outreach Health Promotion, this is in LGBT social venues, churches, sports groups specific events e.g. Caribbean carnival and PRIDE
- Relationships and Sex Education Support to secondary schools
- Safer sex kit distribution
- Point-of-care (POCT) HIV testing- these finger prick tests provide results within half an hour and can be provided by trained volunteers
- Training about how to prevent HIV and STIs e.g. for nurses and youth workers
- Counselling- with individuals with sexual health behaviour issues
- Referral and signposting to sexual health and contraceptive services

The services are intended to work closely with the main Integrated Sexual Health Services (ISHS) so that anyone who needs testing or treatment for an STI or requires follow-up after an HIV test is seen rapidly by the main service.

Sexual Health Needs in Leicester

Leicester has a number of specific sexual health needs, these include:

- A high HIV prevalence rate (3.9 per 1,000 compared to 2.3 per 1000 across England 2017) this is a total of 882 Leicester residents.
- High rates of STI diagnosis among specific ethnic groups.
- A rise in syphilis and gonorrhoea rates although currently less than the England average

Analysis of the diagnosis and trend data suggests that locally our sexual health promotion services should now prioritise the following groups:

- Men who have sex with men
- People of African heritage (this includes people who identify as Caribbean) and mixed heritage people
- 16-24 year olds
- European migrants and new entrants

Men who have sex with men appear disproportionately in STI data both locally and nationally. Work required with this group includes information on safer sexual practices, easy access to condoms, HIV testing and information about Pre exposure Prophylaxis (PreP) (prescribed medication given prior to sex to prevent HIV transmission), and risk reduction work about Chem sex (this is when individuals take drugs to enhance sex, this can increase the risk of STIs and viruses such as hepatitis)

Black African, black Caribbean and mixed ethnicity individuals are disproportionately affected by HIV in different ways. Activities that promote condom use and address stigma and discrimination should be supported in all these groups, but the primary

focus of health promotion activities should differ. In the black African community, the priority should be to increase HIV testing. HIV prevalence is highest among black African women, and rates of late diagnosis are highest among black African men. Good engagement and connections to Leicester's diverse communities will be an important part of the new service to understand these needs better and to target support appropriately.

Young people under 25 are over represented in STI data as they are most likely to contract the common STIs e.g. genital warts and chlamydia. Relationships and sex education (RSE) work with FE colleges is not currently provided and is important to ensure that this age group are aware of consent, healthy sexual relationships, and where and how to access services. RSE can also contribute to discussions about stigma related to sexuality and HIV.

There is some local evidence that new entrants do not know how to access services and are not aware of what is available. In addition, some people classified with a late diagnosis of HIV have in fact been previously diagnosed abroad. Specific strategies to address this will include work with these individuals and communities and with practitioners to identify people with clinical signs associated with HIV.

What is no longer required

The treatment for HIV is now so effective that most people are well and do not need a high level of support specifically for their HIV. In addition, 'Treatment as Prevention' (TasP) means that HIV+ people on treatment with a low number of virus particles (viral load) are unlikely to transmit HIV. This means that those on effective treatment are unlikely to transmit HIV during unprotected sexual intercourse. This reduces the need for such a volume of sexual health promotion support for HIV positive people.

What should we be providing?

A key local objective will be to ensure that Leicester rates of STIs remain lower than the national average, and to halt and reverse the rise in syphilis and gonorrhoea that we are seeing at a national and local level. To achieve this, we need to continue to target those groups who are disproportionately represented in the data.

The role of community sexual health promotion services is to reach these priority groups with effective sexual health messages and, where appropriate, make services easier to access for people who are not using them at the moment. This will include supporting schools and FE colleges with expertise to provide RSE.

It will also enable more HIV testing amongst groups that have not previously engaged with this service, ensure that information and advice is correctly developed and bespoke to various ages and communities.

The development of more online testing and self-managed care will support these communities in accessing services in a different way. The Community Integrated Sexual Health Promotion Services will promote these messages to the priority communities.

4. Recommendations for a new model

It is recommended that the following is commissioned:

Community based sexual health promotion work with the following priority groups :

- Men who have sex with men
- People of Black African and mixed heritage
- 16-24 year olds including Relationship and Sex Education in FE colleges
- European migrants and new entrants

These services should provide :

- Increased uptake of HIV and STI testing in communities including use of self-managed care
- Promotion of sexual health services and sexual health promotion messages to these communities via outreach and social media
- Provision of Community based 'point of care' testing (i.e. HIV testing) under the clinical governance of the ISHS. This will include brief intervention where by individual are given quick lifestyle and behaviour change advice and guidance.
- Training for professionals (such as practice nurses and youth workers) and others about sexual health in collaboration with the ISHS
- Work with these communities to reduce stigma associated with sexual health , HIV and sexuality

It is envisioned that this would be done by providing outreach into communities for example work in Male saunas, LGBT pubs and clubs and faith venues, presence at community events and focus groups, surveys and questionnaires with communities,

HIV positive people and especially those lost to follow up

All people with HIV visit the Clinical HIV service for treatment. There will be increased work with this service to ensure that there is good sexual health promotion with all HIV positive people and they are aware of how to access local services easily.

Consultation

Consultation on proposed changes is currently underway running from the 17th September and closing on the 31st October. The consultation is being promoted via local voluntary sector organisations, Citizens space and the Sexual health services.

These services will then be procured in accordance with procurement contract rules.