

Health Needs Assessment: Sexual Health in Leicester

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Background

Under the terms of the Public Health Grant, the local authority public health team is required to commission an open access, integrated sexual health service (ISHS) which provides:

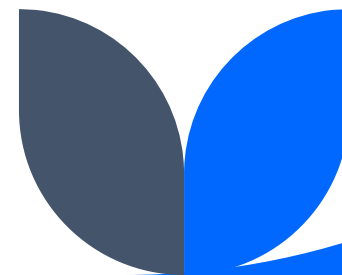
- STI testing and treatment
- Complex and non-complex contraception
- Psychosexual Counselling
- SRE in education institutions
- Outreach function with key communities
- HIV Pre-exposure prophylaxis (PrEP)

Table 1: Commissioning Responsibilities

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

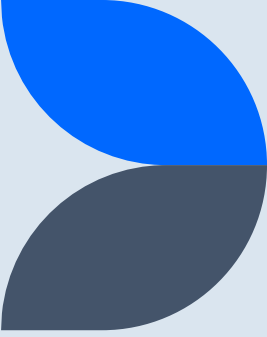
What is a health needs assessment?

- A systematic approach to reviewing the specific health needs of a population and whether or not they are met
- Can be condition specific (e.g. diabetes, CVD), population specific (e.g. care-leavers, older people) or service-based (e.g. sexual health service)
- Can be epidemiological, corporate or comparative (though generally a mixture of all three methods)



Why a health needs assessment?

- Last one was 2016
- Lots of changes to service and functions since then
- A pandemic!
- Re-commissioning the new service, to start April 2024



Methods

- Built on previous HNA, looking at info and recommendations and working out what has changed
- Epi element came from SH and population data sources including OHID, Splash, UKHSA, ONS, Fingertips. Also local data provided by the ISHS, UHL and other partners
- Also consulted providers and local experts for info on services, perceived gaps, local need
- Simultaneously running a public consultation exercise for the reprocurement which added valuable context to info in HNA

Findings- STIs

- ★ Leicester is ranked 58th highest of 154 upper tier local authorities (UTLAs) for new STI diagnoses (excluding chlamydia among 15-24 years) in 2023 with a rate of 461 per 100,000 residents aged between 15 and 64, significantly better than the rate of 520 per 100,000 in England. ★
- 61% of all new STI diagnoses in Leicester are in young people (15-24) which is higher than the national average in this group
- Chlamydia is still the most commonly diagnosed STI, however, the abrupt national increase in rates of gonorrhoea is a concern. Rates in Leicester hardly fell in contrast to other STIs over 2020/21

Area ▲▼	Recent Trend	Neighbour Rank ▲▼	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	➔	-	296,888	520		518	522
Neighbours average	➔	-	-	-		-	-
Brent	➔	6	4,462	1,308		1,270	1,347
Manchester	➔	13	6,412	1,127		1,099	1,155
Ealing	➔	15	3,669	992		960	1,024
Nottingham	➔	1	2,382	725		696	755
Hounslow	➔	11	2,050	706		675	737
Enfield	➔	12	2,194	670		643	699
Barking and Dagenham	➔	7	1,339	609		576	642
Luton	➔	2	1,190	524		495	555
Wolverhampton	➔	8	1,397	522		495	550
Derby	➔	9	1,373	521		494	549
Coventry	➔	3	1,850	520		497	545
Hillingdon	➔	14	1,544	497		472	522
Sandwell	➔	5	1,630	474		451	497
Birmingham	➔	4	5,420	468		456	481
Leicester	➔	-	1,721	461		439	483
Slough	➔	10	692	435		403	468

New STI Diagnoses (excl chlamydia) per 100,000 population for Leicester and statistical neighbours for comparison.

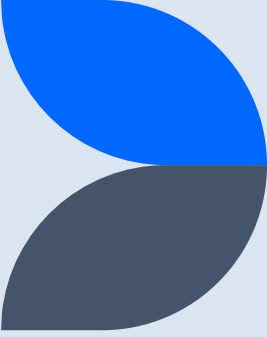
Findings- HIV



- Leicester is considered a high prevalence area for HIV, with a rate of 2.8 per 1000 (age 15-59), which is the highest in the CIPFA neighbours group and significantly above the England average of 1.7



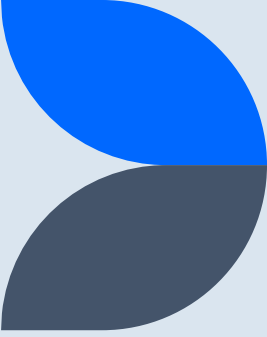
- Leicester City is the 5th highest prevalence area outside London
- Testing coverage indicators are generally good, reflecting the work being done in the communities and by the hospital
- However, there are comparatively higher numbers of late diagnoses in Leicester than the England average
- Leicester City also has lower than average repeat testing rates in gay, bisexual and men who have sex with men (GBMSM)



Findings- Contraception

- Long-acting reversible contraception (LARC) methods are recommended by the NHS and NICE
- Rates of uptake of LARC in Leicester are lower than the national average and there is considerable variation between communities
- There has been a year-on-year decrease of prescribing and spending on contraception in general practice (this pre-dates the pandemic)
- Post-natal contraception provision needs improving

Findings- termination of pregnancy(TOP)



- Provision has changed since the last HNA
 - There is now a BPAS centre in the city
 - The service at UHL is now open to self-referral as well as clinician-referral and provides a range of post-termination contraceptive options
- ★ The rate of TOP in Leicester is 20.4 per 1,000 female population aged 15-44 years, significantly higher than the England rate of 19.2 and an increase on previous years
- The increasing TOP rate is an area of focus nationally and locally for the health system.

Findings- Teenage pregnancy

- The under 18 conception rate in the city has reduced significantly over the last twenty years, falling a massive 80% between 1999 and 2020.
- The rate in 2020 was 11.4 per 1,000 15-17 year olds, which is similar to the national average.
- Although the overall Leicester rate is similar to the national average, there is significant variation across the city, with the more deprived wards in the south and west of the city having significantly higher teenage conception rates than the national average.

Vulnerable communities and outreach

Leicester has some demographic challenges for planning a sexual health service including:

- A younger than average population (i.e. the group that use services the most)
- Areas of severe deprivation (correlated with poor sexual health outcomes)
- Diversity; people from different backgrounds, cultures and ethnicities have different needs in order to make services acceptable and accessible

Vulnerable communities and outreach continued

There are also specific groups whose needs much be taken into account including:

- Young people (especially including those with special educational needs)
- Gay, bisexual and men who have sex with men (GBMSM)
- Commercial sex workers
- Newly arrived to the city including refugees and asylum seekers
- University Students

Recommendations

There is a table of recommendations in the final document with around 30 or so detailed recommendations for the various commissioners, and around 12 pulled out in the exec summary. Overall themes:

- Access- people want and need a range of access methods including online, telephone and face to face appointments plus a mixture of pre-booked and sit and wait. Also a single point of access for LARC appointments

Recommendations

- Service-user led services: the aim is for an open access ISHS and community sexual health services that work for everyone. This includes specific outreach for communities in need and working with communities to co-design services in a way that works for them
- Better integration across the system: The commissioning landscape is fragmented however the formation of the ICS and the move of some commissioning responsibilities represents an opportunity to have better integration across the system

Challenges

- Financial
 - Staffing- there is a shortage of skilled, trained clinicians working in CSRH as older cohorts retire but smaller numbers of training numbers are released, plus GUM has fewer trainees too
 - Changes to ways of working (also an opportunity): covid forced unprecedented change which has continued (remote and telemedicine)
 - Rising rates of gonorrhoea and syphilis ?emerging infections
 - Rising rates of abortions in over 25s
- Challenging targets in HIV action plan

Questions

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