

Leicestershire and Rutland Sexual Health Needs Assessment

Executive Summary

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Executive Summary

1. Introduction

The sexual health needs of the population are evolving. Over the past few decades there have been significant changes in relationships, and how people live their lives including personal attitudes and beliefs, social norms, peer pressure, confidence and self-esteem, misuse of drugs and alcohol, coercion and abuse.

Although sexual relationships are essentially private matters, good sexual health is important to individuals and to society. WHO, 2002 defines sexual health as;

‘... a state of physical, emotional, mental and social well-being in relation to sexuality.’ (Page 5, WHO, 2002)¹

Sexual ill health can affect all parts of society – often when it is least expected. Investment in sexual health not only improves the overall health of the population, it is also cost effective. The consequences of poor sexual health cost the NHS an estimated £193m in unintended pregnancies in 2010 and approximately £630m in HIV treatment and care in 2012/13. Evidence also suggests that;

- For every one pound invested in contraception saves £11.09 in averted negative outcomes
- An increase in long acting reversible contraception (LARC) usage could save £102 million and
- Increasing HIV testing among Men who have sex with Men (MSM) and black Africans in England would prevent 3,500 cases of HIV transmission within five years and save £18million in treatment costs per year^{2, 3}.

There have been unprecedented changes to the sexual health system since the implementation of the Health and Social Care Act 2012. This has created fragmentation across the sexual health system with three main commissioners (local authorities, Clinical Commissioning Groups (CCGs) and NHS England.) National guidance suggests the need to take a patient-centred, systematic approach to sexual health commissioning around patient pathways. With key commissioners facing financial pressures, there is a need to develop strong collaborative approaches across commissioning organisations to ‘pull the system back together’ and ensure seamless, high quality, evidence based services are available to the local population.

2. Methodology

This Leicestershire and Rutland sexual health needs assessment triangulates national and local policy with quantitative and qualitative data to understand the needs, demands and supply of sexual health services across Leicestershire and

Rutland. The needs assessment has been split into chapters to ease navigation through the document. These are

- Demography
- High risk groups
- Sexually transmitted infections (STIs)
- HIV
- Sexual and reproductive health
- Sexual violence
- Engagement
- Conclusion
- Recommendations

The results will be used to inform the future direction for sexual health commissioning across Leicestershire and Rutland.

3. Demography of Leicestershire and Rutland

- Leicestershire and Rutland (LCR) have older populations than the England average. They are expected to increase 9.5% and 6.8% by 2028 respectively, with greatest increases seen in people aged over 75years and internal migrants.⁴
- The main ethnic group across LCR is White with 91% in Leicestershire and 97% in Rutland.⁵
- Nationally 1.6% of the population define themselves as gay, lesbian or bisexual, this equates to over 10,000 people in Leicestershire and 600 in Rutland. Men are twice as likely as women to declare themselves gay or bisexual.⁶
- Overall Leicestershire and Rutland are very affluent counties with over half of the population living in both Oadby and Wigston borough and Rutland living in the least deprived 20% of areas in the country. However there are still pockets of severe deprivation, in particular areas of Charnwood and North West Leicestershire.⁷

Implications for sexual health services

- Evidence shows that sexual health needs are greatest in young adults and often reduce with age. LCR has an aging population, meaning there may be less need for contraception than the England average. However there have been significant increases in numbers of over 45's presenting with STIs across LCR (59% increase between 2010-2014⁸). With the advances in treatment, HIV has become more of a long term condition with many people living with HIV into older age. Therefore the sexual health needs across the life course must be considered including those of the older population which may entail increased demand in psychosexual, HIV treatment and HIV social care services. Services also need to

be equitable to meet the needs of different vulnerable groups. For example evidence shows that black ethnic minority (BME) groups and men who have sex with men (MSM) are at higher risk of STIs and HIV. Although proportions of these populations are not high across LCR, they are groups with high levels of sexual health service need, meaning that culturally appropriate, targeted services are required.

- There is a social gradient indicating that those living in the most deprived areas of LCR experience the poorest health (including sexual health) outcomes and are at greater risk of teenage pregnancy. Hence service location need to take into account deprivation and groups of high risk of poor sexual health. This includes support for teenage parents who are at significantly higher risk of not being in education, employment and training.

4. Groups at high risk of poor sexual health

- Leicestershire and Rutland have lower estimated prevalence of opiate and/or crack cocaine users aged 15-64, alcohol hospital admission rates and deaths due to alcohol specific conditions than the England average.
- As of September 2015 there are sex workers operating in 6 sauna/parlours and at least 5 flats known to Police services in Leicestershire. Street work has also been indicated in Loughborough. Sex workers are at greater risk of sexual violence and poor sexual health and outcomes. Evidence suggest that men paying for sex are the bridging population for STIs, hence further work is needed to ensure that sex workers and men who pay for sex have access to condoms and regular STI screening.
- At least one in four people will experience a mental health problem at some point in their life. In 2013/14 0.7% of the LCR population is diagnosed with a mental health condition. This is significantly lower percentage than the England average (0.9%).⁹ Poor mental health can be both a cause and effect of poor sexual health in particular the impact of stigma and discrimination, and mental health support following sexual violence or termination of pregnancy.
- In 2012, an estimated 11.6% of 16-64 year olds in Leicestershire and 12.0% of 16-64 year olds in Rutland had a moderate to severe physical disability. Both areas have a higher prevalence than the nationally (11.1%).¹⁰ National data suggests that people with physical disabilities are more likely to experience forced vaginal and anal intercourse, report greater than 10 sexual partners over a lifetime and identify themselves as other than heterosexual than people without disabilities.¹¹ These activities contribute to people with disabilities experiencing increased rates of STIs, unintended pregnancies, and sexual violence than those without disabilities.¹²

- In 2013/14 0.4% (2,140) of the Leicestershire and 0.4% (122) of the Rutland population aged 18 years and above were registered with a learning disability.⁹
- In 2013/14, 430 households in Leicestershire and 27 in Rutland were categorised as statutory homeless. Both counties have significantly lower than the national rates of homelessness acceptances.¹³ Homeless people are at increased risk of STIs and unwanted pregnancies and can come under pressure to exchange sex for food, shelter, drugs and money.
- The 2013/14 rate of looked after children rate in Leicestershire 33.8 per 10,000 was significantly better than the national average 59.8 per 10,000 population. Rutland's rate was 45.1 per 10,000 was similar to the national average.¹³ Young people who are looked after are recognised as being vulnerable to risk taking behaviour¹⁴ including early and unprotected sexual activity, self-harming, misusing illegal and/or volatile substances and alcohol. This makes this group particularly at risk of teenage pregnancy.

Implications for sexual health services

- There are a number of vulnerable groups (including those that misuse substances, sex workers, homeless, those with mental health, learning or physical disabilities, children with child protection plans or that are looked after and homeless) that are more likely to participate in risk taking sexual behaviour and consequently have poorer sexual health outcomes than the general population. Each group has diverse requirements and therefore sexual health services should regularly complete an equalities impact assessment to review how they are meeting the diverse needs of these populations. Interventions may include targeted services (for example to MSM) or tailored information (for people with learning disabilities or English as a second language). Pathways between services that address risk taking behaviours (sexual health, mental health and substance misuse) should also be further developed across service providers to address the root cause of risk taking behaviours.

5. Sexually Transmitted Infections (STIs)

- In 2014, there were 3,667 new STIs diagnosed in residents of Leicestershire (49% male and 51% female), a rate of 554.3 per 100,000 residents. In residents of Rutland, there were 193 new STIs diagnosed (62% male and 38% female), a rate of 515.9 per 100,000 residents. These rates were significantly better than the national rate of 796.1 per 100,000 population.¹⁵
- Across LCR the highest rate of STI diagnoses were in the 20-24 age band., followed by 15-19 age band in Leicestershire (and England), and 25-34 year age band for Rutland.¹⁵

- All districts in Leicestershire and Rutland have a STI new diagnosis (excluding chlamydia under 25years and prisons) rate significantly better than the national average. Charnwood has the highest rate of new STIs and Melton, the lowest.¹⁶
- Chlamydia, followed by genital warts, were the most prevalent STIs in 2014. From 2012 the rate of genital warts in Rutland was higher (although not significantly) than the national average.¹⁶
- High rates of gonorrhoea and syphilis in a population reflects high levels of risky sexual behaviour. The rate of gonorrhoea diagnoses in Leicestershire is lower than the national average. However there has been a year on year increase in the rate of gonorrhoea diagnoses over time. It is hypothesised that this increase is due to more sensitive tests and additional screening of extra-genital sites in MSM.
- Syphilis has the lowest rate of new STIs both nationally and locally. In Leicestershire, increases were seen between 2009 and 2012, but the latest data for 2014, shows the local rate has declined to lowest rate since recording began. The rate in Rutland fluctuates due to small numbers.¹⁶
- The rate of genital herpes nationally and in Leicestershire has increased year on year since 2009, although Leicestershire and Rutland rates have remained continuously lower than the national rate. Rutland rates fluctuate due to small numbers involved.¹⁶
- Re-infection with a new STI within 12 months is a marker of persistent risky behaviour. This measure varies cross districts. It was higher than the national average for women in Oadby & Wigston (7.8%) and for men in Blaby, Charnwood and Oadby & Wigston (10.6%) in 2014. Men were more likely than women to be re-infected with gonorrhoea. Harborough district had the highest percentage of reinfection for men with gonorrhoea at 16.7%, which is twice the national average.¹⁷
- Nationally, young people aged 15-24 years, MSM and black Caribbean ethnic groups have been shown to have higher rates of new STIs.
- There has been an increase in the proportion of new STIs among MSM from 8.6% (n=108) in 2010 to 10.9% (n=180) in 2013 for Leicestershire and 5.5% (n=6) to 7.6% (n=8) in Rutland over the same time period. Chlamydia and gonorrhoea and syphilis diagnosis is higher in MSM as compared to heterosexual men, where chlamydia and genital warts was the most dominant.¹⁷
- The majority of STI diagnosis across LCR is found in the White population. The Black ethnic group is overrepresented in terms of STI diagnoses while the Asian groups are underrepresented.¹⁷

Chlamydia screening

- In 2014 Leicestershire and Rutland screened a significantly worse percentage of 15-24 year olds for chlamydia (22.1% and 18.9% respectively) than the national average (23.9%). The chlamydia diagnosis rate for 15-24 year olds in Leicestershire was 1,616 per 100,000 population and 1,390 per 100,000 for Rutland which are both significantly lower than the national average of 1,978 per 100,000 population. In terms of percentage positivity both Leicestershire and Rutland had lower positivity than the national percentage of 8.3% at 7.3% and 7.8% respectively.¹⁶
- Nationally and across LCR males age 20-24 years have the highest percentage of tests with a positive result, followed by females aged 15-19 years. Chlamydia detection rates are higher in females than males aged 15-24 years. This distinction is particularly marked in Rutland where the rate for males is 888 per 100,000 aged 15-24 years, whereas the female rate is 2,054 per 100,000 females aged 15-24 years. Interestingly positivity rates from the Integrated Sexual Health Service (ISHS) are higher in males than females across LCR.¹³
- In Leicestershire, the highest percentage of 15-24 year olds tested for chlamydia were in GPs, followed by GUM clinics and then other locations. In Rutland highest percentage of tests occurred in other locations, GPs and GUM.⁸
- In Leicestershire in 2014, the highest percentage positivity was found in GUM clinics (9.6%) followed community sexual health services (9.4%). In Rutland, community sexual health services has the highest percentage positivity (17.0%) followed by GUM clinics (11.3%). It must be noted that these high positivity percentages are likely to fluctuate due to smaller numbers involved.⁸

GUM access overall

- In 2014, there were 14,702 first time attendees from Leicestershire attending any sexual health clinic in England, of these 44% were male. This is an increase in first time attendees from 14,122 in 2013. For Rutland residents, there were 684 first time attendees in 2014 and 63% of these attendees were male.⁸
- In 2014, the age group most frequently attending for a sexual health screen was 20-24 age band for Leicestershire and 25-34 for Rutland. This could indicate problems of access for younger people or reflect the population profile.⁸
- 14% of attendees were homosexual/bisexual males and less than 1 % of women were homosexual or bisexual.⁸
- There was an increase in Leicestershire women and decrease in men attending for a sexual health screen in 2014. This could be a consequence of the new ISHS model. For Rutland the opposite pattern was seen.⁸

Leicester, Leicestershire and Rutland (LLR) integrated sexual health service (ISHS)

- The new LLR integrated sexual health service model commenced from 1 January 2014 with two new hub site locations (St Peter's and Loughborough) and five additional spokes (4 in Leicestershire and 1 in Rutland). Hub opening hours have increased to 9am-8pm Monday to Friday and Saturday mornings, (spoke sites are sessional). The change of clinic sites and establishment of the new service may have impacted on activity levels in 2014 as the new service established new locations. However there was an overall increase in attendances for GUM purposes to LLR sexual health sites by 800 patients for Leicestershire and 44 for Rutland.
- In 2014 there were 18,496 attendances to the LLR ISHS by Leicestershire and 354 by Rutland residents for both GUM and contraceptive services. 83% of the patients attending the Leicestershire clinics were residents of Leicestershire, 1.9% were residents in Rutland and 7% lived in Leicester City. 31% of St Peter's (Leicester City hub) attendees were residents in the County. The new service has doubled the number of attendances by Leicestershire residents to the county sites and decreased the percentage use of GUM clinics outside of LLR by 1% in Leicestershire and by 10% in Rutland between 2013 and 2014. In Rutland in 2014, Loughborough Health Centre had the highest counts of patients attending a GUM, followed by Edith Cavell in Peterborough.¹⁸
- The highest user age band was in the 15-24 age group. The majority of attendances were female; 65% for Leicestershire and 73% for Rutland. This is likely to be reflective of attendances for contraceptive services.¹⁸
- The majority of attendees were of white ethnicity which is reflective of the local population.
- The percentage of male attendees identifying as homosexual or bisexual was 14.2% for Leicestershire and 13.8% for Rutland.¹⁸
- In Leicestershire approximately half of the population live less than a 10 minute drive from an ISHS site and 6.5% have more than a 20 minute drive. The variation across Leicestershire is wide. 27% of the Harborough population have a drive of 20-30 minutes. Melton is the only district with 7.1% of the population needing to drive more than 30 minutes to an ISHS site. In Rutland 40% of the population live less than a 10 minute drive from an ISHS site and 19% have a drive of 20-30 minutes. However the Rutland clinic site is sessional and has limited capacity.¹⁹

Implications for sexual health

- Overall LCR experiences lower than rates of STI diagnosis than the England average. Chlamydia is the most common STI across LCR, followed by genital warts. Although lower than the national rates, there has been year on year increases in gonorrhoea and genital herpes across Leicestershire. This may be due to increased access to STI testing or increases in STI prevalence across LCR.
- Oadby & Wigston, Blaby, Charnwood have been identified as areas of higher STI reinfection within 12 months and Harborough reinfection percentage for men with gonorrhoea specifically was twice the national average. Therefore additional priority to STI prevention and contact tracing may be beneficial in these districts, in particular with men.
- Young people aged 15-24 years, MSM and black Caribbean ethnic groups have been shown to have higher rates of new STIs across LCR, which is aligned with the national picture. Increases in have been seen in the proportion of STIs diagnosed in MSM across LCR. This may be due to increased uptake of STI screening or higher STI prevalence. Either way targeted work must be maintained with MSM due to the high level of sexual health need.
- LCR does not perform well against the national average for Chlamydia screening in 15-24 year olds. This has been particularly apparent since changes have occurred in the national data collection from 2012. However comparator local authorities perform similarly to LCR, which may indicate that the overall prevalence of chlamydia is lower than the national average. Either way chlamydia screening is a useful tool in normalising STI screening with young adults, therefore opportunistic screening should be increased in core sexual health services.
- Increases in GUM attendance by Leicestershire and Rutland residents has been seen locally and overall (including out of area contacts). This may reflect increased access due to the new LLR ISHS, increased awareness of STI screening, but also reflects the increased STI need across LCR. Slightly older populations (25-29year olds) are most frequently accessing the ISHS from Rutland as compared to Leicestershire (20-24year olds) which may reflect reduced access or the demography of the population. In 2014 there was an increase in women and decrease in men accessing sexual health services locally. The opposite was seen in Rutland, where reductions in women's access were seen. This may be due to changes in the ISHS service model. Therefore further work is needed to increase sexual health access to high risk groups (including MSM), female and younger populations in Rutland and male populations in Leicestershire.

- Rural access is a particular difficulty for areas of LCR due to limited access to some hub and spoke sites via public transport. The use of clinics outside of LLR by Leicestershire and particularly by Rutland residents reflects access issues as some residents may choose to go to other open access sexual health services perhaps closer to workplaces and colleges. The new ISHS has reduced out of area GUM access by 1% in Leicestershire and 10% in Rutland between 2013 and 2014. Increasing accessibility to local services and providing alternative local sexual health service provision such as general practice and pharmacy may continue to reduce use of out of area services.

6. Human Immunodeficiency Virus (HIV)

- In 2013 the HIV diagnosis prevalence in was 0.71 and 0.73 per 1,000 population aged 15-59 years for Leicestershire and Rutland respectively. This is significantly lower than England average of 2.1 per 1,000 population aged 15-59 years. All districts have significantly lower HIV diagnosis rates than nationally, with the highest diagnosis rate in Oadby & Wigston and lowest in Melton. The highest numbers of people living with HIV are in Charnwood district followed by Blaby.¹⁶
- HIV prevalence rates across LCR have increased over time. This is largely due to increased life expectancy as treatment has improved to make HIV a long term condition.
- In 2013 there were 305 adults received HIV related care in Leicestershire, 216 male and 89 female. 64% were white and 25% black African ethnicity.²⁰ The likely route of infection was 43% sex between men and 50% sex between men and women. There were 16 new diagnoses, an increase on 2012 and the majority had acquired via sex between men.²⁰
- In 2013 there were 15 adults received HIV related care in Rutland, 66% male and 33% female. 53% were white and 40% black African ethnicity. The likely route of infection was approximately 53% sex between men and 47% sex between men and women. There were no new diagnoses in 2013.²⁰
- In 2011-13 49% of HIV patients in Leicestershire were diagnosed at a later stage of infection, this is higher than the England overall percentage of 45%. In Rutland 67% of HIV patients were diagnosed at a late stage, most of these being heterosexual.¹³
- The uptake of HIV testing at GUM clinics was higher for Leicestershire (88.5%) and similar for Rutland (79.4%) than in England (80%). Uptake by men in Rutland was lower than the England average.¹⁶
- Community based testing is available for some groups in Leicestershire and Rutland. Home testing and home sampling HIV tests are now legally

available and a home sampling pilot targeting MSM and black African communities is due to commence across LCR in late 2015.

Implications for sexual health

- There is significantly lower HIV diagnosis rates across LCR compared to the national rate. However HIV prevalence overall is increasing locally and nationally largely due to increased life expectancy as treatment has improved to make HIV a long term condition. There are implications for health and social care providers as the HIV positive group increases in number and becomes an aging population with changing health needs.
- Early HIV diagnosis is important to improve health outcomes for the individual, reduce risk of onward transmission and lower treatment and care costs. Leicestershire and Rutland both have higher late HIV diagnosis rates than the England average. This is particularly apparent in heterosexual transmission. Therefore further work is needed to educate the heterosexual population about HIV and increase access and uptake of HIV testing, for example in Rutland males accessing GUM. Referral pathways between sexual health and HIV services must also be reviewed to ensure there are seamless pathways which prevent unnecessary delay between diagnosis and treatment Commissioning of alternative HIV testing methods such as home testing and home sampling are important options to consider for increasing HIV testing to high risk groups including MSM and black African communities. The implications of the PROUD study on pre-exposure prophylaxis should also be considered to reduce HIV transmission to specific high risk groups.

7. Sexual Reproductive Health

Contraception

- It is estimated that on average, women have a 30 year time period in which they will need to avert an unintended pregnancy.
- Contraception is cost saving, with £11 saving for every £1 spent. NICE guidance identifies that LARC methods such as contraceptive injections, implants, the intrauterine system (IUS) or intrauterine device (IUD) are more effective at preventing pregnancy than user dependent methods(e.g. oral contraception, condom).
- Contraception is available from specialist open access sexual health services and from general practice. It is estimated that 80% of contraception is delivered through general practice (GP).

- In 2013, 5164 Leicestershire and 193 Rutland residents attended specialist sexual health services for contraception.¹⁷
- In specialist contraceptive services across LCR, user dependent methods of contraception (UDM) were most frequently prescribed for all ages except for the 35-44 year age group, who were most frequently prescribed LARC methods. . In 2013, similar or lower proportions of LARC were prescribed overall compared to the England average in all age groups except for the 35 year plus age group in Leicestershire and the 18-19 and 25-34 year age groups in Rutland.¹⁷
- For Leicestershire residents, LARC represents 40% of contraceptive provision from specialist sexual health services and 16% from general practice. For Rutland residents, LARC represents 46% of contraceptive provision from specialist sexual health services and 15% from general practice.¹⁷
- LCR has a higher rate of LARC prescribing from primary care compared to the national average. The rates in 2013 were 61.5 per 1,000 women aged 15-44 years for Leicestershire, 76.1 for Rutland and 52.7 for England. There has been a small increase in the proportion of LARC delivered across LCR in primary care between 2013 and 2014.¹⁶
- 79 practices provide contraceptive implant fitting and activity levels vary across practices. 3 practices provided more than 75 implant fits in 2014/15. Activity across LCR in 2014/15 was 2491 implant insertions and 1903 implant removals.
- 78 practices provide inter uterine devices/ systems (IUD/S) fitting and activity levels vary across practices. 4 practices provided more than 100 IUD/S fits in 2014/15. 2472 IUD/S fits were completed in GP across LCR in 2014/15.
- Retention of LARC methods is an important factor. LARC methods are cost effective even at one year's use compared to user dependent methods such as the contraceptive pill. Retention rates are difficult to calculate as women may attend different services for fits and for removal.
- The IUS is also used for non-contraceptive purposes e.g. control of heavy menstrual bleeding. This is the commissioning responsibility of Clinical Commissioning Groups. The number of fits for this purpose is difficult to determine from available data sources.
- Approximately 60% of practitioners delivering LARC services currently hold national FRSB Letters of Competence. Ongoing training is required to maintain competencies of practitioners to provide IUD/S and SDI in primary care..

Emergency Contraception

- It is important to access emergency contraception (EC) as early as possible after unprotected sex or contraceptive failure so good access to local services is important.
- There are different types of EC available. There are two types of Emergency Hormonal Contraception (EHC), LNG and UPA (EHC) and also Cu IUD.
- All forms of EC are available from the ISHS and General Practice. EHC (LNG) is available from 84 pharmacies in Leicestershire, 5 pharmacies in Rutland and from some school nurse clinics.
- In 2013, 173 women in Leicestershire and Rutland accessed EC from Sexual Health Services, the 20-35 year age group were the highest users.¹⁷
- In 2014-15 there were 2573 EHC consultations in LCR Pharmacies. The highest uptake being in the Loughborough locality, reflective of the high student population. The majority of users were in the 19-24 age group. The most frequently stated reasons for accessing EHC were split condom (almost 50%) and no contraception used (40%). The number of patients referred on to sexual health services for further sexual health/contraceptive advice increased between 2013-14 and 2014-15.²¹

Psychosexual services

- In Leicestershire there were 101 referrals for psychosexual services in 2014 and 83 from April to September in 2015. There have been no referrals for residents of Rutland.
- The Natsal-3 sexual attitudes and lifestyles in Britain survey (2010-12) indicated 51% of men and 42% of women surveyed experienced one of more sexual difficulties lasting more than three months in the past year, including lack of interest in having sex, feeling anxious during sex, pain during sex, vaginal dryness and problems getting or keeping an erection.²²

Teenage Pregnancy

- In 2013, the under 18 conception rate per 1,000 female aged 15 to 17 years was 20.9 in Leicestershire and 9.2 in Rutland, while in England the rate was 24.3. Between 1998 and 2013, Leicestershire achieved a 45.0% reduction in the under 18 conception rate and in Rutland a 45.6% reduction. Nationally the rate reduced by 47.9% throughout this time.¹⁶
- In 2013, of those females who conceived under the age of 18, the proportion of those leading to abortion in Leicestershire was 56.1%, higher than the national percentage of 51.1%. No data is available for Rutland due to small numbers.¹⁶

- There are district variations in teenage pregnancy rates. The district level data in Leicestershire and Rutland is open to fluctuations due to the small numbers involved so three year aggregates have been used to smooth any instability. Between 2011-2013, the highest rate in Leicestershire was seen in Hinckley and Bosworth (24.8 per 1,000 population) and the lowest in Harborough (18.6 per 1,000 population). Three districts in Leicestershire saw an increase in their conception rate between 2010-12 and 2011-13. Blaby increased from 21.0 per 1,000 15-17 aged females in 2010-12 to 23.2 per 1,000 in 2011-13, while Harborough increased from 17.9 to 18.6 per 1,000 aged 15-17 females. All other districts decreased their rate over this time period. In Rutland, the rate of under 18 conceptions has remained consistently lower compared to all Leicestershire districts over time. Rutland saw an increase in their conception rate 11.7 per 1,000 15-17 aged females in 2010-12 to 12.3 per 1,000 in 2011-13.²³
- Five districts in Leicestershire have a higher percentage of abortions in under 18 year olds than the national average, with only the percentage in Charnwood and Melton being lower. Since 2008-10, Rutland has witnessed a year on year decrease in the percentage leading to abortions from 50.0% in 2008-10 to 30.0% in 2011-13.²³
- In March 2015, over half (54%) of the teenage parents in Leicestershire were not in education, employment or training.²⁴

Abortion

- Nationally an estimated one in six of pregnancies were unplanned, two in six were ambivalent and three in six were planned. This gives an annual prevalence estimate for unplanned pregnancy of 1.5%. Pregnancies in women aged 16–19 years were most commonly unplanned (45.2%) however, most greatest proportion of unplanned pregnancies were in women aged 20–34 years (62.4%).²⁵
- There were 1,439 abortions for Leicestershire residents and 55 for Rutland residents in 2014.²⁶
- In 2014 the abortion rates for Leicestershire was 11.9 per 1,000 female population and 9.5 per 1,000 female population for Rutland. Both are significantly better than England average of 16.5 per 1,000 female.²⁶
- The highest abortion rate was for the 20-24 year population. Note this is different to Leicester City where the highest abortion rate is in the 25-29 year olds.²⁶
- In 2014, 20.9% of women in Leicestershire and 21.4% in Rutland had had a previous abortion, while in England the proportion was higher at 27.0%. This increases to 42.8% for Leicestershire and 37% for Rutland in the over 25 age group, however this is aligned with the England proportion at 45.6%.²⁶

- In 2014 72.6% of Leicestershire women accessing abortion were under 10 weeks gestation at time of procedure. This was an improvement from 2013 but is below the England average of 80.4%. Rutland figure was 85.2%.²⁶
- In 2014 Leicestershire 16% of women accessed abortion procedure at 13 weeks or more gestation. This was twice the England figure of 8%. Rutland was similar to National average at 9%.²⁶
- In 2014, 53% of abortions in Leicestershire, approximately a third in Rutland and approximately half in England were surgical procedures.²⁶
- There are two providers of abortion services commissioned for LLR population. There is limited local availability of procedures over 12 weeks. Self-referral is not available for both providers.

Implications for sexual health

- Contraception is a cost effective intervention for the whole of society. LARC is shown to be the most cost effective method available. Across LCR LARC prescribing rates are above the national average for primary care, however contribute to a lower proportion of total contraception use. Therefore additional work is needed to maintain the level of GP provision and increase the proportion of LARC procedures completed in the ISHS, in particular in the under 35year old age group. This will include working with GPs to increase the proportion of LARC fitters accredited via the national Letter of Competence and to undertake an audit to gain a better understanding of how long LARC devices are being retained by women.
- It is important to maintain easy access to EC to allow women to access services as soon as possible after they have had unprotected sex. There is good access to EC across LCR provided by the ISHS, GP and local pharmacy. Consideration should be given to new forms of EHC such as UPA (which has a longer effective window) and ensuring women accessing EHC are referred in contraceptive services to establish a longer term contraceptive regime (in particular LARC).
- The Natsal-3 sexual attitudes and lifestyles in Britain survey (2010-12) indicated 51% of men and 42% of women surveyed experienced sexual difficulties lasting more than three months in the past year. **Error! Bookmark not defined.** Hence there is likely to be some unmet demand for psychosexual services across LCR. With an aging population, this demand is likely to increase. Therefore commissioners should consider increasing awareness of the existing service and increasing the activity levels in the future. Discussions are also needed with the local CCGs to identify services for patients with sex addiction.
- The under 18year conception rate continues to fall across LCR. However there is

variation in rates across districts. The proportion of under 18 conceptions leading to abortion is higher in Leicestershire than the England average. This suggests that there are still significant numbers of young people who continue to take risks and not use contraception despite not wanting to become pregnant. Therefore continued easy access to relationships and sex education and community based sexual health services is important to maintain and improve current progress. Training around teenage pregnancy and related issues is important to ensure a high quality children's workforce who feel competent to discuss a range of issues and support young people's access of health services.

- Over 50% of Leicestershire teenage parents are not currently accessing education, employment or training. This will impact on their lifelong opportunities, which will impact on the health and wellbeing of both themselves and their child. Therefore a co-ordinated response to the support of young parents is important to ensure a range of needs are addressed.
- Leicestershire and Rutland both have lower abortion rates than the national average. However a fifth of women had previously had an abortion and a greater proportion of women are accessing services at a stage of later gestation, which reduces their choice of procedure and increases risk of complications and healthcare costs. There is also limited local availability for procedures over 12 weeks across LCR and self-referral is only available in one provider. Therefore additional work is needed to increase access to local abortion services and ensure that all abortion patients are supported to establish a long term contraceptive plan to avoid repeat abortions.

8. Sexual Abuse

- In 2013/14, there were 475 reported sexual offences in Leicestershire and 14 in Rutland. In this year, the rate of sexual offences in Leicestershire was 0.72 per 1,000 population and in Rutland the rate was 0.38 per 1,000 population. Both these rates are lower than the national rate of 1.01 per 1,000 population. Since 2011/12, the rate for sexual offences in Leicestershire has increased year on year, while the rate for Rutland has decreased year on year.¹³
- In Leicestershire domestic abuse is estimated to cost £66m a year in public services and economic output cost, with an estimated at a further £113.8m for emotional and personal costs.
- Every year around 7,600 incidents of domestic abuse are reported to the police in Leicestershire. In 2013/14 over 1,250 referrals were made to domestic abuse specialist support services. Of these approximately 1,100 children were in families that received support from domestic abuse services and over 300 in families referred to a Multi-Agency Risk Assessment Conference define in 2013/14.

- Natsal-3 found that 1 in 10 women and 1 in 71 men said they had experienced non-volitional sex since age 13 (median age for males was 16 and for females was 18). People with poorer physical, mental and sexual health, including treatment for depression or another mental health condition in the past year, a long-term illness or disability, and a lower sexual function score were more likely to report non-volitional sex.²⁷
- In 2014, the estimated numbers of people the adult population aged 18-64 who report having been sexually abused during their childhood was 32,080 females and 13,972 males in Leicestershire and 735 females and 1,600 males in Rutland. These numbers are estimated to remain stable in Leicestershire and decrease slightly in Rutland over the next fifteen years.²⁸
- Over the past three years referrals to the LLR Child Sexual Exploitation (CSE) team have increased from 54 in 2012/13 to 165 in 2014/15. Prevention, identification and support for victims of CSE remains a key priority for sexual health services.

Implications for sexual health services

- Domestic abuse is a widespread issue and can take place in a range of relationships. There is a lack of understanding around what constitutes domestic abuse. The national coverage on historic abuse and current approaches to raise awareness about CSE are likely to lead to increases in the number of victims coming forward and seeking help. It is therefore important that staff who work in sexual health services are aware of the prevalence of domestic abuse and CSE and are equipped to ask appropriate questions when seeing patients to allow disclosures to be made and appropriate referral onto specialist services.

9. Engagement

- As part of this SHNA a range of stakeholders and service users have been consulted. This includes 2 sexual health stakeholder events consulting over 100 stakeholders and 7 focus groups consulting with 94 people from May to September 2015. Specific LCR groups that were engaged included the Leicestershire Young Parent Forum, Coalville Young Parents Group, Families at Boulter Crescent in Wigston, the Angels and Monsters Group in Braunstone Town, New Futures Project, Trade Sexual Health Project, Oakham Youth Group, and Learning Difficulties and Disabilities (LDD) Partnership Group . Additional feedback was also provided from local services including the POP text.

- LLR historical research findings on HIV prevention services, Relationships and Education, young people's knowledge, attitudes and experience of sexual health and access to LARC and have also been summarised.
- National data and local engagement work highlighted the critical exploration of relationships in both Relationships and Sex Education (RSE) and in the delivery sexual health services.
- There continues to be a lot of confusion over how contraceptive methods work and myths about their reliability and use.
- Services need to take account of the role the media plays in influencing decisions about sex and relationships and make attempts to counter negative or unhelpful overt messages with positive ones e.g. promotion of consent, how to access confidential services and what a healthy relationship looks like.
- Service users value the importance of having local, community based sexual health provision.
- Service providers and users both highlighted gaps in information about the sexual health services that are available, how they can be accessed and how complaints can be raised.
- Additional messages from local stakeholders and professional included the need to clarify the sexual prioritises and commissioning responsibilities across the system to develop a truly integrated LLR sexual health system. Particular feedback was gained on the need to provide equitable and timely access to services, develop the wider sexual health workforce (including primary care) and develop seamless pathways across organisations and services.

Implications for sexual health

- National data and local engagement work highlighted the critical exploration of relationships in both RSE and in the delivery sexual health services. With the impact of social media, evolving sexual practices and a reducing age of first sex, promotion of consensual, informed and respectful relationships is important to balance against other messages.
- Services need to take account of the role the media plays in influencing decisions about sex and relationships and make attempts to counter negative or unhelpful overt messages with positive ones e.g. promotion of consent, how to access confidential services and what a healthy relationship looks like.
- Service users value the importance of having local, community based sexual health provision. Service providers and users both highlighted gaps in information about the sexual health services that are available, how they can be accessed

and how complaints can be raised. Clear and consistent information is required to ensure practitioners and service users know which services they can access and how they do this.

- Despite there being a wider choice of contraception available, there continues to be a lot of confusion over how contraceptive methods work and myths about their reliability and use. Messages about relationships and sex (in school and beyond) need to include clear and concise information about contraceptive methods. In order to promote the LARC methods it is important that the benefits and implications of these methods are understood and communicated to the women who choose to use them.
- From the perspective of Sexual Health Service Providers, key priorities to address are clarifying the priorities for sexual health delivery, commissioner and provider roles and responsibilities, integrating sexual health services across the system and further development of the wider sexual health workforce (including primary care and school nursing). Areas which both providers and service users highlighted including wanting more equitable and timely provision across LCR, wanting easier access in to services, seamless patient pathways, prioritising education on relationships and sex and ensuring clear information about local services.

10. Conclusion

Overall Leicestershire and Rutland (LCR) is meeting the majority of the sexual health needs of their local populations. This is evidenced by continuing lower rates for all STIs (including HIV), under 18 conceptions and sexual abuse than the England average. (Summarised in Appendix 1 and 2.) Nevertheless absolute numbers of some STIs (including gonorrhoea) and patient led demand is increasing across LCR. This is consistent with the national picture, where more people are accessing specialist sexual health services. However locally this is also likely to be linked to the improved access created by the new integrated sexual health service and community based contracts, which have increased numbers and proportions of residents accessing local services across LCR. STI screening and contraception uptake are part of a prevention approach to enable people to maintain good sexual health. Further work is on-going to establish high quality relationships and sex education across all secondary schools; this supports young people to develop positive, healthy relationships.

Each section above (demography, high risk groups, STIs, HIV, sexual reproductive health, sexual violence and engagement) provides specific implications for sexual health services following the review of evidence of need. When triangulating these sections together key areas for improvement across LCR include bringing together the sexual health commissioning system, prioritising prevention and access to vulnerable groups (including young people, men who have sex followed by sex

workers, black African communities and people with physical disabilities) and developing the sexual health workforce (including non-specialist provision such as primary care, school nursing and substance misuse). The recommendations from this triangulation are set out below. These will be translated into a sexual health strategy for Leicestershire and Rutland and reported to local authority departmental management teams, Health and Wellbeing Boards, health scrutiny, Cabinet and other appropriate meetings for approval and implementation.

Key strengths of the needs assessment include the breadth and depth of validated quantitative national data sources that deliver reliable accurate data on service utilisation. This is a good reflection of need for conception and STIs that have symptoms, however is less effective for symptomless or latent STIs such as chlamydia and HIV. Although recent media interest may increase presentation, there is also likely to be underreporting for psychosexual issues and sexual abuse including FGM and CSE. High quality information on specific vulnerable groups (e.g. sex workers, MSM, FGM etc.) was difficult to ascertain. Due to small numbers in many indicators (especially for Rutland) numbers can fluctuate widely across years, making trends more difficult to interpret. There were also different time lags in data sources which must be considered when comparing sections. Qualitative feedback with nearly 200 people was also completed as part of the needs assessment to add additional local detail and identify themes from the results, however fully validated thematic analysis using NVivo was not completed. The consultation with representatives from services was undertaken at a time of year that made it difficult for certain sectors to be involved e.g. teachers and representatives from education and the service user consultation was quite targeted being mainly with individuals under 25. Wider consultation with the general population would provide a broader perspective of views and this will be completed as part of the consultation on the needs assessment and strategy. Results from the needs assessment may be similar to that seen in other affluent counties across England, however is less generalisable to more urban cities.

The LCR sexual health needs assessment provides commissioners with a clear evidence base on sexual health need, supply and demand. With increasing and aging populations, changing sexual health needs across LCR and increasing pressure on public sector budgets. It is therefore necessary to evolve innovative integrated service models to meet this demand within constrained budgets across the local health and social care system.

11. Recommendations

The following section summarises the key recommendations for sexual health commissioners and service providers across LCR;

11.1 Sexual Health Commissioners

1. **Development of a sexual health strategy for Leicestershire and Rutland.**
Ensure that this engages and integrates the whole sexual health system, has clearly defined priorities, roles and responsibilities and considers sexual health across the life course.
2. **Explore co-commissioning opportunities to integrate sexual health patient pathways across commissioning organisations.** For example, with CCGs for primary care, menorrhagia, sex addiction, abortion services and NHS England for HIV services (including the implications of the PROUD study). Also consider how sexual health services can be further integrated into other local authority services such as substance misuse, school nursing, health visiting and social services (for HIV positive patients).
3. **Monitor demand for psychosexual services** and potentially increase provision as awareness and need increases with an aging population.
4. **Identify service provision to support people with sex addiction.** Work with CCG mental health commissioners to consider appropriate access to treatment for sex addiction across LCR.
5. **Development of an LLR sexual health marketing and communications strategy** to promote consistent brands and messages about healthy relationships, reducing stigma and how to access services. Additional service promotion is needed to target groups and areas at higher risk of poor sexual health including young people, MSM, sex workers, black African communities and Charnwood, Oadby and Wigston. The implications of late HIV diagnosis should be raised with the heterosexual population.
6. **Assess the cost effectiveness of UPA emergency hormonal contraception** by completing a cost benefit analysis of increasing access to UPA locally. This should then inform future emergency contraception provision across LCR.
7. **Undertake an audit of LARC retention rates in primary care and ISHS** to ascertain how well informed women are of the implications of these methods and how long women are retaining them for. This should focus particularly on younger women aged 15-34years.
8. Consider **locality priorities to address the differing trends in teenage pregnancy** across the 7 Districts in Leicestershire and in Rutland.
9. Additional work is needed with the police to **understand the causes of the increases in sexual offences** in Leicestershire and interventions to help reduce these offences.

11.2 Sexual health services

10. **Equality impact assessment should be completed in all sexual health services** to ensure the services are meeting the needs of whole population including those with protected characteristics as determined in the 2010 Equality Act. Particular attentions should be placed on sexual orientation, BME (including Asian populations that have under representative STI diagnosis), English not as a first language and people with learning and physical disabilities.
11. **Investigate the current barriers to accessing sexual health services from General Practice**, in particular by young people, LGBT and Sex Workers.
12. **Increase chlamydia screening as part of the core ISHS** (i.e. GUM and CSHS) due to high positivity rates and prioritise opportunistic screening to sources of highest positivity such as preventex postal kits.
13. Explore more **innovative models of ISHS service delivery to improve access particularly in more rural areas** including Melton and Rutland .e.g. implementing virtual clinics, online testing etc. Priority should be given to increasing access to sexual health screening to men across Leicestershire and women and those aged 20-24years in Rutland.
14. **Improvements are needed to the appointment booking system for ISHS**. The service should continue to offer both appointments and drop-in appointment options.
15. **Develop effective and efficient pathways between sexual health services and domestic abuse, substance misuse and mental health** services to address the root causes of the risk taking behaviour.
16. **Ensure sex workers and men who pay for sex have access to condoms and regular STI screening** to reduce bridging of STIs into the wider population.
17. **Increase access to community and home based HIV testing for specific groups at higher risk of HIV** (MSM, sex workers, young people, African heritage.) This includes developing robust protocols and pathways for local HIV testing to ensure rapid access to support and treatment for people with reactive test results. Attention should also be given to increasing HIV testing within ISHS for men in Rutland.
18. **Health and social care providers should consider future needs of HIV positive population**. This includes implications of an ageing HIV population and assurance for patients that confidentiality is maintained as the group of care providers extends beyond specialist HIV care providers.

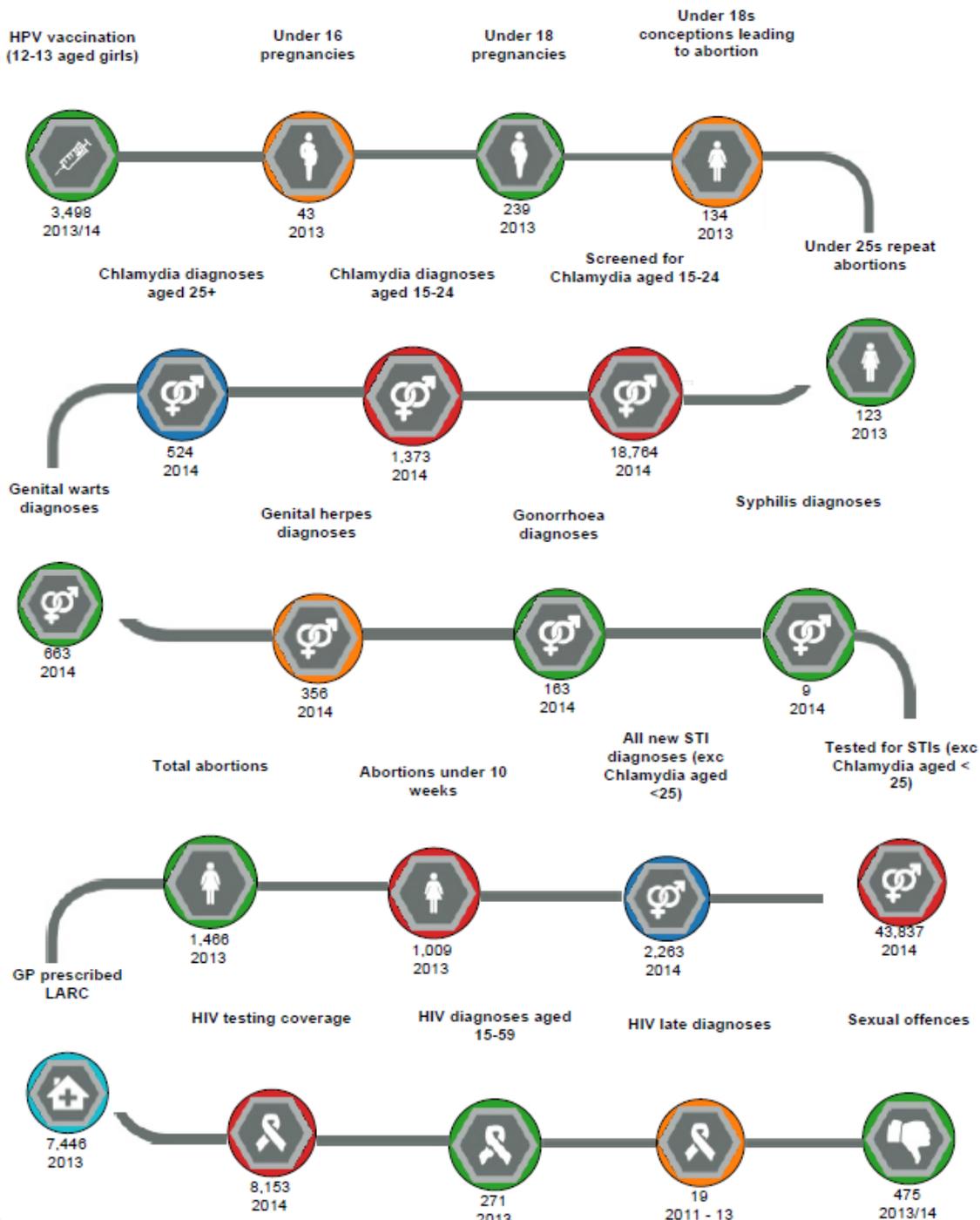
19. **Maintain good access to emergency contraception**, particularly for young people and Asian women. Improve pathways between emergency contraception providers and other sexual health services to ensure longer term sexual health needs are met.
20. **Improve information and access to range of contraception methods to young women aged 15- 25years**, including LARC. This includes reviewing the current model of LARC delivery in primary care to reduce the proportion of women using user defined methods through GPs and ensuring community provision is available for young people.
21. **Increase access to abortion services by developing a single point of access for LLR** (including self-referral) to improve the proportion of women accessing services under 10 weeks gestation. Consideration is also needed to improve local access to abortion services over 12 weeks gestation.
22. **Review of the specialist teenage pregnancy and community midwifery service pathways** to identify opportunities for further integration with sexual health services and to determine the extent to which they are meeting current need.
23. **Review the support needs of teenage parents and mothers in particular those aged 19-21** to ensure that they can positively progress into education, employment and training at a point that is timely for them and their families.
24. **All sexual health services should support the LLR CSE strategy.** Consultation with the CSE Team and if possible, victims of CSE needs to explore to what extent the current SHS offer meets the needs of this vulnerable cohort

11.3 Training

25. **Complete a sexual health training assessment to develop a workforce plan** to improve all levels of sexual health competencies across LCR. LARC provision and primary care is a key priority for this plan.
26. **Ensure high quality RSE training/ provision is delivered across LCR** to ensure young people can make informed choices about their sexual health. Materials should give greater emphasis on healthy relationships, consent, domestic abuse, how to seek help, all contraceptive methods and the links between alcohol and risk taking sexual behaviour.
27. **CSE and domestic abuse training should be accessed by key staff from all sexual health providers** to ensure that practitioners can identify and understand local support pathways available.

Appendix 1 Summary of sexual health indicators across Leicestershire (Data as of October 2015)

Sexual Health and Wellbeing in Leicestershire



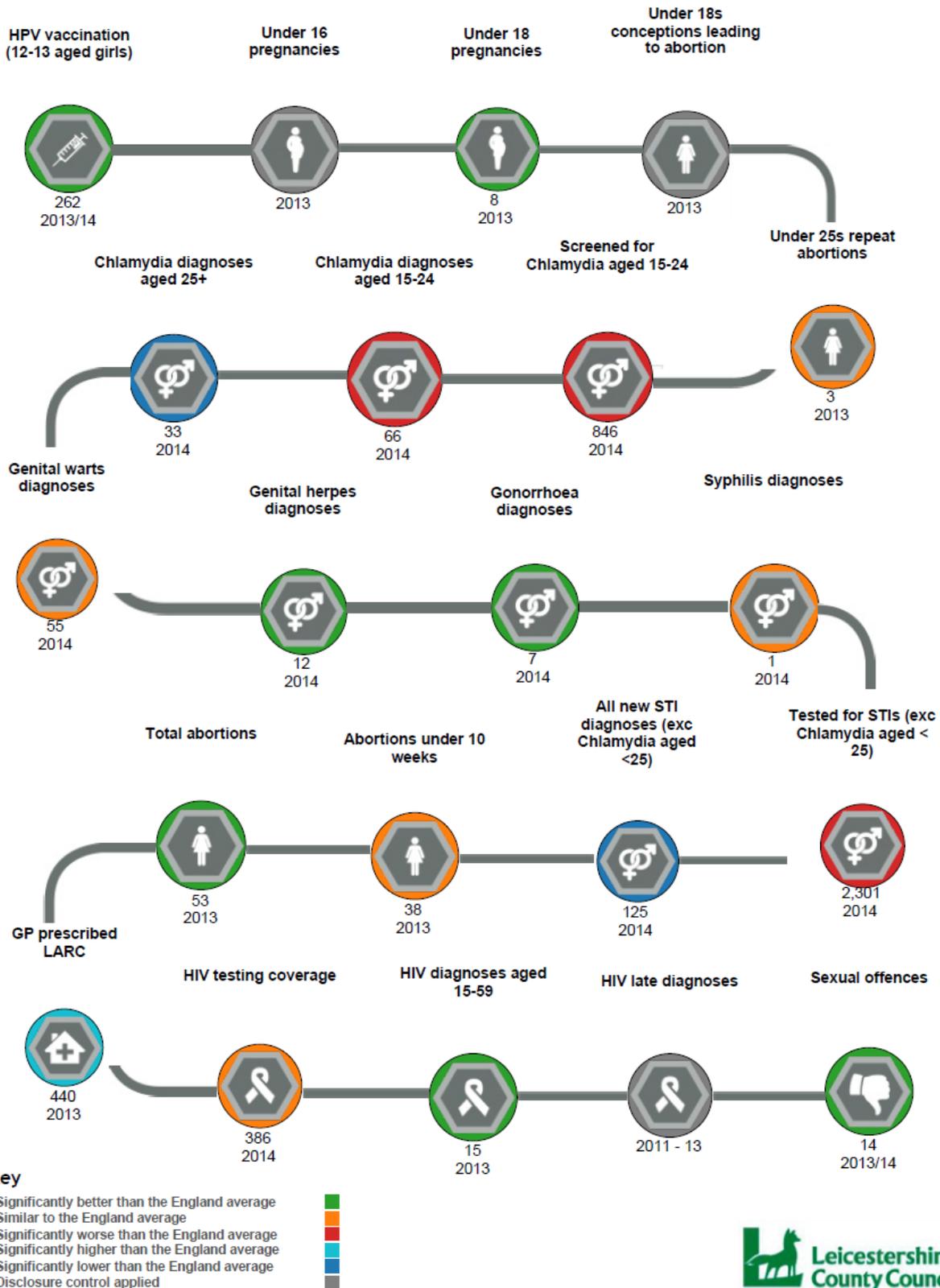
Key

- Significantly better than the England average
- Similar to the England average
- Significantly worse than the England average
- Significantly higher than the England average
- Significantly lower than the England average



Appendix 2 Summary of sexual health indicators across Rutland (Data as of October 2015)

Sexual Health and Wellbeing in Rutland



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