

GLOUCESTERSHIRE COUNTY COUNCIL

REPORT TO SCRUTINY COMMITTEE

SEXUAL AND REPRODUCTIVE HEALTH

1. Introduction

Good sexual and reproductive health is important to individuals and to society. It is therefore important to have the right support and services to promote this. This includes the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) (including HIV) and abortion.

The Health and Social Care Act 2012 divided responsibility for commissioning sexual health, reproductive health and HIV services between local government, local NHS commissioners and NHS England. Local Authorities took on a significant role as part of its responsibilities for public health, with the requirement to commission confidential, open access services for STIs and contraception as well as reasonable access to all methods of contraception.

Grasping our responsibility as a Local Authority for sexual health commissioning, Gloucestershire County Council (GCC) collaborate with NHS partners, to maintain and improve access for our residents to sexual and reproductive health services and to ensure seamless pathways of care.

This report aims to provide an overview of how GCC are commissioning sexual and reproductive health services to meet the needs of people in Gloucestershire.

2. An overview of sexual and reproductive health in Gloucestershire

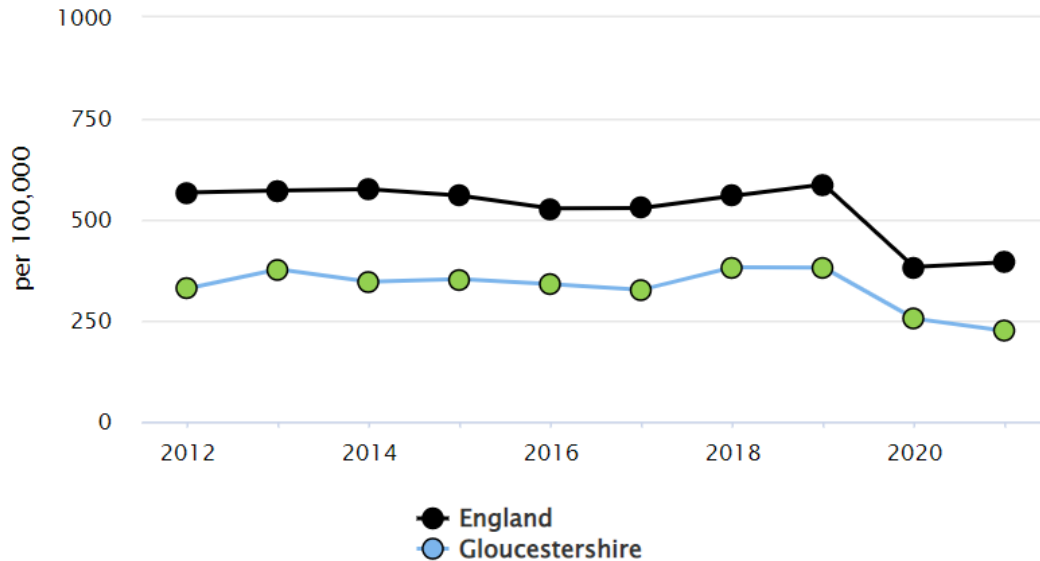
2.1 Sexually transmitted infections (STIs)

Sexually transmitted infections (STIs) are often considered to be stigmatising and may seriously impact the health and wellbeing of affected individuals, as well as being costly to healthcare services. If left undiagnosed and untreated, common STIs may cause complications and long-term health problems. As STIs are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important as early detection and treatment can reduce long-term consequences, such as infertility and ectopic pregnancy.

- The **diagnosis rates of sexually transmitted infections (STIs)** remain greatest in young heterosexuals aged 15 to 24 years, black minority ethnic (BME) populations, MSM, and people residing in the most deprived areas in England.
- Overall, the number of **new STIs** (excluding chlamydia for ages 25 and under) diagnosed among residents of Gloucestershire in 2021 was 2,129. The rate was 224 per 100,000 residents, lower than the rate of 394 per 100,000 in England. This has seen a significant decrease from the Gloucestershire 2012 rate of 329 per 100,000 population (see graph 1).
- The **chlamydia** detection rate per 100,000 young people aged 15 to 24 years in Gloucestershire was 1,020 in 2021 and is significantly lower than the rate of 1,334 for England.

- The **Gonorrhoea** detection rate in was 30.1 per 100,000 in Gloucestershire in 2021. This is similar to the South West rate and significantly lower than the England rate. However, provisional data shows a rise nationally, regionally and locally in Gonorrhoea since 2021.
- Both in Gloucestershire and England, STIs continued to disproportionately impact young people aged 15 to 24 years.

Graph 1 *New STI diagnoses (excluding chlamydia aged under 25) per 100,000*



2.2 HIV

England has set an ambition to end HIV transmission, AIDS and HIV-related deaths by 2030. The England HIV Action Plan 2022-2025 set out intermediate commitments for the next 4 years to achieve the 2030 ambition.

2.2.1 Prevalence:

- Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic but manageable condition.
- In 2021, there were 509 residents in Gloucestershire aged 15 years and over who were seen at HIV services.
- The diagnosed prevalence in those aged 15 to 59 years in Gloucestershire is 1.1 per 1,000 residents. This is significantly better than 2.3 per 1,000 in England.

2.2.2 Prevention - Pre-exposure Prophylaxis (PrEP)

- When taken daily, PrEP is highly effective at preventing HIV transmission from sex or injection drug use. Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily.
- In January 2019 the government committed to reaching zero HIV transmissions by 2030. This depends on continuing prevention efforts such as making PrEP available to everyone who needs it.
- In 2021, 3.3% (390 out of 11,830) of HIV-negative people accessing specialist SHSs in Gloucestershire were defined as having PrEP need.
- Among these, 67.2% (262 out of 390) initiated or continued PrEP.

2.2.3 Newly diagnosed with HIV

- In 2021, the number of Gloucestershire residents aged 15 years and older who were newly diagnosed with HIV in the UK was 12.
- The rate of new diagnoses per 100,000 residents was 1.9, better than the rate of 3.6 per 100,000 in England. This represented a 20% increase since 2020 and a 53% decrease in the 5 years since 2016.

2.2.4 Late diagnosis of HIV

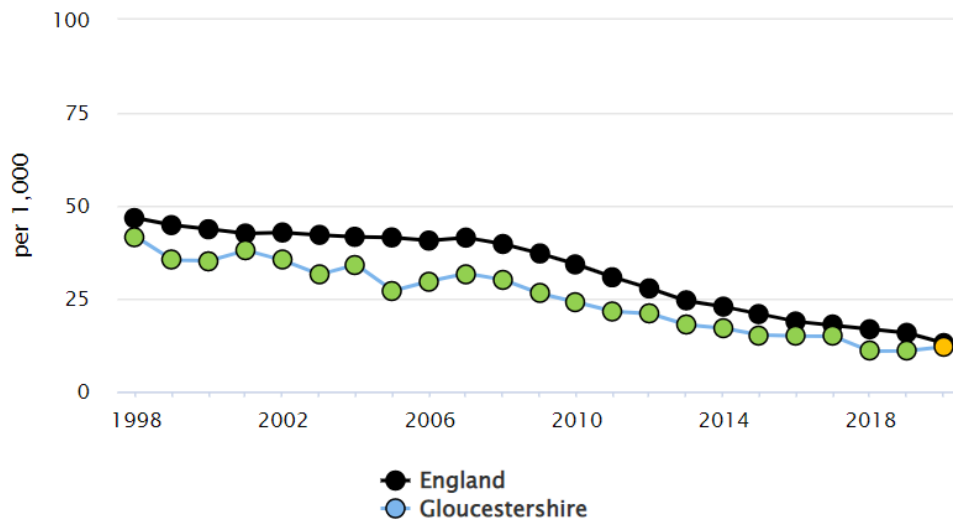
- Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality.
- In Gloucestershire, the percentage of HIV diagnoses made at a late stage of infection in the three-year period between 2019 - 21 was 56.3%, similar to 43.4% in England.
- For Gloucestershire residents, the percentage of HIV diagnoses made at a late stage of infection for different risk groups in the three-year period between 2019 - 21 was as follows: MSM - 58.3%, statistically similar to 31.4% in England; heterosexual men - 80.0%, statistically similar to 58.1% in England; heterosexual women - 50.0%, again statistically similar to 49.5% in England.
- In 2021, among Gloucestershire residents, the percentage of eligible Specialist Sexual Health Service attendees who received an HIV test was 31.1%, worse than 45.8% for England. This represented a 27% increase since 2020, and a 51% decrease since 2016¹.

2.3 Under 18s conception

- Since the introduction of the Teenage Pregnancy Strategy in 1999, England has achieved a 72.1% reduction in the under-18 conception rate between 1998 and 2020.
- In 2020, the under-18s conception rate per 1,000 females aged 15 to 17 years in Gloucestershire was 12.0, similar to the rate of 13.0 per 1,000 in England (see graph 2).
- Between 1998 and 2020, the decrease in the under-18s conception rate in Gloucestershire was 71%, compared to a 66% decrease in England.

¹ It is noted that this indicator currently only uses data from Level 3 specialist sexual health services, which will typically exclude data from online services. GUMCAD who provide the data, are looking to create a new indicator or modifying existing indicators, as a more long-term solution.

Graph 2 Gloucestershire under 18s conception rate per 1,000 females aged 15 to 17



2.4 Contraception

The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in Gloucestershire primary care and sexual health services was 60.9 per 1,000 women aged 15 to 44 years in 2020, higher than the rate of 34.6 per 1,000 women in England.

3. Sexual and reproductive health service provision in Gloucestershire

Sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy.

Commissioning arrangements for sexual and reproductive health services are complex. Since the implementation of the 2012 Health and Social Care Act, responsibilities for commissioning different parts of the sexual and reproductive health system have been split across local authorities, Integrated Care Boards (formerly CCGs – Clinical Commissioning Groups) and NHS England (NHSE).

Local authorities commission:

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally provided contraception,
- STI testing and treatment, chlamydia screening and HIV testing,
- targeted/specialist services, including young people’s sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools and college.

In addition to the above services commissioned by local authorities; NHS Gloucestershire ICB are responsible for commissioning the Pregnancy Advisory Services, Vasectomy and Sterilisation, Elements of Psychosexual Medicine. NHSE are responsible for commissioning Pre-Exposure Prophylaxis (PrEP) drug costs and Sexual Assault Referral Centres (SARC). They are also currently responsible for commissioning HIV Treatment Services, but this will in future be delegated to ICBs.

Gloucestershire County Council (GCC) commissions the following services:

3.1 Specialist Sexual Health Service

The Specialist Sexual Health Service (SSHS) is provided by Gloucestershire Health and Care (GHC). It provides testing and treatment for sexually transmitted infections (STIs), contraceptive services, provision of Pre-Exposure Prophylaxis (PrEP) for HIV prevention and psychosexual services. It has a particular focus on more complex and/or specialist cases, and individuals at higher risk of poor sexual health.

Approval was given by GCC Cabinet in January 2023 to continue the current commissioning arrangements with GHC as the provider of the SSHS for a seven-year period (from April 2024 until March 2032) with an option to then extend for a further period of two years.

GHC also provide the Pregnancy Advisory Service, HIV Treatment and Sexual Assault Referral Centre. This ensures provision is integrated and co-located to provide a seamless transition between services for patients.

3.2 STI testing – online postal testing and results notification service

An online postal testing and results notification service is available through the SSHS for asymptomatic STI testing. Service users can access postal self-testing for chlamydia, gonorrhoea, syphilis and HIV via the online site. Nearly 20,000 tests are administered through this service each year.

3.3 Primary Care

In Gloucestershire, the majority of contraception is prescribed by primary care, including long-acting reversible contraception (LARC) such as coils and implants. The core offer of sexual health and contraception services within General Practice is delivered under the terms of the core GMS contract and is commissioned by NHS England. GCC commission a number of Public Health Enhanced Services (PHES) contracts which cover the delivery of both mandated and discretionary (but high priority) sexual and reproductive health services within primary care through General Practice and Community Pharmacies.

3.3.1 Advanced Contraception – GP PHES

The Public Health Enhanced Service (PHES) for sexual health is an enhancement to core GMS services for sexual health and focuses on provision of LARC devices in primary care (implants, intrauterine devices (IUDs) and intrauterine system (IUS) (coils)). The provision of LARC forms part of Local Authorities' mandated responsibility for commissioning sexual health services. This enhanced service ensures individuals have a comprehensive and evidence-based choice as part of an integrated contraceptive pathway and the enhanced service is offered to all GP Practices in Gloucestershire to sign-up. 64 GP practices out of approximately 70 have opted to sign up for the provision of Advanced Contraception from 1st April 2023.

3.3.2 Additional Sexual Health Clinics (ASHCs) – GP PHES

These clinics support the delivery of the mandated responsibility for the delivery of accessible open access sexual health services. The ASHCs operate from existing general practice premises, are distributed across the districts, include a combination of bookable and walk-in appointments and are run weekly/fortnightly. These provide additional hours of primary care support dedicated to low level sexual and reproductive health needs locally and are advertised across local primary care networks. A total of eleven GP practices in Gloucestershire provide Additional Sexual Health Clinics.

3.3.3 Emergency Hormonal Contraception (EHC) – Pharmacy PHES

GCC commission the provision of free Emergency Hormonal Contraception (EHC) for you people under the age of 25. This is delivered by 114 community pharmacies in Gloucestershire through the pharmacy PHES. EHC can be taken after sex to prevent pregnancy; and is a key component in strategies to reduce unplanned pregnancies and teenage conceptions. There is good evidence on the cost effectiveness of EHC and it is important that it is easy to access to enable people to take it in the required timeframes. It is also available free of charge from GPs on prescription and via the Specialist Sexual Health Clinics.

3.4 Community based interventions - Prevention service

The Eddystone Trust are commissioned to deliver sexual health prevention focused interventions including:

- C-Card scheme which provides free condoms to young people under the age of 25 from community-based distribution sites.
- Opportunistic condom distribution via targeted outreach to clients likely to be at most risk of poor sexual health.
- Community based targeted HIV testing.
- Delivery of targeted sexual health education and sexual health promotion messages; and
- Support to people living with HIV and their Carers.

3.5 Relationships and sex education

GCC commissions the Gloucestershire Healthy Living and Learning (GHLL) programme, which aims to improve health outcomes for children and young people aged 5-19 through targeted public health interventions in educational settings. Through GHLL, schools are provided with resources, funding and training to deliver Relationships and Sex Education (RSE) as part of the curriculum. Additionally, GHLL continue to work closely with School Nurses and promote the wider role of the Public Health Nurse. This programme is accessible to all schools, colleges and other educational settings in Gloucestershire as well as targeted support given to individual settings as necessary.

GHLL responds to needs identified through the Online Pupil Survey, the Education, Performance and Inclusion Team and various other measures including Free School Meals provision. Educational settings are required to audit existing provision and develop at least two interventions to improve health related behaviours which GHLL help support. Additionally, Lead Teachers are allocated and will support schools as part of the GHLL offer.

3.6 Teenage pregnancy focused work

The Teenage Pregnancy Service is delivered by Gloucestershire Hospitals NHS Foundation Trust (GHFT). The aim of the service is to provide additional specialist midwifery support to enable the development of confident capable parents by proactive engagement and working with key partner services (e.g. Children's Social Care, Education, Children Centres), provide best practice advice and guidance to the wider midwifery service around work with teenage parents and provide appropriate contraception advice and support. The Teenage Pregnancy Partnership Board is a forum which meets to review and guide teenage pregnancy work as well as review available data, ensuring a co-ordinated approach across the Gloucestershire system.

3.76 Maternity Contraception

The Maternity Contraception Service is commissioned by GCC and delivered by Gloucestershire Hospitals Foundation Trust (GHFT). Through this service, vulnerable women are supported by midwives to consider their contraception choices as part of the prenatal pathway and are initiated

on their contraception of choice before or shortly after discharge from hospital, with the aim of preventing short interval and unplanned pregnancies.

4. Outbreak and incident management

Our local system, including our Specialist Sexual Health Provision, supports in the management of sexual health outbreaks and incidents. For example, provisional data indicates an increasing trend in the rates of Gonorrhoea detection in the South West since January 2022. The UK Health Security Agency (UKHSA) have been leading a co-ordinated response to this which has included increased communications and enhanced surveillance.

5. Research and development

5.1 Increasing HIV testing and access to PrEP through primary care

Increasing general practice HIV-testing and supporting access to PrEP, by identifying eligible patients and referring to specialist services, are critical components of HIV prevention. GCC are working with the Applied Research Collaboratory (ARC) West team to co-develop an intervention to increase HIV testing and support access to PrEP in general practice. This has secured National Institute for Health and Care Research (NIHR) School of Primary Care Research funding.

5.2 Reducing late diagnosis - HIV late diagnosis audit

This project aims to inform and improve the quality of service provision, specifically, to improve the offer of HIV testing to the local population by local services. It will do this by learning from previous cases of people with a late diagnosis of HIV comparing their situation (e.g. age at diagnosis, setting of diagnosis, clinical indicators) with other patients not diagnosed late with HIV in the same period.

6. Conclusions

This report summarises sexual and reproductive needs in Gloucestershire and outlines the services commissioned by GCC to respond to these needs. Good sexual health is an important part of overall physical, mental and emotional health and wellbeing. It is central to the development of some of the most important relationships in our lives and can greatly impact other aspects of our health and wider wellbeing. Sexually transmitted infections (STIs) can significantly add to the burden of disease in the local population.

Sexual health is generally positive in Gloucestershire with good levels of access to sexual health services. Although the commissioning picture is complex in sexual health, having GHC as the provider of the SSHS as well as the Pregnancy Advisory Services, HIV Treatment and Sexual Assault Referral Centre ensures provision is integrated and co-located to provide a seamless transition between services for patients.