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- **Sexual Health provision in Leicester after 1<sup>st</sup> April 2025.**
- **Fighting Health Inequalities by taking a Public Health approach to Sexual Health in Leicester.**

# Sexual Health provision in Leicester after 1<sup>st</sup> April 2025.

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- From 1<sup>st</sup> April MPFT will be commissioned to deliver to Leicester residents only, with HCRG delivering to Leicestershire and Rutland residents.
- Sexual Health services offered by MPFT in Leicester are not changing.
- Sexual Health services are open access and our collective commitment remains to ensure that everyone who needs support from Sexual Health services receives that support in a timely fashion and from the most appropriate venue.
- This is a transition period and there may be some turbulence.



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# **Fighting Health Inequalities by taking a Public Health approach to Sexual Health in Leicester**

# Sexual Health (World Health Organisation)

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Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities.

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, disfunction of infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

It includes the right to decide the number and spacing of ones children.

The sexual rights of all persons must be respected, protected and fulfilled.



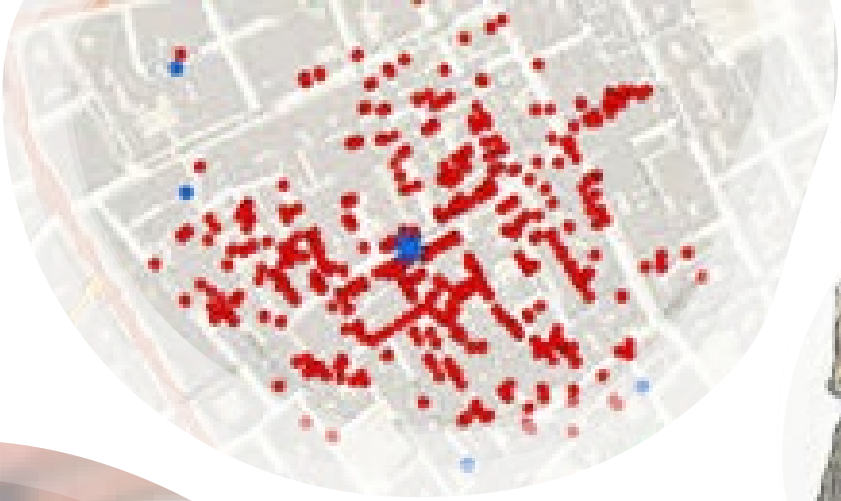
# Public Health (World Health Organisation)

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The art and science of preventing disease, prolonging life and promoting health through the organised efforts of society.

It also considers principles of social justice and equity, promoting and protecting better health for all and leaving no one behind.





Improving the public's health

We must have accurate information about our population and we must take action.

1854, John Snow, population level, cholera outbreak, mapping, Broad Street pump, remove the handle.  
– Epidemiology and Public Health

# domains of public health

1. Infectious diseases
2. Emergency response
3. Environmental hazards

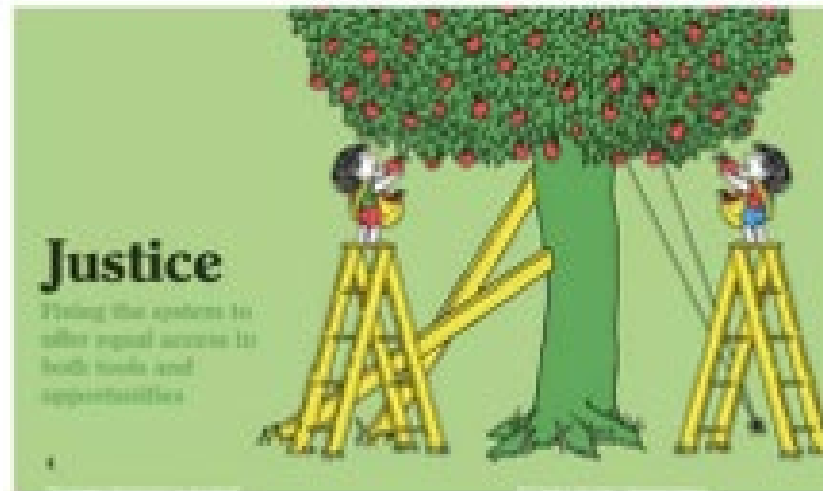
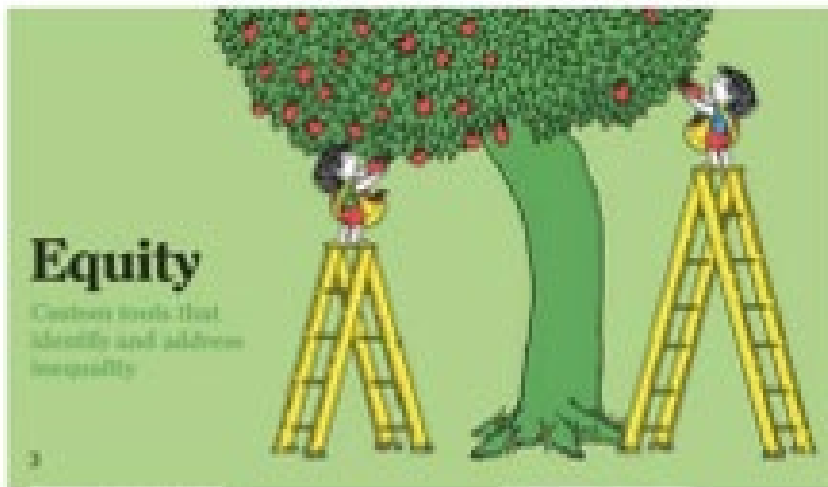
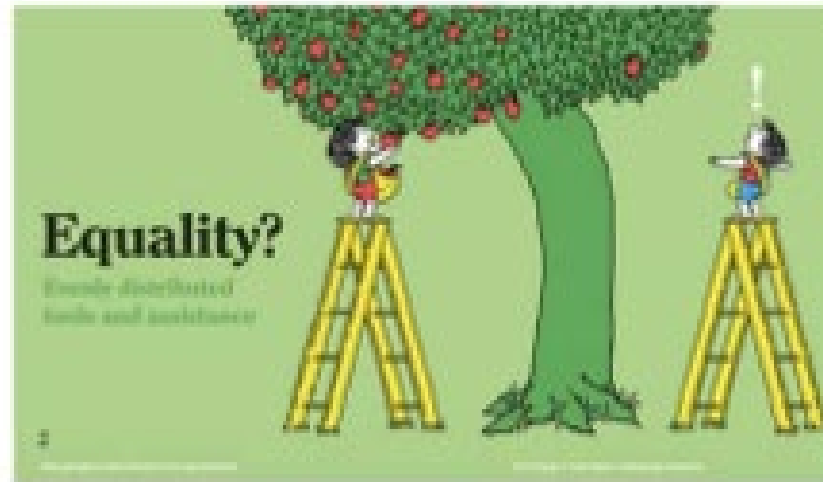
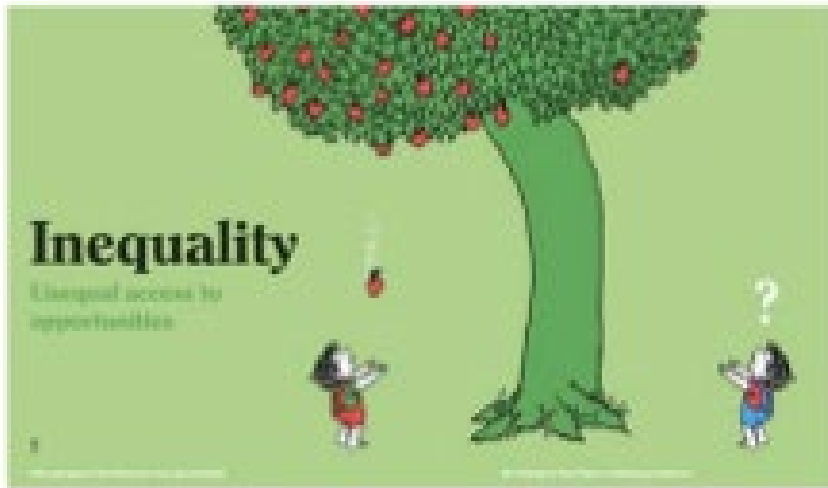
Sexual Health



1. Wider factors that affect health and wellbeing
2. Healthy lifestyles and choices
3. Inequalities

1. Disease prevention
2. Service improvement
3. Evidence based practice
4. Equity of provision

# Health inequalities are the unjust, unfair and avoidable differences in health between different groups.







Shapes who we are, the challenges we face, choices we make.

Risks “othering”, stigma, shame, isolation: Poorer health outcomes (.e.g Trans community).

## Wider Determinants of Health (the causes of the causes)

### Individual factors:

Genetics, age, sex at birth

### Lifestyle factors:

Smoking, diet, physical activity

### Social and community

**networks:** Friends, family and support systems.

### Living and working conditions:

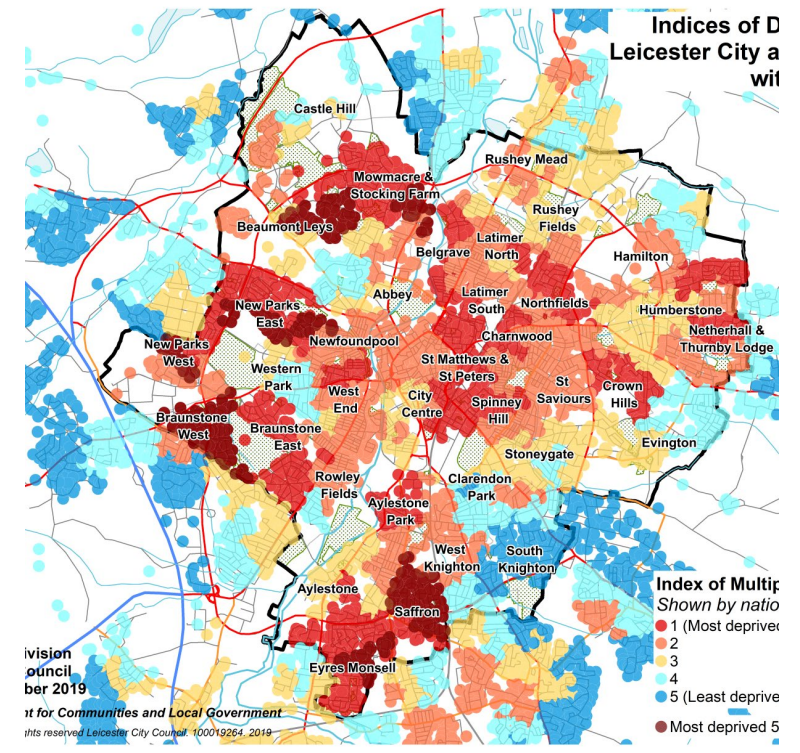
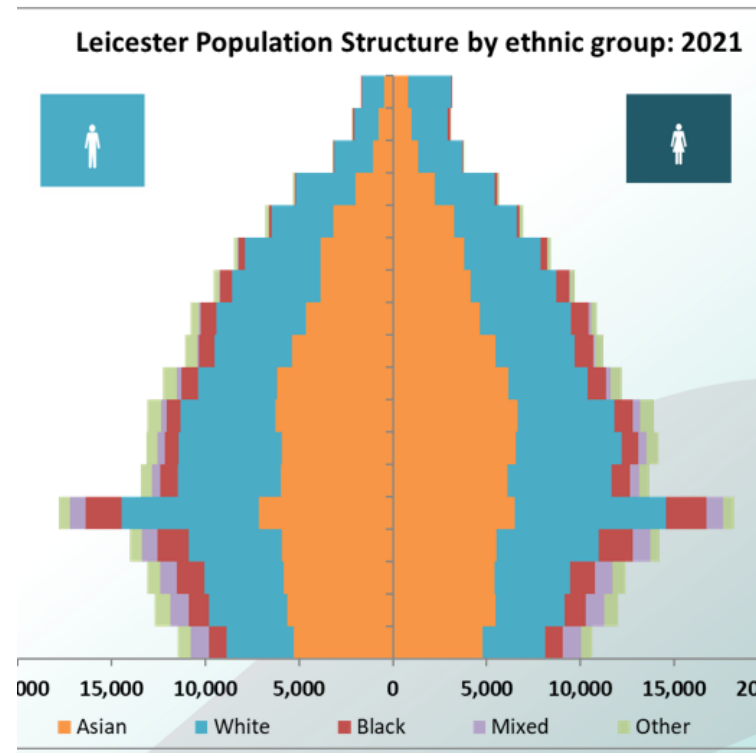
Housing quality, employment status, education, healthcare

### Wider socioeconomic cultural and environmental conditions:

Structural issues – cultural norms, economic stability.

# Leicester

Leicester is the 19<sup>th</sup> most economically deprived local authority in England (out of 151 Upper tier Authorities). Over a third of the population are resident in the most deprived 20% areas. High deprivation alongside more affluent areas. These extremes of wealth have a significant implication on all aspects of life including the health and wellbeing of residents. This is a major contributing factor to health inequalities.





**Life Expectancy:** How long you are likely to live.

**Health Life Expectancy:** How many years of good health you can expect to have.

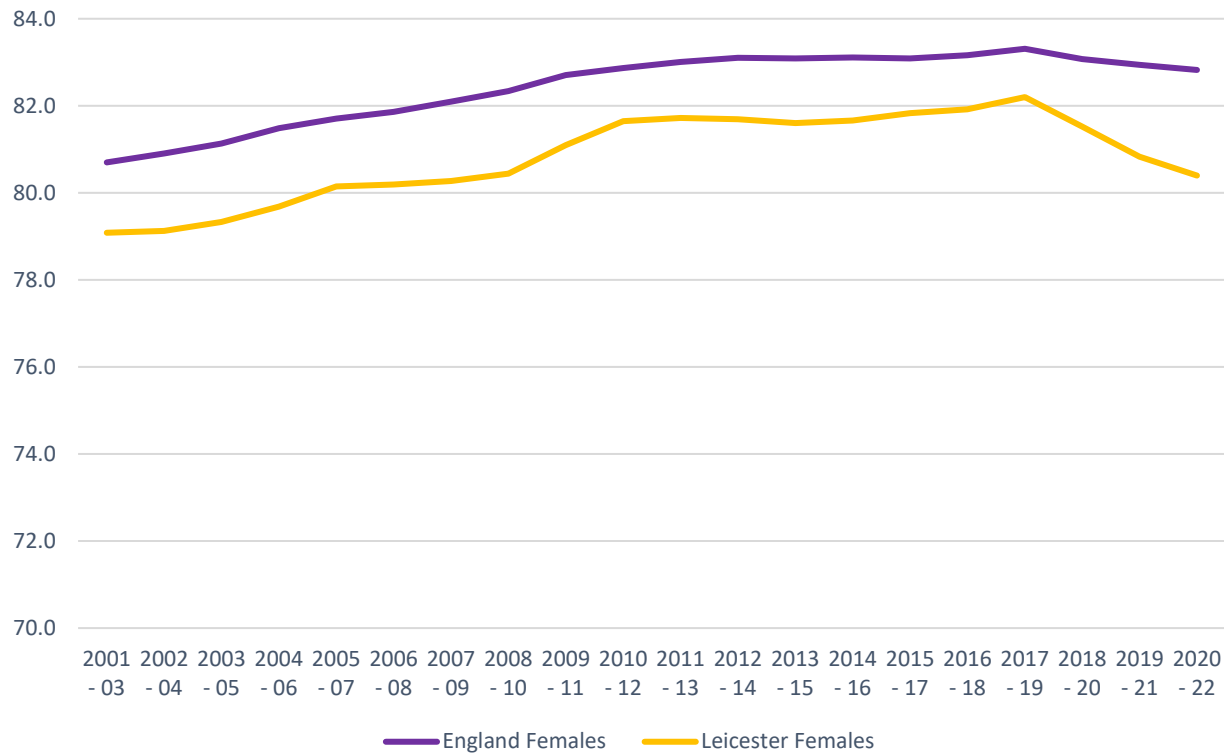
We want people living as long as possible and being as healthy as possible within these years.

Depending on where you live in the City, depends how long you can expect to get of both life expectancy and healthy life expectancy.

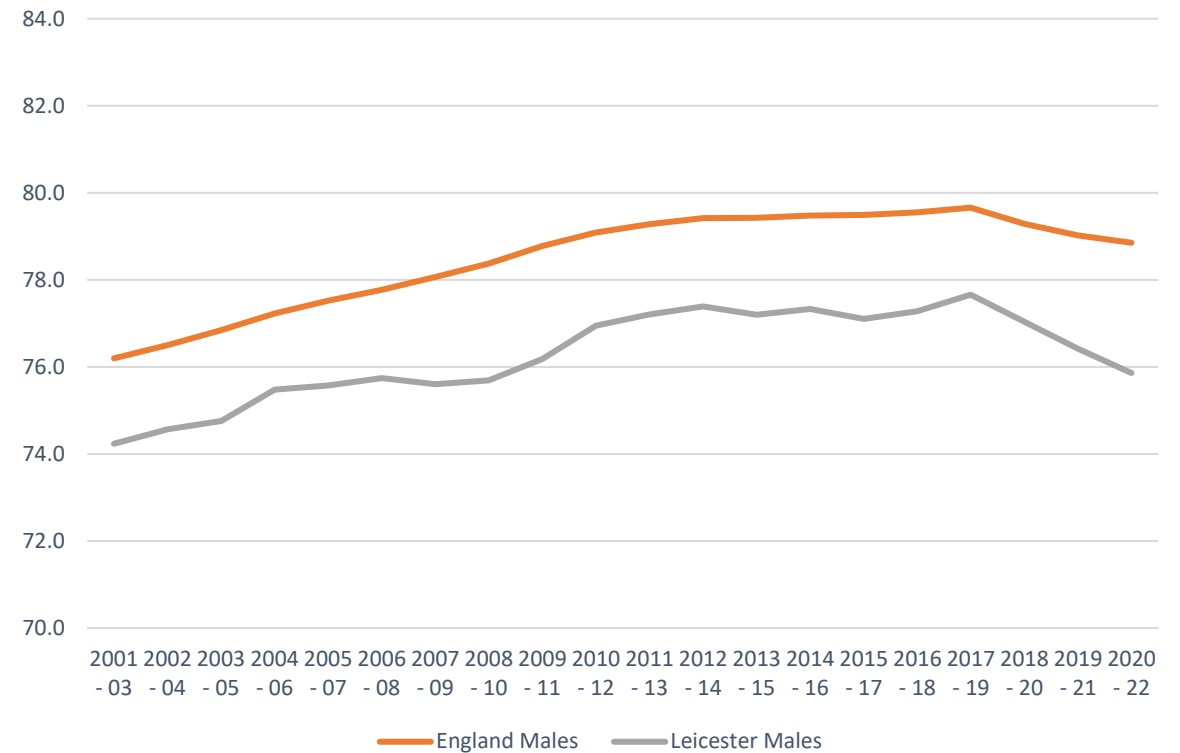
**Health Inequalities:**  
**unfair, unjust and avoidable.**

# Leicester residents have consistently had shorter life expectancies compared to the national average for many years.

Female life expectancy (3 yr band) - 2001 to 2022



Male life expectancy (3 yr band) - 2001 to 2022



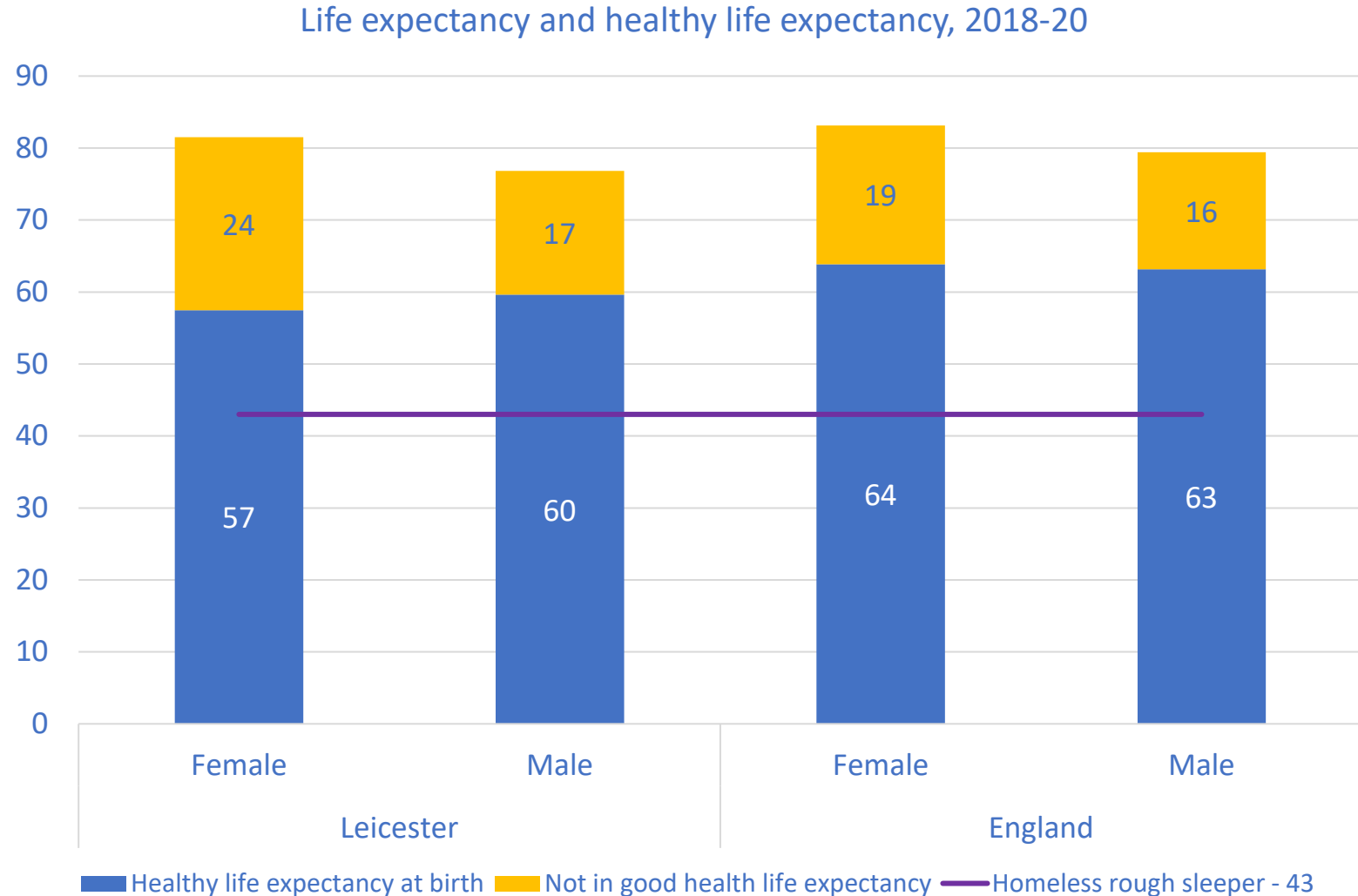
Note: Axis starts at 70 years Source: ONS Life Expectancies

**Life (healthy) expectancy:** Leicester residents have shorter healthy life expectancies and can expect to have a longer ill health life expectancy compared to the national average. For additional context the life expectancy of rough sleepers is also included.

Leicester females can expect 57 years healthy life and a further 24 in ill health compared to 64 healthy years and 19 ill health years for national average.

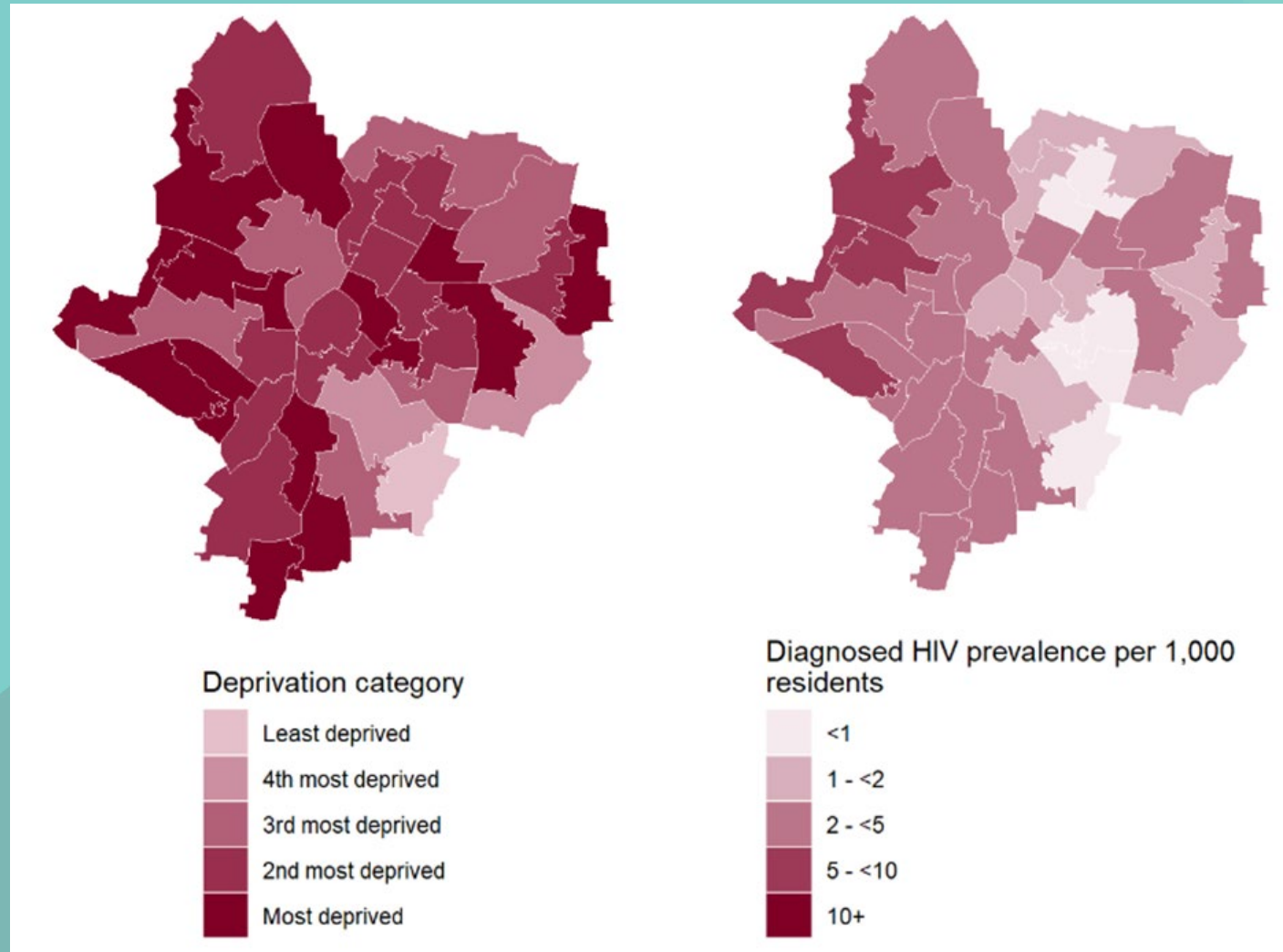
Leicester males have a slightly longer healthy life expectancy and a shorter ill health life expectancy leading to a shorter life expectancy overall.

There is also inequality across the city. With those in the least deprived areas of the city having longer life expectancies.



Source: ONS Life Expectancy data 2018-20 , ONS deaths of homeless people 2018

# Link between deprivation and poor health



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

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



Leicester  
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## Commissioning responsibility of sexual health services (complex!)

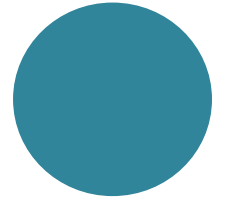
Our job is to use the best data and evidence available to us to make the best use of the resources (money/knowledge) we have in order to address health inequalities.

Public Health Ring fenced grant.

Prescribed functions:

- Open-access integrated sexual health service (ISHS).
- Emergency Hormonal Contraception free to under 25's and LARC in GP's

Pots of funding: BBV Peer Support





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- open-access integrated sexual health service (ISHS) that offers level 1-3 care i.e.
    - Complex contraception
    - STI counselling, testing and treatment
    - Outreach with vulnerable communities
    - HIV PrEP
    - Psychosexual counselling
    - SRE in educational institutions
  - GPs to provide LARC to patients in the community
  - Community pharmacists to provide emergency contraception free to the under 25s

We are not responsible for commissioning

- Oral contraception and emergency contraception by GPs which is part of the GMS contract
- Termination of pregnancy services which are commissioned by the ICB and provided by BPAS and UHL
- HIV medicine services provided by UHL  
Vasectomy and lap sterilisation services

## Commissioner/Provider relationships

**Acrimonious relationship – unhelpful and unproductive.**

**We are on the same side, we want the same thing: sexual health services that met the needs of all the people of Leicester.**

**We have different roles and this can produce challenging, but productive, discussions and drive forward collaborative improvements.**



# What are we doing right now?

- Summary Needs Assessment 2023, progressing recommendations.
- Working with MPFT to continue to deliver and improve an excellent service for people of Leicester
- Free Emergency Hormonal Contraception, mystery shopper exercise and exploring whether we can extend provision.
- LARC – progressing single point of access and exploring costings.
- Towards Zero: the HIV Action Plan for Leicester, Leicestershire and Rutland (2024 to 2027) and multi-agency strategic group
- GBMSM (including Trans men) who use chems in a sexualised environment Trade/Turning Point/MPFT (when no evidence, pilot!)
- Don't count if you are not counted: School Nursing Digital Health Contact asking questions about gender and sexuality for the first time – data available about young people's experiences.

“A significantly larger proportion of students whose gender identity differed from their registered sex at birth reported that they regularly feel frightened, worried, nervous (50.7%), compared to one in four (24.8%) students whose gender identity and registered sex are the same.”

# In summary

- Health inequalities are systematic, unfair and avoidable differences in health between different groups and apply across health outcomes
- A 'public health approach' is needed to tackle these:
  - Thinking wider than the individual patient in front of you and about populations
  - Understanding the wider determinants of health and the causes of the causes
  - Intelligent use of data and evidence to make decisions
  - Always thinking prevention
  - Working together with organisations and communities

