

Report of the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 28th September 2023

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Subject:

SEXUAL HEALTH SERVICES

Summary statement:

Local authorities are responsible for providing integrated sexual health services to their residents. While some decisions about provision should be based on local need, there are specific legal requirements ensuring the provision of certain services which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Previous reports on sexual health services were presented to this committee in February 2020 and September 2021. The last report was about re-procurement of the services and a new contract is in place since April 2023. This report updates on current commissioning arrangements, performance of sexual health services and key challenges for the next five years.

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Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

EQUALITY & DIVERSITY:

The services described in this report contribute towards objectives of Bradford District Plan 2021-25: 'Children have the best start in life' and 'Residents achieve good health and wellbeing'.

References to women throughout this document include cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.

1. SUMMARY

Local authorities are required by law to commission sexual health services. In Bradford we also choose to offer non-mandated outreach and prevention services that are essential to reduce inequalities. Our previous contracts for sexual health services which were in place since 2015 (Locala) and 2017 (Mesmac) ended this year. The last report on sexual health services was presented two years ago during preparation for procurement.

To inform procurement, we conducted a needs assessment and service review in 2021-22. This process involved analysis of data, policy and evidence, consultation with organisations, public, and the market, and stakeholder engagement. The review suggested key areas that needed change, including strategies to engage young people and improve chlamydia screening, joint work with the NHS on contraception and women's health, and diversification of the groups targeted by outreach and prevention. A new service specification reflecting these findings was developed.

Following tender, a new contract starting 1st April 2023 was awarded to Locala. In the new contractual arrangement, Locala subcontracts Mesmac, GPs, pharmacies, and SH24 (online provider). Service innovations implemented in the last eight years were consolidated, including a shift towards digital and postal services (accelerated during the COVID-19 pandemic), clinic sessions for young people, and mobile clinics in partnership with voluntary organisations.

Overall, performance of sexual health services in Bradford is good. Nationally, services are still recovering from COVID and levels of STI diagnoses and contraception offer are generally below pre-COVID levels. Bradford performs better than England in 8 out of 15 key performance indicators, similarly in 4, and worse in 3 indicators. Chlamydia screening is our worst area and is a priority for the first year of the new contract.

Sexual health services are under financial pressures all over the country. This is because of a sum of increased demand (behaviour change), reduction/non-increase of the PH grant, inflation and increasing cost of living. In Bradford, we are exploring potential options for increasing funding for 2024-25.

2. BACKGROUND

Commissioning responsibilities

Public health was transferred from the NHS to local authorities in 2013 as part of implementation of the Health and Social Care Act 2012. Commissioning arrangements for sexual and reproductive health were among the transferred responsibilities.

Commissioning of sexual health (SH) services are one of the prescribed functions of the local authorities' public health (PH) grant spend. In addition, the NHS commissions other SH services, either directly or via Integrated Care Systems (ICS). Those shared responsibilities are set out in the Health and Social Care Act 2012 and the Health and Care Act 2022 and summarised in table 1.

Table 1. Commissioning responsibilities for sexual health services

Local authorities	Integrated care systems	NHS England
Comprehensive sexual health services, including: <ul style="list-style-type: none"> - Contraception and advice on preventing unintended pregnancy in SH services - STI testing and treatment and notification of partners - HIV testing, partner notification and prevention incl. PrEP and PEP - Sexual health aspects of psychosexual counselling - Sexual health services commissioned from primary care (GPs and community pharmacies) - HIV social care - Social support for teenage parents 	<ul style="list-style-type: none"> - Abortion services - Female sterilisation - Vasectomy (male sterilisation) - Non-sexual health elements of psychosexual health services - Contraception primarily for gynaecological purposes - HIV testing when clinically indicated in ICP commissioned services 	<ul style="list-style-type: none"> - Contraceptive services provided as an “additional service” - HIV treatment and care services, and cost of antiretroviral drugs - Testing and treatment for STIs (including HIV) in GPs and other NHS services - All sexual health elements of healthcare in secure and detained settings - Sexual assault referral centres - Cervical screening - HPV immunisation - Specialist foetal medicine - Infectious Diseases in Pregnancy Screening

Source: [A Framework for Sexual Health Improvement in England \(DH, 2013\)](#)

Non-prescribed but essential functions that the local authorities should consider providing include advice, prevention and promotion on sexual health.

Bradford Council commissions district-wide, universal, integrated sexual and reproductive health services (ISRHS) including both prescribed and non-prescribed services. Therefore, in addition to contraception and STI care (prescribed) the Council commissions outreach, prevention and support services for individuals and groups who are vulnerable or at risk of poor sexual health outcomes.

The aim of this service is to achieve a positive impact on the health and wellbeing of the population of Bradford District through objectives that are in line with the [Public Health Outcomes Framework](#) (PHOF), reflecting national priorities, and with the [Council Plan 2021-25](#) and [Bradford District Plan 2021-25](#), reflecting local priorities.

Benefits of sexual health services

Sexually transmitted infections (STIs) and unplanned pregnancy are amongst the most important contributors to poor health, particularly in the most deprived areas. STIs are often asymptomatic and if left untreated, they can cause pelvic inflammatory disease or infertility.

Investment in sexual health services remains one of the public health “Best Buys“. It significantly improves peoples’ general health and mental wellbeing. An investment of £1 in contraception is estimated to return £9 of cost savings to the government. Public health services save money across the NHS and local authority budgets.

Below are examples of expected benefits of providing SH services:

- A reduction of unplanned pregnancies and abortions through access to contraception
- A reduction of the impact of HIV and STI on the population’s health through increased diagnosis and treatment of STIs and reduction of late HIV diagnosis
- A reduction on sexual health inequalities through better access to sexual health services for high-risk individuals and vulnerable communities (hence the importance of outreach and prevention)
- More engagement of the public with safe behaviours through partnership work with the voluntary and community sector

These benefits are monitored through a panel of indicators that reflect both national performance outcomes and local priorities. National outcomes (including for local authorities) are available from the Office for Health Improvement & Disparities (OHID) websites. Local indicators are used to monitor adequate provision of services – a full list of performance measures is available under request from the [PH team](#).

Contract timeline

Bradford Council commissions sexual health services from Locala since 2015 (previously they were commissioned from BTHFT and AFHT). Locala is a community interest company that provides a range of healthcare services across West Yorkshire including sexual health services in Kirklees. Locala subcontracts community pharmacies to provide Emergency Hormonal Contraception and GPs to offer fitting of Long-Acting Reversible Contraceptives (LARC). Since 2018 Locala subcontracted SH24 to provide online access to STI testing and photo diagnosis.

From 2017, the council established a separate contract with MESMAC to provide Community Based Sexual Health Outreach, Prevention and Support Services for some groups with higher risk of poor sexual health outcomes (LGBTQ+, PLHIV, MSM, some ethnic minorities).

The Council also pays for Out of Area sexual health services provided for Bradford residents by other local authorities or NHS trusts, based on a regional tariff agreed between Yorkshire & Humber commissioners.

In 2021 we started preparing for re-procurement of sexual health services. Contracts with Locala and Mesmac were extended to March 2023 to end together giving us enough time to review the services and simplify procurement and commissioning. We decided to merge all prescribed and non-prescribed services into a single service specification, while allowing subcontracting to achieve the service objectives. The reasons for this decision were: economy of scale and efficiency gains, single direction to outreach and other preventive services, better integration of clinical and non-clinical services, and redistribution of resources for outreach according to needs assessment over time.

Locala won the bid for the new contract and will continue to be the sexual health provider for Bradford. The new contract started 1st April 2023 and was initially awarded for 5 years, with possible extension to up to 10 years. In the new arrangement, Locala subcontracts GPs, pharmacies, MESMAC and SH 24 (online services).

Access to services

Access routes to the sexual health services have changed over the years in particular during the COVID-19 pandemic. Lessons from these various changes led us to the current modes of access that are summarised below. More information can be found at [Locala's website](#).

The main sexual health clinic is located in the city centre (Howard House, BD1) and opening times are Monday to Thursday 8:15am to 7:30pm, Friday 8:15am to 5.30pm and Saturday 9:30am to 12:30pm. There is a mix of face to face and telephone appointments at different times throughout the day. To book an appointment you need to contact Locala by phone (03033309500). This allows the allocation of a time slot avoiding crowding and long waiting in the clinic. Some appointments can be [booked online](#) eg for warts or contraception.

Although booking an appointment over the phone or online is recommended, if someone presents to the service without an appointment they will be assessed and accommodated according to need. There is a number of same-day slots available every day to accommodate urgent appointments and referrals from partners eg organisations that work with vulnerable individuals.

There is a queue and wait clinic for under 18's every Wednesday 3:30pm - 6:30pm at the main clinic (no need to book). A nurse-led online chat is open Mon-Fri 8:30am to 4:30pm. STI test kits can be ordered online through the SH:24 web site. A pop up clinic has been offered weekly in Keighley since June 2024. Locala also offers joint clinic with partner organisations in community settings (eg with MESMAC, Bevan healthcare, the Lotus project).

Vulnerable adults and young people can be referred from other organisations or professionals using an [online form](#), and outreach support can include school or home visits (after consent). The service also has a Learning Disabilities (LD) work stream that meets monthly and has produced easy read information and a feedback survey for patients.

Outreach, prevention and support to vulnerable groups

In addition to mandated services, Bradford Council commissions sexual health outreach, prevention and support services. These are targeted activities that support individuals and groups with greater sexual health and access needs to use sexual health services. Targeted outreach is a strategy to reduce health inequalities when offering sexual health services. This strategy reflects principles ('Equalities at the heart of all we do') and priorities ('Better health, better lives') of the Council Plan 2021-25.

Provision of outreach services changed over the years. Locala partnered with Hale since 2015 to provide mobile clinics to young people. MESMAC has worked in Bradford District for 30 years and since 2017 they are commissioned by the council to provide a range of activities for individuals who identify as LGBTQ+, men who have sex with men (MSM), people living with HIV infection (PLHIV) and ethnic minorities. More recently, Locala developed an in-house outreach provision, the clinic-in-a-box, in partnership with VCS organisations like Lotus and Bevan (for sex workers and homeless) and also with MESMAC. Most activities delivered until 2022-23 continue to be provided in the new contractual arrangement.

The reason why the outreach provision is diverse is because it is more effective to work with organisations that the targeted individuals know and trust, and because targeted groups for outreach can be so diverse as people with LD under care and sex workers whose first language is not English. Collaborating with local partners and stakeholders ensures that services are delivered with sensitivity to the diverse backgrounds and needs of all communities in Bradford District. Targeted groups for outreach include but are not limited to people living in areas of highest deprivation, young people under care, people who identify as LGBTQ+, people from a BAME background, people with special educational needs or disabilities, people living with HIV, and people who engage in risky sexual behaviours.

Over the 8 years of the previous contract, we have seen Increase in attendances from key groups with risky sexual behaviour, like sex workers (8 in 2015-16, 72 in 2022-23) and MSM (487 in 2015-16, 1291 in 2022-23). These numbers include patients seen in the main clinic and through outreach but not those seen by MESMAC out of the joint clinics with Locala.

Relationships and sex education

[Relationships and Sex Education \(RSE\)](#) is expected to contribute to improved physical and mental health for children and young people through learning about the emotional, social and physical aspects of human development, relationships, sexuality, wellbeing and sexual health. RSE became mandatory for schools from September 2020. The Council commissions a consortium of VCS organisations (Step 2, Hale and James) to support the delivery of this policy in Bradford's schools. This provision is commissioned separately from sexual health services.

The RSE programme provides both universal and targeted RSE, including sessions for young people living in care or accessing specialist provision and training to school teachers, parents, foster carers, residential children's home staff and other key professionals in contact with young people. Young people who have received RSE are more likely to seek help or speak out, practice safe sex and have improved health

outcomes, have consented to first sex, have an understanding of digital safety; more knowledgeable and aware of discrimination, gender equity and sexual rights; and less likely to be a victim or perpetrator of sexual violence. RSE is also a strategy to reduce teenage pregnancy.

Financial pressures

In November 2022 the LGA published the report [Breaking point: Securing the future of sexual health services](#) where they address the long-term funding and capacity challenges across local authority commissioned sexual health services.

There has been significant increase in the demand for Sexual Health Services Nationally over the last 10 years, particularly increases in syphilis and gonorrhoea diagnoses and in antibiotic-resistant sexual infection, and challenges accessing contraception in particular inequalities in access to the most effective long-acting reversible contraceptive methods (LARC).

The public health grant to local councils used to fund sexual health services was reduced by over £1bn (24 per cent) between 2015/16 and 2020/21. Across England, spending on STI testing, contraception and treatment decreased by almost 17 per cent between 2015/16 and 2020/21, as local councils implemented these cuts. Government cuts to councils' public health budgets has left local authorities struggling to meet increased demand for sexual health services.

Local councils have been engaged in major modernisation of SH services in the last few years (accelerated by the pandemic) with a rapid channel shift to online consultations, apps, home testing and home sampling. However, capacity to further innovate and create greater efficiencies is limited by funding challenges.

Table 2 provides an overview of Bradford Council's budget for sexual health over the last 6 years.

Table 2. Total budget (in £1000's) allocated to sexual health services 2018-2024 – Bradford Council

Contract / Fiscal year	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
OOA GUM¹	£ 240	£ 254	£ 295	£ 255	£ 255	£ 155
Outreach (MESMAC)	£ 219,9	£ 219,9	£ 73 ²	£ 220	£ 220	-
Clinical services (LOCALA)	£ 3,770	£ 3,813	£ 3,843	£ 4,071	£ 4,133	£ 4,400 ³
TOTAL PER YEAR	£ 4,230	£ 4,287	£ 4,212	£ 4,546	£ 4,608	£ 4,555

Source: Bradford Council – PH team

¹OOA GUM – Out of area genitourinary medicine – services provided to Bradford residents by other local authorities

² Reduced value this year reflected the impact of national lockdown measures on outreach activities

³ A new contract integrating clinical and outreach services commenced 1 April 2023. Underspent OOA GUM money was shifted to the main SH contract.

Examples of two critical areas where financial pressures have started to be noticed in Bradford are long-acting contraceptives and STI testing offered online

- Access to contraception through primary care. We pay GPs to fit implants, coils and

IUDs because these are the most cost-effective contraception methods and primary care is the most accessible point of the system. However, the tariff we pay for LARC fitting has not been corrected over the years what is limiting our capacity to engage new GPs to offer this service.

- STI testing kits requested online. The demand for online services sky-rocketed during the pandemic and has not returned to previous levels after the end of social restrictions and reopening of the main sexual health clinic. To stay within the budget, we agreed with the provider a daily cap to the online offer of STI test kits. We don't expect all the people that are not able to find a test online to come to the clinic what means we may be failing to detect and treat some STIs.

3. REPORT ISSUES

Service development

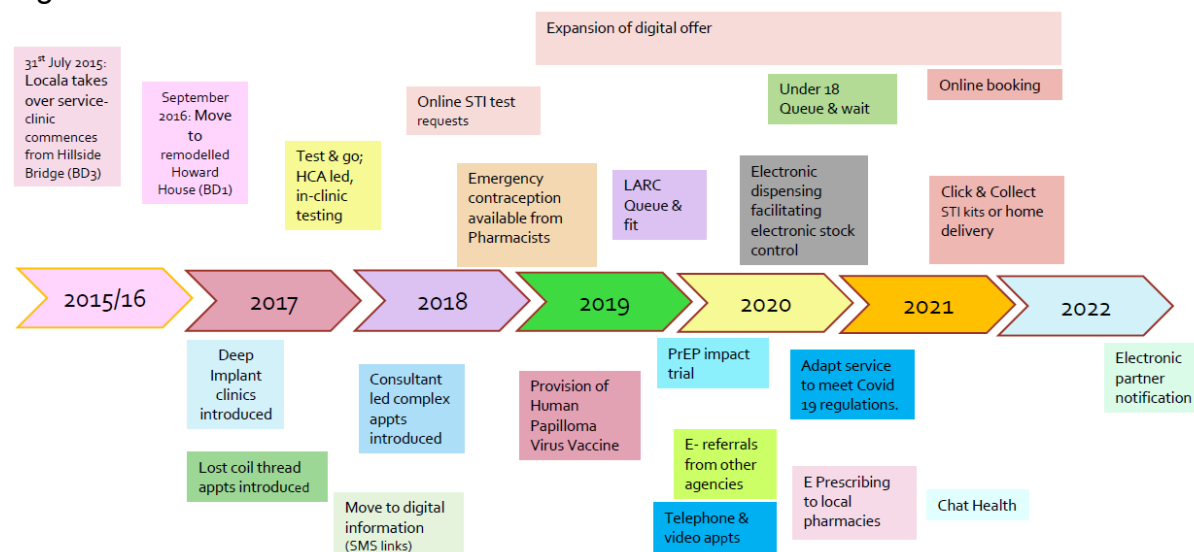
The two figures below show a timeline of the services offered by Locala between 2015-23, and key innovations implemented by the service over those years.

Figure 1. Timeline of changes to the scope of services

Year of contract	2015	2016	2017	2018	2019	2020	2021	2022	2023
Clinical scope	All STI and contraception care								
		Deep implant removal contract							
			hepatitis A vaccine to all MSM						
				HPV vaccination to all MSM under 45					
					Pre-exposure prophylaxis for HIV				
								Smallpox vaccine for M-pox	

Source: Locala – Summary of contract 2015-2023 (prepared by Sophie Brady)

Figure 2. Timeline of service innovations



Source: Locala – Summary of contract 2015-2023 (prepared by Sophie Brady)

Service utilisation

Tables 3 and 4 show attendances to Bradford sexual health services per ethnicity and per

ward. Numbers do not include online services.

In terms of ethnicity, over the period 2015-2023, the service has seen proportionally less White British (from 51% in 2015-16 to 43% in 2022-23) and similar proportion of Pakistani individuals (22%). Black African has risen from an initial 2.7% to 5.3% in the last contract year, while not stated/not known has grown since 2020, what is probably due to more phone consultations.

Table 3. Attendances to Bradford sexual health services per ethnicity, 2015-2023

Ethnicity of attendances	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
White British	51.0%	52.3%	52.5%	52.8%	50.8%	49.5%	44.1%	43.2%
Pakistani inc British Pakistani	22.0%	21.0%	20.4%	20.3%	20.4%	23.7%	23.2%	22.2%
Any other White background	8.0%	7.7%	7.5%	7.5%	7.5%	7.8%	7.0%	6.6%
Black African	2.7%	3.0%	3.2%	3.2%	3.3%	3.1%	3.8%	3.3%
White and Black Caribbean	2.2%	2.4%	2.8%	2.5%	2.8%	2.2%	2.3%	2.3%
Not stated	1.0%	1.1%	1.1%	1.1%	1.4%	3.4%	3.4%	3.1%
Any other ethnic group	1.5%	1.5%	1.4%	1.8%	1.8%	1.9%	2.6%	3.4%
Indian	2.2%	1.9%	1.8%	2.0%	2.1%	1.9%	1.9%	2.0%
^a Not Known	0.8%	0.4%	0.4%	0.5%	0.9%	3.8%	3.7%	3.7%
Bangladeshi	2.3%	2.1%	1.7%	1.5%	1.8%	1.8%	1.8%	2.0%
Black Caribbean	1.5%	1.6%	1.6%	1.8%	1.6%	1.6%	1.3%	1.2%
White and Asian	1.4%	1.6%	1.5%	1.2%	1.4%	1.2%	1.2%	1.2%
Any other Asian background	1.2%	1.2%	1.3%	1.2%	1.3%	1.3%	1.1%	1.1%
Any other mixed background	0.9%	0.8%	1.0%	1.1%	1.2%	1.1%	1.0%	0.9%
White and Black African	0.6%	0.5%	0.7%	0.6%	0.6%	0.7%	0.7%	0.8%
Irish	0.3%	0.5%	0.5%	0.4%	0.5%	0.4%	0.4%	0.4%
Any other Black background	0.4%	0.3%	0.4%	0.4%	0.3%	0.4%	0.4%	0.4%
Chinese	0.2%	0.2%	0.2%	0.3%	0.3%	0.2%	0.2%	0.2%

Source: Locala – Summary of contract 2015-2023 (prepared by Sophie Brady)

In terms of ward of residence of service users, highest attendances have been from areas with highest deprivation (City, Bowling, Little Horton, Tong). Keighley West and Central are outliers. Attendances from City residents have increased. Bowling has stayed steady after initial growth. Bingley and Keighley increased when a spoke clinic was open – from June 2023 a mobile clinic (pop-up clinic) restarted in Keighley. OOA attendances have decreased from 20% in 2015-16 to 14% in 2022-23.

Table 4. Attendances to Bradford sexual health services per ward, 2015-2023

Attendances by ward	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Grand Total
Out of area attendances	3034	4805	4212	4458	3711	4163	4643	3602	32630
City	844	1260	1173	1596	1388	1763	2034	2125	12203
Bowling and Barkerend	860	1240	1062	1203	1038	1620	1624	1527	10196
Little Horton	643	983	964	1071	1016	1298	1371	1193	8541
Tong	549	798	947	1072	872	1211	1579	1309	8337
Eccleshill	603	883	913	1063	938	1180	1333	1112	8031
Manningham	513	678	736	862	861	1262	1490	1283	7705
Bradford Moor	682	917	774	843	687	1130	1272	1167	7474
Royds	303	720	713	929	753	997	1187	1013	6819
Bolton and Undercliffe	376	780	774	813	738	869	933	801	6284
Heaton	372	634	689	676	616	880	1090	939	5916
Toller	406	601	660	779	374	890	1030	930	5870
Great Horton	479	381	366	746	663	920	973	931	5863
Wibsey	409	623	612	731	637	876	932	790	3630
Clayton and Fairweather Green	402	366	337	674	627	863	867	837	5393
Thornton and Allerton	408	383	631	664	393	728	867	761	5239
Windhill and Wrose	311	370	398	629	336	379	641	610	4474
Bingley Rural	374	396	339	690	313	343	323	414	4216
Idle and Thackley	294	434	326	336	497	633	671	381	4212
Wyke	228	430	490	371	439	642	640	721	4201
Bingley	322	663	388	619	331	421	387	413	3944
Queensbury	336	439	366	307	363	494	463	436	3446
Shipley	234	392	419	462	424	413	491	487	3324
Keighley East	282	323	464	483	373	303	266	294	2992
Keighley West	263	448	399	438	366	270	261	209	2636
Keighley Central	231	421	334	326	283	290	243	238	2408
Baildon	183	238	330	318	308	322	293	288	2282
Craven	243	231	231	270	213	226	160	133	1749
Worth Valley	207	297	244	288	217	170	191	113	1729
Ilkley	80	97	123	121	77	107	116	132	833
Wharfedale	46	83	94	88	103	71	108	94	689
Grand Total	14943	22618	21832	24572	21007	26142	28749	25509	185372

Source: Locala – Summary of contract 2015-2023 (prepared by Sophie Brady)

SH needs assessment and service review

In 2021-22, to prepare for re-procurement of sexual health services, the council conducted a comprehensive health needs assessment and service review to assess changing demographics and unmet needs, learn from innovations implemented during the COVID-19 pandemic, and consider changes in policies and the healthcare system.

The review included:

- Review of data & intelligence: OHID sexual health profiles; service provider data; national policies and strategies
- Analysis of the impact of COVID-19 and innovations implemented during this period, in particular the closure of spoke clinics and shift to online testing
- Engagement and consultation: independent clinical advice; public survey; stakeholder event; mystery shopping exercise to explore the online provision; focus groups run by VCS partners; meetings with current providers; market engagement; exchange with other LAs

Key findings from the SH review are outlined below.

- Underperformance in chlamydia screening (under 25yrs) suggesting a need for strategies more targeted to the specific needs of Bradford's young people
- Increase in service use by Eastern European population and pressures from organisations working with asylum seekers and refugees, meaning that services will need to be more responsive to adapt to changing demographics
- Services need to adapt to the privacy needs of young people and be more community-based to reach out those who are not accessing the main clinical service
- A whole systems approach will be needed to develop the challenges of improving women's health outcomes, in particular to improve access to LARC.
- Successful innovations during COVID should inform future directions for service provision including a trend to sustained utilisation of online services
- High levels of satisfaction of patients with local sexual health services - 69% of the respondents of an independent survey conducted in 2021 said their experience of using the services was 'good' or 'excellent', while a survey run by Locala in 2021-22 found 86% of 'very good' experiences with the service.
- Budget constraints that may limit further innovation.

An [independent report commissioned from Healthwatch](#) and published in 2022 suggested that sexual health services will need to consider aspect of accessibility, confidentiality and communication to ensure they are responsive to the needs of young people. Locala offers a queue and wait clinic dedicated to young people and pop up clinics in locations like Keighley to bring outreach services closer to young people. A prevention and engagement worker was recruited to further develop partnerships with the organisations that work with young people across the District.

A women's health forum hosted by the Council in 2021 as part of the SH review brought together a range of commissioners, providers and VCS organisations that input to women's health across the district. After the forum, a working group was established to explore the challenges involved in increasing access to contraception and LARC in primary care. A survey of GPs and pharmacies mapped the current offer in each PCN, interest of pharmacies in offering contraception, and training needs. This working group currently includes GP champions from all PCNs who are working with Locala to implement improvements in contraception offer like inter practice referrals and extended hours' clinics.

The full review report is available from the [public health team](#) under request.

Changes to the service model

Drawing on the service review we defined principles or drivers for a future operating model, which are set out in the table below alongside examples of initial actions agreed after start of the new SH contract in 2023.

Table 5. Drivers of the new SH model and corresponding priority actions

Drivers of the new model	Initial actions
Maximising the opportunities for system delivery based on joint planning, commissioning and contracting	Launch of a SH strategic partnership group (first meeting Oct 2023)
Supporting self-care and an enhanced digital offer in addition to face-to-face services	Consolidating innovations implemented in the last two year of the previous contract – chat health and online booking for contraception/warts
Maximising the role of primary care in delivery of sexual health services	Working group with GP champions to improve and expand provision of contraception through PC
Providing a wide range of access pathways, community-based services, and specialist outreach to targeted groups	Pop up clinics in locations with higher levels of deprivation, access needs or poorer SH outcomes (started June in Keighley)
Developing partnerships with VCS organisations to increase community awareness and reach of services	Expansion of outreach delivered in partnership with grassroots organisations
Providing a universal and specialist sexual health care offer based on target populations (proportionate universalism)	Data-driven expansion of outreach and prevention services to respond to changing needs
Ensuring that universal sexual health services are fully accessible and responsive services to young people’s needs	Recruitment of engagement and partnership workers to strengthen targeted offers to young people

Source: Sexual health needs assessment and service review 2020-21 – with additions for this report

Sexual health indicators

The data on this section are from the latest ‘[Summary profile of LA sexual health’ report](#), produced by UKHSA with support from OHID. The report includes the latest STI statistics published in June 2023. Figures for STIs relate to 2022, while other figures are from 2021.

Figure 3 shows how Bradford performed in 16 key sexual and reproductive health indicators compared to the average for England. Overall, we are better than England in 8 out of 15 indicators, similar in 4, and worse in 3. Figure 4 shows similar performance when comparing Bradford with other local authorities in Yorkshire & the Humber.

Nationally, there was a decrease in STI testing and diagnoses in 2020 due to the disruption of sexual health services during the COVID-19 pandemic response, with testing rates largely recovering during 2021, but diagnoses overall remaining lower.

The number of new STIs diagnosed Bradford residents in 2022 was 2,829. The rate was 517 per 100,000 residents, lower than the rate of 694 per 100,000 in England, and lower than the average of 576 per 100,000 among its nearest neighbours.

The chlamydia detection rate per 100,000 females aged 15 to 24 years in Bradford was 1,348 in 2022, worse than the rate of 2,110 for England.

The rank for gonorrhoea diagnoses (which can be used as an indicator of local burden of STIs in general) in Bradford was 126 per 100,000, better than the rate of 146 in England. Among specialist sexual health service (SHS) patients from Bradford who were eligible to be tested for HIV, the percentage tested in 2021 was 48.2%, better than the 45.8% in England.

The number of new HIV diagnoses in Bradford was 26 in 2021. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2021 was 1.6, better than the rate of 2.3 in England.

The total abortion rate per 1,000 women aged 15 to 44 years in 2021 was 18.9 in Bradford, similar to the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021, the proportion who had had a previous abortion was 33.9%, higher than 29.7% in England.

In 2021, the conception rate for under-18s in Bradford was 14.9 per 1,000 girls aged 15 to 17 years, similar to the rate of 13.1 in England.

In 2021/22, the percentage of births to mothers under 18 years was 0.9%, worse than 0.6% in England overall.

Figure 3. Chart showing key sexual and reproductive health indicators in Bradford compared to the rest of England

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ○ Not compared



Key for spine bars

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	2,028	370.8	495.8	3,154.7	161.2
Syphilis diagnostic rate per 100,000	2022	50	9.1	15.4	143.3	1.9
Gonorrhoea diagnostic rate per 100,000	2022	690	126.1	146.1	1,220.5	29.0
Chlamydia detection rate per 100,000 aged 15 to 24	2022	478	1,348.5	2,110.0	893.4	4,535.9
Chlamydia proportion aged 15 to 24 screened	2022	7,085	9.9	15.2	7.2	36.8
STI testing rate (exclude chlamydia aged under 25) per 100,000	2022	14,743	2,695.4	3,856.1	647.0	20,091.2
New HIV diagnosis rate per 100,000	2021	26	4.8	4.8	22.2	0.0
HIV late diagnosis in people first diagnosed with HIV in the UK	2019-21	14	43.8	43.4	100.0	0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2021	497	1.6	2.3	12.7	0.6
HIV testing coverage, total	2021	2,505	48.2	45.8	17.0	82.9
Total abortion rate / 1,000	2021	1,985	18.9	19.2	32.2	11.3
Abortions under 10 weeks (%)	2021	1,807	91.4	88.6	79.9	92.2
Under 18s conception rate / 1,000	2021	175	14.9	13.1	31.5	2.7
Total prescribed LARC excluding injections rate / 1,000	2021	4,950	44.4	41.8	4.4	75.1
Violent crime - sexual offences per 1,000 population	2021/22	2,194	4.0	3.0	1.4	6.3

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

Source: UKHSA - 'Summary profile of LA sexual health' report, Aug/2023

Figure 4

Better 95% Similar Worse 95% Lower Similar Higher Not compared Quintiles: Low High

Not applicable

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire UA	Rotherham	Sheffield	Wakefield	York
Syphilis diagnostic rate per 100,000	2022	15.4	8.1	6.9	9.1	12.6	10.0	2.9	3.8	6.5	8.7	1.9	7.1	3.9	16.5	13.2	9.0	6.0
Gonorrhoea diagnostic rate per 100,000	2022	146	120	105	126	126	62	66	106	124	206	160	66	62	94	146	120	126
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2022	2110	2528	2425*	1349	2413	1764	2045	3594	2122	3665	4536	2326	2184	2196	2342	2500	2255
Chlamydia proportion aged 15 to 24 screened	2022	15.2	16.2	14.4*	9.9	13.1	15.5	12.0	16.2	12.2	23.1	21.4	16.0	11.7	17.3	19.6	13.7	17.1
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	496	375*	375*	371	476	297	261	547	405	437	485	278	218	371	428	370	387
HIV testing coverage, total	2021	45.8	44.0	33.0	48.2	60.3	49.0	34.1	41.4	52.0	41.1	32.2	32.6	33.9*	76.2	46.2	29.5	36.6
HIV late diagnosis in people first diagnosed with HIV in the UK	2019 - 21	43.4	50.2	60.0	43.8	62.5	60.0	76.9	46.9	46.4	61.3	25.0	30.0	46.4*	42.9	33.3	47.4	85.7
New HIV diagnosis rate per 100,000	2021	4.8	4.3	3.6	4.8	2.4	4.2	1.2	5.8	2.5	9.1	1.9	2.9	2.1*	4.2	6.3	3.7	0.9
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2021	2.34	1.54	1.61	1.60	1.31	1.44	0.63	1.37	1.53	2.76	0.82	0.90	0.71*	1.57	1.87	1.47	0.75
Total prescribed LARC excluding injections rate / 1,000	2021	41.8	50.5	31.9	44.4	54.5	36.7	55.5	35.7	40.4	53.7	55.9	59.8	71.8*	48.6	54.8	40.5	67.5
Under 18s conception rate / 1,000	2021	13.1	17.1	23.3	14.9	11.9	22.0	11.1	29.1	12.6	19.3	27.3	18.2	-	23.1	16.5	20.5	10.2
Under 18s conceptions leading to abortion (%)	2021	53.4	44.5	45.1	38.3	66.7	46.9	51.7	28.1	53.9	50.4	26.0	30.8	55.8*	40.6	45.9	48.7	36.7
Violent crime - sexual offences per 1,000 population	2021/22	3.0*	3.3*	2.5	4.0	4.0	3.3	1.9	4.2	3.6	3.8	3.8	2.8	2.3*	2.9	2.4	3.6	2.5

Source: UKHSA - 'Summary profile of LA sexual health' report, Aug/2023

Figure 5 shows the trend over time for the main STI's, comparing Bradford with England. A total of 2,829 new STIs were diagnosed in residents of Bradford in 2022. Some trends observed over the last 10 years were not changed by the COVID-19 pandemic, in particular a rapid increase in syphilis and gonorrhoea and a decrease in genital warts.

The most frequently diagnosed STI is chlamydia, which affects mostly young people. Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences (eg ectopic pregnancy, infertility).

Variation in rates of chlamydia detection may represent differences in prevalence, but are influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive). In 2022, 10% of the target population were screened in Bradford compared to 15% in England.

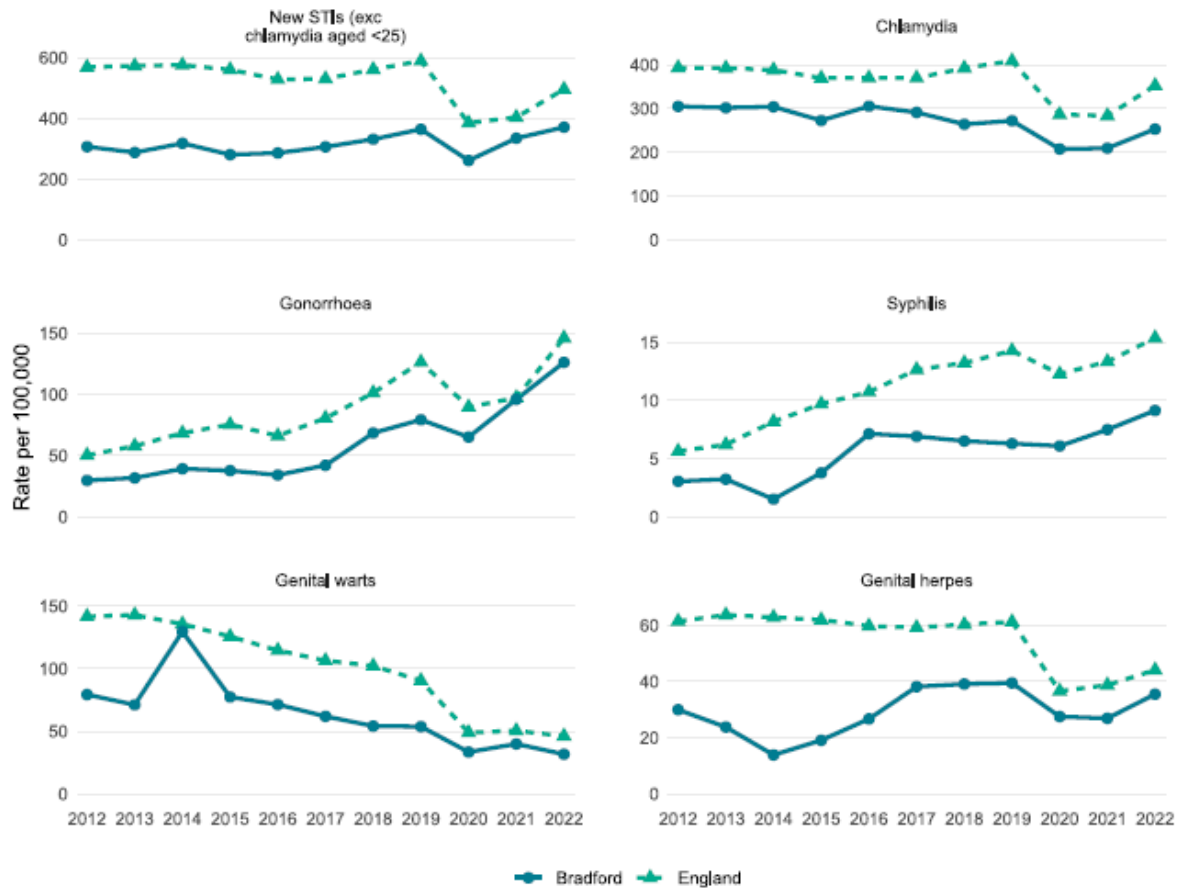
In June 2021, the National Chlamydia Screening Programme (NCSP) changed to focus on reducing the harms from untreated chlamydia infection. Opportunistic screening should now focus on women only. That means that chlamydia screening in community settings (e.g. GP and Community Pharmacy) will only be proactively offered to young women.

Services provided by sexual health services remain unchanged and everyone can still get tested if needed.

Recent decreases in genital warts diagnoses are due to the protective effect of HPV vaccination, and are particularly evident in the younger age groups (25 and younger) who have been offered the vaccine since the national programme began.

Figure 5. Rates per 100,000 by diagnosis by year in Bradford compared to rates in England: 2012 to 2022

Please note the charts have different y axis scales.

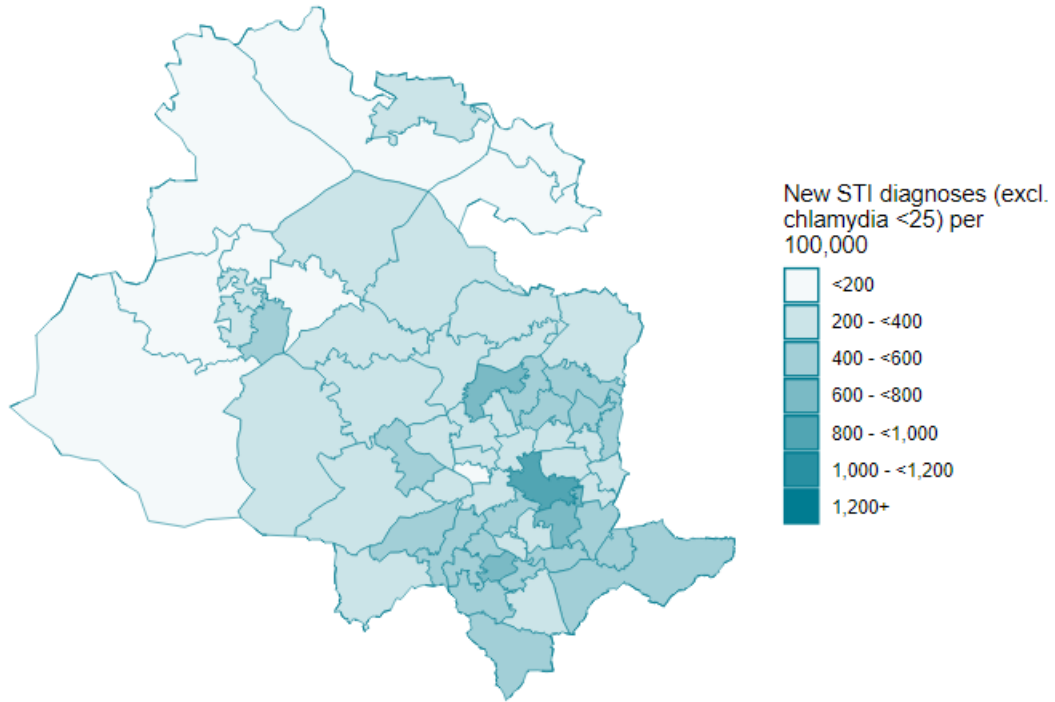


As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

Source: UKHSA - 'Summary profile of LA sexual health' report, Aug/2023

Figures 6 and 7 show the spatial distribution of new STI diagnosis in Bradford by Middle Super Output Area (MSOA).

Figure 6. Map of new STI diagnoses (excluding chlamydia in under 25-year olds) per 100,000 population in Bradford by Middle Super Output Area: 2022

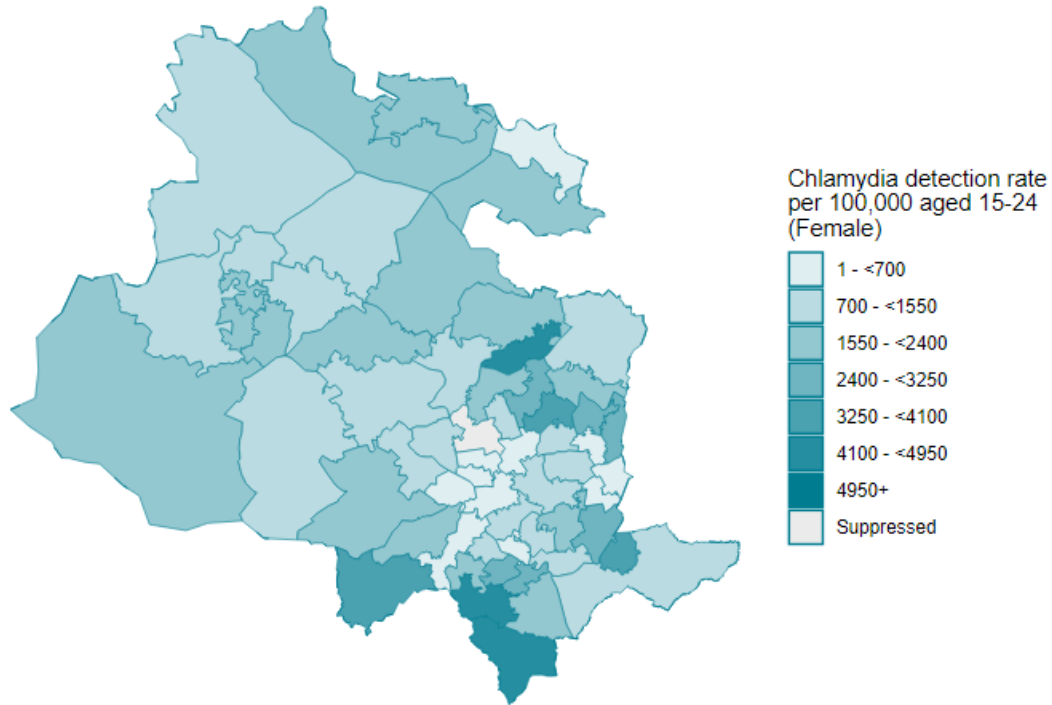


New STI diagnoses in Bradford by MSOA

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Contains National Statistics data © Crown copyright and database right 2021

Figure 7. Map of chlamydia detection rate per 100,000 females aged 15 to 24 in Bradford by Middle Super Output Area: 2022



New Chlamydia diagnoses in Bradford by MSOA

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4. FINANCIAL & RESOURCE APPRAISAL

The budget for sexual health has faced historical challenges, having received no significant uplift for several years. The budget remained unchanged despite inflation leading to a 14% reduction between 2015 and 2021 only. Services are facing increasing living costs pressures that, without increased funding, may reduce service delivery in the medium to long term. Public Health will explore potential options for increasing funding to the SH services for 2024/25.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The main risk for provision of sexual health services in Bradford is the historical reduction of funding and increasing demand for services and resources.

We completed the contract mobilisation with no significant pending issues in time for the start of the new contract last 1st April 2023. There was agreement between commissioner and provider about all key areas for development and about the changes to performance indicators and reporting systems. The contract with Locala is managed through quarterly meetings between representatives from commissioner and provider and we have now moved back into business as usual.

6. LEGAL APPRAISAL

There are no legal issues arising from this report.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

None

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.3 COMMUNITY SAFETY IMPLICATIONS

None

7.4.1 HUMAN RIGHTS ACT

There are no direct Human Rights implications arising from this report at present.

7.5 TRADE UNION

No related issues.

7.6 WARD IMPLICATIONS

Data on sexual health attendance per ward were presented. The service is prioritising location of new pop up clinics according to ward level data on determinants of poorer sexual health outcomes

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS

(for reports to Area Committees only)

N/A

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

The Council commissioned sexual health services will have a growing focus on the specific needs of young people. Actions to meet this objective were described in this report.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

This report was for information only and it describes commissioning arrangements for delivery of one of the Council's mandated functions. A contract for this purpose is in place since 1st April 2023 and it is too soon to assess the performance of the provider in the new contractual arrangement. Any reductions in current service provision would imply significant risks for the health of Bradford's population and the reputation of the Council. Therefore, there are no grounds to raise options at this point about the future of this contract or the direction of sexual health services development.

10. RECOMMENDATIONS

We recommend that the Council should continue to develop an integrated model for provision of sexual health services, bringing together both the prescribed elements of sexual health provision (STI management, partner notification, access to contraception) and non-prescribed services that are essential to mitigate inequalities and improve population sexual health outcomes (outreach and prevention targeting groups with higher sexual health and access needs).

11. APPENDICES

Appendix 1 Key performance indicators – Bradford integrated sexual health services

Access and service provision
Percentage of people with an STI need offered an appointment or walk-in option (where available) within two working days of contacting the service
Percentage of people contacting a service who are assessed by healthcare professional within two working days of first contacting the service (through all routes e.g., online, telephone or walk-in; and excluding Service Users choosing to be seen at a later date)
Percentage of people contacting the service with an urgent care need relating to STIs (i.e., PEPSE or symptomatic) or contraception (i.e., emergency contraception) who are seen or assessed on the same day
Percentage of people having STI tests who have their results (both positive and negative) within eight working days of the date of the sample (excluding those requiring supplementary tests)
Percentage of people diagnosed with an STI who received treatment within 3 weeks of the test date
STI provision
Percentage of people with needs relating to STIs who are offered screening for chlamydia, gonorrhoea, syphilis and HIV at first attendance, where clinically indicated
The percentage of people with needs relating to new STI episodes who have a documented HIV test at first attendance, where clinically indicated
Percentage of all women and other people with a womb or ovaries under the age of 25 accessing the Service who are offered a chlamydia test
Percentage of positive patients under 25 offered a chlamydia re-test between three and six months after treatment
The ratio of contacts of index cases of syphilis and gonorrhoea who access the service to manage STIs within four weeks of the date of first PN discussion
The ratio of contacts of index cases of chlamydia who access the service commissioned to manage STIs within four weeks of the date of first PN discussion
Contraceptive methods
Number of LARC (IUS, IUD, Implants) fitted (including those within sub contracted services)
Percentage of LARC fitted removed within a year of fitting
Percentage of women and other people with a womb or ovaries aged under 25 accessing contraceptive appointments who are being offered a chlamydia screen, where appropriate
HIV PrEP
Proportion of all HIV negative individuals with estimated PrEP need who started or continued PrEP
Outreach and prevention
Number of people (unique) seen through outreach activities
Number of STI's tests undertaken through outreach broken down by tests undertaken and test results

Source: Bradford Council - Specific Service Requirements for Integrated Sexual and Reproductive Health Services (ISRHS) (updated Sep/2023)

12. BACKGROUND DOCUMENTS

The full report of the sexual health needs assessment and service review conducted in 2020-21 is available under request from the public health team (jorge.zepeda@bradford.gov.uk).

Key policy documents revised for development of the new service specification for Bradford sexual health services are available from the following links

- [Women's health strategy](#)
- [Integrated sexual health service specification](#)
- [The FSRH Hatfield Vision](#)
- [HIV PrEP monitoring and evaluation framework](#)
- [HIV in the UK: towards zero HIV transmissions by 2030](#)
- [Reducing sexually transmitted infections \(NICE guideline\)](#)
- [National chlamydia screening programme 2022](#)

The summary report of sexual health outcomes for Bradford is available here: [SPLASH Bradford 2023-08-30 \(phe.org.uk\)](#) and a number of other customisable reports on sexual health outcomes for England and Bradford are available from the Fingertips website maintained by OHID: [Sexual and Reproductive Health Profiles - OHID \(phe.org.uk\)](#)

The figures and tables in the sections 'Service development' and 'Service utilisations' were kindly provided by Sophie Brady, clinical director at Locala.