# Sexual and Reproductive Health Needs Assessment 2024

# Executive Summary

## Aim and approach

The aim of the health needs assessment is to comprehensively understand the needs of the populations of Cambridgeshire and Peterborough with regards to sexual and reproductive health. It brings together a range of information and perspectives from epidemiology through to qualitative insights from engagement with professionals and service users. This information has been used to identify gaps or areas of improvement for local sexual and reproductive health prevention and treatment services. Findings and recommendations from the needs assessment will be used to improve future services and inform the recommissioning of local authority funded services.

## Key Findings

**Demographics**

Cambridgeshire and Peterborough have rapidly growing populations, and this is likely to see increased demand for all health services, including sexual health services. Peterborough overall has a younger population although Cambridgeshire has a large university aged population. Peterborough has a more ethnically diverse population with 25% of the population identifying as non-white in the 2021 census. With respect to the local integrated contraception and sexual health (iCaSH), a higher proportion of service users identified as gay, lesbian or bisexual compared to the population. A higher proportion of service users were of Black African Ethnicity and a lower proportion were of Indian and Pakistani ethnicity compared to the population. This suggests there may be barriers to access for some ethnicities. The majority of service users were aged 18-35 which is in line with the greater need seen in young people for sexual and reproductive health services nationally.

**Sexually transmitted infections (STIs)**

The trends in diagnosis rates vary between different STIs however both Gonorrhoea and Syphilis diagnoses are rising, in line with national trends. The diagnosis rate for most STIs is highest in Cambridge city and Peterborough. Both areas have younger populations, and it is known that young people experience the highest diagnosis rates of the most common STIs. The continued strengthening of prevention services, including to groups who are less likely to access services, will be important in reducing STIs in these areas. It is possible that these higher values reflect a greater access to testing services and that STIs may be going undiagnosed more frequently in the more rural parts of Cambridgeshire due to willingness or ability to access services.

HIV diagnosis rates have been increasing in Cambridge City and Peterborough since the COVID-19 pandemic. Both cities have significantly higher rates of new diagnosis than the England average. While access to treatment for those who have been diagnosed with HIV is broadly good, there are decreasing levels of testing. Continued improvement of overall prevention services should also help improve outcomes with respect to HIV by encouraging safer sex and testing. Cambridgeshire and Peterborough have above average levels of late HIV diagnosis. While these are small numbers, there may be opportunities to increase access and understanding across the system to help ensure that fewer opportunities for testing are missed. The roll out of opt out testing in Hinchingbrooke and Peterborough hospitals may also help in identifying undiagnosed HIV in hospital patients.

**Clinical service provision and use**

Patients who can access clinical services are generally very positive about iCaSH and would recommend them to others. There has been increasing demand on services and activity levels. However, there is varied understanding as to what services are available and how to access them. The lack of promotion of iCaSH services was noted by several patients and suggests that more could be done. Previously there have been issues with access via telephone services which has largely been resolved. There are high levels of demand locally, which are compounded by issues such as relatively high proportions of service users not attending appointments. Some services offered by iCaSH could also be alleviated through increased activity in primary care, if there is capacity and interest for this to happen.

**STI testing and the National Chlamydia Screening Programme**

Most testing kits issued by iCaSH are issued online, this is convenient for users and also enables greater access for those living further from the in-person clinics. Chlamydia screening is predominantly through online screening, GPs and iCaSH. Pharmacies have very little activity with regards to STI screening. Online testing is very well received although it has been noted that current restrictions on frequency of being able to order tests may act as a barrier.

Terence Higgins Trust (THT) is a provider for dual screening testing kits for Gonorrhoea and Chlamydia to both adults and young people (13-24). The target level for distribution of both was not reached in 2022/23. However, in the latest month for available data for 2023/24 (September 2023) increases were seen in testing kits issued to both adults and young people in Peterborough and to young people in Cambridgeshire.

**Reproductive health**

Although teenage pregnancy rates have decreased in Cambridgeshire and Peterborough as they have elsewhere, rates in Peterborough remain higher than the national average. Peterborough also has consistently above the national average rates of abortion across all age groups. There are likely to be multiple factors contributing to teenage pregnancy rates in Peterborough, including social and cultural factors. Improved access and knowledge of prevention services may help to reduce the rate of unwanted pregnancies. Prevention should not only focus on young people in mainstream education settings.

**Contraception provision**

Barriers for the delivery and access of contraception differ between the types of contraception being provided and the setting where it is being made available. While there are opportunities for pharmacies to deliver new services around contraception, current activity around emergency contraception is very varied with many pharmacies choosing to not provide the service. Reasons for current low activity of emergency hormonal contraception (EHC), including financial rates, should be considered and addressed as well as exploring the potential for increasing access to contraception through pharmacies with the new opportunities around the contraceptive pill.

In Peterborough, iCaSH are responsible for the majority of implant and coil insertions, whereas GPs deliver more of this work in Cambridgeshire. While progress is being made, there are still barriers to long- acting reversible contraception (LARC) delivery in GPs including around training and expense of running the service. Some practices do not have sufficient demand to maintain a clinic and existing clinics are vulnerable to staff change where only a few members of staff are trained.

**Prevention services**

Prevention services are delivered by THT in Cambridgeshire and Peterborough. THT delivers a wide range of prevention services to different groups which have reached large numbers of adults and young people. They also have delivered outreach events such as at PRIDE to engage with specific communities. Ensuring that prevention services meet the needs of the whole population, including those who have poorer health outcomes or are at higher risk, is essential. Feedback from providers and GPs suggest that there is a gap in the availability of information for specific health areas such as gender dysphoria and HIV PEP and PrEP. Gaps in availability of contraception were highlighted such as condoms which are issued by the prevention services.

**Specific cohorts**

Cambridgeshire and Peterborough are home to diverse populations. Both the quantitative (where available) and qualitative evidence highlight that there are significant inequalities in access to services and outcomes between specific groups, as is seen in many areas of the country. Barriers to access include knowledge of the availability of free services, which may also be exacerbated by cultural and language barriers. There was high demand for testing kits and condoms at the engagement event at a local foodbank suggesting this could be a route for increasing engagement in harder to reach groups. The foodbank event also highlighted the issue of lack of translated materials in print for providing to such groups. Specific challenges have also been highlighted for transgender and non-binary individuals around access to blood tests, which, although not directly a sexual health issue, are offered in some areas by SRH services. The expert panel highlighted that different services have different levels of knowledge and expertise in providing advice and services to specific groups including transgender and non-binary individuals.

Nationally and locally, children and young people experience higher rates of STI diagnosis and pregnancy in teenagers is known to increase the risk of adverse outcomes for both mother and child. A significant proportion of prevention efforts are therefore focussed in this group. However, during the pandemic many children missed out on education, including sex education. Knowledge of services and use of contraception in young people has declined since before the pandemic as a result. Prevention services are often focussed on mainstream school settings which may lead to greater inequalities for those who do not attend mainstream school, including children and young people with learning disabilities and children not engaged in formal education.

**Digital access**

Digital services are increasingly important and online services may also help improve access for some groups, for example rural service users may struggle to access in person services. However, it is important to acknowledge inequalities in digital access. The provision of increased digital service options should not come at the exclusion of already marginalised groups from services.

Given the challenges that have also been highlighted by practitioners and service users in finding the right information, having an online platform could offer a solution as a single location for seeking information and services.

**Environmental sustainability**

Environmental sustainability and climate change action are recognised as important by both CCC and PCC. Sustainability and improving services are highly compatible and therefore some recommendations to improve sexual health will also contribute to sustainability goals such as effective prevention, reduction of ‘did not attends’ and making the most of virtual appointments and digital access where appropriate.

## Recommendations

This needs assessment has highlighted several areas of strength in the system including with respect to in person iCaSH services, convenience of online testing and relationships and commitment of professionals. Several areas of improvement have also been identified with recommendations set out below across the themes of 1. Access and Capacity, 2. Integration, 3. Prevention and 4. Unmet needs for specific cohorts.

These have been divided into system-wide recommendations and service or commissioning recommendations:

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| **SYSTEM RECOMMENDATIONS** | **SERVICE/COMMISSIONING RECOMMENDATIONS** |
| 1. Access and Capacity
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| * Develop systems to improve the visibility of demand as well as delivery in primary care across all areas of sexual and reproductive health.
* Review models of delivery across pathways to provide flexibility of skilled resources to meet demand (e.g. LARC fitters working across PCNs).
* Joined up promotion across all partners to provide a clear offer of all routes to access services for prevention and treatment\*.
* Identification of any ongoing efficiencies and service models that will lead to service improvements and mitigate cost pressures.
 | * Commission a system-wide online platform for the public and professionals to access resources, information, and services like the Umbrella website available in Birmingham\*.
* Working with the LPC, increase activity within Community Pharmacy settings for all commissioned SRH services – including a review of training requirements, contracting and financial rates.
* Review equity of access to clinical treatment services across Cambridgeshire and Peterborough including geographical reach, hard-to-reach communities, access to translated materials and opening hours†.
* Ensure that all commissioned services have appropriate policies, processes and staff training in place to facilitate appropriate reasonable adjustments for service users who may need them and that all commissioned health services are compliant with the Accessible Information Standard.
* Use best practice to focus on reduction of DNA rates to improve capacity and patient experience and reduce waste.
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| 1. Integration
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| * Establish a forum for clinical, practitioner and operational networking between system partners.
* Health, care and voluntary sector partners to produce a gap analysis of specific interventions which are not currently commissioned and agree pathways and approaches to meet needs.
 | * Taking note of the current complex arrangements NHS, Public Health and Voluntary Sector services to explore more opportunities to work in an aligned or integrated way to deliver SRH services.
* Women’s Health Hubs to be established within 2024/25 to deliver an integrated model for women’s health\*†.
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| 1. Prevention -Children and young people, adults and high-risk groups
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| * Review of current offer to schools across all system partners including health, education and public health to ensure opportunities are maximised to promote healthy behaviours in relation to sexual and reproductive health.
* Map current provision and equity of access across all settings including schools outside of mainstream provision.
* Develop an integrated approach across services for prevention and treatment of those in high-risk groups to ensure that their complex needs are met
 | * Ensure clear requirements and approach in commissioning and provision of prevention for the whole population and high-risk groups such as LGBTQ+ and sex worker communities.
* Prevention services to provide advice and guidance to young people who are not in education or employment or are outside mainstream school settings, including special schools.
* Provide clear targets and outcomes for delivery of school prevention programmes.
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| 1. Unmet needs for specific cohorts
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| * Local commitment to sharing skills across organisational boundaries to increase expertise and engagement with specific groups (e.g. transgender and non-binary individuals) and improve outcomes\*.
* Set up a system-wide task and finish group to review all late diagnosis cases and increase awareness of HIV testing both in the community and with professionals such as GPs to reduce missed opportunities and late diagnosis.
 | * Commissioned services to have specified provision for cohorts who have poorer outcomes and high-risk health behaviours through specific roles within the service.
* Services to improve access to communities who do not have English as a first language and provide translated materials in languages which are common locally.
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| \*Recommendation links with the 2022 Reproductive Health Needs Assessment recommendations† Work towards this recommendation already underway. |