Leicestershire Sexual Health Strategy

2016-2019

Introduction

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

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

*'… **a state of physical, emotional, mental and social well-being in relation to sexuality**.'(Page 5, WHO, 2002)*[i]

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

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

In terms of improving sexual health outcomes, we have made good progress across Leicestershire. We have been one of the first areas in the county to have a fully integrated sexual health service, which addresses both the sexual health and reproductive needs of patients in one visit and we perform well against many of the key sexual health indicators. However Leicestershire has an ageing and increasing population and it is important that we consider the changing sexual health needs across the life course.

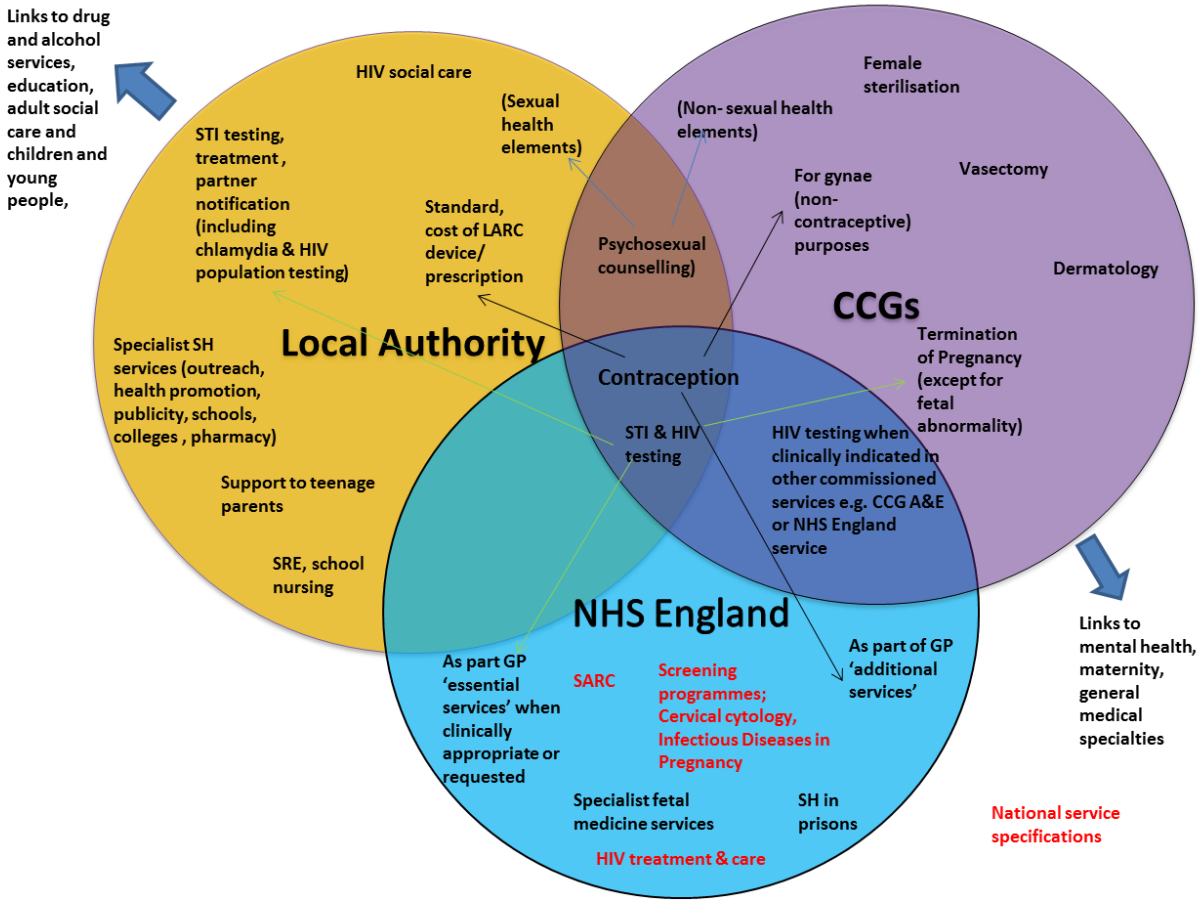
There have also been unprecedented changes to the sexual health system since the implementation of the Health and Social Care Act 2012. This has created fragmentation across the sexual health system with three main commissioners (local authorities, Clinical Commissioning Groups (CCGs) and NHS England.) National guidance suggests the need to take a patient-centred, systematic approach to sexual health commissioning around patient pathways. With key commissioners facing financial pressures, there is a need to develop strong collaborative approaches across commissioning organisations to 'pull the system back together' and ensure seamless, high quality, evidence based services are available to the local population. This strategy takes stock of progress made so far and provides key strategic priorities for the next three years to further improve sexual health services across Leicestershire.

Ernie White CC, Lead Member for Health

Current sexual health progress across Leicestershire

As discussed, there have been significant changes to the public health commissioning arrangements since the implementation of the Health and Social Care Act, including sexual health services. Local authorities have a statutory responsibility to provide open access sexual health services, which is a substantial proportion of the public health grant. However CCGS and NHS England are also key sexual health commissioners as seen in Figure 1. For example general practice (GP) contraception and STI testing, HIV services, cervical screening and sexual assault referral services are commissioned by NHS England and termination of pregnancy, dermatology and gynaecology services are commissioned by CCGs. There are further complexities where some services that are commissioned by local authorities and CCGs depending on the patient's reason for the attendance (for example inter-uterine systems (IUSs) and psychosexual counselling.) These complexities have resulted in fragmented patient pathways, and potential gaps in current commissioning arrangements.

Figure 1 Sexual Health System from April 2013, following implementation of the Health and Social Care Act, 2012[iii].



With significant cost pressures to the public health grant from 2016 onwards and further financial challenges across the health system over the next few years, it is important to the ensure the highest quality, evidence based services are commissioned to respond to the needs of the local population. To inform this work a Leicestershire and Rutland Sexual Health Needs Assessment was completed in autumn 2015. The key headlines from this needs assessment are;

Demography of Leicestershire

Evidence shows that sexual health needs are greatest in young adults and often reduce with age. Leicestershire has an aging population, meaning there may be less need for contraception than the England average. However there have been significant increases in numbers of over 45's presenting with STIs across Leicestershire and Rutland (59% increase between 2010-2014). With the advances in treatment, HIV has become more of a long term condition with many people living with HIV into older age. Those living in the most deprived areas of Leicestershire experience the poorest health (including sexual health) outcomes and are at greater risk of teenage pregnancy.

Groups at high risk of poor sexual health

Young people, men who have sex with men (MSM), black African heritage are amongst groups that are more likely to participate in risk taking sexual behaviour and consequently have poorer sexual health outcomes than the general population across Leicestershire. Each group has diverse requirements and therefore sexual health services need to review how they are meeting the needs of these populations. Pathways between services that address risk taking behaviours (sexual health, mental health and substance misuse) should also be further developed across service providers to address the root cause of risk taking behaviours.

Sexually Transmitted Infections (STIs)

Overall Leicestershire experiences lower than rates of sexually transmitted infection (STI) diagnosis than the England average. Chlamydia is the most common STI across Leicestershire, followed by genital warts. Although lower than the national rates, there has been year on year increases in gonorrhoea and genital herpes across Leicestershire. This may be due to increased access to STI testing or increases in STI prevalence across the counties. Certain districts have been identified as areas having higher rates of STI re-infection within 12 months. Therefore an additional priority of STI prevention and contract tracing may be beneficial in these districts, in particular with men. Young people aged 15-24 years, MSM and black Caribbean ethnic groups have been shown to have higher rates of new STIs across Leicestershire, which is aligned with the national picture. Increases have been seen in the proportion of STIs diagnosed in MSM across LCR. Leicestershire does not perform well against the national average for Chlamydia screening in 15-24 year olds. However comparator local authorities perform similarly, which may indicate that the overall prevalence of chlamydia is lower than the national average. Chlamydia screening is a useful tool in normalising STI screening with young adults; therefore screening should be increased in core sexual health services.

Increases in GUM attendance by Leicestershire residents has been seen locally and overall (including out of area contacts). This may reflect increased access due to the new Leicester, Leicestershire and Rutland (LLR) integrated sexual health service (ISHS), increased awareness of STI screening, but also reflects the increased STI need across Leicestershire. Rural access is a particular difficulty for areas of the county. The new ISHS has reduced out of area GUM access by 1% in Leicestershire between 2013 and 2014. Increasing accessibility to local services and providing alternative local sexual health service provision such as general practice and pharmacy may continue to reduce use of out of area services.

Human Immunodeficiency Virus (HIV)

There are significantly lower HIV diagnosis rates across Leicestershire as compared to the national rate. However HIV prevalence overall is increasing locally and nationally as treatment has improved to make HIV a long term condition. There are implications for health and social care providers as the HIV positive group increases in number and becomes an aging population with changing health needs. Early HIV diagnosis is important to improve health outcomes for the individual, reduce the risk of onward transmission and lower treatment and care costs. Leicestershire has higher late HIV diagnosis rates than the England average therefore increasing access to HIV testing to at risk groups remains a priority.

Sexual Reproductive Health

Contraception is a cost effective intervention for the whole of society. Long acting reversible contraception (LARC such as coils, implants) is shown to be the most cost effective method available. Across Leicestershire LARC prescribing rates are above the national average for primary care, however user dependent methods (such as the combined pill, condoms) remain the most widely used method. Therefore additional work is needed to maintain high levels of LARC uptake and retention. There is good access to emergency contraception across Leicestershire provided by the ISHS, GP and local pharmacy. Consideration should be given to new forms of emergency hormonal contraception (EHC or the morning after pill) such as ulipristal acetate (which has a longer effective window) and ensuring women accessing EHC are referred to contraceptive services to establish a longer term contraceptive regime.

The Natsal-3 sexual attitudes and lifestyles in Britain survey (2010-12) indicated 51% of men and 42% of women surveyed experienced sexual difficulties lasting more than three months in the past year[iv]. Hence there is likely to be some unmet demand for psychosexual services across Leicestershire. With an aging population, this demand is likely to increase. Discussions are also needed with the local CCGs to identify services for patients with sex addiction.

The under 18 conception rate continues to fall across Leicestershire, however there is variation in rates across districts. The proportion of under 18 conceptions leading to abortion is higher in Leicestershire than the England average. This suggests that there are still significant numbers of young people who continue to take risks and do not use contraception despite not wanting to become pregnant. Therefore, continued easy access to relationships and sex education and community based sexual health services is important to maintain and improve current progress. Over 50% of Leicestershire teenage parents are not currently accessing education, employment or training. A co-ordinated response to the support of young parents is important to ensure a range of needs are addressed.

Leicestershire has lower abortion rates than the national average. However a fifth of women had previously had an abortion and a greater proportion of women are accessing services at a later stage of gestation than the national average, which reduces their choice of procedure and increases risk of complications and healthcare costs. There is also limited local availability for procedures over 12 weeks across the county and self-referral is only available in one provider. Work is needed to

increase access to local abortion services and ensure that all abortion patients are supported to establish a long term contraceptive plan to avoid repeat abortions.

Sexual Abuse

Domestic abuse is a widespread issue and can take place in a range of relationships. There is a lack of understanding around what constitutes domestic abuse and signs of child sexual exploitation (CSE). It is important that staff who work in sexual health services are equipped to ask appropriate questions when seeing patients to allow disclosures to be made and appropriate referral onto specialist services.

Engagement

National data and local engagement work highlighted the critical exploration of relationships in both education and in the delivery of sexual health services. With the impact of social media, evolving sexual practices and a reducing age of first sex; promotion of consensual, informed and respectful relationships is important to balance against other messages. Service users value the importance of having local, community based sexual health provision. Service providers and users both highlighted gaps in information about the sexual health services that are available, how they can be accessed and how complaints can be raised. Sexual health service providers identified the key priorities included clarifying the strategic priorities for sexual health delivery across LLR, commissioner and provider roles and responsibilities, integrating sexual health services across the system and further development of the wider sexual health workforce (including primary care and school nursing). Areas which both providers and service users highlighted including wanting more equitable and timely provision across LLR, wanting easier access into services, seamless patient pathways, prioritising education on relationships and sex and ensuring clear information about local services.

The results and recommendations for the needs assessment have provided a clear evidence base and rational for the strategic priorities and mission described below.

Our Mission: Empowering the population of Leicestershire to make informed, positive choices about their relationships and sexual health.

Mike Sandys, Director of Public Health

Read more

For additional information on the sexual health needs across Leicestershire and Rutland please see the full needs assessment at XXX.

For further information on the overall needs of Leicestershire please see the respective Joint Strategic Needs Assessments at XXX.

Cross cutting themes

The overall aim of this strategy is to empower the Leicestershire population to have informed, positive relationships that result in reduced rates of unplanned pregnancy and STIs including HIV. To achieve this vision there are a number of cross cutting themes that arose from the sexual health needs assessment. These themes should be considered across all strategic priorities and include;

- **Empowerment-** We want the local population to be well informed and empowered to make individual choices around their sexual health. This may range from providing information on relationships, contraception, STIs, HIV and consent to accessing local services.

- **Patient centred, integrated pathways-** Sexual health pathways must be centred on the patient and not organisational or commissioning boundaries. This creates opportunities for more integrated, joint working across the sexual health system.

- **Equitable –**Services need to be available to all, but proportionate to need. The Marmot Review[v] states that to truly reduce health inequalities 'actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.' This approach is needed to ensure that sexual health services are available to the whole population but are equitable to those of greatest need. This may include targeting the most deprived wards across Leicestershire, but also targeting groups at highest risk of poor sexual health such as young people, men who have sex with men, sex workers and black African/Caribbean communities.

- **Prevention focused-** Prevention is better than cure and the evidence suggests that preventative approaches to sexual health are clinically and cost effective [ii],[iii]. In times of financial pressures, a focus of prevention is needed to manage demand for services that treat unplanned pregnancies and STIs in the future.

- **Life course approach-** Leicestershire has an increasing and aging population. Although evidence shows that sexual health needs are greatest in young adults and often reduce with age, there have been significant increases in numbers of over 45's presenting with STIs locally. Other considerations include the advances in anti-retroviral medication that has significantly increased the life expectancy and overall numbers of people living with HIV. This has translated HIV into a long term condition, bringing with it the need to consider the increasing demands of HIV treatment and social care services.

- **Evidence based-** The sexual health needs assessment will be the key resource to ensure services are commissioned to meet the local sexual health needs. All sexual health services must be commissioned using the latest national evidence and standards including National Institute for Health and Care Excellence (NICE), British HIV Association (BHIVA) and British Association for Sexual Health & HIV (BASHH). This will be supplemented with local evaluations to allow more innovative approaches to be piloted across Leicestershire.

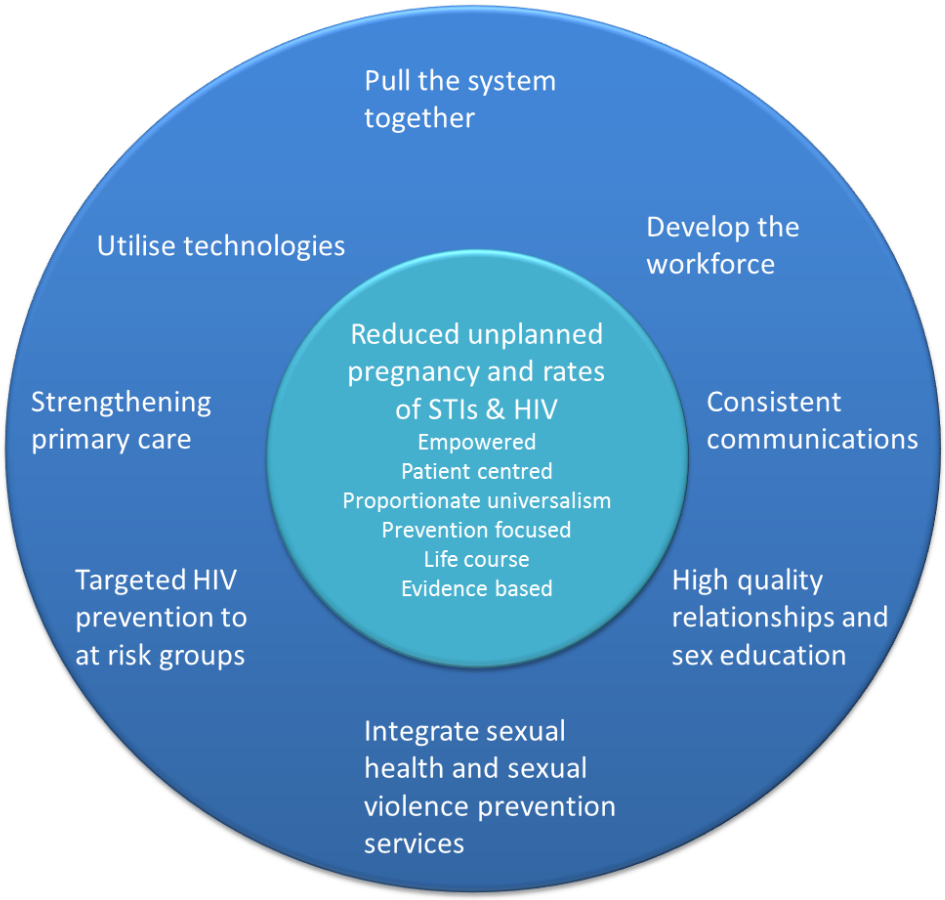
Our strategic approach

Across Leicestershire we want to deliver the highest quality, efficient sexual health system across the East Midlands and England. This includes developing innovative ways to increase universal access to sexual health services across urban and rural locations, targeting groups at risk of poor sexual health (i.e. young people, men who have sex with men, sex workers, and black African/Caribbean communities.) To achieve this there are eight key themes to the strategy (Figure 2). These will be described in further detail below using the following structure;

- Where are we now?
- What do we want to achieve?
- How will we get there?

N.B. Leicestershire's strategy will be aligned with Leicester City and Rutland's sexual health strategic priorities.

Figure 2 Summary of the key sexual health priorities across Leicestershire



1. Coordinated approach to sexual health commissioning and partnership work

Where are we now?

Due to the implications of the 2012 Health and Social Care Act sexual health commissioning has become fragmented across local authority, clinical commissioning groups and NHS England. This has made navigating patient pathways more complex and created gaps in some services. Further work is needed to integrate sexual health commissioning intentions across all sexual health commissioners to ensure the sexual health system is responding to the needs of the local population.

What do we want to achieve?

- Joined up sexual health commissioning including joint procurements and co-commissioning of services across organisational boundaries
- Seamless sexual health patient pathways including services supporting victims of sexual violence.

How will we get there?

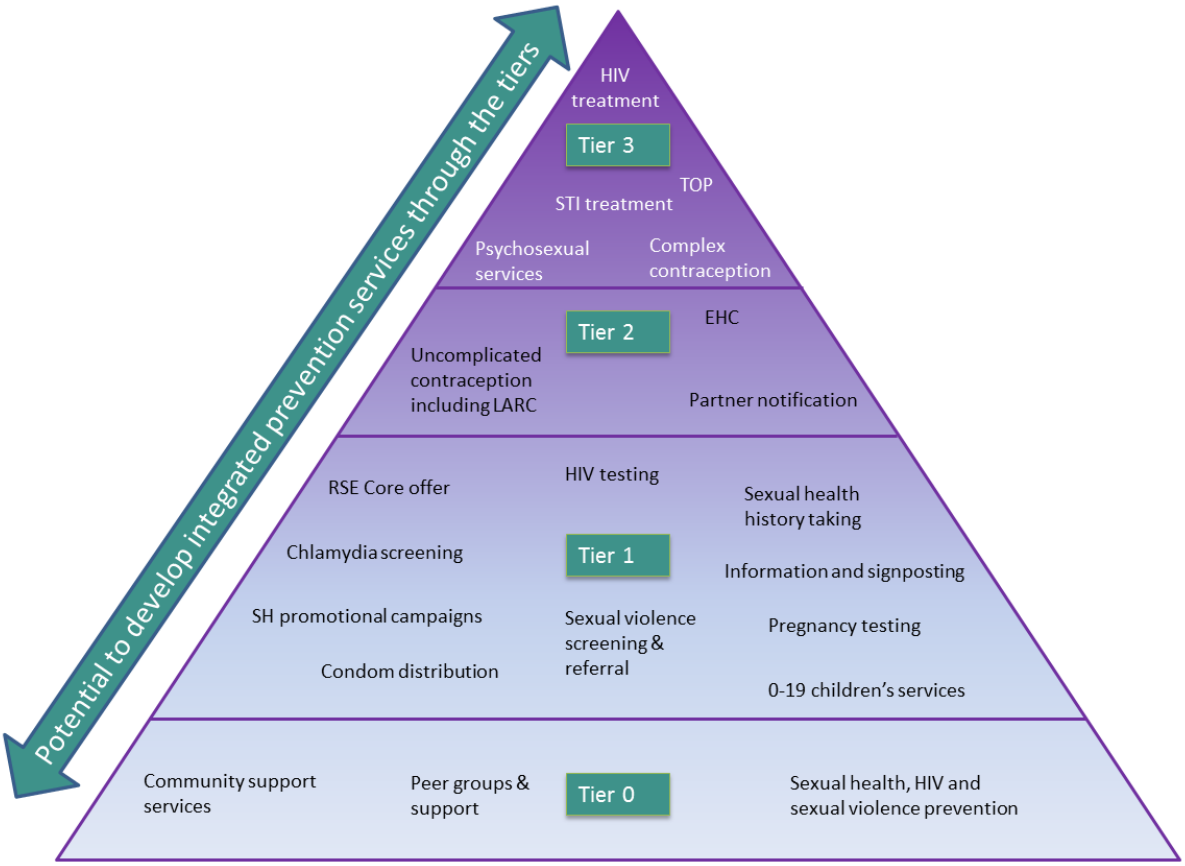
- An agreed, endorsed strategic approach to commissioning and delivery of sexual health services over the next 3 years. This will be aligned with Leicester City and Rutland.
- Establish a biannual LLR sexual health commissioners meeting to review progress on the sexual health strategic approach, share sexual health commissioning intentions and discuss the implications of these on the wider system.
- Explore co-commissioning opportunities for heavy menstrual bleeding (menorrhagia), sex addiction and cervical cytology services. Review the future possibilities of a centralised booking system for abortion services, local abortion services for over 12 weeks gestation and integrating HIV services into the integrated sexual health service.

2. Develop a highly skilled local workforce

Where are we now?

Across LLR we have a highly skilled sexual health workforce ranging across all levels of sexual health prevention (Figure 3), from those working in the specialist integrated sexual health service, to primary care and to those working in less traditional settings such as education, youth services etc. However sexual health services locally are struggling to recruit individuals with the correct integrated (STI & contraception) sexual health skills and increasing numbers of patients are unnecessarily being referred to the specialist service. There is also a need to develop the non-core sexual health workforce to effectively embed sexual health services into children's, substance misuse, mental health etc services.

Figure 3 Tiers of sexual health workforce/service elements reflecting differing levels of training need.



What do we want to achieve?

- A highly skilled, sustainable sexual health workforce across all levels of sexual health service.
- Personal development opportunities to make sexual health across LLR an attractive place to work.
- Effective sexual health messages that support referral and signposting into integrated sexual health service and other non-core services.

How will we get there?

- Complete a LLR sexual health training assessment.
- Develop a tiered approach to sexual health training across LLR in collaboration with Health Education East Midlands. Priorities for action include upskilling primary care in respect of safeguarding and sexual violence.
- Review the current delivery model for young people's sexual health services across Leicestershire. This includes increasing young people's access to the main integrated sexual health service and embedding a consistent condom distribution approach across LLR.

- Integrate sexual health services more effectively into non-core services e.g. substance misuse, school nursing, health visiting and midwifery.

3. Coordinated, consistent sexual health communications

Where are we now?

There are a number of sexual health providers and commissioners currently develop a range of communication materials to the local population. These resources cover a range of topics from information about accessing sexual health services to relationships advice, or information on contraception, STI and HIV testing and treatment. However there is currently little alignment across these communications. This can be confusing to the local population and reduce the effectiveness of campaigns.

What do we want to achieve?

- A shared vision about communications.
- Clear, consistent sexual health communication messages across LLR.
- Easily identifiable, coordinated LLR communications approach that utilises local insight and service identities, whilst providing greater opportunities to link into national campaigns.
- A communication approach which is embedded into relationships and sex education training and delivery.

How will we get there?

- Review the membership and ownership of the LLR sexual health communication group. Develop terms of reference for this group to clarify their role in developing a strategic and coordinated approach for all LLR sexual health communications.
- Utilise sexual health contracts to ensure consistent, effective LLR sexual health communications.

4. Support schools to deliver high quality relationships and sex education (RSE)

Where are we now?

Across Leicestershire all schools are offered training on a locally developed relationships and sex education (RSE) toolkit. Training equips teachers to confidently deliver RSE lessons covering relationships, consent and the law, contraception and STIs etc. Further work is needed to embed this more sustainably into the wider personal, social, health and economic education curriculum, the Healthy Schools programme, and further education colleges as well as wider youth settings and other children's services.

What do we want to achieve?

- Empower young people to make positive choices about their relationships and sexual health.
- A long term, sustainable model to delivering high quality RSE in all schools and young people's settings.

How will we get there?

- Review the current offers of RSE training and support across Leicestershire including strengthening links into wider personal, social, health and economic education and Healthy Schools programme.
- Undertake an evaluation of the current RSE offer and its impact.
- Develop and implement a coordinated RSE training and support offer which meets the needs of schools, further education colleges and other young people's settings. This includes bringing RSE training together across Leicestershire.
- Develop a process to audit the quality and consistency of RSE delivery across schools and colleges.
- Utilise the Leicestershire and Rutland RSE group to drive these improvements.
- Review the current support offer for young parents and opportunities to increase the numbers of young mothers in education, employment and training. Explore how support for young parents can be embedded within the wider children and young people's workforce (including Supporting Leicestershire's Families and the children's centre programme).

5. Increase links between sexual violence prevention and sexual health services

Where are we now?

In recent years there has been increasing national impetus on sexual violence including child sexual exploitation and female genital mutilation. The sexual health needs assessment provided some assessment of needs and implications for services, however further work is needed to truly embed the sexual violence prevention agenda within sexual health services.

What do we want to achieve?

- Sexual violence prevention to become an integral part of the wider sexual health system.
- Sexual health services are able to effectively respond to sexual violence needs of the population.
- Ensure sexual health and sexual violence is considered in the commissioning of sexual and reproductive health services including sexual assault referral centre, maternity services etc.

How will we get there?

- Sexual health services to attend Local Safeguarding Children Board training on safeguarding, domestic abuse and child sexual exploitation.
- Maintain sexual violence prevention as a key theme of the sexual health implementation plan.
- Increased sexual health across the community safety agenda including targeted work with victims of domestic abuse and sex workers.
- Utilise the LLR sexual health commissioners meeting to highlight sexual violence implications for services.

6. Increase access to sexual health improvement and HIV prevention to at risk groups

Where are we now?

Across LLR there are a number of voluntary sector organisations that deliver key HIV prevention and testing options for groups at higher risk of STIs and HIV including men who have sex with men, sex workers and black African heritage communities. Results from the sexual health needs assessment identified an increased proportion of STI diagnosis and high levels of HIV in these groups (in particular men who have sex with men.) Advances have also been seen in HIV online self-sampling, community point of care testing and pre-exposure prophylaxis in high risk groups (following the PROUD study.) Hence commissioning decisions will need to be made as to whether these interventions are implemented locally.

What do we want to achieve?

- Reduction of STIs in at risk groups.
- Reduced HIV transmission and new diagnoses.
- Lower proportions of late HIV diagnosis.
- Increased access to HIV testing to at risk groups.

How will we get there?

- Review commissioning and delivery protocols of online self-sampling and community HIV testing for at risk groups.
- Maintain outreach clinics from integrated sexual health service to target at risk groups. For example, focus on increasing access to clinical sexual health services for sex workers and men who have sex with men.
- Considering the implications of PROUD study and pre-exposure prophylaxis to high risk groups (such as men who have sex with men and high numbers of sexual partners.)

- Regular equality impact assessment for all sexual health services.

- Consider the sexual health implications of changing patterns of legal & illegal substance use by men who have sex with men locally.

7. Strengthen the role of primary care

Where are we now?

General practice (GP) is the largest provider and most frequently chosen first point of contact for those with sexual health concerns and contraceptive needs[ii]. In Leicestershire we have higher than national rates of long acting reversible contraception (LARC) prescribing in general practice, suggesting patients like the convenience of accessing their local GP for sexual and reproductive health services. However the quality of consultation can be variable across GP, LARC rates are lower than the national average in under 35year olds and user dependant methods are still the most popular form of contraception overall. With the integrated sexual health service seeing significant increases in demand for contraceptive appointments, we need to increase the capacity and expertise of all primary care providers to deliver high quality sexual health services across Leicestershire.

What do we want to achieve?

- To increase the quality and access of sexual health services in primary care across Leicestershire.

- Highly skilled primary care workforce with an expertise in sexual health.

- Revised case-mix at the integrated sexual health services to ensure increased access to the specialist service for complex contraception and STI treatment.

How will we get there?

- See sexual health training priority. A specific focus will be placed on upskilling the primary care workforce on sexual health.

- Review the current delivery model for long acting reversible contraception in primary care. For example, explore a federation/ locality commissioning approach and utilising the Faculty of Sexual Reproductive Health letters of competence.

- Review options to increase delivery of less complex sexual health services through primary care. Promote the use of primary care to patients accessing the integrated sexual health service. For example encouraging repeat oral contraceptive pill consultations to take place in local general practices to release capacity within the integrated sexual health service for more complex needs.

- Undertake cost benefit analysis of increasing access to ulipristal acetate emergency hormonal contraception via pharmacy schemes locally.

8. Utilise new technologies to support sexual health delivery

Where are we now?

Across LLR we already use a range of technologies to increase access to sexual health testing, including online services to order postal chlamydia screening kits, test not talk at the integrated sexual health service, and use of social media to target information to priority groups such as Men who have sex with men. However there are further opportunities to increase access to services, especially to rural populations and improve efficiency savings by utilising additional technologies including marketing of services, online services for wider postal STI testing kits, virtual clinics and contact tracing.

What do we want to achieve?

- Increase access to sexual health services and appointment booking.
- Improved access to STI and HIV testing.
- Innovative approaches to delivering the most cost effective sexual health service including contact tracing, text, online, telephone and virtual consultations.
- Increased online presence for sexual health communications.
- Embed the latest evidence based, clinically and cost effective sexual health interventions into local service provision.

How will we get there?

- Establish full asymptomatic online STI testing service using online risk assessments and postal screening kits. This includes decommissioning opportunistic chlamydia screening and converting the remaining chlamydia screening programme into a more widely accessible online full STI screening service open to all ages.
- Implementation of the community point of care and online self-sampling HIV testing kits, including participating into the national HIV self-sampling kit procurement and building this into the online STI screening service mentioned above.
- Review the integrated sexual health service model to see how technology could improve access and reduce infrastructure costs of the service. For example exploring virtual clinics or telephone consultations for less complex sexual health needs.
- Consider the use of e social media, online dating sites etc. to engage service users, advertise services to specific groups and increase the effectiveness of partner notification.
- Review the clinical and cost effectiveness evidence of new sexual health interventions including emergency hormonal contraception, self-injectable contraception and pre-exposure prophylaxis for groups at very high risk of HIV. Review whether these should be commissioned across Leicestershire in the future.

Key activities to deliver this approach

To ensure the strategic approach is delivered we will;

- **Develop new ways of working** across the sexual health system. This includes developing a biannual Leicester, Leicestershire and Rutland sexual health commissioners meeting to ensure all commissioning intentions are aligned and task and finish groups to established to progress key elements of the strategic approach.

- **Keep partners informed** of progress. We will develop a detailed implementation plan which will be regularly reviewed and updated to track progress. The strategy's implementation and progress will be monitored by the Director of Public Health, Public Health Departmental Management Team and regularly communicated to key stakeholders via sexual health clinical networks and commissioning meetings.

- **Monitor performance** through delivery of the implementation plan and development of a sexual health dashboard. These will be easily accessible for all partners to view.

How will we know we have made a difference?

The key indicators to assess whether this strategy has made a difference are presented in the Public Health England Sexual and Reproductive Health Profiles. (Available online at http://fingertips.phe.org.uk/profile/sexualhealth). These include rates of specific STIs, HIV and unplanned pregnancies. This will be supplemented with local sexual health dashboards and further indicators will be developed as part of the detailed implementation plan. All data will be split by local authority area. Information will be collated and triangulated with local sexual health provider performance to produce an annual progress update against the implementation plan and how this has translated to improved sexual health outcomes across Leicestershire.

References

[i] WHO. Defining sexual health. Report of a technical consultation on sexual health, 28-31 January 2002. (2002).

[ii] Department of Health. A Framework for Sexual Health Improvement in England. 1–56 (2013).

[iii] Public Health England. Making It Work – A guide to whole system commissioning for sexual health, reproductive health and HIV. (2014).

[iv] Mercer, C. H. et al. Changes in sexual attitudes and lifestyles in Britain through the life course and over time: Findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). Lancet 382, 1781–1794 (2013)

[v] The Marmot Review. Fair Society, Healthy Lives. (2010).