Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Sexual Health

T21 Opportunity Reference: PH3 Sexual Health

Name of the accountable Officer: Robert Carroll

Email address of the accountable Officer: Robert.Carroll@hants.gov.uk

Department:

Adults' Health and Care	Children's Services	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment
☑	❑	❑	❑	❑

Date of assessment: 17/4/2019

	Detailed	Overview
Is this a detailed or an overview EIA?	❑	☑

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The Council is mandated to secure the provision of comprehensive open access sexual health services. We meet these responsibilities through a Level 3 Integrated Sexual Health Service, providing contraception, Sexually Transmitted Infection (STI), sexual health promotion and psychosexual counselling services across 16 geographical locations plus outreach and online services. The 2019/20 budget for this service is £6,850,391. The service sees approximately 30,000 residents per year. The Council also commissions a Long Acting Reversible Contraception (LARC) service, delivered within General Practice (2019/20 budget is £1,450,000) and an Emergency Hormonal Contraception (EHC) service delivered within Community Pharmacies (2019/20 budget is £183k).

Geographical impact:

☑ **All Hampshire**	❑ Fareham	❑ New Forest
❑ Basingstoke & Deane	❑ Gosport	❑ Rushmoor
❑ East Hampshire	❑ Hart	❑ Test Valley
❑ Eastleigh	❑ Havant	❑ Winchester

Describe the proposed change, including how this may impact on service users or staff:

The Sexual Health T21 saving requirement is £958k. Total spend on sexual health services has already reduced by 18.6% since April 2013. A further reduction could potentially result in the following changes:

- Closure of a hub and a number of spoke clinics
- Reduced availability of clinics/appointments
- Longer travel times to clinics
- Reduction in staff required to deliver clinics
- Reduction in outreach and specialist clinics for vulnerable groups
- Increased demand on general practices
- Potential restriction of services based on age, risk profile and clinical need
- Increase in unintended pregnancies, unintended maternities and abortions

Potential increase in Sexual Transmitted Infections (STI) and STI related complications

Who does this impact assessment cover?

☑ Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

❑ Yes ❑ No ☑ No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.
Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	❑	❑	❑	❑	☑

Impact: Young people aged 15-24 are one of the population groups who are most at risk of unintended pregnancy, sexually transmitted infections (STIs) and sexual exploitation. 60% of all STIs are in young people aged 15-24 and babies born to mothers under 20 years have a 24% higher rate of stillbirth, a 56% higher rate of infant mortality and a 30% higher rate of low birth weight. Children born to teenage mothers also have a 63% higher risk of living in poverty. Mothers under 20 years have a 30% higher risk of poor mental health 2 years after giving birth. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on young people, who are also less likely to use their GP for contraception and less likely to have access to private transport.

Mitigation: We would ensure that young people (under 25) remain a priority for commissioned services and seek to ensure that all young people can access a sexual health clinic within 30 minutes travel by public transport. Where this is not possible we would seek to commission outreach and/or satellite services. We would support the development and delivery of Relationship & Sex Education in schools and encourage young people to use their GP for contraception services. We would continue to encourage low-risk asymptomatic residents to use online STI services appropriately which would release capacity for higher-risk residents, including young people, to be seen in face 2 face clinics.

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	❑	❑	❑	☑	❑

Impact: There is limited evidence to suggest that people with disabilities are more at risk of poor sexual health outcomes however a reduction in the availability of sexual health clinics is likely to have a negative impact on people with disabilities, particularly if they limited access to accessible transport. The Level 3 Integrated Sexual Health Service currently provides a practitioner-referral specialist clinic for people with learning disabilities in each hub, recognising that people with learning disabilities often require more support and longer appointments to manage and improve their sexual health. There is a risk that these clinics may need to be discontinued.

Mitigation: We would work to ensure the continued delivery of these specialist clinics within the reduced funding available. We are also developing an electronic sex & relationships learning package to support front-line practitioners to provide more sex & relationships support to adults with care and support needs.

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	❑	❑	❑	❑	☑

Impact: Gay, Bisexual men and men who have sex with men (MSM) are another key population group at high risk of poor sexual health, particularly in relation to HIV and other STIs, and they are a priority group for the Level 3 Integrated Sexual Health Service. The number of STI diagnoses in MSM has risen sharply in England over the past decade. A reduction in access to sexual health clinics is likely to have a high negative potential impact on the sexual health of men who have sex with men. Lesbians, Bisexual women and women who have sex with women are generally at low risk of unintended pregnancy and STIs but many women who have sex with women also have a history of sex with men.

Mitigation: We would ensure that men who have sex with men remain a priority for commissioned level 3 sexual health services and seek to ensure that all MSM can access a sexual health clinic within 30 minutes travel by public transport. We would ensure that MSM who are asymptomatic of disease also continue to have access to free condoms and regular STI home-sampling.

	Positive	Neutral	Low negative	Medium negative	High negative
Race	❑	❑	❑	❑	☑

Impact: People from Black, Asian and Minority Ethnic background (BAME) are also a population group at high risk of poor sexual health, particularly men and women of Black and mixed Black ethnicity, who are at increased risk of unintended pregnancy, bacterial STIs and HIV. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on people from BAME groups who currently underutilise sexual health services and who are also less likely to have access to private transport.

Mitigation: We would ensure that people from Black BAME groups remain a priority for commissioned level 3 sexual health services and seek to ensure access to a sexual health clinic for all residents within 30 minutes travel by public transport. We would also ensure that people from BAME groups continue to have access to free condoms and regular STI home-sampling.

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	❑	☑	❑	❑	❑

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	❑	❑	❑	❑	☑

Impact: There is limited data on the sexual health of people who have had or are undergoing gender reassignment but there is evidence that Trans women are likely to be at increased risk of HIV and STIs (similar to men who have sex with men). Transgender people are at increased risk of social and economic exclusion and exclusion in healthcare and they are at increased risk of low self-esteem, suicide, discrimination, hate-crime and violence. Trans people also have an increased likelihood of involvement in commercial sex work, which also increases their risk of poor sexual health. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on transgender people (particularly trans women). The level 3 Sexual Health Service currently provides a specialist sexual health clinic for people involved in sex work and there is a risk that this specialist clinic would need to be discontinued.

Mitigation: We would ensure that transgender people remain a priority for commissioned level 3 sexual health services and seek to ensure access to a sexual health clinic for all residents within 30 minutes travel by public transport. We would also ensure that transgender people continue to have access to free condoms and regular STI home-sampling.

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	❑	❑	❑	❑	☑

Impact: The majority of women will require contraception services to avoid unintended pregnancy and it is estimated that most women will require contraception for at least 30 years. Most methods of contraception have been developed for use by women (pills, implants, coils, injections etc) and it is women that primarily face the emotional, physical, social and economic costs of unintended pregnancy. Female anatomy also puts women at an increased risk of STIs and women are less likely to experience and to recognise STI symptoms, which increases their risk of long-term complications of undiagnosed and untreated STIs, including pelvic inflammatory disease, ectopic pregnancy and infertility. A reduction in access to sexual health clinics is likely to have a high negative impact on the sexual and reproductive health of women.

Mitigation: To mitigate this impact we intend to maintain the Council's current spend and provision of Long Acting Reversible Contraceptive (LARC) Services and Emergency Hormonal Contraception (EHC) services. To ensure sufficient access and capacity we plan to maintain the Public Health Open Framework model of commissioning these services, ensuring that any qualified provider is able to apply for a contract to provide these services. We would support the effective delivery of statutory relationship and sex education in schools and continue to encourage women to access their GP for contraception provision. We would also work with Clinical Commissioning Groups to ensure that abortion services are also able to provide women with their preferred method of contraception and we would work with maternity and public health 0-19 services to ensure that women are supported to access post-natal contraception. We would continue to ensure that both women and men who are asymptomatic of disease have access to STI home-sampling services and access to a level 3 sexual health service within 30 minutes by public transport, if they have STI symptoms.

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	❑	☑	❑	❑	❑

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	❑	❑	❑	☑	❑

Impact: Unintended pregnancy is frequently the result of poor knowledge, access, choice and provision of contraception, including the most effective LARC methods of contraception. Unplanned pregnancies can end in abortion, miscarriage or maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children. Restricting access to contraceptive provision can therefore be counterproductive and ultimately increase costs. The highest numbers of unplanned pregnancies occur in the 20-34 year age group. Women are offered antenatal screening for a number of STIs (HIV, Syphilis and Hepatises B) during pregnancy as these infections can be passed to babies during pregnancy and at delivery. The harmful effects of STIs in babies may include stillbirth, low birth weight, brain damage, blindness and deafness. Antenatal screening during pregnancy is commissioned by the NHS and is therefore not within the scope of this proposed change.

Mitigation: We intend to mitigate the risk of unintended pregnancy by maintaining the Council's current spend and provision of Long Acting Reversible Contraceptive (LARC) Services and Emergency Hormonal Contraception (EHC) services. We would support the effective delivery of statutory relationship and sex education in schools and continue to encourage women to access their GP for contraception provision. We would also work with Clinical Commissions Groups to ensure that abortion services are also able to provide women with their preferred method of contraception and we would work with maternity and public health 0-19 services to ensure that women are supported to access post-natal contraception. We would also ensure that both women and men have continued access to asymptomatic STI home-sampling services and access to a level 3 sexual health service within 30 minutes by public transport.

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	❑	❑	❑	☑	❑

Impact: There is evidence of a strong positive correlation between socio-economic deprivation and poor sexual health, including unintended pregnancy, teenage pregnancy and rates of new STIs. The relationship between deprivation and sexual health is complex and is likely to be influenced by a range of factors, including the provision of and access to sexual health services, as well as education, health awareness, health-care seeking behaviour and sexual behaviour. A reduction in access to sexual health clinics is likely to have a potential negative impact on the sexual health of people living in our more deprived areas.

Mitigation: We would reduce this risk by ensuring that services are located and promoted in areas of greatest need and/or deprivation, ensuring that all residents are able to access a level 3 sexual health clinic within 30 minutes by public transport. Where this is not possible we would seek to commission outreach and/or satellite services and/or promote the availability of online services. We also intend to maintain the Council's current spend and provision of Long Acting Reversible Contraceptive (LARC) Services and Emergency Hormonal Contraception (EHC) services and we would seek to ensure that there is sufficient access and capacity within the most deprived areas of the County, ensuring that any qualified provider is able to apply for a contract to provide these services.

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	❑	❑	☑	❑	❑

Impact: The current Level 3 integrated Sexual Health Service has a good foot-print across Hampshire with 16 clinical sites (in all major towns) and several outreach clinics in more rural areas. A reduced budget would decrease the availability of satellite services and outreach in more rural communities.

Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here:
(optional)