Your reference number is EIA341444641.

Thank you for submitting EIA - Co-ordinator stage

Name of project or proposal (required): Sexual Health

Is this project a Transformation project? (required): T21

Opportunity Reference (optional):

Name of accountable officer (required): Jo Jefferies

Email (required): rachael.dalby-hopkins@hants.gov.uk

Department (required): Adults' Health and Care

Date of assessment (required): 11/06/2021

Is this a detailed or overview EIA? (required): Detailed

Describe the current service or policy. This question has a limit of 700 characters; approximately 100 words (required): Public Health are required to deliver mandated sexual health services for all residents that must include: Open access sexual health services for the prevention of, treatment, testing and caring for people with sexually transmitted infections; contraceptive services, including access to a broad range of contraceptives; providing advice preventing unintended pregnancy. Most services are provided by Solent NHS Trust on behalf of the County Council & delivered from clinics across Hampshire, online, postal and outreach services. It should be accessible to anybody in Hampshire, regardless of their usual place of residence.

Geographical impact (required): All Hampshire

Describe the proposed change. This question has a limit of 700 characters; approximately 100 words (required): The County Council is proposing to reduce the budget for sexual health services by £521,000 per year by:
Saving £184,000 through:
•reduction in sexual health promotion and HIV prevention service, including providing free condoms only to under 25-year-olds and men who have sex with men;
•stopping counselling for people experiencing psychosexual problems;
•stopping provision of free sexual health training for non-specialist sexual health staff.
Saving £249,000 by closing clinics that operate in:
•Alton
•Hythe
•New Milton
•Ringwood
•Romsey
Saving £80,000 by only providing access emergency contraception to under 25-year-olds
Saving £8,000 by removing the HIV and syphilis self-sampling

Who does this impact assessment cover? (required): Service users

Has engagement or consultation been carried out? (required): Planned

Describe the consultation or engagement you have performed or are intending to perform. This question has a limit of 700 characters; approximately 100 words (required): The options within this consultation are proposed within the context of the County Council's financial strategy to 2021.
The County Council's Serving Hampshire Balancing the Budget 2019 consultation sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. In addition, an 8-week consultation on these proposals is taking place from 14 June to 9 August 2021. The findings from this consultation will be published and presented to the Executive Lead Member for Adult Services and Public Health in late 2021.

Age (required): Medium

Impact (required): 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 nationally 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. Nationally mMothers under 20 years have a 30% higher risk of poor mental health 2 years after giving birth . Reductions in sexual health promotion services and sexual health clinic access are likely to have medium negative impact on young people, who are less likely to use their GP for contraception and have access to private transport.
The highest percentage of attendances for psychosexual counselling are adults aged between 25-34 years of age. This age range will therefore be most affected by stopping the psychosexual counselling service.

Mitigation (required): We will ensure that young people (under 25) remain a priority for commissioned services and we will seek to ensure that a sexual health clinic is accessible by public transport. Where this is not possible, we will seek to commission more outreach and/or satellite services for young people and make more services available online.
We will continue to support the development and delivery of relationship & sex education in schools and encourage young people to use their GP for contraception services. We will continue to encourage low-risk asymptomatic residents to use online sexually transmitted infection services appropriately which would release capacity for higher-risk residents, including young people, to be seen in face-to-face clinics.
Residents will be signposted to self-help support and information and/or paid for services that are provided by the private and charity sector.

Disability (required): Medium

Impact (required): 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 have 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.

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

Sexual orientation (required): Medium

Impact (required): Gay, Bisexual men and men who have sex with men (MSM) are at high risk of poor sexual health, particularly in relation to HIV and other sexually transmitted infections, and are a priority group for the Level 3 Integrated Sexual Health Service. Sexually transmitted infection diagnoses in MSM has risen sharply in England over the past decade. The Office for National Statistics report on Sexual orientation: 2019, suggests that an estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019.
A reduction in sexual health promotion & HIV prevention services and reduced access to clinics in a small number of areas is likely to have a medium negative potential impact on the sexual health of men who have sex with men. The Level 3 Integrated Sexual Health Service currently provides specialist clinics for MSM in each hub, and we will ensure that these clinics continue.
Lesbians, bisexual women and women who have sex with women are generally at lower risk of unintended pregnancy and sexually transmitted infections but many women who have sex with women also have a history of sex with men, which increases their risk.

Mitigation (required): We will ensure that MSM remain a priority for commissioned sexual health services and that the specialist sexual health clinics for MSM continue. We will also seek to ensure that all MSM can access a sexual health clinic by public transport and that MSM continue to have access to sexual health promotion support, free condoms by post, HIV PrEP and regular STI home-sampling to reduce their increased risk of HIV and other sexually transmitted infections.

Race (required): Medium

Impact (required): People from Black and certain other minority ethnic groups, are a population group at increased risk of poor sexual health, particularly men and women of Black and mixed Black ethnicity, who are at increased risk of unintended pregnancy, bacterial sexually transmitted infections and HIV. A reduction in sexual health promotion and HIV prevention services and reduced access to a clinic in a small number of areas is likely to have a medium negative impact on people from Black and other minority ethnic groups who currently underutilise sexual health services and who are also less likely to have access to private transport.

Mitigation (required): We will ensure that people from Black and certain other minority ethnic groups remain a priority for commissioned sexual health services and ensure sexual health clinic is accessible by public transport. We will ensure that young people and MSM from Black and certain other minority ethnic groups regardless of age continue to have access to sexual health promotion support as well as free condoms by post and regular STI home-sampling.

Religion or belief (required): Neutral

Gender reassignment (required): Medium

Impact (required): There are 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 sexually transmitted infections (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 promotion and HIV prevention services as well as reduced clinic access in some areas is likely to have a medium negative impact on transgender people (particularly trans women).

Mitigation (required): We will ensure that transgender people remain a priority for commissioned level 3 sexual health services and that sexual health clinics are accessible by public transport. We will also ensure that transgender people continue to have access to sexual health promotion support, free condoms by post and regular sexually transmitted infection home-sampling. The level 3 Sexual Health Service currently provides specialist sexual health clinics for people involved in sex work and others at risk of sexual exploitation we will ensure that these specialist clinics continue.

Gender (required): Medium

Impact (required): 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 sexually transmitted infections. Women are also less likely to experience and to recognise sexually transmitted infection symptoms, which increases their risk of long-term complications of undiagnosed and untreated sexually transmitted infections, including pelvic inflammatory disease, ectopic pregnancy and infertility. A reduction in access to sexual health clinics in a small number of areas and the introduction of an age restriction to under 25s on the Council's free Emergency Contraception Service in community pharmacies is likely to have a medium negative impact on the sexual and reproductive health of women over the age of 25.

Mitigation (required): To mitigate this impact we intend to maintain the Council's current spend and provision of long-acting reversible contraceptive (LARC) Services. We will also maintain the Council's free emergency hormonal contraception (EHC) service in community pharmacies for women under the age of 25. 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 will continue to support the effective delivery of statutory relationship and sex education in schools, and to encourage women to access their GP for contraception provision. We will also work with the clinical commissioning group to ensure that abortion services are able to provide women with their preferred method of contraception and work with maternity services to ensure that women are supported to access post-natal contraception.
We will also ensure that both women and men have continued access to sexually transmitted infection home-

sampling services and that sexual health clinics are accessible by public transport.

Marriage or civil partnership (required): Neutral

Pregnancy and maternity (required): Medium

Impact (required): 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 and 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.

Mitigation (required): 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 maintain the Council's free emergency hormonal contraception (EHC) service in community pharmacies for women under the age of 25. We will continue to support the effective delivery of statutory relationship and sex education in schools, and to encourage women to access contraception from their GP.
We will also work with CCGs to ensure that abortion services are able to provide women with their preferred method of contraception and work with maternity services to ensure that women are supported to access post-natal contraception.
We will also ensure that both women and men have continued access to sexually transmitted infection home-sampling services and accessible by public transport.

Poverty (required): Medium

Impact (required): There is evidence of a strong positive correlation between socio-economic deprivation and poor sexual health, including unintended pregnancy, teenage pregnancy and rates of sexually transmitted infections. 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, healthcare seeking behaviour and sexual behaviour. A reduction in access to sexual health clinics in some areas is likely to have a negative impact on the sexual health of people living in more deprived areas.

Mitigation (required): We will reduce this risk by ensuring that services are located and promoted in areas of greatest need and/or deprivation and by ensuring that residents are able to access a level 3 sexual health clinic by public transport. Where this is not possible, we will continue to promote the availability of online services and continue to encourage women to access contraception from their GP. 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 for women under the age of 25. We will 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.

Rurality (required): Medium

Impact (required): At present the County is served by a 6 specialist sexual health clinics in Andover, Aldershot, Basingstoke, Winchester, Portsmouth and Southampton, which provide the full range of sexual health services commissioned by the Council. In addition there are weekly sexual health clinics at another 10 locations which provide a smaller range of contraception and sexually transmitted infection services.
During the COVID-19 pandemic many of these weekly clinics offering a smaller range of services closed. Instead, services were provided by telephone and by post, ensuring that residents in these areas could continue to access contraception, testing and treatments for sexually transmitted infections. Residents requiring face-to-face appointments continued to be offered appointments in the other clinic locations.
Many of these smaller weekly clinics reopened, but clinics in Alton, Hythe, Ringwood and Romsey have remained closed.

Mitigation (required): It is proposed that the smaller weekly clinics in Alton, Hythe, New Milton, Ringwood and Romsey be closed permanently from 1st of April 2022. The larger specialist sexual health clinics and the smaller weekly clinics in the other locations would continue to be provided in addition to the services that are now available online and by telephone consultation and by post. This would include emergency hormonal contraception, testing and some treatments for sexually transmitted infections (e.g. chlamydia treatment) by post.

GP and pharmacy services in these areas will continue to be commissioned and outreach services will continue to be provided for young people who are unable to access any other service.

Any other brief information which you feel is pertinent to this assessment (optional): The sexual health services will continued to be monitored by their key performance indicators and through contract review meetings. The sexual and reproductive health of Hampshire residents will be continually reviewed through the data provided by Public Health England, Office of National Statistics and the public health sexual and reproductive health profiles

Please confirm that the accountable officer has agreed the contents of this form (required): Yes

More information required? (required): No - complete this EIA

Comments (required): A clear account of the potential impacts