

HERTFORDSHIRE COUNTY COUNCIL

**CABINET
MONDAY, 8 JULY AT 2.00PM**

<u>Agenda Item</u> <u>No.</u> 7
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HERTFORDSHIRE COUNTY COUNCIL SEXUAL HEALTH STRATEGY: 2019-2024

Report of the Director of Public Health

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Executive Member: - Tim Hutchings, Public Health and Prevention

1. Purpose of report

1.1 To invite Cabinet to consider whether to approve the draft Hertfordshire County Council Sexual Health Strategy 2019-2024.

2. Summary

2.1 The previous Sexual Health Strategy 2014 – 2019 expired on the 31 March 2019. The proposed new Sexual Health Strategy outlines the ambition over the next 5 years in having a comprehensive sexual health provision across the county, building on evidence and incorporating new technologies and cost-effective delivery models.

2.2 The benefits to be derived from this work are:

- A reduction in rates of sexually transmitted infections (“STI’s”) among people 15 years and above
- A reduction in late diagnosis, onward transmission of and avoidable deaths from HIV
- A reduction unplanned pregnancy among all women of fertile age

2.3 This approach targets those in greatest need, makes best use of the clinical skill mix and services available and provides improved value for money.

2.4 Public consultation on this Strategy has been completed and no objections have been received.

3. Recommendation

- 3.1 The Public Health and Prevention Cabinet Panel considered a report on this item of business at its meeting on 21 June 2019. The Panel agreed to recommend to Cabinet:-

“That Cabinet approves the Hertfordshire County Council Sexual Health Strategy 2019 -2024 attached as Appendix 1 to the report.”

4. Background

- 4.1 The previous Sexual Health Strategy 2014 – 2019 expired on the 31 March 2019. This provides an opportunity to state the County Council’s intent for sexual health provision over the next 5 years, building on evidence and incorporating new technologies and cost-effective delivery models.
- 4.2 The proposed Sexual Health Strategy 2019 -2024 (“the Strategy”) outlines a new model for delivering specialist sexual health services in Hertfordshire.
- 4.3 In addition, the Strategy outlines three ambitions: to improve the sexual health and wellbeing including the provision of sexual health services; encouraging safe sex, testing and treatment for sexually transmitted infections (STIs) and HIV; and preventing unwanted pregnancy and access to advice and support on sexual health matters.

5. Consultation

- 5.1 A consultation on the proposed Strategy was undertaken with stakeholders, including the public, GP’s, Clinical Commissioning Group’s (CCG’s), Children Services and members of the Sexual Health Network e.g. Local Pharmaceutical Committee, Local Medical Council, YC Hertfordshire, Sexual Health Hertfordshire and the local Sexual Assault Referral Centre between 27 February and 26 April 2019.
- 5.2 In total there were 11 responses received. The respondents agreed with the vision, strategic aims and objectives of the Strategy. Whilst no objections to the Strategy were received, a small number of comments and clarification questions did arise. These were considered by Officers and changes were made to the Strategy as a result.

6. The Strategy

- 6.1 The Strategy will adopt and promote a self-management approach so that Hertfordshire residents gain the confidence, skills and knowledge to manage their own sexual health e.g. STI testing at home, using long term and more reliable forms of contraception. This will allow specialist services to focus on those with more complex needs.
- 6.2 The Strategy takes into consideration what has worked well, service user feedback and the level of resources needed to maintain an adequate level

of both Sexual Health and Contraception services, while making best use of other local services.

- 6.3 From April 2020, the 'hub (Level 3 - specialist level care) and spoke (Level 1 and 2 Community sexual health and contraception service)' model will change to a three centre specialist service, incorporating Level 1,2 and 3 services. These centres of excellence will be in Stevenage (North) and Watford (West), with additional investment for a brand-new centre in Hatfield (Central). All sites have good transport links and centrally located within their town centres.
- 6.4 Currently, most patients attend smaller contraception 'spoke' clinics to seek the repeat Pill, which is also available from their GP or Long Acting Reversible Contraception, which does not require accessing a clinic on a regular basis.
- 6.5 All three centres will provide the full range of contracted sexual health services, but it is not appropriate for the service to duplicate services available elsewhere e.g. in primary care or acute gynaecology.
- 6.6 The smaller mainly contraception 'spoke' clinics will be consolidated into the three specialist sexual health centres. This will provide a broad skill mix of staff working within each sexual health centre and make best use of specialist Consultant and nurse led time, making each centre a focus of excellence for those with complex sexual health needs.
- 6.7 In addition, increased demand from residents to manage their own sexual health and to avoid duplication of provision, services will need to adapt to make best use of the available resources (e.g. on-line testing, appropriate signposting to primary care), and tailored to ensure those most at risk of poor sexual health can access the right care.
- 6.8 With the introduction of three specialist centres and an increase in the online STI testing service, the service will be able to reach circa 62,000 residents per annum, maintaining the current level of service available.
- 6.9 Consolidating smaller mainly contraception clinics into the three specialist sexual health centres, may require some residents to travel further to access more specialist sexual health services, but officers consider that the positives of having centres of excellence, coupled with appropriate signposting and online STI testing will offset the need for some residents to travel further for advice and assistance.
- 6.10 An on-line map ([see prototype¹](#)) of all Hertfordshire sexual health services including those offered within Primary Care settings will be developed, ensuring that all residents and professionals have knowledge on what is available in their area. This will be launched in Autumn 2019.

¹ <https://www.google.co.uk/maps/d/viewer?mid=1zJVjwYvXjOVhIYsLZYoHXxSPsYdYD-jZ&ll=51.83982707421652%2C-0.25393670000005386&z=10>

7. Equality Impact Assessment

- 7.1 When considering proposals placed before Members it is important that they are fully aware of and have themselves rigorously considered the Equality implications of the decision that they are making.
- 7.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EQiA) produced by officers.
- 7.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 7.4 An Equalities Impact Assessment (EqIA) has been carried out and is attached to this report as Appendix 2. The EqIA has highlighted inequalities that exist in sexual health in Hertfordshire. Many of the Sexual Health services available in Hertfordshire are already commissioned to address these inequalities through targeted initiatives; the priority action plan is set out at section 4 of the EqIA.
- 7.5 Officers consider that a move to a three centre model approach targets those in greatest need and makes best use of the clinical skill mix and services available.

8. Financial Implications

- 8.1 This Strategy has been written on the basis that the ring-fenced Public Health Grant will cease at the end of 2019/20. This will mean that the Public Health Service budget will be subject to the same pressures that exist across the rest of the County Council. Intentions stated within this Strategy build on this broad understanding, but without current confirmation of the exact budgets with which officers will deliver the priorities.
- 8.2 Public Health work closely with other commissioning organisations including the CCGs to ensure that collective resources are effectively used and to minimise the impact of future reductions in budgets.

- 8.3 A move to a three centre model approach targets those in greatest need, makes best use of the clinical skill mix and services available and provides improved value for money.

Background Information

- As per hyperlinks in the report
- Sexual Health Strategy 2014 – 2019 -
<https://democracy.hertfordshire.gov.uk/Data/Cabinet/20140324/Agenda/qANOKPQ2btlznLh2cSNHecqjE2bS.pdf>

