

CABINET – 23 JUNE 2020

LEICESTERSHIRE SEXUAL HEALTH STRATEGY 2020-23

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PART A

Purpose of the Report

1. The purpose of this report is to advise the Cabinet of the consultation findings for the Leicestershire Sexual Health Strategy and to seek the Cabinet's approval of the Strategy for 2020-23.

Recommendations

2. It is recommended that the draft Leicestershire Sexual Health Strategy 2020- 23 (attached as the appendix to this report) be approved for implementation.

Reasons for Recommendation

3. The 2020-23 Strategy recognises the changing commissioning landscape, development of the integrated care system and its impact on partners. It builds on the work of the 2016-19 Sexual Health Strategy, which made significant progress in combining a fragmented system into a single service. The 2020-23 Strategy focuses on sexual health improvement, leadership and policy in Leicestershire.

Timetable for Decisions (including Scrutiny)

4. The draft Strategy was considered by the Health Overview and Scrutiny Committee on 3rd June 2020 as part of the consultation. Comments are set out in Part B of this report.

Policy Framework and Previous Decisions

5. The draft Strategy considers the achievements made thus far and outlines the key priorities for the next three years to further improve sexual health outcomes for Leicestershire's residents. These priorities align with the County Council's Strategic Plan 2018-22 which aims to be 'Working together for the benefit of everyone'. In particular, the wellbeing and opportunity objective which states that people need to be enabled to take control of their own health and wellbeing throughout their lives and for the Council to support the population to stay well through prevention and early intervention. The draft Strategy also looks to build on elements of the Health and Wellbeing Strategy and the Communities Strategy.

6. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (made under the National Health Services Act 2006) requires upper tier local authorities to arrange for the provision of specific services, including sexual health. Local authorities are required to provide:

'open access sexual health services for everyone present in their area, covering; free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and free contraception, and reasonable access to all methods of contraception'.

7. The Cabinet approved consultation on the draft Strategy at its meeting on 24 March 2020.

Resource Implications

8. There are no immediate resource implications arising from this report. The commissioning of sexual health services is primarily a responsibility of Leicestershire County Council and has a budget of £3.3m from the public health grant.
9. The Strategy aims to develop new approaches to meet the needs of the local population in the most cost-effective way. The Partnership working aspects of the Strategy will see better joint working with organisations such as NHS England. The management cost of this work will be met from existing management budgets. Improved partnership working will offer opportunities for efficiency in service delivery and commissioning.

Circulation under the Local Issues Alert Procedure

10. This report has been circulated to all Members of the County Council.

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PART B

Background

11. 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. The Sexual Health Strategy has been developed because it is important that the services commissioned by the County Council continue to meet these changing needs of its population. The consultation responses to the Strategy's five key priorities have informed the final version, appended to this report.

Impact of Covid-19

12. There is no doubt that the impact of Covid-19 will affect wider health issues for people, including their sexual health. This may be as a result of the changed access to services during the crisis – mostly delivered via video and telephone link with online provision of contraception and some STI treatment – or through an increase in health inequalities. It is difficult to say at this point whether there will be for example, an increased incidence of unwanted pregnancy and subsequent rise in abortion rates or whether the opposite will be the case as people face economic uncertainty and postpone plans for a family. The Strategy will look to address the changes in people's circumstances and also to promote whichever new methods of service delivery have worked well during the Covid crisis. It will be essential to provide clear communications about the delivery of services as the Council moves into a recovery phase, so that residents are informed and able to make decisions about their sexual health.

Consultation

Consultation Process

13. The draft Strategy was the subject of public consultation from 1st April to 5th June 2020. Given the Covid-19 pandemic, this had to be carried out differently than originally planned; for example, face to face meetings have not been possible during this time. The consultation was instead managed through a range of media, both internally and externally. This included newsletters, social media and emails as well as information being posted on the Council's website with regular reminders going to stakeholders, encouraging them to comment. A dedicated email inbox was created, which proved a useful tool for people to contact officers directly.
14. Stakeholders who were consulted included the East Leicestershire and Rutland and the West Leicestershire Clinical Commissioning Groups (CCGs), Healthwatch Leicestershire (the independent champion for use health and social care service users), University Hospitals Leicester, (UHL) and Public Health England (PHE), the 7 district councils in Leicestershire, the integrated sexual health service, Turning Point, Voluntary Action Leicestershire (VAL),

Leicestershire Aids Support Service (LASS), Trade, Sexual Assault Referral Centre, the Chairs of Secondary Heads and Primary Heads Groups and various schools through the Personal, Social, Health Education (PSHE) network, Parish Councils, County Council members and all internal departments. The Leicester City and Rutland Councils were consulted via the (officer) Integrated Sexual Health Board. In the absence of a meeting of the Health and Wellbeing Board, the draft Strategy was circulated to its members (which include many of the partner organisations referred to above) for comment.

Consultation Outcome

15. In summary, comments were positive about the Strategy's approach. Some feedback called for greater emphasis on access and flexibility of services particularly to LGBT communities. One respondent highlighted the importance of psychosexual counselling and its value in reducing health inequalities while others emphasised the importance of good mental health and wellbeing in relation to sexual health. This latter issue has been subsequently highlighted in the strategy in relation to the teaching of RSE in schools; in relation to domestic abuse and in relation to fulfilling reproductive intentions. A number of respondents called for greater visibility of partnerships with the voluntary and community sector. The Council asked people to respond to the five priorities in the Strategy, as well as to give any general comments, and points raised with regard to each are set out below:

i. **Empowering Leicestershire to make informed positive choices about their reproductive and sexual health.**

Responses included endorsement of the value of positive messages about taking personal responsibility for sexual health. This will be a key part of the new Relationships and Sex Education (RSE) curriculum in schools from September. Also mentioned was the importance of including LGBT relationships as part of the RSE offer and the issue of consent in sexual relationships. The need for health promotion campaigns in specific places in the County supported by working with the student unions, was also mentioned.

ii. **Flexible, accessible services that take a proportionate universalism approach.**

Responses emphasised the importance of services being available to people from LGBT communities and, also to those with disabilities and their families. Suggestions included making interventions available outside of clinical settings – in College campuses for instance. A drop-in facility would be welcome, including for those who do not readily access services.

iii. **Fulfilling reproductive intentions.**

Feedback emphasised the importance of making it clear that services were open to everyone, including lesbian and bisexual women and transgender women or men who have not undergone gender reassignment. There was strong support from UHL maternity and gynaecology services for reducing unplanned pregnancies and exploring provision of post-partum contraception.

- iv. **Reduce the cause and effect of health inequalities on sexual health.**
Responses valued the importance of the new RSE agenda starting in schools in September in supporting young people. One respondent asked specifically that the Council's response on the anticipated impact of Covid-19 on sexual health be included in the Strategy and a paragraph on this has been added.
- v. **Strategic partnership approach to sexual health improvement across Leicester Leicestershire and Rutland.**
Feedback called for greater emphasis on partnerships with voluntary and community sector to improve leadership across the system.

Comments of the Health Overview and Scrutiny Committee

16. The Committee considered the draft Strategy at its meeting on 3 June. It raised a number of queries with regard to how the Strategy might be adapted to the impact of Covid-19. Officers responded that it would monitor changes in uptake of services closely, particularly where delivery had moved to online or via video/telephone consultations. Members were advised that the Council would look to promote new ways of working where these had been successful and would aim to reach different cohorts of people via a range of media to ensure information about sexual health services continued to be heard. Members were also advised that the Strategy connected with other public health strategies and plans such as the Substance Misuse Strategy and work on domestic violence and homelessness to ensure that they support the sexual health needs of the populations they serve. The Council was aware that potential changes in people's socioeconomic and social circumstances may, for example, affect sexual behaviours and would continue to monitor trends, for example rates of unwanted pregnancies and abortion.

Final Strategy

17. The Strategy has been revised in the light of the consultation, increasing visibility of the importance of partnership work with the voluntary and community sector and the importance of services being accessible to all, including the LGBT community. A section on the impact of Covid-19 on people's sexual behaviour and the potential increase on existing health inequalities around the economy and ethnicity has also been added, while the importance of good mental health and wellbeing in relation to sexual health has also been highlighted. An action plan will be drawn up taking into account these changing circumstances. The Strategy will be kept up to date in the light of any changing legislation over the next three years.

Equality and Human Rights Implications

18. As part of the development of the final Strategy, an Equality and Human Rights Impact Assessment (EHRIA) screening was undertaken which showed that a full EHRIA was not required as the Strategy would not have any adverse implications for the provision of services to any particular community or group of people and its approach would promote equality, diversity and human rights.

Risk Assessment

19. The Sexual Health Strategy aims to reduce a number of current risks identified within the wider sexual health system, however there remain some potential risks which could impact on the successful delivery of the Strategy. These include a budget reduction to the Public Health Grant or the reduction of wider local authority budgets and the increasing demand and cost of integrated sexual health services. The local commissioning of Pre-Exposure Prophylaxis (PrEP) (a form of antiviral medication that when taken appropriately can prevent the acquisition of HIV), likely to be introduced in April 2020, could also put additional pressure on the Department's budget.

Background Papers

Report to the Cabinet on 24th March 2020 - Draft Leicestershire Sexual Health Strategy 2020-23

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5993>

Appendix

Leicestershire Sexual Health Strategy 2020-23