

## Supporting Information and Impact Assessment

Proposal:	Sexual Health Services
Executive Lead:	Councillor Derek Mills
Director / Assistant Director:	Caroline Dimond

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<b>Section 1: Background Information</b>	
<b>1.</b>	<p><b>What is the proposal / issue?</b></p> <p>The proposal is a reduction of £106,000 from the sexual health contract in 2017/18 and a £50,000 reduction in 2018/19.</p> <p>The proposed budget for 2017/18 is £1,633,900.</p> <p>The reduction equates to a 7.2% reduction in the overall contract Public Health have with Torbay and South Devon NHS Foundation Trust for Sexual Health services.</p> <p>It is proposed that the savings are taken from non-mandated services in Torbay.</p> <p>The mandated core of Genito-Urinary Medicine (GUM) (testing for and treatment of Sexually Transmitted Infections (STIs)) and contraceptive services would be maintained but specialist non-mandated provision would be reduced.</p> <p><u>2017/18:</u></p> <ul style="list-style-type: none"> <li>• Reduction in Chlamydia Screening Programme, the total budget for this service would reduce by approximately 34%.</li> <li>• Reduction in Outreach services to young people, the total budget for this service would reduce by approximately 31%.</li> </ul> <p><u>2018/19:</u></p> <ul style="list-style-type: none"> <li>• Reduction in Young People’s Sexual Health clinics, the total budget for this service would reduce by approximately 33%.</li> </ul>
<b>2.</b>	<p><b>What is the current situation?</b></p> <p>Nationally, regionally and in Torbay, younger people bear the burden of poor sexual health – disproportionately compared to other groups of the population. In Torbay there are higher than average rates of Teenage Conception. Services have adapted to meet the needs of our most at risk populations in Torbay.</p> <p><u>Chlamydia Screening Programme:</u></p>

The Chlamydia Screening programme targets 15-24 year olds and seeks to reduce incidences of chlamydia as this is the most common STI in young people in the UK. Untreated chlamydia can cause infertility, serious infections and complications to the patient and new-born children.

- 23.2% of sexually active 15-24 year olds in Torbay received a Chlamydia test in 2015. This is within the range expected for this population, is in line with National Chlamydia Screening Programme expectations and Torbay compares well with the regional and national average
- Torbay has a high detection rate of 2,515 per 100,000 (355 incidences) – this means that we are performing better than average regionally and nationally and that the service is targeting the correct populations

The service provider effectively targets and treats the right populations and is meeting national targets and thresholds.

#### Outreach Services to young people:

The Outreach team works in the majority of secondary schools in Torbay, offering contraception, advice, information, guidance and referrals to specialist and supporting services.

The team receive referrals from a range of professionals across the Torbay and work with young men and women most at risk of poorer sexual health and / or teenage conception, for example: young people living in areas of deprivation, care leavers and young people who are in care, young people not in education, employment or training, young people involved in wider risky behaviour, young people at risk of sexual exploitation, young people who are children of former teenage parents. The team

During 2015-16:

- 2,641 young men and women were seen in a private consultation with a nurse – mostly in local schools and colleges
- 2,937 young people were seen in a group work setting e.g. classroom
- The team made 96 interventions using emergency contraception
- The team have been a key contributing factor in reducing the rate of teenage conception rates since 2010

#### Young people sexual health clinics:

Young People's Sexual Health Clinics offer open access GUM (STI testing and treating) and contraceptive services; aimed at under 25 year olds. These clinics supplement the core offer from Torbay Sexual Medicine Service and are operated through satellite clinics in community settings in Brixham, South Devon College and other local key sites.

<p><b>3.</b></p>	<p><b>What options have been considered?</b></p> <p>At this stage, it is not proposed to create savings from the core mandated services as this could have a significantly greater effect on a wider proportion of the population.</p> <p>Other options include completely deleting other specialist elements. This option could result in the deletion of all youth facing outreach provision, including the condom distribution scheme.</p> <p>These options were not considered further as they would have a more significant negative affect on the most at risk populations and individuals.</p>
<p><b>4.</b></p>	<p><b>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</b></p> <p>This proposals supports the following principle of the Corporate Plan:</p> <ul style="list-style-type: none"> <li>• Use reducing resources to best effect</li> </ul>
<p><b>5.</b></p>	<p><b>Who will be affected by this proposal and who do you need to consult with?</b></p> <p>It is likely that increases in Chlamydia infections and Teenage Conceptions will have a cost shunt into other areas across the local Health and Social Care system. Consultation would be carried out with;</p> <ul style="list-style-type: none"> <li>• Young people aged 13 to 25, particularly those most at risk of poorer sexual health and teenage conception.</li> <li>• Schools and colleges</li> <li>• Clinical Commissioning Group (CCG)</li> <li>• Staff within Torbay and South Devon NHS Foundation Trust</li> <li>• Services within Torbay and South Devon NHS Foundation Trust</li> <li>• NHS England (commission Primary Care STI testing)</li> <li>• Early Intervention team</li> </ul>
<p><b>6.</b></p>	<p><b>How will you propose to consult?</b></p> <p>Consultation will take place as part of the general consultation on the budget proposals. However, specific consultation will also be carried out on this proposal with service users through a range of mechanisms.</p> <ul style="list-style-type: none"> <li>• Focus groups</li> <li>• On-line consultation</li> <li>• Discussions with partner organisations</li> </ul>

## Section 2: Expected Implications and Impact Assessment

### 7. What are the expected financial and legal implications?

This proposal may see a greater demand for other services across the health and social care system, resulting in greater costs to those services, for example:

- Torbay LA commissioned integrated sexual health services
- Into CCG commissioned services i.e. terminations / maternity / GPs
- Social care services

There may be a redundancy liability associated with any staffing reductions.

### 8. What are the expected risks?

The potential risks and impacts are outlined for each element of the service below:

#### Chlamydia Screening Programme:

- Fewer young people would receive a Chlamydia screen
- Chlamydia infection rates could increase
- Fewer young people would be aware of sexual health responsibilities when changing sexual partners

#### Outreach Services to young people:

- Potential increase in teenage conception rates
- Fewer young people in Torbay receiving a specialist intervention with a contraceptive nurse in settings which suit them.
- Less contraception (and emergency contraception) issued to young women
- Less assurance that contraception, and emergency contraception will be provided as and when required. As a result young women could be directed to another provider which increases risk of them not accessing contraception, or emergency contraception due to barriers
- Potential increase in conceptions, resulting in more younger fathers and mothers
- Decrease in access to condoms to young men
- Increase in demand for other local health and social care services, such as other areas of the integrated sexual health contract, GP surgeries, pharmacies and in case of an increase in teenage conceptions, impact on maternity, children's services, housing, early intervention, family support services and midwifery, health visiting
- Service may no longer be able to provide a general access service to all schools and young people in Torbay

	<p><u>Young people sexual health clinics:</u></p> <ul style="list-style-type: none"> <li>• Fewer young people can access a suitable service near them, particularly in Paignton and Brixham (main service is located in Torquay)</li> <li>• Less access to testing and treatment services</li> <li>• A potential increase in teenage conceptions and sexually transmitted infections, including Chlamydia</li> </ul>
<p><b>9.</b></p>	<p><b>Public Services Value (Social Value) Act 2012</b></p> <p>The full sexual and reproductive service is expected to be re-procured in July 2018.</p> <p>Social Value with regard to Torbay communities will be a strong consideration and an intrinsic elements of:</p> <ul style="list-style-type: none"> <li>• Specification</li> <li>• Market warming processes</li> <li>• Contract</li> </ul> <p>A strong sexual and reproductive health service can have an economic, environmental and social value and it is expected that social value will be a key principle and outcome of the future procurement processes.</p>
<p><b>10.</b></p>	<p><b>What evidence / data / research have you gathered in relation to this proposal?</b></p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency</p> <p>There is a range of guidance, research and recommendations regarding the sexual health outreach and chlamydia screening services. These sources include:</p> <p><a href="#">British Association for Sexual Health and HIV (BASHH)</a>  <a href="#">Good progress but more to do: teenage pregnancy and young parents (LGA)</a>  <a href="#">Teenage pregnancy: Beyond 2010 Department of Health / DCSF</a></p> <p>There is also a range of guidance available for commissioners of services including:</p> <p><a href="#">Making it Work: A guide to whole system commissioning for sexual health, reproductive health and HIV</a>  <a href="#">Chlamydia detection rate: considerations for commissioning (PHE)</a>  <a href="#">A Framework for Sexual Health Improvement in England – Department of Health</a></p>

Local data includes:

[Torbay Local Authority JSNA – ‘Developing Well’ overview 2014-15](#)  
[Public Health England Sexual and reproductive health profiles](#)

And regionally:

Briefing note from the Directors of Public Health South West briefing note on Chlamydia testing in the South West (Sept 2016) *unpublished but circulated amongst Sexual Health South West Network*

In addition, data and information from regular contract meetings which indicate level of activity and penetration into target populations. This information and data has directly informed the outcomes of the Prioritisation matrix.

11.

### What are key findings from the consultation you have carried out?

Combined feedback from the general budget questionnaire and the public health budget questionnaire is shown below:

Q14) Sexual Health Service:

Do you support this proposal?	Number	Percent
Yes	277	56.6%
No	200	40.9%
No answer	12	2.5%
<b>Total</b>	<b>489</b>	<b>100.0%</b>

The public health specific questionnaire also identified that:

- 58 (80.6%) people/organisations responding would not be affected by the proposal
- 10 (13.9%) people/organisations responding would be affected by the proposal
- 4 (5.6%) people did not respond to whether they would be affected by the proposal

There was a range of individuals and organisations who submitted written responses to the consultation on Sexual Health Service.

There were three main themes from the consultation feedback:

#### **The impact on service users**

Reductions will put young people at risk as current service provides advice and interventions to reduce teenage pregnancy and STIs. As a result teenage pregnancy rates will rise. Concerns were raised that reductions are in areas where Torbay has historically had levels of poor performance.

Comment was made that there is a need to increase education and ability to take self-responsibility.

	<p><b>The impact on service users</b>  Reductions may have an impact on other areas e.g. troubled families.</p> <p><b>Cost effectiveness</b>  A comment was made that the cost is greater for treatment than for prevention.</p> <p>An alternative proposal was put forward regarding a health and wellbeing hub in the town centre to reduce burden to A&amp;E and GP's.</p> <p>General comments were made on the public health proposals overall:</p> <ul style="list-style-type: none"> <li>• It will damage the progress made on a 'joined up' approach to the provision of health and social care. The proposals will also be against the agreement that decisions made in one part of the system do not have unintended adverse effects in another part of the system and also on the shift from a reactive to a proactive approach to health and social care.</li> <li>• It will have an adverse effect on the credibility of the community service model redesign and will damage the reputations of Torbay Council and Torbay and South Devon NHS Foundation Trust.</li> <li>• A statement was made regarding the local authorities responsibility to continue to meet the conditions of the public health grant.</li> <li>• Concerns were raised regarding the proposals potential impact on the aspirations of the Sustainability and Transformation Plans (STPs) with the NHS.</li> <li>• A statement was made that Torbay should look to understand how other local authority area which border Torbay are able to deliver services 'smoothly' without the same issues as Torbay.</li> </ul>
12.	<p><b>Amendments to Proposal / Mitigating Actions</b></p> <p>None</p>

## Equality Impacts

13	Identify the potential positive and negative impacts on specific groups		
	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	The most vulnerable or at risk young people will be targeted under the principle of proportionate universalism, meaning everyone is able to receive a service, but the service they receive will depend on their needs.	<p>Young people will no longer receive a universal sexual health service within schools. Young people who are not easily identifiable as at increased risk of teenage pregnancy or poorer sexual health will receive a reduced or no service. Young people will have to identify themselves and access sexual health services designed for adult populations.</p> <p>To mitigate this, the Sexual Health Outreach Team and Chlamydia screening team will have to more actively promote themselves amongst various universal and targeted networks in order to support young people to be aware of and access services.</p> <p>There will be a reduction in universal level 2 (provision of contraception) services across secondary schools in Torbay.</p>	



		<p>To mitigate this, schools will be directed to national and online resources.</p> <p>Schools and all the Children and Young people's workforce will be encouraged to sign up to provide the C-Card scheme within their settings.</p>	
People with caring Responsibilities		<p>Young carers are less likely to receive services as they are not identified as a population with specifically poor sexual health outcomes. Other factors may contribute to them being a more at risk group.</p> <p>Mitigating this is the current training programme aimed at the children's workforce which enables practitioners to offer the C-Card and basic information and advice and condoms, as appropriate.</p>	
People with a disability	No differential impact		
Women or men		<p>Young men and women will universally have less of a service targeted at them. Young Women are more at risk of poorer sexual health outcomes.</p> <p>To mitigate this, mainstream</p>	

		Sexual Health Services will need to increase awareness of services available and adjust their approaches to better meet the access needs of young people.	
People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	Young men and women from BME communities should receive an enhanced service as this group can disproportionately experience poor sexual health.  The Outreach team will need to be more focussed and create increased opportunities to engage with younger people from Black and minority ethnic communities.		
Religion or belief (including lack of belief)	No differential impact		
People who are lesbian, gay or bisexual	Young people who identify as lesbian, gay or bisexual should receive an enhanced service as this group can disproportionately experience poor sexual health.  The Outreach team will need to be more focussed and create increased opportunities to engage with younger people from LGB communities,		

	networks and groups		
People who are transgendered	<p>Young people who identify as Transgender or who are questioning their gender identity should receive an enhanced service as this group can disproportionately experience poor sexual health.</p> <p>The Outreach team will need to be more focussed and create increased opportunities to engage with younger people from Transgender communities, networks and groups.</p>		
People who are in a marriage or civil partnership	No differential impact		
Women who are pregnant / on maternity leave	No differential impact		
Socio-economic impacts (Including impact on child poverty issues and deprivation)		By removing the universal provision of the Outreach team in schools, young men and women are less likely to access sexual health services. They will have to schedule attendances at adult facing clinics which can lead to a decline in attendances and a subsequent increase in poor sexual health outcomes,	

		<p>including teenage pregnancy, STI transmission (including Chlamydia and HIV). Teenage pregnancy disproportionately affects young people in areas of higher deprivation, and Torbay continues to have higher than England levels of teenage conception.</p> <p>The likelihood of being a child in poverty is 63% higher for children born to women under 20. By aged 30, women who were teenage mothers are 22% more likely to be living in poverty than others giving birth aged 24 or over. Compared with older fathers, young fathers are twice as likely to be unemployed, even after taking account of deprivation.</p> <p>To mitigate this, the Outreach and Chlamydia screening team will have to rationalise their resources. The team will need to focus on increasing their reach into areas of increased deprivation in order to reach young people already living in poverty as well as to prevent further escalation into a cycle of poverty caused through unplanned pregnancy and</p>	
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		parenthood.	
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Sexual Health outreach and chlamydia services will have to be more focussed; more intelligence led and will have to rely on other professionals to deliver basic relationship and sexual health advice, information, services and signposting.	The general sexual health of young people aged 13-24 in Torbay is poor. Whilst there is a broadly improving picture, we are still national outliers for indicators such as teenage pregnancy, Torbay has higher than England average rates of repeat abortions in under 25 year olds and significantly higher rates of under 25 abortions after a birth.  To mitigate some aspects of this, mainstream GUM and contraceptive services still exist and an increase in signposting and marketing of remaining provision is anticipated.
14	<b>Cumulative Impacts – Council wide</b> (proposed changes elsewhere which might worsen the impacts identified above)	<ul style="list-style-type: none"> <li>• The impact of the wider proposals to teenage parents, health visiting and school nursing, young people’s substance misuse and other young people focussed proposals may have a compounding effect on populations of young people.</li> <li>• There will be fewer sources of support and fewer appropriate services for young people to reduce or manage harm and risks.</li> <li>• This could lead to increases in young people who are vulnerable and who have complex needs and these needs going unmet in Torbay</li> </ul>	
15	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	<ul style="list-style-type: none"> <li>• The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan (<a href="http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf">http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf</a>) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing.</li> </ul>	