

19 October 2023		ITEM: 6
Health and Wellbeing Board		
Thurrock Integrated Sexual Health Needs Assessment		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Dr Jo Broadbent, Director of Public Health		
Accountable Assistant Director: Andrea Clement, Assistant Director of Public Health		
Accountable Director: Dr Jo Broadbent, Director of Public Health		
This report is Internal		

Executive Summary

Local authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services including most sexual health services. The Secretary of State continues to have overall responsibility for improving health, but Regulations made under Section 6C of the NHS Act 2006 require local authorities to take steps in exercise of their public health functions, or aspects of the Secretary of State's public health functions¹. Regulation 6 requires local authorities to provide or make arrangements to secure the provision of open access sexual health services in their area, specifically:

- Comprehensive sexual health services including most contraceptive services and all prescribing costs but excluding GP additionally provided contraception.
- Sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing.
- Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, colleges, and pharmacies.

The sexual health service contract was extended for 1 year and is due to expire on 31st March 2024. Public Health have been granted delegated authority to procure a new sexual health service and in order to do this an Integrated Sexual Health Needs Assessment (ISH NA) was completed. This document sets out the key findings and recommendations from the ISH NA.

¹ See commonslibrary.parliament.uk/briefings

1. Recommendation(s)

- 1.1 That Health and Wellbeing Board note the contents of and agree to the publication of the Thurrock Integrated Sexual Health Needs Assessment 2023 on the Council website.**

2. Introduction and Background

- 2.1 This needs assessment has been brought to Health and Wellbeing Board at the request of the Director of Public Health to obtain approval to publish the needs assessment on the Council website.
- 2.2 Good sexual health enables healthy relationships, planned pregnancies, and prevention of disease. It is important for all individuals throughout their life course and contributes to maintaining and improving population health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.
- 2.3 According to The Office for Health Improvement and Disparities (OHID) (2023) sexual health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), trans community, young people, and people from ethnic minority backgrounds. Similarly, HIV infection in the UK disproportionately affects gay, bisexual and other MSM, and black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.
- 2.4 Sexual Health services can be accessed throughout the country by anyone in need. Therefore, it is vital that services in Thurrock are comparable to those elsewhere ensuring a high standard of care for those living in or visiting the borough.
- 2.5 In order to inform the re-procurement process, the Public Health Team has completed a Sexual Health Needs Assessment with a view to addressing the following. These are explored further in the full document attached as Appendix 1:
- Condom distribution.
 - Late diagnosis HIV and treatment.
 - New and emerging threats/issues.
 - STI testing and prevention including opportunistic chlamydia testing.
 - Contraception including long-acting reversible contraception (LARC).
 - Service engagement with stakeholders.
 - Accessibility of services.
 - Reducing Teenage pregnancy and repeat terminations.
 - Engagement with GPs and Pharmacies.
 - Increasing Hepatitis testing.

- To seek to identify any areas of quality improvement that might lend themselves to a Human Learning Systems (HLS) co-design approach throughout the life span of the contract.

2.6 The ISH NA has been reviewed by the Public Health Leadership Team and Adults, and Housing and Health Directorate Management Team (DMT) and comments incorporated into the document.

2.7 The Integrated Sexual Health Needs Assessment was completed using a mixed methodology including:

- Quantitative analysis from national datasets
- Qualitative insight from interviews with professionals
- Qualitative insight from service users
- Review of national and local policy/strategies
- Literature search of evidence including Relationship and Sex Education (RSE), deprivation, cross charging, virtual clinics, commissioning, LARC, HIV, STIs and emerging threats

A summary of the key findings and recommendations is given below.

2.8 Findings (The Service):

- The Orsett site is difficult to get to and to navigate.
- The service is appointment only with no drop in provision.
- The service is not open late enough to encourage service users to attend, the building does not have a welcoming environment. The “spoke” clinics are not open.
- Staff don’t appear to be trauma informed.
- Limited focus on inclusivity.
- Online service appears to work well however there is a risk of over ordering tests.

Summary of Recommendations:

- To review the hub and spoke model of provision.
- To ensure clinics are accessible and reach into areas with high deprivation or need.
- To review the use of drop in and outreach services.
- To ensure appropriate training for all staff.

2.9 Findings (Engagement)

- External services find referral into sexual health can be difficult.
- The service is not well known or represented in Thurrock.
- There appears little experience or training in how to talk to people with learning disabilities or autism.
- The sexual health service has no outreach offer.

- There appears too little in place for the growing aging population requiring services.

Summary of Recommendations:

- Services need to be more visible and have a comprehensive communication strategy.
- Services need to engage the community and key stakeholders.
- Services need to ensure age-appropriate communications and engagement.

2.10 Findings (Contraception)

- GP prescribed LARC rates are low in Thurrock.
- Males attending the specialist contraceptive service in Thurrock had increased between 2017-2019. In 2019 44 per 1,000 males attended specialist contraceptive services, compared to 18 per 1,000 across CIPFA neighbours and 20 per 1,000 in England.
- Under 18 conception rates have decreased in Thurrock however the rate of abortions and repeat abortions has increased.
- The rate of under-25 females attending specialist contraceptive services in Thurrock has remained almost consistent since 2017, with a peak in 2019 at 118 per 1,000. The current rate of 90 per 1,000 in 2021 is an increase of 79 per 1,000 in 2020.
- Unplanned pregnancies are more likely to result in abortion, or if the pregnancy is continued, more likely to result in adverse health and life outcomes for the mother and child.

Summary of Recommendations:

- Reduce unwanted pregnancies by improving education and engagement for young people.
- Increase RSE provision throughout Thurrock.
- Increase engagement with stakeholders offering LARC.
- To increase offer of LARC in the service for all those eligible.

2.11 Findings (Chlamydia)

- Chlamydia detection rates in Thurrock are some of the lowest among the CIPFA neighbours' group, with screening rates being only 10% of the 15-24 year old population in 2021. Decreasing from 15% in 2017.
- Nationally areas with the highest detection rates also have the highest screening rates.
- A shorter period of infection will reduce an individual's chance of developing complications and reduce the time when someone is at risk of passing the infection on.
- There may be lack of understanding regarding the risks if not getting tested and getting treatment early throughout Thurrock.

Summary of Recommendations

- Provider to continue to monitor chlamydia testing.
- Provider to increase offer of chlamydia testing in Thurrock.
- Services to increase communication and engagement to increase awareness of chlamydia.

2.12 Findings (HIV)

- Lower rates of HIV testing accepted in Thurrock especially amongst women.
- Repeat testing in gay, bisexual, and other MSM compares well to England averages.
- Late diagnosis of HIV has increased.

Recommendation (HIV):

- Services to raise awareness of HIV risk especially amongst women.
- Provider to continue to monitor repeat testing in high-risk groups and to ensure those at risk are retested.

2.13 Following the findings of this needs assessment, an updated service specification has been developed detailing what the expectation will be for the new Integrated Sexual Health Service. Many of the recommendations above will be actioned through the service re-commissioning process. In addition, areas for immediate action (eg workforce training gaps) are under discussion with the incumbent service provider.

3. Issues, Options and Analysis of Options

3.1 The final draft version of the needs assessment was completed in August 2023 and was subsequently approved by the Public Health Leadership Team, the Adults, Childrens Directorate Management Team and Housing and Health Directorate Management Team.

3.2 **Option 1: Approve the final version of the Thurrock integrated Sexual Health Needs Assessment for publication.**

3.3 The board will note the contents of the Thurrock Integrated Sexual Health Needs Assessment and provide their signoff for publication of this needs assessment on the Council website. The needs assessment has provided direction for the service specification development which will inform the commissioning of a new sexual health service for Thurrock.

3.4 **Option 2: Provide conditional approval for the Thurrock Sexual Health Needs Assessment**

3.5 The board would note the contents of the needs assessment but request a review of content of the document.

Based on the understanding that these amendments would be carried out, conditional signoff for publication of this strategy would be provided.

3.6 Option 3: Reject the final version of the Thurrock Sexual Health Needs Assessment

3.7 The board would note the content of the needs assessment but reject the document in its entirety and request a new needs assessment be undertaken based on specific recommendations.

4. Reasons for Recommendation

4.1 Option 1 is recommended. In providing final signoff on the needs assessment the public health team and partners will be able to publish the Integrated Needs Assessment. The procurement went live on the tender portal on the 18th September 2023.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 This needs assessment has been reviewed and approved in its final form by Public Health Leadership Team, Childrens DMT and Adults Health and Housing DMT.

5.2 Engagement sessions on service requirements have been held with key stakeholders and have formed part of the qualitative element of the needs assessment.

5.3 Service users have been consulted via an online and paper survey to solicit views on future service delivery. 119 responses were received and have informed the new scope of the sexual health service to including innovative delivery approaches.

6. Impact on corporate policies, priorities, performance, and community impact

6.1 The findings of the ISH NA have led to the design of the Integrated Sexual Health Service Specification (ISH SS) which aligns with Thurrock's Improvement and Recovery Plan 2022 to be a more streamlined and financially sustainable organisation.

6.2 The findings and recommendations within the ISH NA leading to the development of the ISH SS have aligned with strategic theme of the IRP to be a focused, cost-effective, sustainable, and co-designed approach to service provision which is delivered in partnership with residents and other key partners, with collaboration across multi-disciplinary teams.

7. Implications

7.1 Financial

Implications verified by: **Bradley Herbert**
Senior Management Accountant

Although procuring a new long-term Sexual Health Service Contract will have significant financial implications for the local authority, the proposed financial envelope for the service falls within the current available funding in the Public Health budget and within our best insight on the likely Public Health Grant level over the lifetime of the contract.

Once the procurement exercise is completed, the cost of the new contract will form part for of the 2024/25 Public Health budget setting process. With the planning of the budget, and the Public Health business plan, there is an inflationary element allowed for to reflect additional costs. The submitted tenders will be evaluated against this budget to give an informed view of the contract cost.

7.2 Legal

Implications verified by: **Kevin Malloy**
Team Leader Contracts – Legal Services

Following issue by the Council of a s114 notice, the Council must ensure that its resources are not used for non-essential spending. The contracts at issue here are all essential and the provision of them a statutory duty. In procuring the services outlined, the Council must observe the obligations upon it outlined in national legislation and in its internal procurement rules. The proposed procurement approach should fulfil these requirements but Officers are recommended to keep Legal Services fully informed as they progress through the procurements to ensure compliance.

Procuring a new contract for 2024/25 would be permissible under current contract conditions and Public Contracts Regulations.

Failure to have any contract in place for 2024/25 would likely see the Council breach its duty to provide a service specified in statute.

7.3 Diversity and Equality

Implications verified by: **Rebecca Lee**
Team Manager – Community Development Team

The Sexual Health service is universal but will be specifically contracted to consider and provide for the needs of higher-need, higher-risk and vulnerable groups with regard to sexual health. These needs will be outlined in the

forthcoming needs assessment and the Service Specification. The model of delivery will need to take account of accessibility for our diverse community.

The contract will seek to maximise the Social Value from the contract and will seek to incentivise a Human Learning System approach by the Provider to ensuring the needs of high-need groups are understood and met.

7.4 Other implications (where significant) – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children.

Services and models of delivery need to ensure they are accessible to all ensuring that barriers to accessing health are mitigated, Covid-19 saw the transition to online services for many health settings and whilst this has proven to be very successful it cannot be the only mode of interface with service users. The Office for National Statistics (ONS) (2020) revealed 5% of the adult population of Great Britain had not used the internet in the 3 months prior to the survey and 16% of the population did not use a smartphone for private use.

The mode of delivery must also reflect changing working patterns, rural living and access via public and private transport. There will need to be a variety of clinics available including, walk in, booking, out of office hours, sit and wait and online. These will be developed in the Service Specification.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

All reference points have been listed from page 115 with the Sexual Health Needs Assessment for Thurrock

9. Appendices to the report

Appendix 1: Integrated Sexual Health Needs Assessment for Thurrock



Sexual Health Needs
Assessment for Thurr

Report Author:

Rebecca Lawrence

Senior Programme Manager Public Health

Public Health