

## EXECUTIVE DECISION DAY NOTICE

Executive Lead Member for Adult Social Care and Public Health  
Decision Day & Executive Member for Younger Adults and Health  
and Wellbeing Decision Day

**Date and Time** Tuesday, 6th June, 2023 at 2.00 pm

**Place** Remote Decision Day

**Enquiries to** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

Carolyn Williamson FCPFA  
Chief Executive  
The Castle, Winchester SO23 8UJ

## FILMING AND BROADCAST NOTIFICATION

This decision day is being held remotely and will be recorded and broadcast live via the County Council's website.

## AGENDA

### **Executive Lead Member for Adult Social Care and Public Health**

#### **Deputations**

To receive any deputations notified under Standing Order 12.

#### **KEY DECISIONS (NON-EXEMPT/NON-CONFIDENTIAL)**

**1. HAMPSHIRE PUBLIC HEALTH GRANTS TO NHS ORGANISATIONS**  
(Pages 3 - 10)

To seek approval from the Executive Lead Member to make grant awards to NHS organisations.

**2. INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH PROVISION**  
(Pages 11 - 48)

To seek approval from the Executive Lead Member to spend in respect of the provision of an Integrated Sexual and Reproductive Health Service.

## **NON KEY DECISIONS (NON-EXEMPT/NON-CONFIDENTIAL)**

### **3. PHYSICAL ACTIVITY CONTAIN OUTBREAK MANAGEMENT FUND GRANTS PROPOSAL (Pages 49 - 56)**

To seek approval from the Executive Lead Member for distribution of up to £1.5 million in grants to community organisations to deliver physical activity projects across Hampshire.

### **4. APPOINTMENT TO AN OUTSIDE BODY (Pages 57 - 58)**

To make an appointment to the University Hospital Southampton NHS Foundation Trust.

## **Executive Member for Younger Adults and Health and Wellbeing**

There is no business within the Younger Adults and Health and Wellbeing portfolio requiring decision at this time.

### **ABOUT THIS AGENDA:**

**On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.**

### **ABOUT THIS SESSION:**

**The press and public are welcome to observe the public sessions of the decision day via the webcast.**



5. It seeks approval for delegated authority to the Director of Public Health, in consultation with the Executive Lead Member, to approve individual grants with total expenditure up to the approved total.

### **Contextual information**

6. The COMF was provided to English local authorities initially to be used for test, trace and contain activity connected to COVID-19. A letter from the UK Health Security Agency, 'Use of Control Outbreak Management Fund', 16<sup>th</sup> December 2022, stated that criteria for use are now:
  - a. Public health action on the impact of COVID-19 on health outcomes and health inequalities, and
  - b. Public health recovery projects aimed at directly addressing health inequalities'

There was also a requirement that the rationale/business case must be signed off by the Director of Public Health, be taken through local approval processes, and state the public health outcome intended and its link to the impact/recovery from COVID-19 and pandemic related health inequalities.

7. Health inequalities can be defined as 'avoidable, unfair and systematic differences in health between different groups of people' ([King's Fund](#)); these differences can include health status, access, quality and experience of care, behavioural risk factors and wider determinants. 'Health inequalities are often analysed and addressed by policy across four types of factors:
  - socio-economic factors, for example, income
  - geography, for example, region or whether urban or rural
  - specific characteristics including those protected in law, such as sex, ethnicity or disability
  - socially excluded groups, for example, people experiencing homelessness.'
8. The COVID-19 pandemic has had wide ranging impacts on the health and wellbeing of the population; both direct impacts of the disease and indirect impacts, including on prevention, diagnosis and management of long-term diseases such as cardiovascular disease and cancer, and on mental health and wellbeing. Health inequalities have also been exacerbated as a result of the pandemic, with these health impacts seen in the most deprived populations, ethnic minority populations and socially excluded (or 'inclusion health') groups.
9. The County Council must meet the public health duties which mean taking steps appropriate to improve the health of the population in its area. Improving healthy life expectancy and reducing health inequalities are key priorities for Hampshire Public Health as defined in the [Hampshire Health and Wellbeing Board Strategy 2019-24](#). The NHS is well placed to support many aspects of public health activity through referrals and delivery of services. We already have many examples of collaborative working to deliver joint priorities, such as

substance misuse workers embedded within NHS Trusts, co-occurring conditions programme and joined up sexual health provision.

10. The 2021 [‘Integration and Innovation’](#) white paper which introduced Integrated Care Systems, set out the desire to increasingly work in partnership across the NHS and local government. Integrated Care Systems’ key responsibility is to support joint working across partners; mechanisms of increasing integrated working outlined in the paper include commissioners working in partnership to improve outcomes and value and supports examples of local areas ‘seeking to align decisions and pool budgets’.
11. These proposed grants would therefore enable the County Council to increase collaboration and delivery of public health priorities through NHS services in the future. Key areas which the grants would support may include, but are not limited to:
  - a. Cardiovascular disease prevention: this is an Integrated Care System priority in both Hampshire and Isle of Wight (HIOW) and Frimley Integrated Care Boards and a significant source of inequalities. Grant funding would be used through the Integrated Care Board to improve prevention, detection and management of risk factors associated with cardiovascular disease, which have been negatively impacted as a result of COVID-19.
  - b. Mental Health interventions to meet the impact of increased mental ill health as a result of the pandemic, supporting the delivery of the actions within the [Hampshire Mental Wellbeing Strategy](#).
  - c. Activity to improve health and wellbeing for inclusion health groups and areas of higher deprivation: this aligns with our aims of reducing inequalities and the NHS’s CORE20plus5 agenda.
  - d. Reduction in inequalities as an impact of access to NHS care though working more systematically and embedding action on inequalities within local NHS Trusts (Hampshire Hospitals Foundation Trust, Southern Health NHS Trust and any successor organisation).
12. The NHS organisations which could receive grants would include: Hampshire and Isle of Wight Integrated Care Board, Frimley Integrated Care Board, Hampshire Hospitals NHS Foundation Trust, Southern Health NHS Trust and any successor organisation.

## Legal

13. Section 2B of the NHS Act 2006 states that ‘Each local authority must take such steps as it considers appropriate for improving the health of the people in its area.’ and that ‘steps that may be taken under subsection (1) also include providing grants or loans (on such terms as the local authority considers appropriate).’

## **Finance**

14. The source of the funding for the grants is the Contain Outbreak Management Fund (COMF). All allocations given would be required to be spent in accordance with the terms of the grant.
15. The grants of up to £3 million of public health funding would be utilised for delivery of public health priorities in NHS organisations. Each grant would have a grant agreement completed, which would ensure the funding is used to support the public health duties of the County Council and is used in accordance with the COMF criteria.
16. The Director of Public Health, in consultation with the Executive Lead Member for Adult Social Care and Public Health, would have approval for the spend within the total expenditure approved.

## **Performance**

17. The Hampshire County Council Public Health Team monitor health and wellbeing outcomes using local and national data, including the Public Health Outcomes Framework.
18. Each programme or project utilising this grant funding would have its own monitoring and evaluation associated with it, which would be outlined within each grant agreement.

## **Consultation and Equalities**

19. The purpose of these grants would be to reduce health inequalities, as defined in the COMF criteria. Reducing inequalities is a public health priority and also a priority for the NHS who work under the Core20PLUS5 framework. Reducing inequalities would therefore be a core consideration when grant funding allocation decisions are taken.
20. The impact on health inequalities would be assessed through an equalities impact assessment (EIA) for each grant approved; this information would inform the decision-making process.

## **Climate Change Impact Assessment**

21. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C

temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

22. The carbon mitigation tool and/or climate change adaptation tool were not applicable because the decision is essentially strategic/administrative in nature and does not have any climate change considerations.

## **Conclusions**

23. Collaborative working with the NHS can support delivery of public health priorities. The proposals set out in this report would enable use of COMF within NHS organisations through grants of up to £3 million.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
	<u>Date:</u>
<a href="#">National Health Service Act 2006</a>	<b>2006</b>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	



## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

The purpose of these grants would be to reduce health inequalities, as defined in the COMF criteria. Inequalities are also a priority for the NHS, who work under the Core20PLUS5 framework to reduce inequalities. Reducing inequalities would be a core consideration when grant funding allocation decisions are taken.

The impact on health inequalities for each grant approved would be assessed through an equalities impact assessment; this information would inform the decision making process.

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## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Lead Member for Adult Social Care and Public Health
<b>Date:</b>	6 June 2023
<b>Title:</b>	Integrated Sexual and Reproductive Health Provision
<b>Report From:</b>	Director of Public Health

**Contact name:** Jo Hartley, Public Health Principal

**Tel:** 03707793412

**Email:** [Joanne.Hartley2@hants.gov.uk](mailto:Joanne.Hartley2@hants.gov.uk)

#### Purpose of this Report

1. The purpose of this report is to seek approval from the Executive Lead Member for Adult Social Care and Public Health to spend in respect of the provision of an Integrated Sexual and Reproductive Health Service an amount up to a maximum value of £63.3M over nine years on a seven year plus two basis.

#### Recommendation

2. That the Executive Lead Member for Adult Social Care and Public Health gives approval to spend in respect of Sexual and Reproductive Health Provision an amount up to a maximum value of £63.3M over nine years on a seven year plus two year basis.

#### Executive Summary

2. This report outlines the mandated requirements and commissioning strategy to spend in respect of an Integrated Sexual and Reproductive Health Service an amount up to a maximum value of £63.3M over nine years on a seven year plus two year basis.

#### Contextual information

3. The Health and Social Care Act 2012 divided responsibility for commissioning sexual health, reproductive health, and HIV services. Since 2013, these services have been commissioned by Local Authorities, Integrated Care Systems (ICS), and NHS England (NHSE) as part of a whole system approach.

4. Local authorities are mandated to commission comprehensive open access sexual and reproductive health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; and advice on preventing unplanned pregnancy funded under the terms of the Public Health Grant.
5. Local authorities are also responsible for funding activity for their own residents who receive sexual health testing and treatment outside their area of residence which is out of scope for this paper. A separate allocation from the ring-fenced public health budget is used for this purpose.
6. Open access services mean that residents from outside of the County Council area can access the commissioned service for sexual health testing and treatment. Attendances by residents outside of the County Council area are charged to the home local authority in line with national guidance.
7. The Integrated Sexual and Reproductive Health Service would support delivery against the 5 main population sexual and reproductive health Public Health Outcomes Frameworks measures:
  - i. Under 18 conceptions.
  - ii. Chlamydia detection rate.
  - iii. New STIs diagnosis (excluding chlamydia in the under 25s).
  - iv. Prescribing of long-acting reversible contraception (LARC) excluding injections (females aged 15 to 44).
  - v. People presenting with HIV at a late stage of infection.
8. A Hampshire Sexual and Reproductive Health Needs Assessment was completed in December 2022 which has informed the commissioning strategy outlined in this report. *Appendix 1* provides a summary of key findings and recommendations which underpin this commissioning strategy.
9. This contract would contribute towards the delivery of the Hampshire Public Health Strategy 2022 - 2027.
10. The Council must meet the public health duties which mean taking steps appropriate to improve the health of the population in its area

### **Current Service Model and Commissioning Strategy**

11. The Integrated Sexual and Reproductive Health Service's current contract will formally end on the 31 of March 2024. The start date of the new contract will be 1<sup>st</sup> April 2024.

12. To provide comprehensive, clinically safe, efficient, and effective provision Integrated Sexual and Reproductive Health Provision is collaboratively commissioned to provide services for Hampshire, Isle of Wight, Portsmouth, and Southampton residents with commissioning responsibilities outlined as follows. Please note that elements to be commissioned by Hampshire County Council are shown in bold:

<b>Commissioning Authority</b>	<b>Responsibilities</b>
<b>Hampshire County Council</b>	<b>Integrated Sexual Health Service</b> <ul style="list-style-type: none"> <li><b>i. System Leadership and Network Management</b></li> <li><b>ii. Specialist Integrated Sexual and Reproductive Health Service.</b></li> <li><b>iii. Sexual Health Promotion, Prevention and Outreach.</b></li> <li><b>iv. Psychosexual Counselling</b></li> <li><b>v. Innovation and Transformation</b></li> </ul>
Isle of Wight Council	Integrated Sexual Health Service
Portsmouth City Council	Integrated Sexual Health Service
Southampton City Council	Integrated Sexual Health Service
NHS Hampshire & Isle of Wight ICB	Termination of Pregnancy Vasectomy Services
NHS Frimley ICB	Termination of Pregnancy Vasectomy Services
NHSE	HIV Treatment and Care GBMSM HPV Vaccination Cervical Screening

13. This collaborative approach brings together the combined provision of sexual and reproductive health services joining the responsibilities of commissioning authorities as set out above. This means that Hampshire residents do not have to move between services and can access the service at a place of their convenience.
14. The new service is required from 1 April 2024. Commissioning authorities have agreed to work together in an open, transparent, and collaborative manner to procure a high quality, effective and outcome focussed sexual and reproductive health

services across Hampshire, Isle of Wight, Portsmouth, and Southampton system. Hampshire and Isle of Wight Integrated Care Board and NHS Frimley Integrated Care Board will conduct their own procurement exercise and are committed to ensuring a whole system approach and alignment of services across the system.

15. The County Council have (subject to approval to proceed) agreed to act as lead for this procurement exercise on behalf of Isle of Wight Council, Portsmouth City Council, Southampton City Council and NHSE England. A Joint Working Agreement is place between all authorities for collaborative working and financial arrangements to cover this procurement and future contract management. Each commissioning authority will hold their own separate contract.
16. The Integrated Sexual and Reproductive Health service to be commissioned by Hampshire County Council includes the following elements:
  - i. System Leadership and Network Management
  - ii. Specialist Integrated Sexual and Reproductive Health Service.
  - iii. Sexual Health Promotion, Prevention and Outreach.
  - iv. Psychosexual Counselling
  - v. Innovation and Transformation

A lead Provider model is required for these elements and the services listed in 16 below to ensure a fully Integrated Sexual and Reproductive Health system.

17. NHS England will commission the following services for Hampshire residents as part of this procurement:
  - i. HIV Treatment and Care
  - ii. GBMSM HPV Vaccination
  - iii. Cervical Screening within Sexual and Reproductive Health Services
18. Each commissioning authority will hold its own contract with the Provider, with a single specification across each local authority area for the Integrated Sexual and Reproductive Health Service. NHS England will hold its own contract with the Provider. This model will ensure a lead provider and a single service across Hampshire, Isle of Wight, Portsmouth, and Southampton whilst also ensuring commissioner autonomy. This will improve access and outcomes for Hampshire residents.
19. The proposed contract period for the Integrated Sexual and Reproductive Health Service for Hampshire residents will be for seven years with the option to extend for a further two years, subject to performance, Public Health, Council priorities and Public Health Grant allocation.

## **Finance**

20. Integrated Sexual and Reproductive Health Services are mandated Public Health services with an identified funding stream within the Public Health Grant Allocation.
21. The required funding is affordable within the existing Public Health Allocation.
22. The indicative annual contract value is £7.03M. The annual contract value is subject to annual Public Health grant allocation, County Council and Public Health priorities.
23. The indicative total spend for the commissioning of the Integrated Sexual and Reproductive Health Service for the whole contract period (including extensions) is £63.3M. This indicative total includes 2% population growth.
24. In addition, the current allocation for out of area sexual health testing and treatment for Hampshire residents is £700k per annum.

## **Performance**

25. Sexual and reproductive health outcomes are relatively good for Hampshire residents (see Appendix 1: Hampshire Sexual and Reproductive Health Needs Assessment Summary). However, there are variations in outcomes for some individuals, groups, and communities. Variation may be a consequence of knowledge, access, and uptake of sexual and reproductive health services which can create and widen health inequalities.
26. The provision of Integrated Sexual and Reproductive Health Services will directly support improvements in the performance of the County Council in relation to the five Public Health Outcome Indicators.
27. Performance and quality within the current contracted Level 3 Integrated Sexual and Reproductive Health Service is good with performance and quality targets being achieved for the majority of our locally specified key performance indicators and information reporting requirements.
28. The new contract will improve access to services for Hampshire residents by prioritising prevention to improve population health outcomes and reduce health inequalities for people at higher risk of poor sexual and reproductive health.

## **Consultation and Equalities**

29. No formal public consultation has been undertaken. However, this commissioning strategy has been informed by the Hampshire Sexual and Reproductive Health Needs Assessment which included a programme of consultation with Hampshire residents.
30. An Equality Impact Assessment has been completed and no adverse impacts were found regarding this proposal. Positive impacts were found relating to age, disability, poverty, rurality and sexual orientation and access to services for Gay, Bisexual and men who have sex with men (GBMSM). The EIA can be found at Appendix 2.

## **Climate Change Impact Assessment**

31. A full assessment of climate change vulnerability was not completed as the initial vulnerability assessment showed that the project is at minimal risk from the climate vulnerabilities. However, consideration will be given to ensure that locations of Sexual and Reproductive Health Services will promote and enable active travel to mitigate carbon risk.

## **Conclusions**

32. Hampshire County Council is mandated to commission an open access Integrated Sexual and Reproductive Health Service to improve population outcomes and reduce health inequalities for Hampshire residents.
33. The Executive Lead Member for Adult Social Care and Public Health is requested to approve spend in respect of Integrated Sexual and Reproductive Health Provision an amount up to a maximum value of £63.3M over nine years.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	<b>no</b>
<b>People in Hampshire live safe, healthy and independent lives:</b>	<b>yes</b>
<b>People in Hampshire enjoy a rich and diverse environment:</b>	<b>no</b>
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	<b>yes</b>

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
N/A	N/A
<b>Direct links to specific legislation or Government Directives</b>	
Health and Social Care Act (2012)	2012
Public health ring-fenced grant determination 2023 to 2024: No 31/6550	2023

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

Document

Location

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2022

# Sexual and Reproductive Health Needs Assessment

## Hampshire



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# Executive Summary

## Introduction: Why do we need a Sexual and Reproductive Health Needs Assessment?

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality and not just the absence of disease, dysfunction or infirmity<sup>1</sup>. Good sexual and reproductive health is a key Public Health priority. This joint HNA reflects the

partnership between the Hampshire and Isle of Wight Public Health Teams and our commitment to improve sexual and reproductive health across the whole system, to ensure that our residents have access to effective, efficient and equitable services.

## Aims, Scope and Methodology: How we conducted our HNA

A health needs assessment (HNA) is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health outcomes and reduce inequalities. The aim of this HNA is to understand the current sexual and reproductive health needs of Hampshire and Isle of Wight residents. As part of our HNA we used current quantitative data and listened to our residents to understand current lived experiences to help shape future priorities for Hampshire and Isle of Wight. This is to ensure that the sexual and reproductive health needs of Hampshire and Isle of Wight residents are included in all future commissioning, service planning and provision across

the whole system. This HNA adopts an inequalities lens to explore variation in outcomes across the Hampshire and Isle of Wight system. Health inequalities are not caused by one single issue, but a complex mix of environmental and social factors which play out in a local area or place – this means that we all have a critical role to play in reducing health inequalities. The role of this HNA is to inform and aid Hampshire County Council, the Isle of Wight Council and all system partners to work towards improving sexual and reproductive health and reducing health inequalities for Hampshire and Isle of Wight residents (excluding the cities of Portsmouth and Southampton).

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<sup>1</sup> Sexual health (who.int)

## Findings: What are our key findings?

### Key sexual health findings in Hampshire

1. In Hampshire in 2020, STIs disproportionately affected people who identified as gay, bisexual and other men who have sex with men, people of Black Caribbean ethnicity and people aged 15 to 24 years old.
2. Overall, of Hampshire residents diagnosed with a new STI in 2020, 45.4% were men and 54.6% were women.
3. The rate of new STIs being diagnosed is higher in more deprived areas
4. Young people are more likely to become re-infected with STIs, which is a marker for persistent high-risk behaviour.<sup>2</sup>
5. The STI testing rate has been declining since 2019, following previous increases since 2012. In 2021, the figure was 2,167.8 per 100,000, compared to 3,453.5 per 100,000 in 2019. Hampshire is worse than England.
6. The proportion of 15 to 24-year olds screened for chlamydia decreased from 18.3% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021, down to 10.6%.
7. Diagnostic rates for syphilis and gonorrhoea are low.
8. HIV prevalence and testing coverage are both low. HIV late diagnoses are high in Hampshire. In Hampshire in 2019–2021, late diagnoses in heterosexual men were worse than England's average, at 65.4% compared to 58.1% in England.
9. Men are underrepresented in Sexual Health Services and have lower testing rates than women.

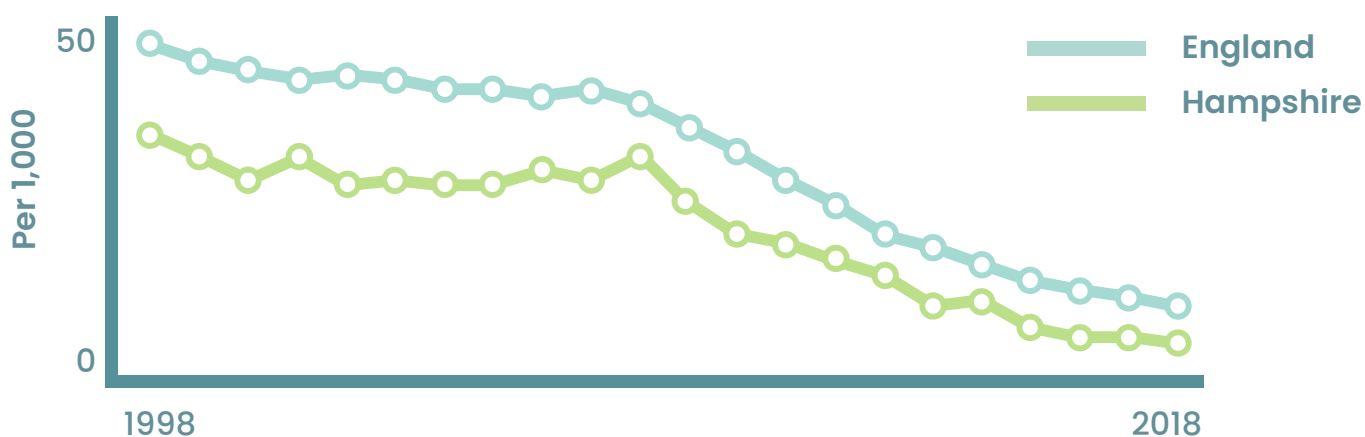
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<sup>2</sup> UKHSA 2022 SPLASH Supplement Report

## Key reproductive health trends in Hampshire

1. Prescription of Long-Acting Reversible Contraceptives (LARC) has declined over time. The total prescribed LARC (excluding injections) was 45.5 per 1,000 in 2020, compared to the highest prescribing rate of 62.7 per 1,000 in 2018.
2. The total percentage of LARC prescribed by GP Services has increased between 2018 and 2020, whilst the percentage of LARC prescribed by SRH Services has declined over the same time period.
3. In line with national trends, the crude birth rate for Hampshire has decreased since 2013. In 2020 the number of live births per 1,000 was 9.3 compared to 10.7 per 1,000 in 2013.
4. Hampshire had an under 18 conception rate of 9.3 per 1,000 in 2020, this is lower than both England (13 per 1,000) and Hampshire's CIPFA nearest neighbours' average. The rate of 9.3 relates to 208 under 18 conceptions in 2020, down from 800 in 1998.
5. The total abortion rate has slowly increased over time. The total abortion rate was 13 per 1,000 in 2013 increasing to 16.4 per 1,000 in 2020. This compares to the 2020 England rates of 18.9 per 1,000.

### Under 18s conception rate per 1,000 for Hampshire



### Prevention

1. Effective prevention requires a whole system life course approach. Sexual health promotion should be inclusive and promote sexual self-efficacy based on a sex positive approach.
2. RSE is most effective when the education (and wider) workforce receives evidence-based training. Hampshire and Isle of Wight children and young people tell us that they want better, more inclusive RSE.

## Access to Sexual and Reproductive Health Services

1. Equalities data is not systematically and routinely collected by all commissioned Sexual and Reproductive Health Services.
2. The quantitative data used in this Health Needs Assessment reflects the demand on sexual and reproductive health services, however it does not reflect unmet need for Hampshire and Isle of Wight residents.
3. Over half of all consultations for Hampshire residents are provided by one clinic, and one online testing service: Solent NHS Trust (Online Sexual Health Service) and St Mary's Community Health Campus. 94% of all consultations for Hampshire residents are provided by eight clinics.
4. There is high acceptability of online sexual and reproductive health services for Hampshire residents. However, there may be people at higher risk of poor sexual and reproductive health that are digitally excluded, therefore a range of service models are needed to ensure equitable access.
5. COVID-19 disrupted access to contraceptive services.

## Hampshire Voices

1. Hampshire residents tell us that they want services that are designed around their lives. Walk-in clinics, evening and weekend openings are what people want from sexual and reproductive health services.
2. Reducing stigma around HIV is key to ensure that people from Black African communities in Hampshire access our sexual and reproductive health services. This is important to ensure greater uptake for women in need of PrEP.
3. We have an engaged wider workforce in Hampshire and Isle of Wight who all contribute to supporting our residents to improve sexual and reproductive health outcomes. However, there is a need to ensure that our workforce is supported to gain knowledge and skills and to come together as a network to share good practice. There is also a need for training around LGBTQ+ Sexual and Reproductive Health.
4. Stigma perceived or enacted affects access to sexual and reproductive health services for some LGBTQ+ people and for some young parents.

**Effective prevention** requires a whole system life course approach.



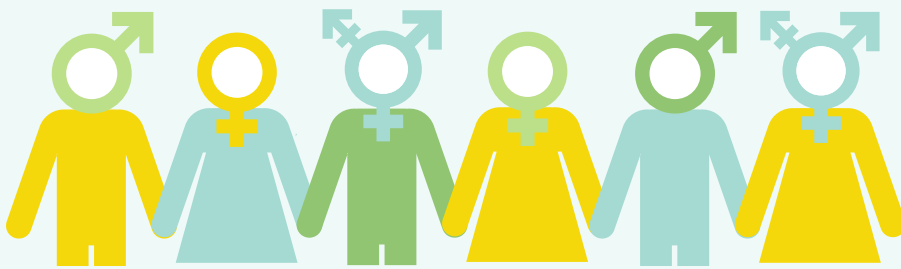
The wider workforce want supporting to gain knowledge and skills with

**LGBTQ+**

sexual and reproductive health

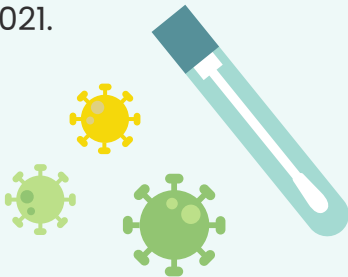
**inclusive training.**

**Relationships and Sex education (RSE)** is most effective when the wider workforce received evidence-based training. Hampshire and Isle of Wight children and young people tell us they want better, more inclusive RSE.



**4,847**

new STIs were diagnosed in residents of Hampshire in 2021.



**63%**

of HIV diagnoses were made at a late stage of infection (2018-2020).



**50.2%**

of diagnoses of new STIs in Hampshire residents were in young people

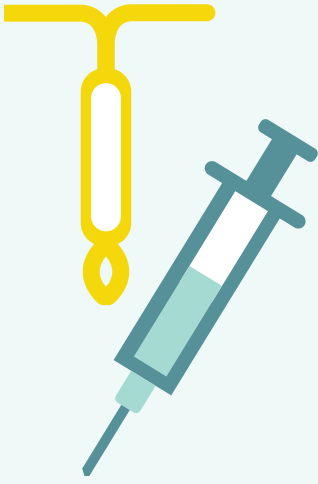
**aged 15 to 25.**

The rate of new STIs being diagnosed is higher in

**more deprived areas.**







The total percentage of **Long Acting Reversible Contraception (LARC)** prescribed by GP services increased compared to the percentage prescribed by Sexual and Reproductive Health Services during 2018-2020.

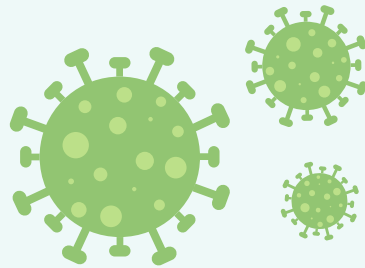
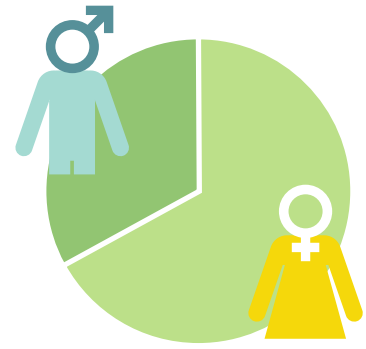


The highest rates of births in Hampshire is the **30-34** age group.

## Men are underrepresented

in Sexual Health Services

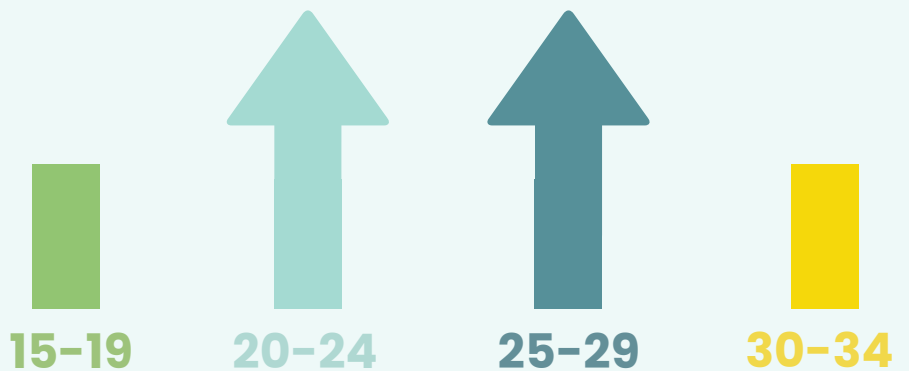
**66.9%** of attendances for integrated sexual and reproductive health service care were recorded as women.



STI testing rate decreased during **Covid-19 pandemic** (Hampshire worse than England).



The number and rate of **under 18 conceptions** are decreasing and are significantly better than England rates.



The total **abortion rate has slowly increased** over time, with highest rate observed in the **20-24** and **25-29** age ranges.

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# Sexual and Reproductive Health Needs Assessment

## Recommendations

Achieving good sexual and reproductive health for all our residents is complex and requires a whole system approach. This SHNA has shown that there are variations in need for services and interventions for different individuals, groups and communities across the life course. These recommendations

reflect our commitment to work together across the whole system to ensure that our residents have access to effective, efficient and equitable services to improve outcomes and reduce inequalities to support good sexual and reproductive health for all Hampshire and Isle of Wight residents.



# Recommendations for Hampshire

## Theme: Working together

**Work collaboratively as a Sexual and Reproductive Health system to ensure our services meet needs to improve population outcomes. Share data, intelligence and insight with system partners.**

**Rationale:** We need to design, plan, monitor and evaluate services and population outcomes together. We need to ensure that equalities data is systematically and routinely collected by all commissioned Sexual and Reproductive Health Services.

**Outcome:** Improve sexual and health outcomes for Hampshire and Isle of Wight residents by using a Population Health Management (PHM) approach to understand demand and unmet need.

**Establish a single Sexual and Reproductive Health Network across Hampshire and Isle of Wight to bring together all partners as a whole system.**

**Rationale:** A whole system approach is required to work strategically together to improve sexual and reproductive health for our populations.

**Outcome:** Improve system working to prioritise prevention to improve sexual and reproduce health.



**Work as a system to support and promote Sexual and Reproductive Health Workforce Training.**

**Rationale:** A confident and trained workforce can support prevention at different levels with the system. Support our wider workforce to access evidence-based sexual and reproductive health training as appropriate.

**Outcome:** Improved training for the wider Public Health workforce to embed preventative practice to improve population outcomes. a Population Health Management (PHM) approach to understand demand and unmet need.

## Theme: Prioritising Prevention

### **Whole system approach to Sexual Health promotion to prioritise prevention.**

**Rationale:** A Hampshire and Isle of Wight approach to Sexual Health Promotion to ensure that campaigns and interventions meet the unique needs of groups at higher risk and our communities.

Ensure that the Sexual Health Promotion service uses data and intelligence to focus interventions in areas of need and with higher risk groups.

Promote a sex and identity positive approach and sexual self-efficacy for all.

**Outcome:** Improve health literacy to ensure good sexual and reproductive health.

Improve uptake of STI testing.

Reduce stigma and improve sexual self-efficacy.

### **Work towards zero HIV transmission by adopting a whole Sexual and Reproductive Health system approach to improve access to community HIV testing and HIV PrEP for higher risk groups and communities.**

**Rationale:** Hampshire has high rates of late HIV diagnosis, with variation between districts.

Isle of Wight has low numbers of late diagnosis but also has low HIV testing coverage.

Working with communities can reduce stigma and increase knowledge of HIV prevention.

**Outcome:** Increase HIV testing coverage and PrEP uptake to reduce rates of late HIV diagnosis in Hampshire and Isle of Wight.



### **Work together to ensure that Hampshire and Isle of Wight young people have access to effective, age appropriate, evidence-based Relationship and Sex Education.**

**Rationale:** All young people can make informed and responsible decisions, understand issues around consent, healthy relationships, and are aware of how to look after their

sexual and reproductive health throughout their life course. RSE is most effective when the education staff (and wider) workforce receive evidence-based training and when home and school are involved.

**Outcome:** Reduce rate of under 18 conceptions and STI new diagnosis in young people.

## Theme: Improving Access to Services and Reducing Health Inequalities

### Improve community access to LARC.

**Rationale:** Women require contraceptive care designed around their needs and our residents have told us that access in the community and with their GP is important. We need to work with partners towards a Women’s Health Hub Model to ensure services meet the needs of Hampshire and Isle of Wight women.

Focus on increasing LARC prescribed activity in Hampshire districts with lower activity than Hampshire average.

**Outcome:** Improve uptake of LARC and reduce unplanned pregnancies.

### Improve access to STI testing for groups at higher risk of poor sexual health.

**Rationale:** Improving uptake and increasing the frequency of STI testing for Hampshire and Isle of Wight residents. Ensure a range of STI testing options based on local need including online self-sampling, in-person attendance at specialist clinics or community pharmacies, primary care and outreach services.

Improve uptake of STI testing for men by ensuring effective sexual health promotion to address knowledge and barriers to testing.

**Outcome:** Reduce STIs.

### Ensure that the Chlamydia Screening Programme promotes the benefits of regular testing and improves accessibility for testing for young people.

**Rationale:** Improving the uptake of Chlamydia Screening for Hampshire and Isle of Wight young people to reduce the health harm caused by untreated chlamydia infection.

**Outcome:** Improve the Chlamydia Diagnostic Rate and proportion screened to reduce diagnoses and reinfections in under 25s.



## Theme: Improving Access to Services and Reducing Health Inequalities

**Ensure that the commissioned Sexual Health Service specialist clinic models (ROSE, SHIELD, TULIP and Xtra) are inclusive and continue to meet the needs of these groups.**

**Rationale:** The Integrated Sexual Health Service provider to undertake this review to understand barriers, to reduce the stigma associated with accessing sexual and reproductive health services.

Ensuring a person-centred approach to improve health and wellbeing, reduce stigma, empower people, to increase their uptake of sexual and reproductive health services.

**Outcome:** Improve access to sexual and reproductive health services for marginalised and higher risk groups to reduce health inequalities.

**Ensure that all services supporting Sexual and Reproductive Health are inclusive and meet the needs of Inclusion Health Groups and those at higher risk of poorer outcomes.**

**Rationale:** Ensuring that no one is left behind in Hampshire and Isle of Wight. Our sexual and reproductive health services will meet the needs of all our residents.

**Outcome:** Reduce health inequalities and improve sexual and reproductive health for Hampshire and Isle of Wight residents.

**Work with system partners to ensure that the Psychosexual Counselling Service meets both the sexual health and non-sexual health needs of Hampshire and Isle of Wight Residents.**

**Rationale:** Improving access to Psychosexual Counselling to ensure equity to meet the needs of Hampshire and Isle of Wight residents.

**Outcome:** Improve sexual health and wellbeing and sexual self-efficacy.

**Ensuring access to contraception is included when planning for and responding to situations in which access to services may be lost or disrupted for longer periods of time.**

**Rationale:** COVID-19 disrupted access to contraceptive services.

**Outcome:** Improve system resilience to ensure access to contraception to reduce unplanned pregnancies.

## Theme: Hampshire Voices

**Ensure that all partners in the system continue to listen to and coproduce with our residents to meet community needs to improve sexual and reproductive health outcomes for all.**

**Rationale:** Improving outcomes by ensuring that our local communities, community and

voluntary sector organisations and commissioned services work together to plan, design, develop, deliver and evaluate our sexual and reproductive health services.

**Outcome:** Improved sexual and reproductive health services to meet the needs of our communities.









## Equality Impact Assessment

### What is an Equality Impact Assessment (EIA) and why does the County Council do them?

The [Public Sector Equality Duty](#) (PSED) is an obligation within the [Equality Act 2010](#) ("the Act"), which asks public authorities, like Hampshire County Council, to give 'due regard' to equality considerations, in particular to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This includes assessing the impact of policies and practices on individuals and communities with a protected characteristic, as defined in the Act and some other specific groups. The County Council uses EIAs to ensure it has paid 'due regard' to equalities considerations when there are changes to a service or policy, a new project or certain decisions.

EIA author	Position & Department	Contact
Jo Hartley	Public Health Principal Adults' Health and Care	joanne.hartley2@hants.gov.uk Tel:03707 793412

Title:	Hampshire Integrated Sexual and Reproductive Health Service
Related EIAs:	None
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EIA for Savings Programme:	No
Service affected	The Hampshire Integrated Sexual and Reproductive Health Service, which includes: • Integrated Sexual and Reproductive Health Service (L3) • Sexual Health Promotion and Prevention • Psychosexual Counselling
Description of the service/policy/project/project phase	<p>Public Health is required to deliver sexual and reproductive health services for all residents under a ring-fenced Government Public Health grant to provide mandated sexual health services 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</p> <p>The current Integrated Sexual and Reproductive Health Service is provided by Solent NHS Trust (<a href="https://www.letstalkaboutit.nhs.uk/">https://www.letstalkaboutit.nhs.uk/</a>) on behalf of the County Council and is delivered from clinics across Hampshire, online, postal and outreach services . The service is accessible to anybody in Hampshire, irrespective of their usual place of residence. The Integrated Sexual and Reproductive Health Service provided by Solent NHS Trust will formally end on the 31st of April 2024. To provide a comprehensive, clinically safe, efficient, and effective provision the Integrated Sexual and Reproductive Health Service is currently collaboratively commissioned to provide services for Hampshire, Isle of Wight, Portsmouth, and Southampton residents. The Integrated Sexual and Reproductive Health Service will support delivery against the 5 main population sexual and reproductive health Public Health Outcomes Frameworks measures: • under 18 conceptions • chlamydia detection rate • new STIs diagnosis (excluding chlamydia in the under 25s) • prescribing of long-acting reversible contraception (LARC) excluding injections (females aged 15 to 44) • people presenting with HIV at a late stage of infection</p>
New/changed service/policy/project	<p>Commissioning authorities have agreed to work together in an open, transparent, and collaborative manner to procure a high quality, effective and outcome focused sexual and reproductive health services across the Hampshire, Isle of Wight, Portsmouth, and Southampton system. Hampshire County Council will be procuring a new service from 1st April 2024. A Hampshire Sexual and Reproductive Health Needs Assessment (HNA) was completed in December 2022 which has informed the commissioning strategy. The following groups were consulted as part of the HNA: A demographically representative sample of Hampshire</p>

Residents Young Parents in Hampshire People from Hampshire LGBTQ+ communities People from Black African communities in Hampshire Improving population sexual and reproductive health outcomes and reducing health inequalities for Hampshire residents are the main objectives of the Integrated Sexual and Reproductive Health Service.

## Engagement

### Key sexual health findings in Hampshire (HNA, 2022):

- In Hampshire in 2020, STIs disproportionately affected people who identified as gay, bisexual, and other men who have sex with men, people of Black Caribbean ethnicity and people aged 15 to 24 years old.
- Overall, of Hampshire residents diagnosed with a new STI in 2020, 45.4% were men and 54.6% were women.
- The rate of new STIs being diagnosed is higher in more deprived areas.
- Young people are more likely to become re-infected with STIs, which is a marker for persistent high-risk behaviour.
- The STI testing rate has been declining since 2019, following previous increases since 2012. In 2021, the figure was 2,167.8 per 100,000, compared to 3,453.5 per 100,000 in 2019. Hampshire is worse than England. The proportion of 15- to 24-year-olds screened for Chlamydia decreased from 18.3% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021, down to 10.6%.
- HIV prevalence and testing coverage are both low. HIV late diagnoses are high in Hampshire. In Hampshire in 2019-2021, late diagnoses in heterosexual men were worse than England's average, at 65.4% compared to 58.1% in England.
- Men are underrepresented in Sexual Health Services and have lower testing rates than women.

Residents and service users will be consulted if there any proposed changes to the Hampshire Integrated Sexual and Reproductive Service. No changes to sexual and reproductive health services are proposed at present.

Although no formal consultation has taken place, engagement with specific groups was undertaken as part of the Sexual and Reproductive Health Needs Assessment. Groups consulted were:

A demographically representative sample of Hampshire Residents  
Young Parents in Hampshire  
People from Hampshire LGBTQ+ communities  
People from Black African communities in Hampshire

Quarterly equity audits will monitor service access by groups with protected characteristics and by geographical location to ensure equitable access to services for Hampshire residents.

## Age

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>In Hampshire in 2020, STIs disproportionately affected people aged 15 to 24 years old (HNA, 2022).</p> <p>People under the age of 25 are at higher risk of STIs and unplanned pregnancy, the services we plan to commission will continue to prioritise those most at risk. The Solent NHS Trust Sexual Health Service equity uptake audit shows that service users accessing the services commissioned by Hampshire County Council in 2021/22 between the ages of 19-24 (31.3%) and 25-34 (34.8%) made up 66.1% of all unique attendances at the Sexual Health Service.</p> <p>Open access sexual and reproductive health services will be available for all ages through the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</p> <p>An outreach service is available for those aged under 25. Young people's clinics are available in a variety of locations and settings in Hampshire including clinics in colleges.</p> <p>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</p>
Mitigation	Page 36

## Disability

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>In Hampshire 6.7% of people said they had a long-term health problem or disability which limited their day-to-day activities a lot (HNA, 2022).</p> <p>The commissioned service will provide dedicated clinics for people with learning disabilities and additional needs. Solent NHS Trust Sexual Health Service provides a dedicated clinic for People with Learning Disabilities. The SHIELD clinic provides contraception, STI screening and treatment and offers patients access to extra support, regardless of age and accepts self-referrals. The SHIELD clinics are available in Aldershot, Basingstoke, Southampton, Portsmouth, and Isle of Wight. Accessible Easy Read information is also provided.</p> <p>Open access sexual and reproductive health services will be available for all ages through the commissioned service . People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</p> <p>All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible to people with physical disabilities and people with learning disabilities and additional needs.</p> <p>Provision of a range of digital and remote service elements will seek to reduce the need for travel and help to reduce cost of access. Any face-to-face provision of services will be required to be accessible by Public Transport in order to reduce barriers to access for people who may not have access to personal modes of transport.</p> <p>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</p>

	The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.
Mitigation	

## Gender Reassignment

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Open access sexual and reproductive health services will be available for all genders through the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</p> <p>All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.</p> <p>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</p> <p>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</p> <p>The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because of gender reassignment.</p>

Mitigation	
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## Pregnancy and Maternity

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Maternity contraception pathways are in place to improve access to appropriate contraception in the post-natal period.</p> <p>Open access sexual and reproductive health services will be available for all ages through any the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</p> <p>All services (including digital and remote) provided in the Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.</p> <p>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</p> <p>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</p> <p>Provision of a range of digital and remote service elements will seek to reduce the need for travel which could increase access for pregnant people and those caring for babies and young children.</p> <p>The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because of pregnancy and maternity.</p>
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## Race

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>In Hampshire in 2020, STIs disproportionately affected people of Black Caribbean ethnicity, (HNA, 2022).</p> <p>People from some black and ethnic minority backgrounds are at higher risk of STIs than the general population, with people from black African backgrounds bearing a higher burden of HIV than other ethnic groups, the services we plan to commission will continue to prioritise those most at risk.</p> <p>Open access sexual and reproductive health services will be available for all ages through any the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</p> <p>All services (including digital and remote) provided in the Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all. This includes information and advice in different languages and the provision of interpretation services where required.</p> <p>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</p> <p>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</p>
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Mitigation	The service was an additional service / duplication of service
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## Religion or Belief

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Open access sexual and reproductive health services will be available for all ages through the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</p> <p>A strategic objective for the service will be to work with commissioners and other partners to reduce stigma for groups at higher risk</p> <p>All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.</p> <p>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</p> <p>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</p> <p>The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because of religion or belief.</p>
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Mitigation	
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## Sex

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Overall, of Hampshire residents diagnosed with a new STI in 2020, 45.4% were men and 54.6% were women. Men are underrepresented in Sexual Health Services and have lower testing rates than women.</p> <p>Open access sexual and reproductive health services will be available for all ages through the commissioned service . People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</p> <p>All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.</p> <p>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</p> <p>The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because of sex.</p>
Mitigation	

## Sexual Orientation

Impact on public	Positive
Impact on staff	Neutral

<p>Rationale</p>	<p>In Hampshire in 2020, STIs disproportionately affected people who identified as gay, bisexual, and other men who have sex with men (HNA, 2022).</p> <p>Gay, bisexual men and men who have sex with men (GBMSM) 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 Integrated Sexual and Reproductive 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. Hampshire follows the national trend with gay, bisexual, and other men who have sex with men (GBMSM) having higher rates of STIs (SHNA, 2022).</p> <p>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</p> <p>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</p>
<p>Mitigation</p>	<p>GBMSM will continue to have access to dedicated clinics (Clinic Xtra) in Hampshire. An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</p>

## Marriage and Civil Partnership

<p>Impact on public</p>	<p>Neutral</p> <p style="text-align: center;"><b>Page 43</b></p>
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Impact on staff	Neutral
Rationale	<p>Open access sexual and reproductive health services will be available for all ages through the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</p> <p>All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.</p> <p>A strategic objective for the service will be to work with commissioners and other partners to reduce stigma including that which exists for married people and those in civil partnerships who require sexual health interventions linked to sexual activity outside of their main relationship.</p> <p>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</p> <p>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</p> <p>The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because marriage and civil partnership.</p>
Mitigation	

## Poverty

Impact on public	Positive
Impact on staff	Neutral

Rationale

The rate of new STIs being diagnosed is higher in more deprived areas (HNA, 2022).

People living in more deprived areas are at higher risk of STIs and unplanned pregnancy, the services we plan to commission will continue to prioritise those most at risk.

Open access sexual and reproductive health services will be available free at the point of care for through the commissioned service. to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.

All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.

Provision of a range of digital and remote service elements will seek to reduce the need for travel and help to reduce cost of access. Any face-to-face provision of services will be required to be accessible by Public Transport in order to reduce barriers to access for people who may not have access to personal modes of transport.

An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.

All treatment is free for Hampshire residents.

The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.

Mitigation

Rurality

Impact on public

Positive

Impact on staff	Neutral
Rationale	<p>Clinic locations will be geographically located to ensure access for rural communities. Digital and remote services will also be available. Provision of a range of digital and remote service elements will seek to reduce barriers to access for those living in rural locations.</p> <p>Open access sexual and reproductive health services will be available for all ages through the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</p> <p>All services (including digital and remote) provided in the Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.</p> <p>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented rural communities in Hampshire.</p> <p>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</p>
Mitigation	

Geographical Impact:All Hampshire

## Equality Statement

Additional information:

Activity provided through the new Integrated Sexual and Reproductive Health Service will support delivery of the Public Health Strategy objectives:

- use collaborative commissioning of integrated sexual and reproductive health services to support those groups known to experience the worst health outcomes
- support the development of Women's Health Hubs to improve access to long acting reversible contraception
- work towards zero HIV transmission

The new Integrated Sexual and Reproductive Health Service will be monitored by 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 UKHSA, OHID , Office of National Statistics and other local system data. The Sexual and Reproductive Health Needs Assessment (2022) will be regularly refreshed.

## Overview Statement:

A summary assessment to show that due regard to the Public Sector Equality Duty has been paid, which is undertaken when a full EIA is not needed:

EIA reference number: 00408

Date of production of EIA for publication: 30/05/2023

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## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker</b>	Executive Lead Member for Adult Social Care and Public Health
<b>Date:</b>	6 June 2023
<b>Title:</b>	Physical Activity Contain Outbreak Management Fund (COMF) Grants Proposal
<b>Report From:</b>	Director of Public Health

**Contact name:** Darren Carmichael, Public Health Principal  
Farihah Choudhury, Public Health Senior Practitioner

[Darren.Carmichael@hants.gov.uk](mailto:Darren.Carmichael@hants.gov.uk)

[Farihah.Choudhury@hants.gov.uk](mailto:Farihah.Choudhury@hants.gov.uk)

**Tel:**

**Email:**

### Purpose of this Report

1. The purpose of this report is to seek approval from the Executive Lead Member for Adult Social Care and Public Health for distribution of up to £1.5 million in grants, to community organisations to deliver physical activity projects across Hampshire, as recommended by an externally procured provider.
2. To delegate authority to the Director of Public Health to award grants for individual projects is also requested.

### Recommendations

3. That the Executive Lead Member for Adult Social Care and Public Health approves spend of up to £1.5 million on physical activity grants to be awarded to organisations that promote physical activity across Hampshire.
4. That the Executive Lead Member for Adult Social Care and Public Health delegates authority to the Director of Public Health in consultation with the Executive Lead Member to award grants in line with the criteria as set out in this report.

## Executive Summary

5. Physical activity has many benefits for health and wellbeing. The COVID-19 pandemic exacerbated pre-existing health inequalities, and we know that in Hampshire both physical inactivity and obesity increased in areas of greater deprivation and amongst marginalised communities. Being overweight and obese, as well as being physically inactive, increases the risk of adverse health consequences from COVID-19 infection.
6. This paper sets out how the County Council propose to distribute up to £1.5 million in grants to community organisations, to support physical activity projects across Hampshire, through procurement of an externally procured provider, for the purpose of recommending community organisations to receive funding. The source of the proposed funding is the Control Outbreak Management Fund (COMF). The Council must meet the public health duties which mean taking steps appropriate to improve the health of the population in its area.

## Contextual information

7. The COMF was provided to English local authorities initially to be used for test, trace and contain activity connected to COVID-19. In December 2022 the Council was informed of a change of criteria<sup>1</sup> due to the formal end of the pandemic and emergency powers. This stated that criteria for use of COMF are now:
  - a. Public health action on the impact of COVID-19 on health outcomes and health inequalities, and
  - b. Public health recovery projects aimed at directly addressing health inequalities
8. There is a requirement that the rationale/business case must be signed off by the Director of Public Health, be taken through local approval processes, and state the public health outcome intended and its link to the impact/recovery from COVID-19 and pandemic related health inequalities.
9. Health inequalities can be defined as 'avoidable, unfair and systematic differences in health between different groups of people'; these differences can include health status, access, quality and experience of care, behavioural risk factors and wider determinants. Health inequalities are often analysed and addressed by policy across four types of factors:
  - socio-economic factors, for example, income
  - geography, for example, region or whether urban or rural

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<sup>1</sup> Letter from UKHSA 16/12/22

- specific characteristics including those protected in law, such as sex, ethnicity or disability
  - socially excluded groups, for example, people experiencing homelessness.
10. For good physical and mental health, adults should aim to be physically active every day. According to the Chief Medical Officer's Guidelines, adults should undertake at least 150 minutes of moderate intensity activity (such as brisk walking or cycling) each week; or 75 minutes of vigorous intensity activity (such as running). Older adults should also participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, independence and social functioning. Any level or duration of activity is better than none and brings health and wellbeing benefits. During the COVID-19 pandemic, physical inactivity decreased in the population, with those people from marginalised communities such as those experiencing income deprivation, serious mental ill health, ethnic minority communities and refugees having a greater decrease.
  11. Mental health has similarly deteriorated at a population level since the advent of the COVID-19 pandemic; the impacts of social isolation, as well as anxiety around contracting COVID-19, especially amongst those already vulnerable, has been significant. Physical activity in multiple forms has been shown to have positive impacts on mental wellbeing.
  12. Those with co-morbidities (such as cardiovascular disease (CVD), cancer and diabetes) may also be more affected by the impact of COVID-19. Physical activity can prevent or help manage a range of long-term conditions.
  13. Improving healthy life expectancy and reducing health inequalities are key priorities for Hampshire Public Health as defined in the Hampshire Health and Wellbeing Board Strategy 2019-24, as well as in the Hampshire and Isle of Wight We Can Be Active Physical Activity Strategy 2021.
  14. Physical activity also supports ambitions as set out by the Integrated Care Partnerships for Hampshire and Isle of Wight and Frimley alongside the Hampshire Health and Wellbeing Board focus on cardiovascular disease prevention and social isolation.
  15. The County Council proposes to procure a provider to recommend projects for which to provide grant funding, following these agreed criteria:
    - a. Physical activity interventions for addressing the impact of COVID-19 on health outcomes and health inequalities
    - b. Physical activity projects aimed at directly addressing health inequalities arising from the pandemic
    - c. Physical activity projects intend to prevent or mitigate health inequalities or unequal impact on populations in future outbreaks

The intention is that those in receipt of the grants ought to be those who work closely with their communities and may have prior experience of delivering physical activity projects in the community. Such provider could be a District/Borough Council, voluntary organisations, leisure providers or other similar organisations.

The provider would be expected to:

- a. Have understanding and experience of projects that support multiple health outcomes i.e., increase physical activity, improved mental wellbeing and social isolation, falls prevention and have positive impacts on healthy weight.
- b. Have understanding and experience of working with areas of deprivation and communities/populations where there are greatest health inequalities, with an understanding of the context of Hampshire as a whole.
- c. Have understanding and experience of working with/delivering sustainable projects designed to future proof communities, create resilience and deliver innovation.
- d. Have sufficient understanding and experience to ensure that robust monitoring of delivery and evaluation of effectiveness are built into the process.
- e. Open a grant round in order to advertise grant opportunities to prospective applicants, ensuring the process is fair and transparent.

## **Finance**

16. The purpose of this report is to seek approval from the Executive Lead Member for Adult Social Care and Public Health for distribution of up to £1.5 million in grants, to community organisations who would support physical activity projects across Hampshire, as recommended by an externally procured provider. This figure includes the amount paid to the procured service provider, meaning there is up to £1.5 million available for grants.
17. This grant funding, less the fee for the service provider, would be held by the County Council. The service provider and the County Council intend to enter an agreement whereby the Director of Public Health, with delegated authority, would be able to approve releasing funds for grant applications, as recommended by the service provider.
18. Procurement processes would be followed for obtaining a contract with the provider organisation, and using the criteria as provided above to, the upper limit of £100,000 in line with the County Council's approval processes.

19. All grants made would comply with the COMF criteria, as defined in the contextual information above.

Grants would be expected to be allocated by the end of the 2023/24 financial year.

## **Performance**

20. There would be robust monitoring and evaluation mechanisms in place between a. the County Council and the provider organisation, and b. provider organisation and grant recipients, to ensure the monies are spent appropriately to improve the health of the Hampshire population. This monitoring and evaluation would be achieved through design of a robust service specification outlining key performance indicators (KPIs) for the provider organisation to achieve, and contract management meetings to ensure consistent dialogue.
21. Each programme or project utilising this fund would have its own monitoring and evaluation associated with it. The provider organisation would be expected to monitor the spend by organisations to which grants are made.
22. The provision of grants to voluntary and community sector organisations by statutory bodies always presents a degree of risk. Specific risks that statutory bodies are required to manage include voluntary and community organisations accepting funding without providing any activity; organisations not delivering the service as expected; and there being an under spend on the expected activity. This applies to all grants however; larger grants represent a potentially higher risk to the County Council.
23. A number of mechanisms have been employed successfully over a number of years to mitigate and alleviate these risks.
24. All organisations awarded a grant sign a declaration stating they accept that grant funding can only be awarded for the given period and no commitment exists from the County Council to continue funding after this time, or in subsequent years.
25. Section 2B of the NHS Act 2006 states that 'Each local authority must take such steps as it considers appropriate for improving the health of the people in its area.' and that 'steps that may be taken under subsection (1) also include providing grants or loans (on such terms as the local authority considers appropriate).'

## **Consultation and Equalities**

26. The proposed grant pot would increase capacity and capability in community organisations who are successful in bidding for grant money, which would result in physical activity being more accessible to children and adults experiencing health inequalities. Examples of communities experiencing health inequalities include deprived communities and those experiencing mental illness. These communities are more likely to be from ethnic backgrounds and to live with disability.

## **Climate Change Impact Assessment:**

### **Carbon Mitigation**

27. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.
28. The carbon mitigation tool and/or climate change adaptation tool were not applicable because the decision is essentially strategic/administrative in nature and does not have any climate change considerations.

## **Conclusions**

29. Physical activity has many health and wellbeing benefits, however more deprived communities and marginalised populations are less likely to participate in physical activity, which was exacerbated over the COVID-19 pandemic. This paper sets out a proposed grant process with the aim of increasing physical activity with a particular focus on these populations/communities in Hampshire.

## REQUIRED CORPORATE AND LEGAL INFORMATION:

### Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

## EQUALITIES IMPACT ASSESSMENT:

### 1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### 2. Equalities Impact Assessment

The purpose of these grants would be to reduce health inequalities, as defined in the COMF criteria. An Equalities Impact Assessment was conducted and it was deemed that there would be no negative effects on persons who share a relevant protected characteristic.

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## HAMPSHIRE COUNTY COUNCIL

### Executive Decision Record

<b>Decision Maker:</b>	Executive Lead Member for Adult Social Care and Public Health
<b>Date of Decision:</b>	6 June 2023
<b>Decision Title:</b>	Appointment to an Outside Body: Partnership Board
<b>Report From:</b>	Director of People and Organisation

Contact name: Emma Cousins

Tel: 0370 779 5788 Email: emma.cousins@hants.gov.uk

#### 1. The decision (PROPOSED):

- a) In accordance with Part 1: Chapter 12 of the Constitution, that the Executive Member for Adult Social Care and Public Health be requested to make an appointment to the Partnership Board as detailed below. The term of office to expire at the County Council elections in May 2025 unless otherwise stated:

	<b>Name of Body</b>	<b>Description</b>	<b>Previous Representative</b>	<b>Appointments until County Council elections in May 2025</b>
1.	University Hospital Southampton NHS Foundation Trust  <u>Role:</u> Hampshire County Council representative	NHS Trust providing mental health, physical health and learning disability services across Hampshire.	Councillor Alexis McEvoy	To be confirmed

#### 2. Reason for the decision:

- 2.1 To maintain County Council representation on bodies within the community.

#### 3. Other options considered and rejected:

- 3.1. Not to make an appointment, which would cease County Council representation.

#### 4. Conflicts of interest:

- 4.1. Conflicts of interest declared by the decision-maker: None

4.2. Conflicts of interest declared by other Executive Members consulted: None

5. **Dispensation granted by the Conduct Advisory Panel:** None.

6. **Reason(s) for the matter being dealt with if urgent:** Not applicable.

7. **Statement from the Decision Maker:**

**Approved by:**

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**Councillor Liz Fairhurst  
Executive Lead Member for Adult Social Care  
and Public Health**

**Date: 6 June 2023**