

Title of Report	Sexual and Reproductive Health Strategy 2024- 2029	
Key Decision No	AHI S299	
For Consideration By	Cabinet	
Meeting Date	26th February 2024	
Cabinet Member	Cllr Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure	
Classification	Open	
Ward(s) Affected	All	
Key Decision & Reason	Yes	Significant impact on all communities of Hackney
Implementation Date if Not Called In	6 March 2024	
Group Director	Helen Woodland, Group Director for Adults, Health and Integration	

### 1. Cabinet Member's introduction

- 1.1. The 2024-2029 City and Hackney Sexual and Reproductive Health Strategy was formally adopted by the Hackney Health and Wellbeing Board (HWB) on the 25th January 2024 and the City HWB on the 2nd February 2024.
- 1.2. The strategy covers the full spectrum of both sexual and reproductive health and is supported by an annually refreshed action plan.
- 1.3. Development of the partnership strategy was undertaken throughout 2023 with a formal 12 week period of consultation undertaken.
- 1.4. The strategy will support the Council's aspirations to improve health, wellbeing, become a fertility friendly borough and increase support for the menopause.

### 2. **Group Director's introduction**

- 2.1. Hackney continues to have a very high level of unmet need with significant inequalities in sexual and reproductive health which were exacerbated by the COVID-19 pandemic and reduced access to services.
- 2.2. Hackney has a young population, a high proportion of people who identify as gay or bisexual and large global majority communities. Within these

communities there can be a concentration of particular "at risk" sexual behaviours such as frequent partner change, multiple and concurrent sexual partners, stigma and health care seeking behaviours which together lead to higher rates of sexually transmitted infections (STIs).

- 2.3. Increasing health literacy, health promotions and reducing barriers to accessing services are all key to addressing these very high levels of need both to reduce rates of STIs and improve access to contraception. More detail is provided in the Sexual Health Needs Assessment.
- 2.4. A five-year strategy for Hackney and the City (sitting alongside a North East London Strategy) will enable a more joined up and coherent approach to address need and inequalities, bringing together commissioned services and providers, including the NHS and the voluntary sector as well as cross-local authority initiatives, to address the most pressing issues and gaps in provision and uptake of care.

#### 3. **Recommendations**

- 3.1. To agree to adopt the 2024-2029 City and Hackney Sexual and Reproductive Health Strategy.
- 3.2. To request an annual update on progress in implementing the strategy

### 4. Reason(s) for decision

4.1. The Strategy will help improve the health and wellbeing of local residents and ensure services are better coordinated to enable improved outcomes and user experience.

### 5. Details of alternative options considered and rejected

- 5.1. To continue to commission and provide for services without an overarching strategy. This would perpetuate current inequalities and poor sexual and reproductive health.
- 5.2. Not to have a local strategy but adopt the North East London Sexual and Reproductive Health Strategy. The NEL strategy is still in development and will not have the same level of detail or local control that adopting a specific local City and Hackney strategy will bring.

# 6. **Background**

# **Policy Context**

- 6.1. The London Borough of Hackney has a statutory responsibility to protect and promote the sexual and reproductive health of our local populations. We invest approximately £8m per year in clinical services as well as services to promote good sexual health from the NHS, local voluntary sector and council insourced services.
- 6.2. Other key services such as fertility, terminations, sexual assault referral services and HIV treatment and care are commissioned and provided by the NHS.
- 6.3. Hackney council adopted motions on both fertility and the menopause and these have been fully reflected in the strategy.

## Equality impact assessment

- 6.4. There are significant inequalities in sexual and reproductive health with many of these being concentrated in communities with protected characteristics.
- 6.5. The strategy has a specific section which details how inequalities will be reduced and service provision improved for inclusion groups.
- 6.6. Adopting the strategy will help address inequalities.

# Sustainability and climate change

- 6.7. The provision of healthcare has a significant environmental impact. The strategy seeks to strengthen health literacy and take a preventive approach to ill health. This will help reduce the demand for healthcare and so increase sustainability and reduce climate change.
- 6.8. The commissioning of sexual and reproductive health services will continue to have a significant focus on improving sustainability and reducing the climate impact of provision.

#### Consultations

- 6.9. The draft strategy was approved for consultation by the Hackney and City Health and Wellbeing Board in June 2023.
- 6.10. The formal consultation period was from 1 July to 20 September and consisted of a) an online survey that asked residents and others to provide feedback on the identified priority areas and b) online and in-person engagement sessions. Some of these were theme-based and others were with a specific audience or population group, including for example young people, people with learning disabilities, commissioned providers and other key stakeholders. The last of these sessions was held in November 2023.

6.11. There was strong agreement through the consultation with the strategy and more detail is included on the findings in the appendix. Following the consultation process amendments were made to the section on HIV and the sections on fertility services and menopause were expanded.

## Risk assessment

- 6.12. Hackney is an area of very high need for sexual and reproductive health services. There have been year on year increases in the need for services to address increasing rates of sexually transmitted infections. Without a strategy that details how sexual and reproductive health education can be improved, services better integrated and health literacy increased there is a significant risk that ill health will continue to worsen.
- 6.13. To implement the strategy a wide range of partners from across the council, NHS, education and voluntary sector will need to work together. The Health and Wellbeing Boards agreed to set up a joint sub group to help ensure the strategy is implemented and where issues arise remedial actions are swiftly implemented.

# 7. Comments of the Interim Group Director, Finance

- 7.1. The existing proposal does not have immediate resource implications. However, careful scrutiny of resources, encompassing commissioning plans and other financial aspects stemming from the implementation of the strategy, will be undertaken when presented through the Council's governance processes. This ensures a comprehensive evaluation and effective management of the financial considerations associated with the strategy.
- 7.2. The approximate £8m funding mentioned is only for the Public Health (PH) grant. It doesn't cover expenses from other partners like the NHS, which may spend on services like fertility, termination, and sexual assault referrals. This estimate specifically looks at the PH grant and doesn't include the broader spending picture involving other contributors.

# 8. <u>Comments of the Acting Director of Legal, Democratic and Electoral</u> Services

8.1. In accordance with Part 2, Article 5.2 of the Council's constitution, the Elected Mayor and Cabinet shall carry out all of the Council's functions which are not the responsibility of any other part of the Council. This includes setting priorities that contribute to the life and development of the Borough. The recommendations as set out at point 3 of this report aim to support and improve the economic and social well being of the Boroughs inhabitants.

#### **Appendices**

Appendix 1 - Strategy

Appendix 2 - Consultation Report Appendix 3 - Summary of Consultation

# **Background documents**

# Sexual Health Needs Assessment

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