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**Report of Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council**  
**Amanda Healy, Director of Public Health, Durham County Council**  
**Cllr Chris Hood Portfolio Holder for Adult and Health Services**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 To provide members of the Health and Wellbeing Board with the County Durham Sexual Health Strategy (CDSHS) 2023 – 2028 (Appendix 2) for ratification.
- 2 To seek approval from the Health and Wellbeing Board (HWB) for ratification and publication of the CDSHS.

**Executive summary**

- 3 The proposed CDSHS aligns with a range of national policies and guidance on sexual and reproductive health and draws on key documents from organisations including the World Health Organization (WHO), British Association for Sexual Health and HIV (BASHH), and the National Institute for Health and Care Excellence (NICE).
- 4 The proposed CDSHS was developed in partnership with various key stakeholders to identify the sexual health needs of County Durham residents.
- 5 The proposed CDSHS has completed the 6-week public consultation and has informed the development of five priority areas and associated ambitions as set out in paragraph 13.
- 6 The final CDSHS will be presented to the HWB for their consideration and ratification in autumn 2023.

## **Recommendation(s)**

- 7 Members of the Health and Wellbeing Board are recommended to:
  - (a) Acknowledge the content of this report and accompanying CDSHS.
  - (b) Ratify the CDSHS.

## Background

- 8 Sexual and reproductive health is a fundamental public health issue and clearly recognised as such by the WHO (2015).
- 9 The Health and Social Care Act 2012 outlines local authorities mandated responsibilities to commission a range of open access, sexual health services to meet the needs of their local population.
- 10 Having a CDSHS (Appendix 2) supports the legal duty of Durham County Council and sets out a range of ambitions aimed at improving people's sexual health and reducing health inequalities in County Durham.

## An overview of the County Durham Sexual Health Strategy

- 11 The CDSHS, developed with multi agency partners, was subject to a 6-week public consultation. The consultation process included questionnaires, presentations and focus groups with key stakeholders. Feedback was received from professionals and County Durham residents including young people.
- 12 The CDSHS's vision states that everyone in County Durham will have access to high quality, inclusive and confidential sexual health support.
- 13 The proposed CDSHS has five key priority areas and associated ambitions as set out in Table 1 below.

**Table 1: Priority Areas and Ambitions**

<b>Priority Area</b>	<b>Ambitions</b>
Priority 1: Relationships Education (RE), and Relationships, Sex and Health Education (RSHE) across the lifecourse	<ul style="list-style-type: none"><li>• Support the delivery of RE in primary schools.</li><li>• Support the delivery of RSHE in secondary schools.</li><li>• Targeted support to identified vulnerable communities.</li><li>• Support for parents and carers to have age-appropriate conversations with children and young people about healthy relationships and sexual health</li></ul>
Priority 2: Teenage conceptions, pregnancy and support for young parents	<ul style="list-style-type: none"><li>• Deliver a range of sexual health promotion and health promotion campaigns targeting young people and vulnerable groups.</li><li>• Provide interventions for young parents that help prevent repeat unplanned pregnancies.</li><li>• Support young parents back into education, employment and/or training.</li></ul>

<p>Priority 3: Contraception</p>	<ul style="list-style-type: none"> <li>• Understand the decline in the use of Long Acting Reversible Contraception (LARC) and aim to improve the take up across the system including primary care.</li> <li>• Develop County Durham's condom distribution scheme.</li> <li>• Support Community Pharmacies with the delivery of enhanced contraception services in line with other local and national services.</li> <li>• Develop a workforce that has the knowledge and skills to deliver the right support/services at the right time.</li> <li>• Work collaboratively with maternity services and wider partners to further develop a postnatal contraception pathway.</li> </ul>
<p>Priority 4: Sexually Transmitted Infections (STI's) and HIV</p>	<ul style="list-style-type: none"> <li>• Introduce a Sexual Health Oversight Group to tackle emerging issues and promote prevention interventions.</li> <li>• Reduce the stigma associated with HIV and STI's through awareness raising campaigns and education programmes.</li> <li>• Improve the uptake of HIV prevention programmes.</li> <li>• Continue to support Community Pharmacies to deliver contraception services and support.</li> <li>• Increase the opportunity to access screening in community-based settings.</li> <li>• Deliver an effective National Chlamydia Screening Programme across County Durham.</li> </ul>
<p>Priority 5: Reproductive health</p>	<ul style="list-style-type: none"> <li>• Reduce the rate of repeat termination of pregnancies.</li> <li>• Reduce the rate of smoking at time of delivery.</li> <li>• Increase the access to and uptake of the HPV vaccination programme.</li> <li>• Increase the inclusive support to adults including healthy relationships, contraception, menopause, and sexual dysfunction.</li> </ul>

## Conclusion

- 14 The CDSHS received broad support throughout the 6-week consultation process.
- 15 In order to deliver the ambitions, set out in Table 1, a detailed multi-agency delivery plan will be developed. This plan will be monitored by the Sexual Health Oversight Group with regular updates provided to members of the HWB when required.

## Author

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## **Appendix 1: Implications**

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### **Legal Implications**

Local authorities have a legal duty to provide sexual health services as part of their public health responsibilities. This duty is outlined in the Health and Social Care Act 2012. Under this legislation, local authorities are responsible for commissioning and delivering a range of sexual health services to meet the needs of their local population. These services may include genito-urinary medicine (GUM) clinics, contraception services, STI testing and treatment, HIV care, abortion services, psychosexual medicine, and support for teenage pregnancy and sexual and reproductive health.

The duty to provide sexual health services is part of the broader mandate of local authorities to promote and protect public health in their areas and are expected to work in partnership with relevant stakeholders, including healthcare providers, voluntary sector organisations, and community groups, to ensure the provision of comprehensive and accessible sexual health services. Additionally, local authorities are guided by national strategies, policies, and guidelines related to sexual health, such as those issued by the Department of Health and Social Care, the National Institute for Health and Care Excellence (NICE), and professional bodies like the British Association for Sexual Health and HIV (BASHH).

By fulfilling their legal duty to provide sexual health services, local authority public health teams play a vital role in promoting sexual health, preventing the spread of STIs, reducing unintended pregnancies, and improving the overall well-being of their communities.

### **Finance**

There are pre-existing financial arrangements in place to support the commissioned services already in operations to uphold the Local Authorities legal duties. Any future financial implications, as a result of the activities outlined in the strategy, such as service provision, education and awareness campaigns, workforce training, research, and monitoring will be aligned with pre-existing council commissioning arrangements or governed by any pre-existing financial structures.

There are no known negative financial implications as a result of implementing the sexual health strategy.

## **Consultation**

The sexual health strategy will be made available for a six-week public consultation. A public consultation provides an opportunity to engage with a wide range of stakeholders, including service users, community members, professionals, and elected members, allowing for their contribution helping ensure that the strategy reflects the needs of local population.

Also, by involving the public, the local authority can demonstrate its commitment to addressing the health needs of the community and to making evidence-informed decisions, leading to more awareness of the issues, better engagement with sexual health services and improved health outcomes for the population which contributes to the overall effectiveness of the strategy in promoting sexual health and well-being.

## **Equality and Diversity / Public Sector Equality Duty**

The strategy aims to be as inclusive as possible and sections of the strategy have already been co-produced ahead of the public consultation to ensure that the language is meets all expected standards regarding gender, age, sexual orientation, ethnicity, disability, socioeconomic status, or other characteristics. Any potential negative implications from the use of language will be picked up in the consultation and focus groups before the final version is ratified. Extensive work had been undertaken to make sure all people in County.

## **Climate Change**

There are no known implications.

## **Human Rights**

As a local authority, it is important to uphold and respect human rights. The right to the highest attainable standard of health is given every consideration by Durham County Council and this includes protecting sexual health and providing adequate sexual health services.

It is crucial that any work connected to this strategy is completed by staff in a way that shows understanding to and adherence to their obligations regarding human rights. There have been no negative implications to a person's human rights by implementing this strategy.

## **Crime and Disorder**

There have been no crime and disorder implications identified by implementing this strategy.

## **Staffing**

There are pre-existing staffing arrangements in place to support the commissioned services already in operation that support the work of this strategy. Any changes will be aligned with pre-existing council commissioning arrangements or governed by any pre-existing staffing structures.

There are no known negative staffing implications as a result of implementing the sexual health strategy.

## **Accommodation**

There are no known accommodation implications to consider.

## **Risk**

There has been no particularly specified risk as a result of implementing this strategy.

## **Procurement**

There is no specific procurement detailed within this strategy.