

OPTIONS APPRAISAL

Option	Description	Pros	Cons
1	To continue funding the service as it is - there will be a new contract with the same specification.	<p>Well used service</p> <p>Well liked service</p> <p>Retains a holistic sexual health service with direct referral ability to other elements for mental and physical health</p> <p>Can demonstrate cost savings in avoided unwanted pregnancy alone</p> <p>Vulnerable young people retain a service (ie ESCC CWCF etc)</p> <p>Lewes district offer of sexual health services maintained.</p>	<p>The original purpose of initial funding has changed, and the new contract would need new specifications to consider the new ICB and sexual health landscape.</p> <p>Individuals using the service seem unaware of alternatives and the wider sexual health service system and are not appearing to be prepared for recognition of services if they leave the area or when they are too old for the service.</p> <p>Initially maintains an argument that funding is only supporting a service in Lewes. However, Eastbourne and Hastings have a specialist drop-in sexual health clinic.</p> <p>Brighton is the nearest town and have a drop-in clinic that ESCC will be charged for if used by an East Sussex resident.</p>
2	Maintain service but with a new contract with reviewed and adapted service specification.	<p>Well used service</p> <p>Well liked service</p> <p>Can demonstrate cost savings in avoided unwanted pregnancy alone</p>	<p>Initially maintains an argument that funding is only supporting a service in Lewes. However, Eastbourne and Hastings have a specialist drop-in sexual health clinic.</p> <p>Brighton is the nearest town and have a drop-in clinic that ESCC will be charged for if used by an East Sussex resident.</p> <p>Unlikely to be able to replicate service model across county without further funding</p>

		<p>Can add in elements such as smoking cessation, healthy weights, physical activity assessment and referral.</p> <p>Specification will be changed to measure the use of the alternative methods available within the East Sussex sexual health system including promotion of the East Sussex sexual health website, the use of online test kits, the use of online condom distribution as well as signposting to alternative face to face services.</p> <p>Learning can be rolled out across primary care in targeted high need areas, possibly replicating the model (subject to funding)</p> <p>Lewes offer of specialist sexual health services maintained.</p>	
3	Withdraw funding and close circle room	<p>The funding could be redeployed to other sexual health priorities.</p>	<p>Loss of access for young people in Lewes and Havens to access a well-used and respected holistic health sexual health service that can also serve other referral needs such accompanying mental health or physical health issues</p> <p>Increasing vulnerability of the young, in particular the under 16s who do not currently have an online offer.</p> <p>Increased risk for unintended and unwanted pregnancies amongst young women in the area: contraception is not an online offer and requires a face-to-face service, this closure would negatively impact young women who use this service.</p> <p>ESCC reputational risk: this is highlighted by high interest raised by ESCC councillors, local MPs, local and regional press (mentioned in The Argus https://www.theargus.co.uk/news/25196268.council-</p>

			<p>considering-closure-lewes-sexual-health-service/) including BBC Politics South East where the closure was discussed https://www.bbc.co.uk/iplayer/episode/m002k89z/politics-south-east-28092025</p> <p>In addition, public dissatisfaction at consultation process and loss of service.</p> <p>Loss of the demonstrated cost savings in avoided unwanted pregnancy alone</p> <p>Loss of potential ‘add in’ elements such as smoking cessation, healthy weights, physical activity assessment and referral.</p> <p>Loss of ability for young people’s preparation to utilise wider sexual health system</p> <p>Gap in face-to-face sexual health service in Lewes District</p> <p>Increase of expenditure of Sexual Health Budget to pay for out of area provision should East Sussex Residents chose to attend Brighton drop-in clinic</p> <p>Learning would not be rolled out across primary care in targeted areas (but this was subject to funding anyway)</p> <p>Children we care for currently relying on the service (as reported by anecdotal evidence by the safeguarding team) will no longer have access to this service locally but will be able to access the Hastings/Eastbourne ones.</p>
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