Sexual Health Services Public Consultation; Interim Results Report

For Consideration by Health Scrutiny Commission

Date of meeting: 16 March 2023

Lead director/officer: Ivan Browne, Public Health

Useful information

- Ward(s) affected: All
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1. Summary

The current contract for providing sexual health services to the city comes to an end in 2024 and therefore the process of re-procurement has commenced. This has involved an intensive programme of public engagement (which is still ongoing) to help gauge the opinions and views of the community on how to deliver services that work for them. The purpose of this report is to give the scrutiny commission an overview of some of the main emerging themes and important findings of the consultation process so far, as well as an appreciation of the shape of the engagement programme itself.

The online consultation survey opened on 12th January 2023 and will close on the 12th March 2023. Interim results downloaded at the 6 week point showed that 92 people had filled this in online, and a number of other people had also chosen to fill in hard copies at our face to face sessions, of which we have done several which are detailed in section 5.

Most people answering the online survey stated that they were responding as either a member of the public or someone who uses sexual health services, however there were a sizeable minority who were answering as members of voluntary or community organisations, and also as NHS or health care providers. There was a good spread of responses across the age groups, but the biggest number came from the 18-25s

The answers have reflected people's desire for flexibility in how they access services, indicating a preference for a mix of online and face to face appointments (and walk-in and bookable in advance), but also with availability of online order STI test kits and sexual health 'vending machines' across the city. Responses also indicated enthusiasm for an option for telephone advice and consultation. Some respondents indicated a preference for the GP as a provider of many of these services (often contraceptive). There also seemed to be some services of which a proportion of respondents were not aware, suggesting a need to work more on publicising these.

Next steps for commissioners are to complete the programme of engagement and compile all the results. Insights and data from the engagement process will be analysed thematically and used to inform the service specification and re-tendering process for the new service contract. It is also hoped that an open dialogue will remain between these community groups and public health, so that we can continue to work in the best way for our communities, and work together with them to achieve the best possible health outcomes for all.

2. Recommended actions/decision

This report is for information only; no actions/decisions are required.

3. Scrutiny / stakeholder engagement

Since this report describes an engagement process, please see sections 4 and 5 for details.

4. Background and options with supporting evidence

Since the Health and Social Care Act in 2013, Local Authority public health teams have had responsibility for commissioning an integrated sexual health service for their populations, which should be open access and provide both testing and treatment of sexually transmitted infections, and advice and provision of contraception/family planning services. In addition to these functions, sexual health contracts also encompass elements of community outreach work with specific groups, sex and relationship education in schools and colleges, psychosexual counselling and HIV prevention work including pre-exposure prophylaxis (PrEP). Some elements of sexual and reproductive healthcare such as termination of pregnancy, vasectomy services, gynaecology and HIV medicine have remained the commissioning responsibility of NHS colleagues and are not within the scope of the local authority contract.

The population of Leicester City is, on average, younger than other cities in England. The combination of this fact, along with the diverse nature of the communities and the high levels of deprivation in parts of the city can make responding to the sexual health needs of the population challenging. Poor sexual health outcomes are not evenly distributed throughout the population and, though these inequalities are complex and multi-factorial, an important part of tackling them is working with communities to help design and build services that work for them. A detailed programme of engagement with communities is therefore underway during the re-commissioning process for sexual health services to ensure that the views and needs of the population are kept at the centre of the service design process. This has involved both online and face-to-face consultation opportunities. The online form is available to anyone, but there has also been specific focus on key groups in whose views the team is particularly interested given their under-representation in services or poorer outcomes. The links and relationships formed through the City Council's Community Wellbeing Champions Network have been instrumental in helping to facilitate this process.

5. Detailed report

5.1 Online Consultation

The online consultation process is live until 12th March 2023 and can be accessed via the URL Sexual health services review - Leicester City Council - Citizen Space. A PDF copy is attached below.

The online survey (and its printed counterpart) asks questions on several topics, including online services, face to face appointments, telephone consultations and advice. It asks about how people would prefer to access STI test kits and condoms, and where people would prefer to see vending machines or c card stations. (Sexual health vending machines can be used to obtain equipment STI testing kits or condoms without the need for an appointment or a face-to-face contact). The survey also has questions related to

geographical areas, and which clinics people would visit if open, and whether they prefer to access services with their GP or a sexual health clinic. Finally, the survey contains information about the community wellbeing champions and their role and asks respondents if they would like to see us doing more work closely together with communities.

At the point of this review, there had been 92 responses to the survey online, from people across a range of age groups, though with the greatest number of responses in the age group 18-25. Most said they were answering as a member of the public or as someone who uses sexual health services. Of those that chose to answer the question, 50% of respondents were female and 10% male. When asked about their sexuality, there was representation across all groups (bisexual, gay, lesbian, other), but the greatest number of responses came from people identifying as heterosexual/straight. There was a spread of responses to the questions on religion and ethnicity, but the biggest number of responses came from people identifying themselves as white British or British Asian. Around 17% of respondents said either that they considered themselves to have a disability or preferred not to say.

From the responses, it was clear that the option to book appointments online is popular, with two thirds of people answering ‘definitely’ to the question ‘do you think we should increase the number of bookable online appointments?’. Interestingly though, when asked how they would prefer to access face-to-face appointments, the clear preference was for a mix of drop-in (turn up and wait) and bookable appointments.

There was enthusiasm for a greater number of vending machines to be available across the city, and an even spread of suggestions for venues, including universities, sexual health clinics and community venues.

The majority of respondents also felt that there should be the option to order STI test kits online, an option for a telephone advice service and an increase in online information available. This indicates that the shift to majority remote services over the pandemic has changed the way that people like to access services, and that they value flexibility. Having said this, many of the free text responses indicated that people also value the option to have a face-to-face appointment with a skilled professional, particularly if they have symptoms or are concerned about something.

The survey asks about previous ‘spoke’ clinics in different parts of the city and whether people had used them in the past or would use them again. These are:

- Merridale
- Beaumont Leys
- Willowbrook Practice
- Victoria Park Clinic
- Saffron Road Practice
- De Montfort University Clinic
- Groby Road Practice
- Westcotes

Interestingly, although some of these had seen a decrease in footfall in recent times, or are no longer operating, there was an even split of people answering that they either had used them before or would do again, suggesting that people value geographical flexibility in where they access these services, as well as an online/face-to-face flexibility. This will need to be taken into account when thinking about the service model.

Finally, people were asked about where they would prefer to access specific contraceptive services such as oral contraception, coils and implants. The options suggested were own GP, other GP, sexual health clinic, local pharmacy or other. Interestingly, for oral contraception options, there was no real difference in preference between these options, people seemed equally keen. For coils and implants (long acting reversible contraceptives, LARC) however, there was a clear preference for either people's own GP or the sexual health clinic. This suggests that equity of access to LARC in primary care across the city must be a priority and therefore so should training to maintain a supply of trained fitters in primary care.

5.2 Face to Face Sessions

Face to face sessions have so far been delivered with the following groups/at the following venues:

- Wesley Hall Community Centre
- Women4Change
- Afro Innovation Group
- AAG (Autism Advocacy Group)
- Autism Partnership Board
- Young Persons session (Participation Engagement Group)
- Sharma Women's Centre
- Belgrave Neighbourhood session

And there are two sessions scheduled for the coming week (at the time of writing) with the Bangladesh Action Resource Centre and the University of Leicester for a Student Engagement Event.

Sessions have been well attended and participants have provided a wealth of rich and detailed information on a wide range of topics. These will be properly combined and analysed thematically in order to best inform future practice and services, but some key themes have emerged already.

1. *Education and Training*: Groups have expressed the importance of and need for sexual health education and information for all, but that it must be given in an understandable, approachable and acceptable way for that particular community. Some felt that sexual health education should be delivered alongside other health topics to help them feel more acceptable and just part of 'health'. Groups also spoke about the importance of delivering information in partnership with communities to encourage trust in the information. This reinforces what we know from our work with the Community Champions Network; that health messaging needs to be delivered in partnership with communities. Others spoke about the importance of 'wider' sex education to include a focus on healthy relationships in general.
2. *Beliefs and Perceptions*: Participants spoke of the need to facilitate open and honest conversations around issues associated with sexual health so that any incorrect beliefs or misconceptions that people might have, for example regarding specific types of contraception, can be addressed properly. Again, the need for culturally competent support and counselling in sexual health matters was emphasised in order to make people feel confident and empowered to make decisions that work best for them.

3. *Barriers to Accessing Services:* Discussion participants offered a range of suggestions as to why people might not be accessing the services appropriate to their needs, and these ranged from practical barriers such as not knowing or understanding what services were available and where, to accessibility-related barriers with communication. Online appointment booking for appointments or test kit ordering were mentioned here as a solution for some, but others had concerns about privacy and discretion when ordering kits to arrive through the post. Outreach programmes with community-based workers were suggested as solutions too.
4. *Age-appropriate services:* There was a general feeling amongst participants that the needs of younger and older age groups, though overlapping, were different and required different considerations in everything from where sexual health services were delivered and who by, to how information is given and in what formats.
5. *Information sharing and signposting:* Feeling that the service is confidential, and that your information is secure is true of all health care, but particularly true of sexual health care where the topics discussed can be sensitive. Having said that, participants also understood the importance of safeguarding concerns in this area and the need to share info with other partners under specific circumstances. Participants also spoke of the importance of information sharing by providers within communities so that informal networks can signpost to services where needed and provide a general understanding of what is available/support members to get help when needed.

5.3 Next Steps

Next steps for commissioners are to complete the programme of engagement and compile all the results. Insights and data from the engagement process will be analysed thematically and used to inform the service specification and re-tendering process for the new service contract. It is also hoped that an open dialogue will remain between these community groups and public health, so that we can continue to work in the best way for our communities, and work together with them to achieve the best possible health outcomes for all.

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

There are no direct financial implications arising from this report which is for information only.

6.2 Legal implications

There are no direct legal implications arising from this report which is for information only.

6.3 Equalities implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. There are no direct equalities implications arising from this report as it is for information only to describe the public engagement process so far. Ensuring that commissioners and providers of health and wellbeing services are aware of the views and needs of the city's diverse communities is important to help identify and overcome barriers that can result in some communities experiencing poorer health and wellbeing than others. The process of engagement with communities also provides information to inform equalities impact assessments.

6.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

n/a

7. Background information and other papers:

8. Summary of appendices: Sexual Health Consultation Printed Survey.

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)? No

10. Is this a "key decision"? No