



Health and Wellbeing Scrutiny
Commission

**Community Integrated Sexual
Health Promotion Services
Consultation results and actions**

Date: 29 November 2018
Lead director: Ruth Tennant

Useful information

■ Ward(s) All

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1. Purpose of report

To present the results from the consultation on the new model of community integrated sexual health promotion services and the actions and amendments made because of that consultation

2. Report Summary *(to highlight key info /issues)*

- Consultation on a proposed new model for community integrated sexual health promotion services, based on health need, took place between 17th September and 30th October 2018
- This paper presents the results from that consultation and details the amendments that have been made to the model in light of the consultation responses received.
- The new model focuses on provision of sexual health promotion to the most at risk groups in Leicester

3. Background Information

3.1 Context of review

In July 2018 a proposed new model for community integrated sexual health promotion services was presented to the Lead Member. This new model aims to make services more appropriate for current and future need in the city and to ensure that the service focuses on the most at risk groups.

3.2 Consultation

A consultation questionnaire about the proposed model for community integrated sexual health promotion services was posted on Citizen's space. The consultation period ran from 17th September to 30th October 2018. The consultation was advertised through Leicester City Council communication channels.

Paper copies of the questionnaire were made available to staff and users of relevant services, specifically Leicestershire AIDS Support Services (LASS), TRADE, Integrated Sexual Health Services (ISHS), HIV treatment and care services. Copies of the questionnaire were available at each of the service locations and were also taken to any events that provider organisations were running to reach as wide a distribution as possible.

On 3rd October 2018 the proposed model was presented at the young people's council and they were invited to complete the consultation questionnaire.

3.3 Results

3.3.1 Citizens space

129 responses have been received via Citizen space. Appendix 1 provides demographic details of respondents completing the questionnaire. In summary;

- 57% of respondents were users of sexual health services
- 14% of responses were from members of the public
- 9% were from representatives of VCS organisations
- 8% were from employees of the sexual health services
- 7% from NHS professionals

The proportion of responses from self-identified ethnic groups is as follows

White British 35%

Black 23%

Asian 14%

Dual Heritage 9%

The age distribution of respondents is

Age	%
18-25	15%
26-35	21%
36-45	17%
46-55	22%
56-65	7%
66+	5%

3.3.2 Young Peoples Council

17 completed questionnaires were received from young people's council members. Demographic characteristics of the young people completing the questionnaire was as follows;

The age range and gender of the respondents was between 12-19 years and there were 10 females and 7 male respondents. Respondents were from a range of ethnicities: White British 4, Asian Pakistani 3, British Indian 6, Asian and White 2, African 1

3.3.3 Analysis of Responses

A thematic analysis of the comments received has been completed. This is presented in table 1 along with the actions that will be taken to address the issues raised and any amendments to the service model and/or specification.

Table 1

Themes in the consultation responses	Actions that will be taken
Stigma experiences by HIV positive people at statutory services	Training of staff at UHL – discussions with HIV service led by Public Health
Men who have Sex with Men (MSM) should have support to access PReP ¹	Explicit reference made in service specification.
People of African Heritage and mixed heritage should be expanded to include other Black and Asian Minority Ethnic groups	Expand the definition in specification Ensure that ISHS adapts to the needs of these communities
Ensure that Relationships and Sex Education (RSE) and advice about unprotected sex is available for under 16's	LCC commissions Integrated Sexual Health Service to provide RSE support in primary and secondary schools
People aged 40 and over should be a priority group.	In Leicester there is no evidence that this specific age group is at higher risk. (see appendix 2) We will ensure that there continues to be appropriate information available for this age group in a suitable format. We will encourage work with this age group who are in another priority group.
Sex workers should be a priority group	There is already work to address the specific needs of this group within the main ISHS contract
Increase in Community based HIV and STI testing and condom provision	This is specifically provided within the service specification
Concern that a reduction in HIV prevention work with HIV positive people may lead to non-adherence,	We will commission the HIV service where all HIV positive people are seen to develop information and advice about PreP, TASP ² U=U, ³
Specific concerns re stigma around STI diagnosis and ability of staff to provide appropriate support for mental health issues	Train staff in stigma prevention and referral to IAPT
Many comments about community-based work that is delivered in community development approach with partnerships between statutory and voluntary organisations	Requirements in the specification for partnership work with statutory organisations. Requirement that services are delivered in the community and information about

	community needs fed back to the commissioners Volunteering positively encouraged within the specification to build community capacity.	
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3. Recommendations

3.1 Scrutiny members are asked to:

- Note the results of the consultation process and the amendments made to the actions taken as a result of the comments received through the consultation process.

4. Financial, Legal and other implications

Financial implications

There are no financial implications arising from this paper as the service provision will continue to be provided.

Rohit Rughani, Principal Accountant, Ext. 37 4003

Legal implications

N/A

Climate Change and Carbon Reduction implications

N/A

Equalities implications

¹ PrEP Pre-Exposure Prophylaxis. It is a way for an HIV negative person to use HIV drugs to protect against catching HIV.

² TasP Treatment as Prevention. It refers to the impact of HIV treatment, when taken by an HIV positive person, on reducing the risk of transmitting HIV. This is because treatment reduces HIV to levels that are too low to be infectious

³ U=U is an abbreviation for Undetectable = Un-transmittable means that someone with an undetectable HIV viral load on HIV treatment (ART) cannot transmit HIV, even without using condoms or PrEP.

A EIA on the proposed model community integrated sexual health promotion services. This noted that the proposed model would widen the range of groups who would be prioritised under the provision, particularly in relation to the protected characteristics of sex, age, race and sexual orientation. This is likely to have a positive impact on some of the protected characteristic groups.

5. Supporting information / appendices

Appendix 1 Consultation document

Appendix 2 Incidence of STI's in Leicester by age

6. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

7. Is this a “key decision”?

No
