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# **Integrated Sexual Health Service for Leicester: Designing a service to meet need**

Dr Laura French, Consultant in Public Health

A presentation to the Leicester City Health  
and Wellbeing Board

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Leicester  
City Council

# Contents

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- Summary of the re-procurement process and outcome
- Public consultation and stakeholder engagement:
  - What we asked
  - Who we asked
  - What we found out
  - How we used it

# What do we commission?

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- Since the transfer of public health services from the NHS into local authority in 2013, one of the things that LA public health has had responsibility for is commissioning sexual health services
- Unfortunately, the commissioning landscape is complex, since some responsibility has remained with the NHS via the Integrated Care Boards but is changing...

**Local authorities**

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- STI testing and treatment, chlamydia screening and HIV testing
- specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

~~Clinical commissioning groups~~

- most abortion services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes

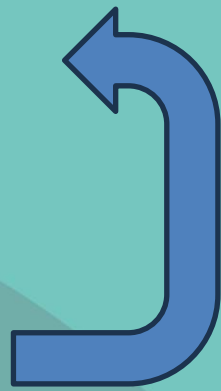
CCGs were replaced by ICBs in July 2022

**NHS England**

- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for PEPSE)
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres
- cervical screening
- specialist fetal medicine services



Since 2021, commissioning responsibility for PrEP is now ours



HIV commissioning is transferring to the ICB



# Timeline

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- Previous contract due to end on 31<sup>st</sup> March 2024
- At the time we re-commenced the process at the end of 2022, the new NHS procurement rules (provider selection regime) were not in force so we undertook a competitive tender process
- Between January and March 2023 we undertook a comprehensive programme of engagement with the public and other stakeholders to inform the specification and other aspects of the service

# Timeline

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- Mid-April 2023 we advertised the contract
- Award was made in autumn 2023 after an excellent bid by our existing providers, Midlands Partnership Foundation Trust (MPFT)
- October 2023 to March 2024 was spend working on mobilization and the new contract started 1/1/24.
- This time, we were procuring alone as Leicester City instead of as LLR

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# **SO WHY IS CONSULTATION SO IMPORTANT?**



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# A tale of two babies



## Most affluent

### Inequalities before birth

**47%** less likely to have parents that smoke\*

**30%** more likely to have parents that eat 5+ fruit and veg per day\*

### At birth



**21%** more likely to be breastfed\* Likely to live up to **9.9 years** longer if male or **8.7 years** longer if female



**17%** less likely to be breastfed\* **30%** more likely to have a low birth weight

## Most deprived

**38%** more likely to be overweight or obese (Reception)

**45%** more likely to be persistently absent from school\*



### Child

**9 times** more likely to be in poverty

more than **2.5 times** likely to experience family homelessness\*



### Infant

**58%** more likely to have a good level of development (age 5)

**25%** less likely to be overweight or obese (Year 6)



**52%** less likely to have a hospital admission for dental decay\*



### Teenager



**55%** less likely to be in the criminal justice system\*

**55%** more likely to achieve 5+ A\*- C GCSE's

### Adult



**41%** less likely to be admitted to hospital as a result of alcohol harm

**27%** less likely to be admitted to hospital for a heart attack



**55%** more likely to have a hospital stay for self-harm

**80%** more likely to be excluded from school

**4.5 times** more likely to be in receipt of Youth Job Seekers Allowance



**66%** more likely to experience fuel poverty

**2.5 times** more likely to live in overcrowded household

**3.5 times** more likely to die of Coronary Heart Disease before aged 75

**Twice** as likely to complete suicide

**58%** more likely to have lung cancer

**72%** more likely to be admitted to hospital as a result of COPD



### Older Age

**77%** more likely to provide 50 hours+ of unpaid care work

**53%** less likely to die from respiratory disease before 75 years old

**44%** less likely to die from cancer before 75 years old

**17%** less likely to be living alone





# Health Inequalities in Sexual Health

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- Health inequalities are systematic differences in health between different groups. They are unfair and avoidable.
- As with all adverse health outcomes, poor sexual health is not evenly distributed within the population, with those living with deprivation more likely to experience poor sexual health.
- In addition, there are many groups that are more vulnerable to poor sexual health who need special consideration when thinking about sexual health services.

# One size does not fit all...

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- Although there is a national specification framework published for sexual health services, we know that we need to work with our communities to design a service that works best for them.
- Though we did not wish to make any substantive changes to the model in Leicester which was generally well thought of by patients and staff, there were still important things that we needed people's input into



# Such as...

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- Where to put any 'spoke' or peripheral clinics and how often
- What sort of a balance to have between online and face to face appointments
- What sort of balance to have between pre-booked appointments and 'sit-and-wait' style clinics
- Where people like to be able to access different services (oral contraception, coils and implants, STI testing etc)
- How we could make services more accessible to all
- How people would like to see us work more closely with communities



# Who we asked

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- Two facets to the consultation
  - On online public consultation open for 8 weeks
  - Face-to-face sessions were delivered with groups at the following places:
    - Wesley Hall Community Centre - Women4Change - Afro Innovation Group - AAG (Autism Advocacy Group) - Autism Partnership Board - Young Persons session (Participation Engagement Group) - Shama Women's Centre - Belgrave Neighbourhood session - Bangladesh Action Resource Centre - University of Leicester (Student Engagement Event)

# What we asked

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- Topics covered by the consultation included:
- Online appointment bookings
- Face to face services
- Vending machines
- Sexually transmitted infection test kits
- Phone consultations / advice
- Clinics
- Contraception
- Coils and implants
- Additional services and community wellbeing champions

# What we found out

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- The results from the online questionnaire and the face-to-face focus groups were written up, combined and analysed thematically to allow us to group them
- We received almost 300 responses to the questionnaire from people from a range of ages, genders and ethnicities. The majority of responses came from people in the age range 18-55, and of those who answered the question, the majority identified as female (64%)

# What we found out

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- There were five key themes identified in the responses:
  - Education and training
  - Beliefs and perceptions around sexual health
  - Barriers to accessing services
  - The important of age-appropriate services
  - Information sharing and signposting

# You said, we did:

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- 1. We asked: if we should increase the number of online booking appointments available for the sexual health service?**
  - **You said:** 64% of responses answered 'definitely' and a further 17% answered 'possibly' for increasing the number of online booking appointments.
  - **We did:** Worked with providers to ensure that online appointment booking was made available again as this had had to be reduced or suspended during covid. As a result, online appointment bookings are now fully operational again and are very popular.
  - **For the new contract We will:** Work with our provider for the new contract model to ensure that online booking for appointments is always available where possible, rather than having to phone-up. Where patients do need or want to phone up for an appointment, we are working with the provider on making this a more straightforward and faster process.



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## 2. We asked: how you would prefer to access face to face services?

- **You said:** 53% of responses were in favour of having a mixture of both drop-in (turn up and wait) and bookable appointments, whilst 32% of responses stated that they would prefer bookable fixed appointments only.
- **We did:** Walk-in appointments (i.e. sit and wait rather than pre-booked) have also been reinstated by popular demand and these are up and running again. These appointments tend to be particularly popular with younger people. It was also clear from the responses however that some people prefer to be able to book in advance, so this option remains available- and is now available again online too (see above)
- **For the new contract, we will:** Ask the provider to ensure a proportion of appointments at the hub and spoke clinics remain pre-bookable, and that there is a straightforward way for people to see what options are available to them when accessing the website or phoning up to make an appointment.

#### 4) We asked: if working more closely with communities and community organisations would positively or negatively impact the individual or group responding?

**You said:** 66% of respondents said that this would have a positive impact for working more closely with communities and community organisations.

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#### **We did:**

- Links were made and established with community organisations we ran engagement and focus group sessions with brought to our attention some groups who did not know of the service at all or how to access it. As a result, these organisations have since been offered scheduled visits to look around the integrated sexual health service (ISHS) to help people feel more comfortable in accessing the service.
- Improved communication links between the service provider, community organisations and the PH community wellbeing champions team to address ongoing needs for those identified communities and assist the service in their ongoing diverse communities work.
- Ongoing dialogue and communication will be maintained with the focus groups and organisations to develop specific action plans for areas of the service. For example, identifying community link workers to bridge the gap between service provider and communities.

#### **For the new contract, we will:**

- Continue to work with our provider and with our Community Wellbeing Champions network to enable open and honest conversations around sexual health which are appropriate to and meet the needs of all our residents.
- Support the provider to engage and work with community link workers to help communities engage with the service
- Support people for whom language is a barrier to access the service more easily
- Work with our young people to co-design services that work for them
- Enable to provider to work with our Community Wellbeing Champions Network to deliver information and education sessions on sexual health and related topics in their communities in a way that feels accessible and understandable.



# You said, we did...

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- That is just a selection of the findings. There is a report available on the LCC website via:

<https://consultations.leicester.gov.uk/communications/sexual-health/>

# Where are we now?

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- New contract began on 1<sup>st</sup> April 2024
- Mobilisation is going well but some things are taking time to set up, such as a single point of access phone number for LARC
- Working on several bits of important cross system work including the Women's Health Strategy and the HIV action plan
- Consultation identified a gap in young person representation (16-24) to feed into ongoing service development so there are plans to establish a better way of doing this



# Thank you!

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- If you would like more information, please contact me ([laura.French@Leicester.gov.uk](mailto:laura.French@Leicester.gov.uk)) or my colleague Dan Hallam ([Daniel.Hallam@Leicester.gov.uk](mailto:Daniel.Hallam@Leicester.gov.uk)).