

## CABINET

6 June 2023

# RECOMMISSIONING OF PUBLIC HEALTH FUNDED SEXUAL HEALTH SERVICES

### Report of the Portfolio Holder for Adult Care and Health

Strategic Aim:	Healthy and Well	
Key Decision: Yes	Forward Plan Reference: FP/030223	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr Diane Ellison, Portfolio Holder for Adult Care and Health	
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Ward Councillors	All	

### DECISION RECOMMENDATIONS

That Cabinet:

1. Notes the outcomes of the public consultation on sexual health services for Rutland.
2. Approves the proposed model for sexual health services and the procurement route.
3. Authorise the Director of Public Health in consultation with the Portfolio Holder with responsibility for Public Health and the Strategic Director for Adults and Health to approve the final value of the contract within budget set.
4. Authorise the Director of Public Health in consultation with the Portfolio Holder with responsibility for Public Health and the Strategic Director for Adults and Health to approve the final award criteria.
5. Authorise the Director of Public Health in consultation with the Portfolio Holder with responsibility for Public Health and the Strategic Director of Adults and Health to approve the contract award, in line with the award criteria.

## **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to update Members on the current situation with sexual health services including the work to date, consultation results, and proposed model to be procured.
- 1.2 This report sets out the process and proposed award criteria for the procurement of integrated sexual health services for Rutland, along with recommendations for approval and delegation of final decisions on tender envelop, award criteria and contract award.
- 1.3 To seek the approval for the proposed model and subject to approval by the Cabinet, the process of procuring providers to deliver the new service model will begin as soon as practicable, with a view to the new contract being in place from 1 April 2024.

## **2. BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 The commissioning responsibilities of local government, Integrated Care Boards (ICBs) and NHS England (NHSE) are set out in the Health and Social Care Act 2012. Additionally, local government responsibilities for commissioning most sexual health services and interventions are mandated by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. This instructs local authorities to commission confidential, open access services for Sexually Transmitted Infections (STIs) and contraception as well as reasonable access to all methods of contraception and advice on preventing unintended pregnancy. The services are funded through the ringfenced Public Health Grant.
- 2.2 The Coronavirus pandemic had a significant effect on the delivery of sexual health services. Control measures such as lockdowns, social distancing and cleaning regimes decreased the activity within clinic settings in Rutland with a decrease from 710 interventions in 2019 to 223 in 2020, A 68% decrease. At the same time it accelerated the move to online provision with a 30% increase in online activity between 2019 and 2020. Clinic activity was slow to return to pre-pandemic levels however online continues to increase, data for the current 2022-23 year shows clinic activity as 671 interventions and 789 for online testing and contraception.
- 2.3 A review of provision and need was undertaken and details of this were included in the Cabinet Paper of 12<sup>th</sup> January 2023. Key findings as set out in that report are included in Appendix C.

## **3. CURRENT PROVISION AND PROPOSED MODEL FOR INTEGRATED SEXUAL HEALTH SERVICES.**

- 3.1 The current provision is a specialist integrated sexual health service (ISHS) providing services including contraception, STI testing and treatment, psycho-sexual counselling, and sexual health promotion. This service has been provided by Midland Partnership Trust (MPFT) since January 2019. Clinic provision in Rutland is delivered once a week at Rutland Memorial Hospital with dedicated clinic for service personnel and their families at Kendrew Barracks. Rutland residents can also access the hub locations in Leicester and Loughborough. The online offer is sub-contracted by MPFT to SH 24, this includes access to STI testing, contraception

and emergency hormone contraception. Additionally Public Health commission community based services (CBS) with General Practice and pharmacies in Rutland. All services are due to terminate on 31<sup>st</sup> March 2024. Condom distribution in a variety of settings is delivered as part of the C-Card scheme.

- 3.2 Sexual health services have been commissioned across Leicester, Leicestershire and Rutland since Public Health moved into the local authorities they have gone through transformations. Firstly the integration of contraception and sexually transmitted infection services in to one combined service and secondly, in the most recent procurement in 2018 to achieve a channel shift in workforce skill mix and movement to increased usage and broadened remit of online provision.
- 3.3 After the review of provision and need as well as the consultation exercises it was agreed that the new model would be Leicestershire and Rutland and no longer include Leicester City. The reasons were that this would be the best way of achieving the desired change in services and more localised provision.
- 3.4 The model will disaggregate provision from the current service configuration into 4 distinct service areas.

<b>Provision</b>	<b>Current provision</b>	<b>Proposed new model</b>
<b>Integrated Sexual Health Service (ISHS)</b>	This is the main service provision based on a hub and spoke model with two spokes in Rutland. The main clinic hub is located in Leicester City centre which results in a city centric provision with access and travel considerations for Rutland residents.	Having a Leicestershire and Rutland service would ensure a dedicated workforce for the proposed hub and spoke model, therefore minimising disruption to service provision. It is proposed to offer an open access sexual service offering a range of interventions including STI testing and treatment, HIV requirements, complex contraception, psycho-sexual counselling and sexual health advice and information, the dedicated provision at Kendrew Barracks and another spoke location within Rutland would be retained.
	Some activity undertaken through the ISHS is non-complex and could be delivered through more cost effective channels e.g. through a community based model and through self-managed care	Expand the community sexual health service and self-managed care offer to enable the ISHS to focus on more complex cases. Continuance of condom provision to the under 24s via the C-Card system.
<b>Online sexual health</b>	Online sexual health services are sub-contracted by the existing provider leaving little autonomy for the commissioner to influence the delivery model or performance manage the provision. The growth of online provision has seen a change in the offer to move from solely offering STI testing to including standard contraception.	Commission the online sexual health service as a separate service to the ISHS. This would facilitate access for those who don't need a face to face intervention. It would be linked into the main ISHS provider to ensure those who need to be seen are fast-tracked into clinic. It would not affect the offer to Rutland residents. It is proposed that online provision offers STI testing kits, standard contraception, and emergency hormone contraception.
<b>Long acting removable</b>	The current provision is delivered by Rutland GP surgeries who are	Commission a single provider to provide LARC services in accessible

<b>contraception (LARC)</b>	part of the ELR GP federation with some settings holding specific LARC clinics while others do not. Some settings only offer LARC to registered patients, while others offer LARC to any eligible resident. There have also been challenges in securing enough trained staff to provide LARC services across all GP practices resulting in: <ul style="list-style-type: none"> <li>- Differences in service availability.</li> <li>- reliance on the ISHS to provide LARC services (not cost-effective)</li> <li>- residents having to travel to access LARC services</li> </ul>	community settings across Leicestershire and Rutland. This will promote consistency of delivery, improve access, and also provide an opportunity to promote uptake of chlamydia screening.
<b>Emergency Hormone Contraception</b>	There has been a reduction in uptake of EHC within pharmacies, predominantly due to a channel shift to online provision	Expand current model of EHC available through pharmacies. Currently in Rutland there are two pharmacies signed up to the scheme

3.4.1 Good access to sexual health services can have a positive impact on local communities through:

- Reduced unplanned pregnancies.
- Reduction in STI's that are often asymptomatic and can therefore lead to further transmission. New STI diagnoses are higher in more deprived populations.
- Reduction in teenage pregnancies. Teenage pregnancies are significantly higher in more deprived areas and contribute to their own health inequalities such as continued risk of living in poverty and poor mental health.<sup>1</sup>

3.4.2 Based on the review of existing provision and a review of need, the principles of the future model are:

- Continued expansion of digital services
- Reduction in out-of-area activity in the long-term
- Increased access to commonly used services e.g., contraception
- Better value for money, addressing inefficiencies and duplication
- Improved coordination of sexual health services across the system
- Enhancing and joining up targeted sexual health services e.g., chlamydia screening, contraception services, C-card etc.

3.4.3 The rurality of Rutland, combined with the growth of online sexual health services, have changed the way residents' access sexual health services. The proposed approach will continue to provide the range of services currently offered to Rutland residents alongside increased local provision of LARC, continued provision of EHC services via pharmacies, as well as an opportunity to broaden the chlamydia

<sup>1</sup> Sexual and reproductive health and HIV: applying All Our Health

screening offer within local settings. This combined approach will allow the Council to strengthen pathways between primary care and the ISHS to ensure seamless transition for patients between services.

3.5 This approach will offer:

- Accessible clinic provision for residents.
- Local alternatives to clinic provision in instances where non-complex sexual health services are required. This will also support in destigmatising sexual health services.
- Dedicated staffing complement for the delivery of local sexual health services.
- Skilled LARC fitters meeting required competency levels allowing consistent clinic delivery.

#### 4. PROCUREMENT MODEL

4.1 It is proposed that the procurement is led by Leicestershire County Council and would be an open procurement with 4 separate lots as detailed in 4.2. Providers would be able to submit bids on more than one lot and to enter into consortium or sub-contracting arrangements.

4.1.1 The indicative procurement timetable is detailed in Appendix A

4.2 The table below indicates the proposed lots, and their contract term. There are variable durations and contract types due to the need for some services to be able to better manage their cost/demand pressures and to allow pharmacies delivering EHC to join the scheme during the overall contract period.

Service	Estimated Value	Contract Term Years		Contract Type
	NB The values below are indicative and subject to change.	Initial	Possible extension	Block or Activity
Integrated Sexual Health Service	£56,998	4	+1+1	Block
Online sexual health services	£53,525	4	+1+1	Activity
Community based long-acting reversible contraceptive services	£49,405	4	+1+1	Block
Community based emergency hormonal contraception services	£1,649	1	+1+1+1	Activity
Total indicative costs	£161,577			

4.2.1 The detailed award criteria are being developed. There will be a set of generic

method statement questions applicable to all lots, then lot specific method statement questions. Appendix B sets out the proposed award criteria categories. This paper requests approval for sign off of final criteria and weightings of each to be undertaken by the Director of Public Health in consultation with the Portfolio Holder with responsibility for Public Health and the Strategic Director of Adults and Health.

4.2.2 Quality will form 80% of the award criteria with price being the remaining 20%.

4.2.3 The evaluation process will also include a service user panel, this will include representation from Rutland.

### **4.3 Procurement Process**

4.3.1 The procurement process will follow an open procurement in line with the Council's Contract Procedure Rules and the Public Contract Regulations 2015 and will be led by Leicestershire County Council.

4.3.2 The value of the contract is above UK Find a Tender Thresholds.

4.3.3 The proposed award criteria are set out in Appendix B.

## **5. CONSULTATION**

5.1 Stakeholder engagement was conducted in August of 2022. Brief results are detailed below. Further details are in the Cabinet Paper of 12<sup>th</sup> January 2023. A summary of the key points is included in Appendix D.

5.2 Public consultation was undertaken with Rutland residents via a survey and also by verbal feedback. The consultation was open for 8 weeks from 16<sup>th</sup> January 2023.

5.2.1 A summary report of findings from the formal consultation questionnaire, engagement events, meetings and briefings undertaken during the consultation period can be found at Appendix E.

5.3 Soft-market testing took place during the consultation period to specifically gauge levels of interest and views from potential providers on matters such as viability of a Leicestershire and Rutland service within the proposed financial envelope, and appetite of providers in delivering the different elements of the proposed model.

5.3.1 There were 9 responses to the Soft Market Test exercise. 5 of these organisations are delivering services under current contracts in the sexual health system.

5.3.2 Themes arising from the feedback include:

- An appetite to work as part of a bigger system
- An appetite to fully integrate the service into local communities
- Providers would like the potential to bid for more than one area of the sexual health provision
- Recognition of the value of prevention and outreach services
- Providers were keen to understand KPI requirements
- Providers saw value in working with commissioners on ongoing service developments

- Preference towards a contract with an initial period of 5 years
- Preference towards a ring-fenced fund for prevention and outreach work for underserved communities
- Proposed model provides better opportunities to retain skilled staff and increase provision
- Preference towards the commissioner establishing the comms to support individuals to access services
- Opportunity to offer up sites for other providers
- Matters that would deter providers from bidding include not being able to bid for lots, insufficient budget, and mandated venues for service delivery especially ones with high costs
- Providers weren't deterred by an L&R offer but did flag concerns around potential confusion amongst residents re service offer, and concerns around potential cost pressures due to loss of economies of scale if City service is separate

## **5.4 Rutland Implications**

5.4.1 The formal consultation findings reflect responses from Rutland residents where the consultation was actively promoted, 20% of respondents were from Rutland. Key points raised by Rutland residents were:

- Locality/Accessibility of services
- Appointment availability
- Accessible services for young people

5.4.2 The planned shift to an L&R model will support accessibility for Rutland residents, reduce the need for travel to Leicester city. Dedicated L&R services will provide appointment availability for Leicestershire and Rutland residents, the cohesive sexual services offer will link with the Rutland Teen Health officers and local communities to ensure service are accessible for young people.

## **6. ALTERNATIVE OPTIONS**

6.1 The following options were considered by the Public Health DMT with option B agreed as the preferred option at the Cabinet meeting on 12<sup>th</sup> January 2023.

### Options

- A:** Separately commissioned services for each local authority area. This was not considered to be economically viable for Rutland.
- B:** Jointly commissioned Leicestershire and Rutland service. This was agreed as the preferred option.
- C:** Jointly commissioned Leicester, Leicestershire, and Rutland service. This option would not give the level of change or localised improvements that were needed in Rutland.
- D:** Jointly commissioning a service with other neighbouring local authorities. Existing contractual arrangements were not conducive to this option.

- E:** No directly commissioned service, only pay out of area charges. This was not considered a viable option and would not be in line with mandatory expectations.

6.2 The service configuration options were considered by the Public Health Directorate Management Team as to how the services components could be broken down for procurement and priced. These included the following considerations.

- Percentage of residents seen in area versus out of area and where the out of area cost responsibility would sit.
- Activity contract versus block contract for the different lots.
- The degree to which delivery remains the same versus the degree of shift into other areas e.g. emergency hormone contraception from online into pharmacy. It was felt that it would be detrimental to Rutland residents to remove contraception and EHC from the online offer.
- Impact of considerations on funding envelope.

6.3 Under the Public Contract Regulations 2015, Award Criteria must be set prior to procurement starting. The final Award Criteria, method statement questions with their word counts and weightings will be confirmed prior to the procurement opening.

## **7. FINANCIAL IMPLICATIONS**

7.1 The current financial envelope for service provision is £120,000, which was set in 2018. The proposed envelope for the new contract is up to £165,000 which would be funded by the Public Health Grant. Final values for each of the different services are still to be calculated and agreed. This paper requests that the final breakdown of values by lot is agreed by the Portfolio Holder with responsibility for Public Health, Director of Public Health and the Strategic Director for Adults and Health.

7.2 Consideration was given to an approach as to what level of clinic activity could realistically be moved out of Leicester City. Moving 100% was not deemed viable as there needed to be recognition that for some individuals this may be the better choice for them. In calculations the percentage of clinic activity in Rutland versus percentage in City a 75%:25% was considered realistic. Under the new model Leicester would now be part of out of area. However the proposal is that the new provider would have responsibility for managing Leicester City out of area costs in order to incentivise in-area usage. Other out of area beyond Leicester City would remain as is with the budget for this not part of the procurement.

7.3 Assumptions were based on activity levels for 2022-23 up to end of quarter 3 (based on raw data supplied by the current service provider), estimating annual activity levels, factoring in a level of growth, applying a 5% uplift to the older tariffs that have not been increased for over 5 years, and therefore the budget required to commission the services needed by Rutland.

7.4 Another assumption was the level of LARC provision that could be moved out of the ISHS into the dedicated LARC service whilst retaining the ability of the ISHS to undertake the complex LARC provision. This was set at 75% of current activity



and its budget would be able to be moved.

7.5 The inclusion of the device costs into the LARC contract will give the provider greater autonomy and buying power.

7.6 The agreed pricing/quality split is 20% price and 80% quality. This recognises the complex nature of the financial arrangements and combination of block and activity based contracting.

7.7 Health promotion as it relates to sexual health will be included in all the service specifications. However how this work can be incorporated into other offers such as the Rutland Teen Health Service and the Health Improvement Team offer is still being explored.

## **8. LEGAL AND GOVERNANCE CONSIDERATIONS**

8.1 The Standard Public health contract has been updated in line with legislative requirements and guidance.

8.2 Leicestershire and Rutland will each hold their own contract and collaborate on contract management to mitigate burden on the provider, benefit from economies of scale and ensure cross authority collaboration. Leicestershire Public Health Contract team will lead on the contract management administration as part of their existing Service Level Agreement with the Council and reporting back through the council's Public Health Governance Group.

8.3 Although this service has now been disaggregated from Leicester City due to cross border issues there has been close collaboration with colleagues in the city who opened their procurement on 25<sup>th</sup> April 2023.

8.4 The full ITT documentation is under development and there will be legal input from Rutland prior to the tender going live.

8.5 Legal advice on the process has been sought at every stage of the process.

## **9. EQUALITY IMPACT ASSESSMENT**

9.1 The Public Health Team has completed an Equality and Human Rights Impact Assessment.

9.2 The screening assessment indicated that adverse impacts are highly unlikely and therefore a full screen probably will not be required.

## **10. COMMUNITY SAFETY IMPLICATIONS**

10.1 The council is required by Section 17 of the Crime & Disorder Act 1998 to take into account community safety implications. No Implications have been identified.

## **11. HEALTH AND WELLBEING IMPLICATIONS**

11.1 Sexual health services promote safe sexual practices, flag up unhealthy sexual practices, prevent onward transmission and reduce unwanted pregnancies with effective contraception.

11.2 Sexual health services are linked to the Rutland Joint Health and Wellbeing Strategy

and Delivery Plan in particular Priority 2 Prevention and Early Intervention.

## **12. ORGANISATIONAL IMPLICATIONS**

- 12.1 Human Resource implications - Activities would be conducted within the existing resources of Leicestershire and Rutland councils with expert support from legal and finance.
- 12.2 TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) and subsequent amendments may apply to the procurement. Management of TUPE will be assessed as part of the method statement questions and form a key work area for the service mobilisation and implementation phase. TUPE information has already been sought from the current provider and will form part of the ITT documentation.

## **13. SOCIAL VALUE IMPLICATIONS**

- 13.1 Under the provisions of the Public Services (Social Value) Act 2012 local authorities are required to consider how economic, social, and environmental well-being may be improved by services that are to be procured, and how procurement may secure those improvements.
- 13.2 The award criteria will include specific method statement question related to Social Value and require bidders to ensure that their offer is clear and measurable.

## **14. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 14.1 Open access sexual health services are a mandated requirement on upper tier local authorities and are funded via the ring-fenced Public Health Grant.
- 14.2 The current sexual health contracts are due to end on 31st March 2024 and therefore new provision needs to be commissioned for commencement on 1st April 2024.
- 14.3 Review of current provision, review of need, changes in expectations resultant from Covid and more choice are indications that a revised approach to procurement and delivery is required and this has been supported by the consultation.
- 14.4 The revised delivery model offers a more consistent and localised approach to meet the needs of Rutland's population.
- 14.5 The consultation exercise showed good support for the proposed new model and enabled concerns to be addressed.
- 14.6 The proposed Award Criteria detailed in Appendix B have been carefully considered to ensure that providers successful in the process are capable of meeting the requirements and can deliver appropriate quality services in Rutland. It is recommended that final decision on the categories and their weights is delegated to the Portfolio Holder with responsibility for Public Health, the Director of Public Health and the Strategic Director for Adults and Health.
- 14.7 It is recommended that approval of the award of contracts is delegated to the Portfolio Holder with responsibility for Public Health, the Director of Public Health and the

Strategic Director for Adults and Health.

14.8 Decisions will only be taken in line with the published criteria.

**15. BACKGROUND PAPERS**

15.1 Cabinet Briefing paper for meeting on 20th December 2022

15.2 Cabinet paper for meeting on 12<sup>th</sup> January 2023

**16. APPENDICES**

16.1 Appendix A – Procurement Timetable

16.2 Appendix B – Award Criteria

16.3 Appendix C – Review of Provision and Need

16.4 Appendix D - Stakeholder Engagement Summary.

16.5 Appendix E - Public Consultation Summary Report.

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**

## Appendix A. Indicative Procurement Timetable

Action	By When
Cabinet Approval for Delegation of Authority	6 <sup>th</sup> June 2023
Invitation to Tender published	3 <sup>rd</sup> July 2023
Deadline for questions from bidders	2 <sup>nd</sup> August 2023
Tender submissions deadline	9 <sup>th</sup> August 2023
Evaluation of Tenders,	21 <sup>st</sup> August 2023 to 11 <sup>th</sup> September 2023
Moderation sessions	19 <sup>th</sup> September 2023 to 3 <sup>rd</sup> October 2023
Award recommendation and signoff	12 <sup>th</sup> October 2023 to 18 <sup>th</sup> October 2023
Notification to successful and unsuccessful bidders	19 <sup>th</sup> October to 23 <sup>rd</sup> October 2023
Standstill	23 <sup>rd</sup> October to 31 <sup>st</sup> October 2023
Contract award (if no challenges) and commencement of mobilisation.	1 <sup>st</sup> November 2023
Contract start date (absolute date)	1 <sup>st</sup> April 2024

Please note that the above dates are interdependent and may be subject to change.

## Appendix B. Award Criteria

*Price: quality ratio is 20:80 – criteria questions are to be agreed.*

The detailed award criteria are being developed. There will be a set of generic method statement questions applicable to all lots, then lot specific method statement questions. Appendix B sets out the proposed award criteria categories. This paper requests approval for sign off of final criteria and weightings of each to be undertaken by the Director of Public Health in consultation with the Portfolio Holder with responsibility for Public Health and the Strategic Director of Adults and Health.

<b>Quality Criteria</b>
Vision and Overview
Service Description
Service Delivery
Staffing model and qualifications
Quality and Clinical Governance
Access
Monitoring and Evaluation
Continuous Improvement
Information Systems and Confidentiality
Mobilisation and implantation (including TUPE)
Social Value criteria

## Appendix C Review of Provision and Need

### PROVISION- ISHS

a) Rutland residents utilise the ISHS predominantly for STI related services.

% Rutland Residents activity				
	STI	Contraception	Sexual Health	HIV
18/19	50%	46%	2%	1%
19/20	50%	47%	2%	1%
20/21	71%	24%	3%	2%
21/22	58%	38%	3%	1%

b) Usage data for the current service shows that the levels of county residents accessing clinic services has reduced dramatically, alongside a marked increase in the use of online sexual health services.

% Rutland Residents access point					
	County Clinic	City Clinic	Rutland Clinic	Online Provision	C Card
18/19	3%	34%	17%	13%	32%
19/20	3%	24%	17%	19%	34%
20/21	1%	32%	4%	53%	8%
21/22	1%	31%	5%	39%	21%

c) Provision - CBS

	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Year 2021-22	Q1 2022-23	Q2 2022-23	YTD 2022-23
IUD/S Fittings	24	21	28	25	98	36	45	170
Implant Insertions	36	24	26	35	121	31	20	97
Implant Removals	37	22	20	33	112	30	21	137
EHC Consultations	13	22	13	13	61	23	14	61
<b>Total</b>	<b>110</b>	<b>89</b>	<b>87</b>	<b>106</b>	<b>392</b>	<b>120</b>	<b>100</b>	<b>465</b>

d) Long Acting Reproductive Contraception (LARC) (excluding injections) in the GP

setting in Rutland experienced a decline during the pandemic which can be put down to access to GPs during that period. Numbers are beginning to rise again especially for IUD/S but also for implant removals.

- e) For access to EHC via pharmacies women now have the choice between accessing pharmacies or online options, so you would not expect to see a return to pre-pandemic levels of pharmacy provision.
- f) Data for the pandemic period is an anomaly which has posed challenges in identification of trends in usage of the service. The pandemic has also changed the way people live their lives, which means pre-pandemic data may not be as useful in predicting future activity levels. Examples of changes include:
  - More people now working from home,
  - Less footfall in town centres.
  - An increase in the use of online services
  - Current cost of living crisis - reduction in unnecessary travel

## **NEED**

- g) Rutland perform well for many public health indicators relating to sexual health. This is evidenced by continuing lower rates of new sexually transmitted infections (STIs), under 18 conceptions and newly diagnosed Human Immunodeficiency Virus (HIV).
- h) Chlamydia detection rates in 15–24-year-olds in Rutland are below the national benchmarking goal and the trend shows that the detection rate is decreasing significantly. The proportion of the 15-24 population screened is also significantly below the national average and the screening percentages have been significantly decreasing in Rutland over the last five years.
- i) At a national and regional level, new HIV diagnosis from persons diagnosed in the UK have seen a significantly declining trend. Rutland remains a low HIV prevalent area, so numbers of diagnosis are small, however, the local trend has shown no significant change.
- j) The learnings from the COVID-19 pandemic showed online services being favoured for STI screening and contraception, however access has reduced for some sub-populations (e.g., 15-24 year old's).
- k) The GP prescribed LARC excluding injections rate has remained significantly higher than the national rate in Rutland since 2011. The impact of the COVID-19 pandemic has seen a decline in LARC provision between 2019 and 2020 in GPs and Sexual Health Services to be on par with the national rate. Preliminary analysis reveals demand for LARCs have not reached pre-COVID levels in GP settings and the predicted activity has not fully shifted to the Sexual Health service.

## **Appendix D - Stakeholder Engagement Summary.**

Key strengths of the existing offer were reported as follows:

- Availability of a sexual health online service
- Access to expert practitioners within the service
- Having a variety of locations for face-to-face clinics

Key areas for development were reported as follows:

- Accessibility of provision locally
- Accessibility of services in rural areas
- Service communication and engagement
- Widening the digital offer

Key gaps were reported as follows:

- Marketing and promotion of sexual health services
- Increasing outreach support
- Provision of targeted support
- Mechanism for pharmacies to provide oral contraception

Overall, the feedback highlighted the following:

- Good access is a priority for both face to face and digital service provision
- Importance of community access points
- The need to improve awareness of the service offer
- The need for education and awareness through targeted outreach to reduce stigma and/or discrimination.





**Summary Report of  
Public Consultation and Engagement:  
Have your say on Sexual health services in  
Leicestershire and Rutland**

## **1. Acknowledgements**

We would like to take this opportunity to express our gratitude and sincere thanks to everyone who has taken the time to speak to us and provide their views and feedback as part of the consultation process.

## **2. Purpose of the report**

This document provides a summary of the findings of a public consultation undertaken between 16 January 2023 and 12 March 2023, on the recommissioning of sexual health services in Leicestershire and Rutland.

This report reflects the findings of informal early engagement, the formal consultation questionnaire, and engagement events, meetings and briefings undertaken during the consultation period.

## **3. Background**

Sexual health services for Leicestershire and Rutland comprise of the Integrated Sexual Health Service (ISHS) and Community Based Services (CBS).

The Integrated Sexual Health Service (ISHS) is currently jointly commissioned by Leicester City, Leicestershire County and Rutland County Councils.

This service has main clinics (hub clinics) alongside several smaller (spoke) clinics.

Hub clinics are:

- Haymarket Centre (Leicester)
- Loughborough Health Centre

Spoke clinics are:

- Rutland Memorial Hospital
- Hinckley Health Centre
- St. Luke's Hospital (Market Harborough)
- Coalville Community Hospital

The service provides:

- sexually transmitted infection testing and treatment
- a specific young people's service
- psychosexual counselling
- contraceptive services
- outreach and health promotion
- professional training
- network management
- sexual health leadership role across LLR

The service also provides new technologies making it easier for individuals to take their own tests for sexually transmitted infections. These tests can be ordered online or collected from a vending machine. Tests are then posted to a laboratory for analysis and the results are given to the individual via a text message or a phone call.

Vending machines allow access to free self-testing kits for sexually transmitted infections, condoms, and pregnancy tests, where people are not required to see a doctor or nurse.

Community Based Services are commissioned individually by each authority and provide contraceptive services in communities. This may be delivered by either your GP or a local pharmacy.

Both the Integrated Sexual Health Service (ISHS) and Community Based Services (CBS) contracts end on 31 March 2024. As a result, Leicestershire and Rutland need to set up new contracts for these services.

#### **4. Approach**

New contracts provide an opportunity for us to review whether our services are meeting the needs of the people who use them.

We held a period of engagement on current sexual health service provision in August 2022 with a range of stakeholders including, commissioners of sexual health services, providers of sexual health services, OPCC, district councils and GPs. A specific workshop was also held with young people to seek their views.

This early engagement combined with demographic and performance data was used to develop proposed changes to the model for sexual health services.

Formal consultation was undertaken between 16 January 2023 and 12 March 2023. This consultation period was used to provide information on any planned changes we had for recommissioning of the sexual health services and sought the views of Leicestershire and Rutland residents on what the sexual health services should offer, how they work and how these changes may affect them.

#### **5. Consultation and Engagement Methods**

The consultation was promoted via known stakeholders, it was also shared with district councils for promotion locally. A consultation questionnaire was distributed across Leicestershire and Rutland via Leicestershire County Council's website or as a paper copy upon request. The website also held a copy of the easy-read documents for download.

A press release was sent to the local media mid-way through the consultation period to publicise the consultation.

A number of partnership meetings were attended during the consultation period to promote and discuss the proposals with stakeholders.

A full list of engagement activity can be found at Appendix A

#### **6. Overview of responses and themes from consultation**

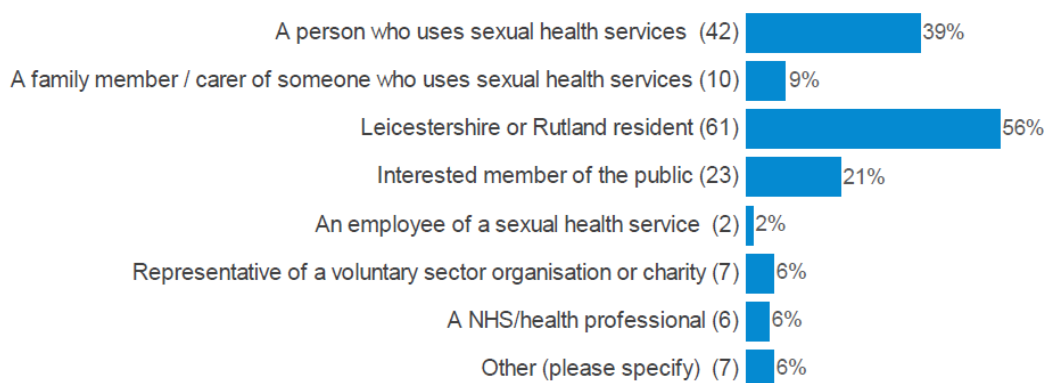
There was a total of 119 individual consultation responses and 8 partnership meetings were attended to seek feedback on the proposals.

10 responses were from residents of Leicester city, these responses have not been included in the overall findings and have been provided to Leicester City Council for inclusion in their own consultation summary. Likewise, there were 20 responses to the city consultation which were from Leicestershire and Rutland residents which were made available for analysis.

The key themes that emerged in relation to each question within the questionnaire are detailed below. This is followed by a section reflecting additional feedback provided through attendance at partnership meetings and events.

39% of responses were from people who currently use sexual health services.

*Q. In what role are you responding to this consultation? Please tick all that apply.*



Where respondents chose 'other' the following detail was provided

- Early Help Worker supporting young people
- Employee of Public Health Leicestershire
- Manager at a college working with learners 16+ with severe learning difficulties
- Member of partner organisation
- Northwest Leicestershire District Council
- Support workers for adults with Learning Difficulties
- Teacher with responsibility for pastoral care

The majority of respondents were from Hinckley and Bosworth. The response rate was low from Melton and Oadby and Wigston residents despite additional attempts from the communications team to promote specifically in these areas via the neighbourhood app.

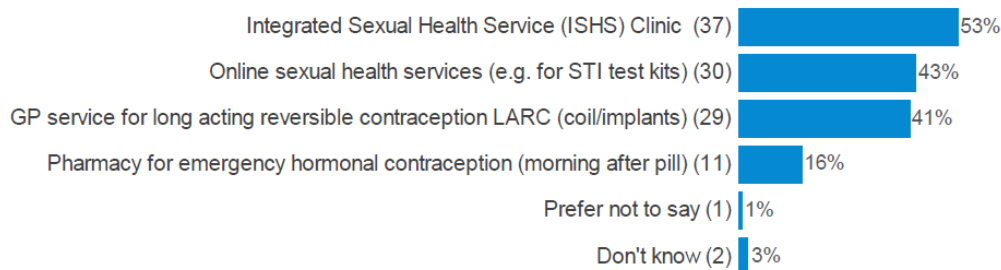
### Section 1 Current Service

Section 1 of the survey focused on the current service. We sought feedback on each of the services people had tried to access, asking about ease of contact and ease of use. Responses are summarised below. <sup>2</sup>

Over 60% of Leicestershire and Rutland respondents have either used or tried to access services at some point. Details of the services accessed are displayed in the graph below.

<sup>2</sup> N.B - Where tables and percentage rates are provided below these have been calculated using response rates to each specific question.

Q. Which, if any, of the following sexual health services have you used or tried to access? Please tick all that apply.



### Integrated Sexual Health Service (ISHS) Clinic

37 respondents (53%) had used or tried to access the Integrated Sexual Health Service (ISHS) Clinic.

When asked about ease of contact, 57% of respondents that had used this service did not find it easy to contact the service with 35% stating it was “not at all easy”. Only 14% had found the service “very easy” to contact.

Likewise getting an appointment at a venue that suited appeared to prove difficult, with over 60% answering that it was not easy. Getting a time that suited also appears difficult with 60% not finding it easy of which 41% of these respondents felt it had not been easy at all. Other challenges reported include:

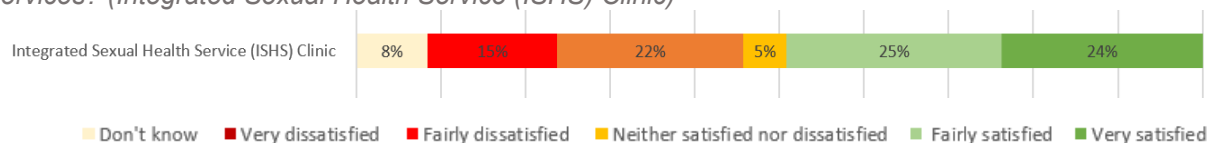
- Issue with locality
- Age limitations on certain services
- Waiting times
- Poor access to PrEP
- Lack of privacy

Additional comments received regarding experience of the ISHS were regarding difficulties getting appointments and needing to travel across the county for appointments. The website was a repetitive theme with remarks that it is difficult to use, required information is difficult to find and on occasion not up to date, and people were unclear how to book appointments online. These website difficulties combined with lack of access to services in more rural areas were perceived as significant barriers for young people who may give up when finding access via the website difficult or be unable to travel to services privately/alone.

Although people reported having difficulties in accessing the ISHS, 49% of respondents were satisfied with the service received once they accessed it.

### Satisfaction with Integrated Sexual Health Service (ISHS) Clinic

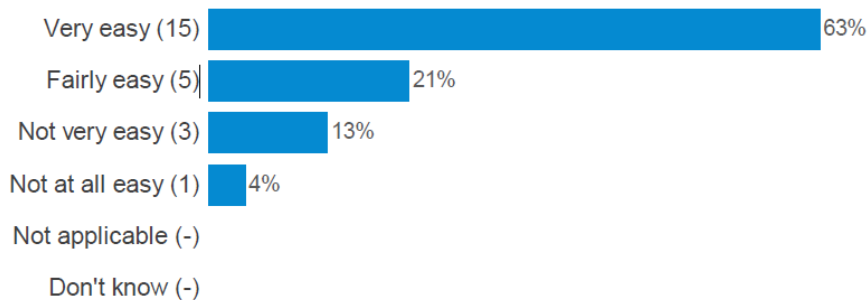
Q. To what extent were you satisfied or dissatisfied with the service provided by the following sexual health services? (Integrated Sexual Health Service (ISHS) Clinic)



### Online Sexual Health Services

25 respondents commented on the online service. 84% reported that this service was easy to use.

Q. How easy, if at all, was it to..? (Use the online sexual health service (e.g., for STI test kits)



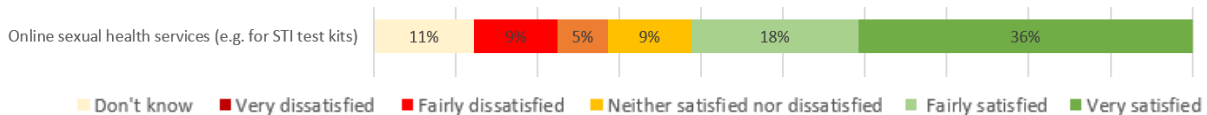
Key themes of additional comments include:

- Ease of ordering
- Ease of access - not having to make an appointment; service is quick and efficient
- Age limitations mean there is a barrier to accessing the service
- Online sexual health services are the only option available locally
- Preference towards having an array of options to meet differing needs

54% of respondents were satisfied with the online sexual health service.

Satisfaction with Online sexual health services (e.g., for STI test kits)

Q. To what extent were you satisfied or dissatisfied with the service provided by the following sexual health services? (Online sexual health services (e.g., for STI test kits)



GP services for long-acting reversible contraception LARC (coil/implants)

29 respondents commented on the GP services for long-acting reversible contraception LARC.

59% of those felt it hadn't been easy to contact their GP service. 68% of respondents felt it had not been easy to get an appointment for long-acting reversible contraception at a venue that suited them and 72% hadn't found it easy to make an appointment with their GP at a time that suited them.

It is worth noting these issues are not only related to the provision of long-acting reversible contraception LARC and appears to be in line with the difficulties people face in contacting and making appointments at GPs generally.<sup>3</sup>

Key themes of additional comments include:

- Lack of availability of clinics
- Appointments not available outside working hours.

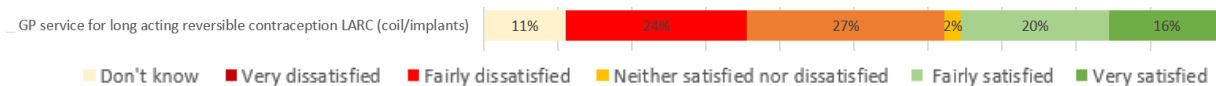
<sup>3</sup> <https://www.kingsfund.org.uk/press/press-releases/2022-gp-patient-survey-results#:~:text='Many%20of%20the%20challenges%20patients,staff%20simply%20don't%20exist>.

- Long telephone queues
- Not being able to access the service locally
- Local GP service provides a reminder to individuals of the expiry of their implant
- Good GP service within their own village.

Dissatisfaction was higher for this service. 51% of respondents were dissatisfied with only 36% reporting satisfaction with access being the key issue.

### Satisfaction with GP service for long-acting reversible contraception LARC (coil/implants)

Q. To what extent were you satisfied or dissatisfied with the service provided by the following sexual health services? (GP service for long-acting reversible contraception LARC (coil/implants))



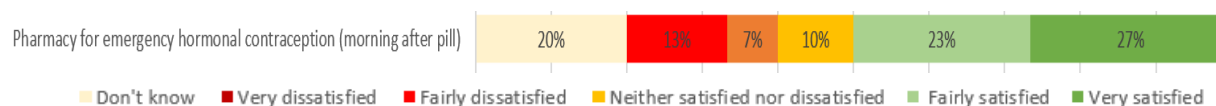
### Pharmacy services for emergency hormonal contraception (morning after pill)

Eleven individuals responded with the majority stating it had been easy to contact and access the pharmacy services for emergency hormonal contraception (morning after pill). There were two further comments, one regarding the age limitations on accessing free EHC and the other about having the confidence to approach the pharmacist and ask for a private consultation room.

Generally, respondents were satisfied with this service with 50% reporting satisfaction. However, the number of “don't know” responses could indicate people are unsure of the offer.

### Satisfaction with Pharmacy for emergency hormonal contraception

Q. To what extent were you satisfied or dissatisfied with the service provided by the following sexual health services? (Pharmacy for emergency hormonal contraception (morning after pill))

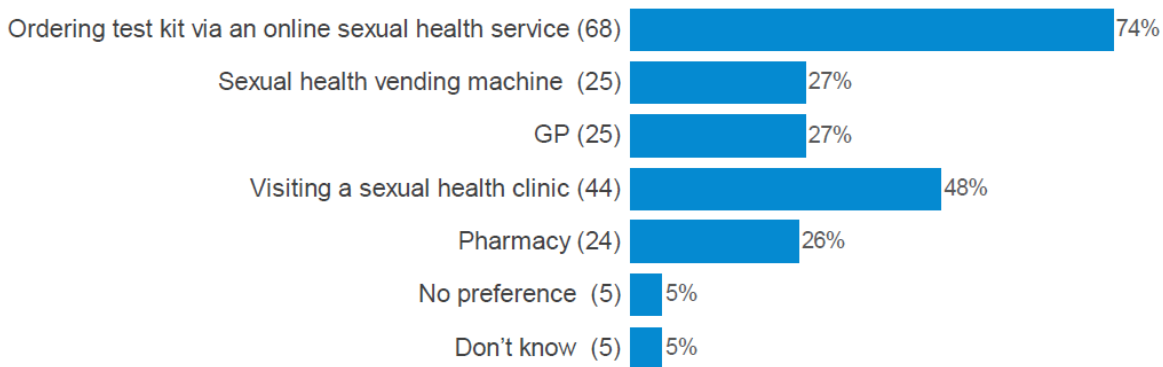


## Section 2 Accessing different types of sexual health services

Section 2 asked about preference on accessing services for sexually transmitted infections (STIs) and contraception.

The preferred method for accessing testing for sexually transmitted infections (STIs) was via the online sexual health service. The next preferred option was via the sexual health clinic.

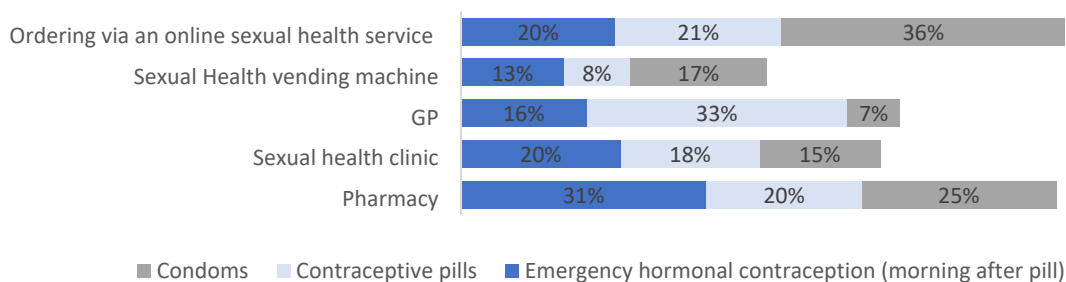
Q. What would be your preferred method/s to access testing for suspected sexually transmitted infections? Please tick all that apply.



When asked why they made those choices privacy was the main reason for choosing online as the preferred method. Accessing professional support was also a popular response. This recognises the importance that clinic based professional support can provide.

The preferred methods for accessing contraception services were via the online sexual health service and via the pharmacy.

Q. What would be your preferred method/s to access the following contraceptive services Condoms, Contraceptive pills, and Emergency hormonal contraception (morning after pill)?



When reviewing preference by age, the under 25's preference was the ISHS clinic and vending machines, those 25-44 would prefer to order online or use their GP and respondents over 44 would prefer to use the ISHS clinic or their GP.

The preferred method for accessing long-acting reversible contraception LARC (coil/implants) services is via GPs (61%).

General comments made by respondents in relation to accessing different types of sexual health services include:

- Lack of local services in Rutland
- Difficulty getting GP appointments
- Lack of availability and suitability of clinic appointments. There were also a number of comments regarding locality of services again Rutland services were cited.
- Equity of offer - need to improve access for people with learning difficulties, provision of information in multiple languages
- Need to recognise the expertise provided within the ISHS clinic services.

### Section 3 Your preferences for accessing sexual health services

Section 3 explored preferences for the way sexual health services are accessed. The Covid-19 pandemic and the availability of new technologies have changed the way people access



services. For example, some people prefer to access services without having to leave their home, while others prefer to use face to face services. Some people also have preferences on the time of day that they would like to access services, while others have preferences on whether they want to speak to a health professional or not.

We asked how important locality of services was to people. Over 75% of respondents felt it was important for them to have a service they could access from their own home. Over 90% of respondents felt it was important for them to have a service they could access **near** to their home and 65% of respondents felt it was important for them to have a service they could access close to their place of work college or school.

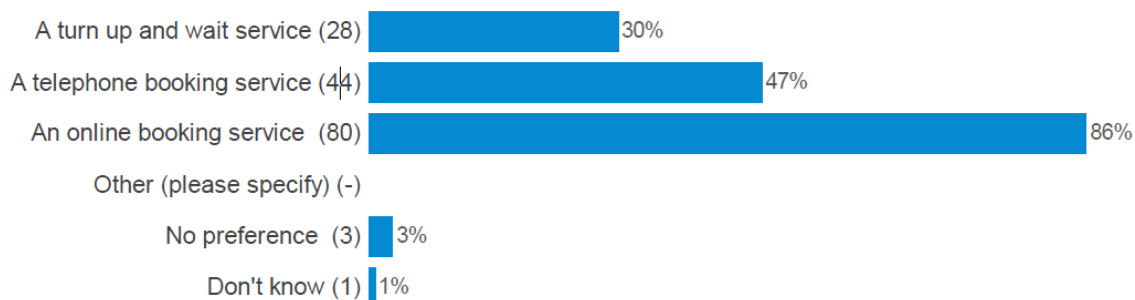
We know anonymity is valuable to some who use services and wanted to ask if accessing services outside of their local area was important. Only 12% stated it was important to have services they could access outside of their local area.

Having a variety of accessible hours is important to respondents with over 90% stating that daytime, evening, and weekend appointments are important.

We wanted to understand people's preferences on the form of contact they would like to receive when accessing sexual health services. While 69% of respondents felt that the ability to access self-care options is important, over 90% of respondents felt it was important to have the opportunity to speak to a health care professional when needed.

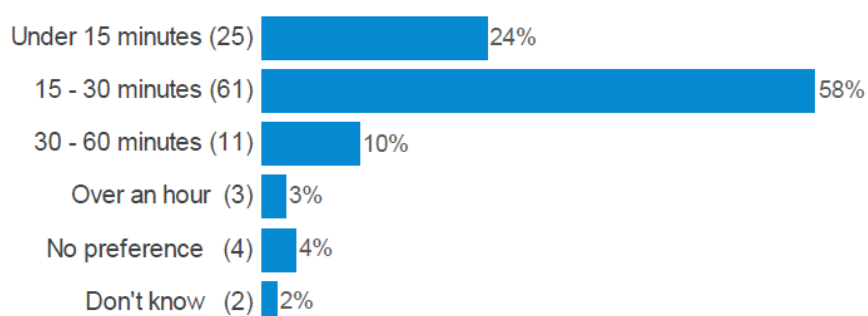
When asked how people prefer to access face to face services, the preferred method was via a booking service. The main reason given for preferring this option is the convenience of having an allocated time slot. A number of respondents chose multiple options which reinforces the need to have a variety of access options.

Q. How would you prefer to access face to face sexual health services? Please tick all that apply.



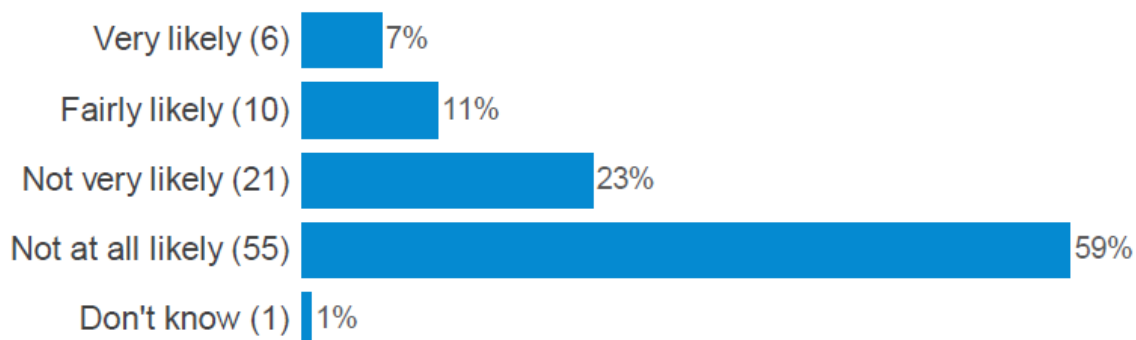
In terms of travel, most respondents reported that they would be willing to travel 15-30 minutes to access a face-to-face service.

Q. How far would you be willing to travel to access face to face sexual health services?



There are a number of county residents who currently use the city based Integrated Sexual Health Service (ISHS) Clinic. 82% of respondents reported that they would be unlikely to use the city clinic if there were local options available to them. The main reasons given for this preference was travel time and distance.

Q. How likely, if at all, is it that you will use the face-to-face clinic based in Leicester City if you have local options available to you?



Self-service options have increased, and so we wanted to understand residents' preferences around utilising self-serve options. We asked where preferred locations were for accessing vending machines that provide STI test kits. The preferred option was pharmacies (29%) followed by sexual health clinic sites (19%). Other options put forward included large shopping centres, GP practices and specialist services.

Some respondents felt that it would be helpful to make vending machines as accessible as possible in numerous everyday settings, while others were concerned about privacy, data security and lack of input from a health care professional.

General comments made by respondents in relation to preferences for accessing sexual health services include:

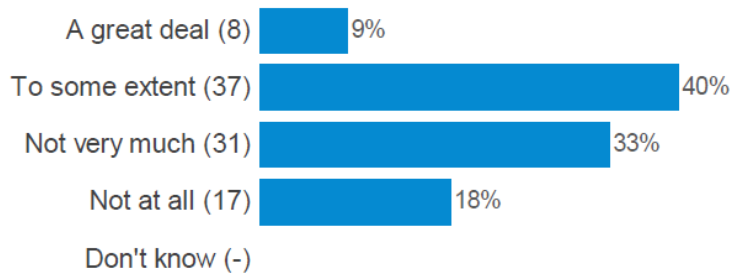
- Importance of locality of service
- Importance of accessibility of services
- Need for support for specific groups such as young people, people with learning disabilities, LGBT, people living with HIV and identifying modern slavery and human trafficking.

#### Section 4 Sexual health awareness, advice and health promotion

Section 4 looked at the provision of information on sexual health services, seeking an understanding of how aware people currently are of the services available and their preferred options for obtaining information.

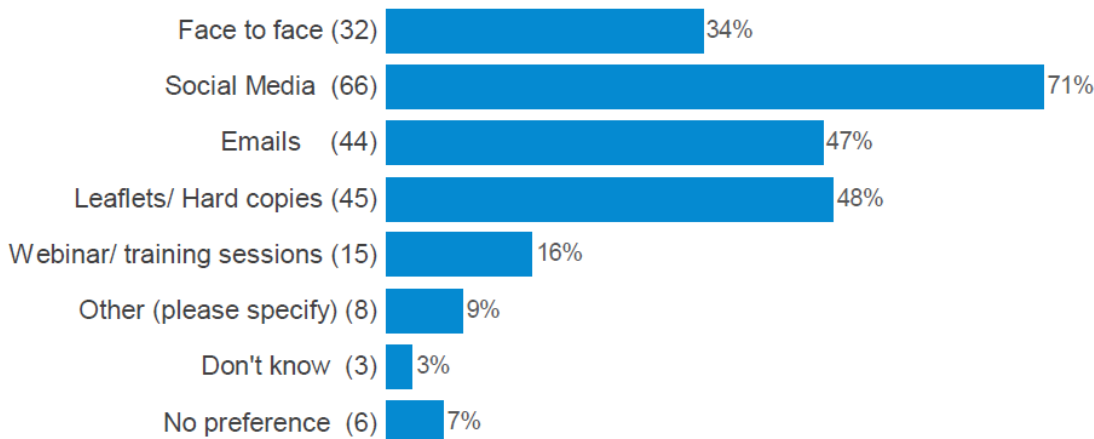
When asked to what extent people are aware of the services in Leicestershire and Rutland, the majority of responses showed people knew some or little information about the service.

Q. To what extent, if at all, are you aware of sexual health services in Leicestershire and/or Rutland?



To inform the way we provide information in future we asked how people would like to be made aware of sexual health services. Social media, leaflets and emails were the most popular options. Another preferred option was through key websites such as NHS provider websites and websites belonging to educational establishments. The preferred locations for this information to be provided included existing health & wellbeing services, community venues and educational establishments. Other suggestions also provided were public places such as pubs, nightclubs, supermarkets, and cafes.

Q. How would you like to be made aware of sexual health services (such as STI testing, STI treatment and contraception)? Please tick all that apply.



Those that had indicated social media as a preferred awareness route preferred to see the information on Facebook, Instagram and TikTok.

62% of respondents reported that they would use a telephone service to access support and/or advice to manage their sexual health.

General comments made by respondents in relation to sexual health awareness, advice and health promotion include:

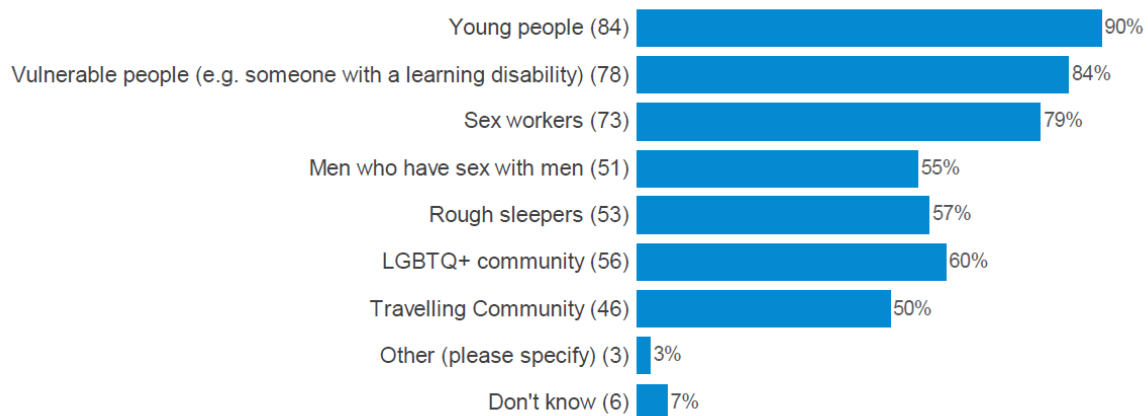
- Current lack of service information
- Increased venues where face to face services are provided
- Increasing awareness of PrEP
- Need to focus on reducing stigma associated with accessing sexual health services

#### Section 5 Outreach service provision

Section 5 explored thoughts around outreach services designed to break down barriers and deliver sexual health services closer to the communities at risk.

There wasn't a clear preference towards a particular vulnerable group.

Q. Which groups do you feel should be provided with outreach services? Please tick all that apply.



Other groups identified by respondents included:

- Ethnic minority groups
- Older people
- International students
- People with disabilities

The majority of respondents were unsure which geographical areas had a greater outreach need. Responses appear to be in line with respondents' own place of residence therefore it is difficult to draw a conclusion from this. Rationale for choosing specific geographical areas include:

- Lack of existing local provision
- Rurality
- Wide reach for groups such as young people, LGBT and MSM
- Desire to base provision on level of need identified through data

General comments made by respondents in addition to the ones mentioned already include:

- Importance of linking in with Relationships & Sexual Health Education
- Importance of services linking up with each other
- Provision of information for groups where English is not the first language
- Provision of easy read information
- Willingness of individuals to travel to access specialised services.

#### Demographic information of respondents

73% of respondents were female, 53% were aged between 25 and 44 years, 97% of respondents were from a white ethnic group, 26% of responses came from respondents who do not identify as straight or heterosexual and 19% of respondents indicated they had a long-standing illness, disability, or health condition.

## **7. Feedback from face-to-face engagement with partners**

The following meetings were attended to inform stakeholder groups about the consultation, promote dissemination of the consultation and for feedback.

- Health Overview and Scrutiny Committee
- MPFT staff meeting

- Staying Health Partnership Board (sub-group of the Leicestershire Health and Wellbeing Board)
- NWL GP federation meeting
- Trade staff meeting
- East and West GP federation meeting
- BAME workers group
- Hinckley and Bosworth GP locality meeting
- Autism Partnership Board

Generally, there was good interest in the consultation, groups were interested in the wider work around sexual health and how it links to other areas of work. All agreed to share and promote.

Feedback raised in groups was in line with the consultation findings. There were additional comments raised as follows:

- Ensuring availability of appointment where face to face services are required
- Concerns that current Leicestershire Hub is Loughborough and may not be accessible for all Leicestershire residents
- Ensuring joint working relationships continue with city colleagues
- Greater links with schools

## **8. Feedback from consultation conducted by Leicester City Council**

There were 20 responses from Leicestershire and Rutland residents received to the Leicester City consultation which ran at the same time as the Leicestershire and Rutland consultation. The responses mirrored our findings. Additional information captured included:

- Concern that increases in vending machines would mean reduction in face-to-face services
- Support for gay women consider name used for service to help destigmatise,

Respondents were predominantly white British slightly older age group of 36-55 were main respondents followed by 18-25's there was a good mix of sexual orientation among respondents

## **9. Thematic summary of the consultation**

The information gathered from this consultation will be used to shape future service delivery.

Key themes include:

- Difficulty accessing ISHS and GPs for sexual health services currently
- Preference for local services with availability of appointments outside of working hours
- Ease of navigation of services is currently poor due to lack of information available and ISHS website being difficult to use
- There is a willingness to travel for specialist support
- Preference for different options to access services to account for differing needs
- Preference for greater promotion of sexual health services within local settings/services
- Concerns over age limitations for certain sexual health services
- Greater focus needed on underserved cohorts

- Greater focus needed on reducing stigma associated with sexual health services

## **Appendix A: Engagement activity**

<b>Contributor</b>	<b>Recipient Name</b>	<b>Summary of communication</b>
Gemma Andrews	Key Stakeholders	7/12/22 - Emailed Dec to make aware consultation due in new year, offered NJ to attend meetings as and where required.
	MNIB	
Gemma Andrews	All Stakeholders on distribution list	16/1/23 Emailed on launch of consultation
Nicki Jarvis	MPFT Staff	02/02/2023 Meeting Attendance
Nicki Jarvis	Staying Health Partnership	02/02/2023 Meeting Attendance
Nicki Jarvis	GP Federation NWL	15/02/2023 Meeting Attendance
Nicki Jarvis	TRADE	17/02/2023 Meeting Attendance
Nicki Jarvis	GP East and West Federations	21/02/2023 Meeting Attendance
Nicki Jarvis	BAME Workers Group	21/02/2023 Meeting Attendance
Nicki Jarvis	Locality Meeting	23/02/2023 Meeting Attendance
Nicki Jarvis	Autism Partnership Board	28/02/2023 Meeting Attendance
Gemma Andrews	All stakeholders on distribution list	8/3/23 - Not long to have your say email sent
Nicki Jarvis	SLT members	09/03/23 emailed and request share and promote
Nicki Jarvis	LRALC's Round Robin email	20/1/23 Consultation information included in round robin email and newsletter

Stakeholder contact list 183 individual contacts from the following organisations.

- Active together
- Armed Forces Lead on HWB
- Blaby District Council - Communities engagement & Youth Voice
- Blaby District Council - planning
- Blaby District Council Health and Wellbeing
- BPAS
- Charnwood Borough Council - Communities
- Charnwood Borough Council - Equalities
- Charnwood Borough Council - Health and Wellbeing
- Charnwood GP Federation
- Citizen's Advice Oakham
- Clinical Quality and Performance Directorate
- East & West GP Federation
- East Midlands Sexual Health commissioners
- ELR GP Federation
- EMIS (Pharma Outcomes)
- First Contact Plus
- H&B GP Federation
- Harborough District Council - Communities Engagement Team

- Harborough District Council - Health and Wellbeing
- Health Watch Leicestershire
- Health Watch Rutland
- Hinckley & Bosworth BC - Equalities
- Hinckley & Bosworth BC - Health and Wellbeing
- Hinckley & Bosworth BC -Communities Engagement
- ICB - Maternity lead
- Inform Health
- Integrated Care System - Engagement
- Justice and Care -Modern Day Slavery
- LCC - Care Leavers Team
- LCC - Children in Care Team
- LCC - Community Recovery Team
- LCC - Effectiveness in Education team
- LCC - BAME Workers Group
- LCC - Child Sexual Exploitation team
- LCC - Comms team
- LCC - Communities Team
- LCC - Health Improvement
- LCC - Health Protection
- LCC - Health and Wellbeing Board
- LCC - LGBT Worker Group
- LCC - PH Consultants and Strategic Leads
- LCC - PH Contracts Team
- LCC - PH Wider Determinants of Health
- LCC - Research and Insight
- LCC - SENCo
- LCC - Youth Engagement
- LCC - Youth Offending
- LCC ASC
- LCC Community Safety Team
- LCC Disabled Workers Group
- LCC PH Director
- LCC PH LACs
- LCC Lead Members
- Leicestershire Police
- Leicester City Council - Strategic Lead
- Leicester City Council - Consultant
- Leicestershire Equalities Challenge Group
- Leicestershire Learning Disability Partnership Board
- Leicestershire Partnership Trust
- Leicestershire Police
- LHis
- LLR Local Pharmaceutical Committee LPC
- LLR PCL (Patient Care Locally)
- Loughborough University
- Melton Borough Council - Communities
- Melton Borough Council - Health and Wellbeing
- Melton Borough Council Equalities Officer

- Midlands Partnership Foundation Trust
- New Dawn New Day
- NHS England (HIV)
- Northwest Leicestershire District - Health and Wellbeing
- Northwest Leicestershire District - Communities Engagement
- Nottingham City Council
- NWL GP Federation
- Oadby & Wigston BC - Equalities
- Oadby & Wigston BC - Youth Voice
- Pathway Analytics
- Police and Crime Commissioner's Office
- Primary Care Network
- Rutland CC - PH Strategic Leads
- Rutland CC - Armed Forces Lead
- Rutland CC - Comms Team
- Rutland CC Adult Services
- Rutland CC Children and Young People
- Rutland CC Children's Services
- Rutland CC Lead Member
- Rutland County Council
- Sexual Assault Referral Centres (SARC)
- SH24
- TRADE sexual health
- UK Health Security Agency (UKHSA)
- Voluntary Action Leicester







**Rutland**  
County Council