

Feedback from Consultation Stage 1

A review of Sexual Health Services in Derbyshire (including Glossopdale) has been undertaken. A paper was submitted to Cabinet on 25 March 2014 to present the overall findings of the Review and to seek approval of all recommendations and the specific recommendation to re-procure an Integrated Sexual Health Service. Approval was granted and a tendering process will be undertaken to commission a Derbyshire County Integrated Sexual Health Service to commence 01 April 2015. If you would like to view the Cabinet Report it can be obtained from the following link:

http://www.derbyshire.gov.uk/council/meetings_decisions/meetings/cabinet/default.asp

Throughout stage 1 of the review of Derbyshire Sexual Health Services, opportunities to consult with stakeholders and service users have been undertaken as follows:

1. Focus groups with actual and potential service users, aimed to reach individuals representative of high risk groups
2. Consultation workshop with existing Derbyshire providers (including Glossopdale)
3. Online consultation for members of the public, service users and other stakeholders
4. Meetings with other commissioners and stakeholders.

Focus Groups

Six sessions were held and participants were asked the following questions:

- 1) What does good sexual health and wellbeing mean to you?
- 2) What sorts of things should sexual health services be doing to help you (or your friends) to have good sexual health and wellbeing?
- 3) What sorts of things would stop you (or your friends) from using sexual health services?
- 4) What could we do to change the things that stop you (or your friends) from using sexual health services?

Participants were also asked to comment on the strategies' vision for Derbyshire to work together to achieve good sexual health and wellbeing for all. Overall participants were in agreement with the vision for Derbyshire. Whilst many felt the vision could be achieved, there were participants that thought it would not be possible but is something we should aim to achieve.

The feedback provided by participants collates into four core priorities for future sexual health services:

Priority	Service user feedback
Increase knowledge and understanding	Increasing knowledge and understanding was important to all participants. In particular they highlighted the importance of <ul style="list-style-type: none">- having a good knowledge of sexual health, STIs, sex and relationships- knowing where services are and what is available- knowing where to access contraception, which method and how to use it

Priority	Service user feedback
	The role of schools and education in increasing people's knowledge and understanding was highlighted as significant by the majority of younger people, all of whom said they would want to talk to someone they trusted.
Empower individuals to be comfortable and safe	When asked 'what does good sexual health mean to you', the majority of participants highlighted the need to be safe and feel comfortable with their partner [where casual or long term relationship]. The older age groups focused more on feelings/emotions/self-esteem and relationships. Whereas the younger age groups focused more on being free from STIs.
Improve service visibility and accessibility	Very few people actually knew where all existing sexual health services were in Derbyshire. All participants felt it was important for services to be more visible, so that they are easy to find. Improved accessibility was also highlighted in terms of better locations, reduced waiting times and also a welcoming environment. Young mums, in particular, highlighted the need for sexual health services to not be separate.
Reduce the stigma associated with using sexual health services	Embarrassment and being judged was a key theme. There appeared to be quite a lot of fear from participants about using sexual health services. To overcome this emphasis was placed on improving the environment, ensuring they were welcoming and not too clinical, and on staff training, particularly to reduce them making assumptions. The LGBT group focussed more on staff attitudes, training and equality.

Consultation Workshop

A workshop was held on 10 December 2013 with staff members, clinicians and business managers from existing sexual health services in Derbyshire County and Glossopdale. The following key points were captured at the workshop:

Question	Key Points
What does good sexual health service provision look like from: <ul style="list-style-type: none"> - A young people's perspective? - An adults perspective? - A service perspective? 	Regardless of which perspective was applied good sexual health services should: <ul style="list-style-type: none"> • be accessible, flexible and innovative • provide both clinical and emotional support • have shared leadership and vision • take account of where people want to go to access service • empower service users to build their self-esteem and ability to self-care.
What factors need to be addressed to achieve good service provision?	<ul style="list-style-type: none"> • Good quality sex and relationship education for young people

Question	Key Points
	<ul style="list-style-type: none"> • Better communication, and where possible integration, among all sexual health services to overcome fragmentation • Joined up commissioning for the full range of consultant led sexual health services • Better communication and marketing of services to ensure they are visible • Pathways to ensure service user care is seamless, both into and out of sexual health services • Improved access to services in areas such as Buxton & Bolsover • Implementation of 7 day working? • Implementation of a centralised booking system of clinical and non-clinical services in partnerships.
Looking at the maps, as a guide, where would service provision be and why?	<ul style="list-style-type: none"> • Hub and spoke delivery model • Plan service provision in accordance with STI/teenage pregnancy data • Develop C-Card provision in Ashbourne • Use wider resources and other settings e.g. mobile units, co-locate clinic with drug and alcohol services • Develop the skill mix among staff.
How can we maximise capacity and resources to deliver an integrated sexual health service?	<ul style="list-style-type: none"> • Develop online triage mechanisms • One telephone number for service users, to then signpost as appropriate • Skills lead model with a mix of booked appointments and open access • Apply tariff – if at right level.

Online Consultation

To ensure there was opportunity for the wider public, service users and stakeholders to provide their views and inform this review an online consultation was held 1 – 31 January.

120 people participated in the consultation, all questions were optional. Of those that participated 85 respondents identified themselves as follows:

- 29% - a member of the general public
- 28% - someone who uses sexual health services
- 24% - a health or care professional
- 11% - a professional working within sexual health services
- 8% - other

Over 95% of respondents agreed with the objectives of the strategic framework (appendix 2) and the majority of respondents agreed that the proposed new integrated sexual health service for Derbyshire will achieve goals such as:

- Reducing STIs
- Increased uptake of STI testing from individuals at highest risk of STIs
- Improved SHP within treatment services
- Increased skills and knowledge of sexual health across other services.

53% of respondents agreed that the new Derbyshire service should be an integrated one, 25% disagreed and 22% did not know. There was a real sense that respondents understood some of the complexities and priorities of an integrated service:

- *'It's important that not only are services robust and efficient, they should also be specialist and have a mixture of staff'*
- *'Services should remain free and open to all'*
- *'Clear signposting, advertising'*
- *'Health promotion through a wide range of outlets'*
- *'Services should be available in a mix of venues suitable to all types of people, ages and cultures'*
- *'It's okay proposing these strategies but they are not always put into practice. Also not everybody gets tested and therefore their negligence will still impact their partners'*
- *'I would agree with the objectives but services must always be accessible to all not just those at risk of poor outcomes'*
- *'There should be integration of contraception and STI services, but specialist clinics must be maintained and developed'*

It should also be noted that there was feedback highlighting how good and exceptional certain existing service provision is and that they felt the services did not need to change, or that more of the same should be available.

When asked where respondents would expect services to be there was a significant range of answers from big towns to local areas and rural communities, and hospitals to outreach.

The following quotes capture the diversity of response:

- *'There should be some main centres on towns and hospitals, but also some local clinics in areas that don't have great public transport links'*
- *'The services need to be offered in a variety of locations, it must be easy to get to via public transport. It should be offered according the needs of the area. Rural locations will need a local service. Times need to be a consideration. For young people schools may be appropriate or as part of youth provision'*

Services that are easy to access; near to home or work; confidential; with friendly staff that really listens to you; has all services in one place; offers specific clinics for people; and a mixture of booked and drop in appointments were ranked important or most important to the future sexual health service. There was also feedback that services should *'offer specialist support and education'* and *'support with emotional areas of sexual health as well as physical'* and *'online booking'*.

The online consultation also prompted the Faculty for Sexual and Reproductive Health care to issue a response. The response highlights the following key priorities for consideration in the future service development:

- Link design to policy
- Design services around the current integrated service specification to ensure:
 - Open-access
 - Collaborative working
 - Multi-disciplinary services
 - Robust data collection
- Allocate sufficient time and resources to train staff in accordance with national standards.

Meetings with other commissioners

A Derbyshire strategic commissioning forum has been established to engage wider commissioners and stakeholders in sexual health service development. Wider commissioners are those that commission other sexual health services such as HIV treatment and care, the SARC or Termination of Pregnancy services for which DCC is not statutorily responsible. They are also commissioners of services that work directly with groups at high risk of poor sexual health, such as CAYA who commission young people's services. These meetings have highlighted the importance of ensuring that seamless care pathways with specific services are integrated into sexual health service provision (and vice versa).