

**DERBYSHIRE COUNTY COUNCIL**

**MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES**

**25 April 2017**

**Report of the Director of Public Health**

**RE-PROCUREMENT OF INTEGRATED SEXUAL HEALTH SERVICES:  
STAGE 1 CONSULTATION FINDINGS AND RECOMMENDATIONS**

**1. Purpose of the report:**

To inform the Cabinet Member, Health and Communities of the findings of the Stage 1 Consultation: Re-procurement of Derbyshire Integrated Sexual Health Services and seek approval for the Stage 1 Consultation recommendations.

**2. Information and analysis:**

In February 2017, Cabinet gave approval to re-procure Derbyshire Integrated Sexual Health Services (DISHS) for a service start date of April 2019 for a period of five years with an option to extend the contract for two further periods of two years. The re-procurement includes a preparation stage with the following key elements:

- Update of sexual health need in Derbyshire
- Consultation to the general public, professionals and people/organisations with association
- Equality Impact Analysis Report
- Development and agreement of a Sexual Health Strategy for Derbyshire

**2.1 Summary of Sexual Health need in Derbyshire**

Derbyshire maintains a general level of good sexual health with lower levels of sexually transmitted infections (STIs), HIV, teenage conceptions and abortions. However, the burden of sexual ill health disproportionately affects certain groups within Derbyshire:

- men who have sex with men (MSM)
- young people, particularly vulnerable young people
- people living with HIV (PLHIV).

In addition, rates of STIs and teenage conceptions are higher in the most disadvantaged areas in Derbyshire.

Recently published data summarised in the Sexual and Reproductive Health Profile for Derbyshire 2015 highlights a number of positive indicators of sexual health need, as follows:

- Rates of newly diagnosed STIs are 482 per 100,000. This is below England and shows improvement compared to previous years. The Derbyshire rate is below the average of our statistical peer authorities.
- Prescribing of Long-Acting Reversible Contraception (LARC) in Derbyshire is above the England average with an increasing trend over the last 5 years
- The rate of teenage pregnancy (under 18 conceptions) is below England and this has shown a continued decreasing trend over the last 5 years

However data does highlight areas of concern across the following elements of sexual health:

- Screening for STIs has declined and this reflects the England position
- Derbyshire has higher rates of STIs amongst groups most at risk - MSM and young heterosexuals. This reflects the national picture.
- Nationally, the most commonly diagnosed STI is chlamydia. Derbyshire has a detection rate of 1540 per 100,000 (15-24yrs) which is below England. This is underachieving against the Public Health Outcomes Framework (PHOF) recommended level of 2300 per 100,000 (the recommended level to reduce chlamydia prevalence within a population by up to 2%).
- Although teenage pregnancy continues a trend of decreasing prevalence, there are differences across district and borough authorities with the highest prevalence in Chesterfield and the lowest in Derbyshire Dales. However rates are still below England.
- Repeat abortions for under 19s are above England rates for Erewash and Hardwick CCG areas. This highlights the need for safe sex promotion and prevention pathways across the whole sexual health commissioning system.

## **2.2 Stage 1 Consultation Summary**

The full Report is attached as Appendix 1.

The purpose of the Stage 1 Consultation is

- To identify opportunities to improve existing services
- To ensure the service is meeting the needs of Derbyshire residents
- To inform the development of the service specification as part of the re-procurement process
- To inform the development of a Sexual Health Strategy for Derbyshire.

The Stage 1 Consultation, which was open for 4 weeks beginning 13 February 2017, used multiple approaches for consultation to maximise response including:

- Online and postal questionnaires to the general public and current service users
- Online questionnaires to professionals including sexual health commissioners, organisations with association such as the Council Children's services

The responses to the Stage 1 Consultation totalled 325 respondents:

- 113 responses to the online public survey
- 68 postal submissions to the public survey
- 101 responses to the online professional stakeholder survey
- 43 participants engaged in focus groups from identified 'at risk' populations including young people (including young people not in Education, Employment or Training (NEET) and care leavers), an LGBT group and a drug and alcohol recovery group.

#### 2.2.1 Key findings of the Stage 1 Consultation include:

- Availability of appointments/ waiting times for appointments
- A need for outreach clinical services to those most at risk – taking the service to those who experience barriers in accessing a clinic
- Improve visibility of the service – to partners and the population
- Services need to be more accessible in rural locations where travel is a barrier
- Different ways of accessing the service need to be explored – for example text messaging services, online services, postal kits
- Improve communication with partners
- Services need to better understand barriers to vulnerable groups to reduce the fear of prejudice and stigma
- Suitably trained workforce – matching competencies to demands on the service
- Ensure absolute confidentiality
- Explore extended GP provision and appropriate funding

#### 2.2.2 Stage 1 Consultation Recommendations

The Council Sexual Health Commissioners will develop and complete additional consultation through a Stage 2 (May/June 2017) and include focus on:

- Feedback findings from Stage 1 to the public and professionals
- Consult with groups not engaged at Stage 1 (including Sex workers, Adults with learning disability and/or mental ill health, offenders)

- Continue engagement of commissioners across the Sexual Health commissioning landscape as part of the planned Derbyshire strategy development
- The Council Sexual Health Commissioners will share feedback on the existing service with the current provider in order to drive service improvement over the next 2 years to the end of the current contract in March 2019.

### **3 Social Value considerations:**

The re-procurement of integrated sexual health services offers significant opportunities to include social value requirements within the procurement process, related to the contract value and length, and the inherent opportunities for adding social value resulting from the nature of the service. The re-procurement process will include systematic consideration of social value principles and will utilise appropriate outcomes in line with the Derbyshire Social Value Procurement Framework.

Consultation, engagement and market analysis will be used to identify what social value opportunities could be created and realised through this process.

### **4. Financial considerations**

The contract costs associated with the re-procurement of the contract will be met from the Public Health budget.

### **5. Legal considerations:**

The re-procurement of this service will be carried out in accordance with Protocol 1 of the Council's Financial Regulations and the Public Contracts Regulations 2015.

### **6. Equality of Opportunity considerations:**

Significant inequalities exist across the area of Sexual Health. Some people are more at risk of poor sexual health outcomes compared to the wider population. They include young people and vulnerable young people, men who have sex with men (MSM) and people living with HIV. Additional at risk groups include young heterosexuals, sex workers, people misusing drugs and alcohol, and some black and minority ethnic populations.

An Equality Impact Analysis (EIA) is being conducted and will be finalised in May. The EIA will be submitted to Cabinet for approval.

**7. Human Resources considerations:**

During procurement of the contract for the new integrated sexual health service, consideration will be given on the application of the Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 (TUPE), and further Legal and Human Resources advice considered where necessary.

**8. Other considerations:**

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, environmental, health, property and transport considerations.

**9. Background papers:**

Cabinet, 14 February 2017 Re-procurement of Derbyshire Integrated Sexual Health Services (DISHS)

Sexual and Reproductive Health Profile for Derbyshire 2015 c.

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000007>

**10. Key Decision:**

Yes

**11. Call-in:**

Is it required that call-in be waived in respect of the decisions proposed in the report? No

**12. Officer's Recommendation:**

That the Cabinet Member, Health and Communities be informed of the findings of the Stage 1 Consultation: Re-procurement of Derbyshire Integrated Sexual Health Services and approve the Stage 1 Consultation recommendations.

**Dean Wallace**  
**Director of Public Health**

**DERBYSHIRE COUNTY COUNCIL**

**Public Health**

**Derbyshire Integrated Sexual Health Service (DISHS) Re-procurement**

**Consultation Summary – Stage 1**

**March 2017**

**1.0 Purpose of this report**

To provide a summary of the findings of the stage 1 consultation, as part of Derbyshire County Council's review of sexual health services, and to provide recommendations for stage 2 of the consultation.

**2.0 Purpose of the Stage 1 Consultation**

- To identify opportunities to improve the existing Integrated Sexual Health Service in Derbyshire
- To ensure that the service is meeting the needs of Derbyshire residents
- To inform the development of the service specification for Integrated Sexual Health Services in Derbyshire as part of the pre-tender/ re-procurement process
- To inform the development of a Sexual Health Strategy for Derbyshire

**3.0 What we wanted to find out**

The following key themes for stage 1 of the consultation were agreed in order to achieve the purpose as set out above:

- What is important - key priorities for sexual health services
- Experience of the current service and how this could be improved
- Barriers to accessing services, particularly for vulnerable groups, and how these can be addressed
- How people would prefer to access services and information
- How accessible and visible sexual health services are
- Innovative ways in which services could be accessed and delivered

Survey and focus group questions have been designed to ascertain stakeholder feedback on these agreed themes.

## 4.0 Identifying stakeholders to consult

Key stakeholders have been identified as follows:

- Derbyshire residents
- Existing service users
- Identified vulnerable groups at higher risk of sexual ill health, including;
  - Men who have sex with men (MSM)
  - People living with HIV
  - Vulnerable young people
  - Homeless
  - Teenage parents
  - Those who are rurally isolated
  - Those not in education, employment or training
  - Those with learning disabilities or mental health problems
  - Lesbian, gay, bisexual and transgender (LGBT)
  - Offenders
  - Young people under 25
  - Travellers
  - Looked after children and care leavers
  - Men and women working in the sex industry
  - People from some ethnic minority groups
  - Injecting drug users
  - Victims of sexual assault
- Existing providers of sexual health services, including;
  - Sexual health clinic staff and sexual health promotion teams
  - Derbyshire Community Health Services management & governance
  - All accredited providers of Integrated Sexual Health Services in Derbyshire, including GPs and community pharmacies
  - Subcontracted providers of the Integrated Sexual Health Service, including LGBT+
- External organisations and service providers, including;
  - Derbyshire County Council
  - Public Health England
  - School Nursing and Health Visiting Services
  - Maternity Services
  - Community Midwifery Services
  - Gynaecology Services

- Vasectomy Services
- Termination of Pregnancy Services
- HIV treatment services
- Domestic Violence and Sexual Abuse Services
- Groups working with disadvantaged and vulnerable women
- Substance misuse services
- Derbyshire Adult Care Services
- Derbyshire Children's services
- Derbyshire Youth Offending
- Derbyshire Community Safety
- Secondary schools and further education settings
- Police
- Probation
- Leisure services
- Libraries
- Housing and Homelessness Services
- Clinical Commissioning Groups
- Derbyshire Local Pharmaceutical Committee
- Derbyshire Local Medical Committee

## **5.0 Consulting hard to reach groups**

Some groups in the community are identified as '*hard to reach*' and '*at risk*'. We have consulted some of these groups separately in order to increase opportunities to engage in this consultation.

Partner organisations and services known to be working with identified vulnerable groups were contacted to either support in arranging and facilitating focus groups sessions to discuss the key themes of the consultation, or to support in distributing paper copies (plus pre-paid return envelopes) of the public questionnaire.

Returned paper copies of the questionnaire have been inputted onto the online public survey, and the findings of these are reported collectively. A number of focus group sessions took place during the public consultation period, the findings of which are summarised in section 7 below.

## **6.0 Consultation methods**

Throughout stage 1 of this consultation, opportunities to consult and communicate with various stakeholders have been taken as follows:



Stakeholder group	Consultation method					Communication method		
	Online public survey	Postal public survey	Online stakeholder survey	Focus group	Offer of 1:1 discussion (on request)	Posters displayed in some public areas	DCC internal comms channels	Partner organisation comms channels
All residents	x	x				x		
Service users	x	x				x		x
Identified vulnerable groups	x	x		x		x		x
Staff working in the current service	x	x	x		x	x	x	x
Partner organisations	x	x	x		x	x		x

## 7.0 Stage 1 consultation findings

### Headline summary

#### 7.1 Response rate

In total 325 people have engaged in stage 1 of the consultation, this includes:

- 113 responses to the online public survey
- 68 postal submissions to the public survey
- 101 responses to the online stakeholder survey
- 43 participants engaged in focus groups from identified 'at risk' populations

#### 7.2 Emerging themes throughout the stage 1 consultation

- Availability of appointments/ waiting times for appointments
- A need for outreach clinical services to those most at risk – taking the service to those who experience barriers in accessing a clinic
- Improve visibility of the service – to partners and the population
- Services need to be more accessible in rural locations where travel is a barrier
- Different ways of accessing the service need to be explored – for example text messaging services, online services, postal kits

- Improve communication with partners
- Services need to better understand barriers to vulnerable groups to reduce the fear of prejudice and stigma
- Suitably trained workforce – matching competencies to demands on the service
- Ensure absolute confidentiality
- Explore extended GP provision and appropriate funding

- **Public online survey**

### **7.3 Introduction**

The online public survey was open from the 13 February 2017 to the 13 March 2017 via the Derbyshire County Council public website, available at:

[www.derbyshire.gov.uk/sexualhealth](http://www.derbyshire.gov.uk/sexualhealth)

Details of the survey have been publicised via posters displayed in various public areas, including libraries and clinics, and via email distribution across stakeholder organisations.

Paper copies have been made available to existing service users in sexual health clinics and have been distributed via a number of organisations working with identified vulnerable groups.

#### **7.3.1 Response rate**

181 respondents completed the questionnaire before the deadline; this includes 68 questionnaires submitted by post. 64% of the respondents had accessed a sexual health service in Derbyshire.

#### **7.3.2 Priorities for sexual health services in Derbyshire**

- Improving the sexual health of the local population, especially those at risk of poor sexual health - 95% agree or strongly agree
- Providing services that are welcoming and confidential - 99% agree or strongly agree
- Provide open access service – 93% agree or strongly agree

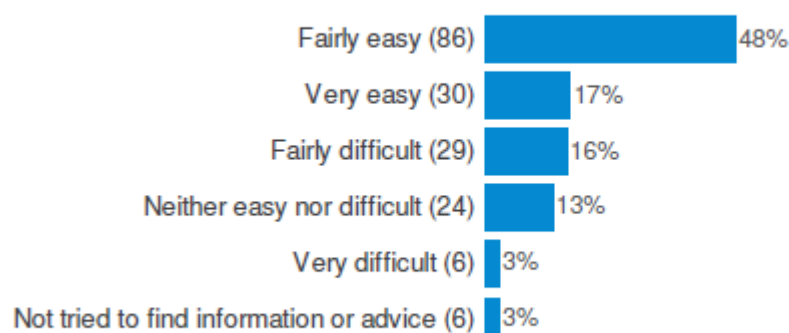
- Ensuring that services are cost effective and efficient – 87% agree or strongly agree
- Providing services that are free of charge – 92% agree or strongly agree
- Ensuring services are delivered by a suitably trained workforce – 97% agree or strongly agree

When asked are there any other priorities that you feel are important, responses are as follows:

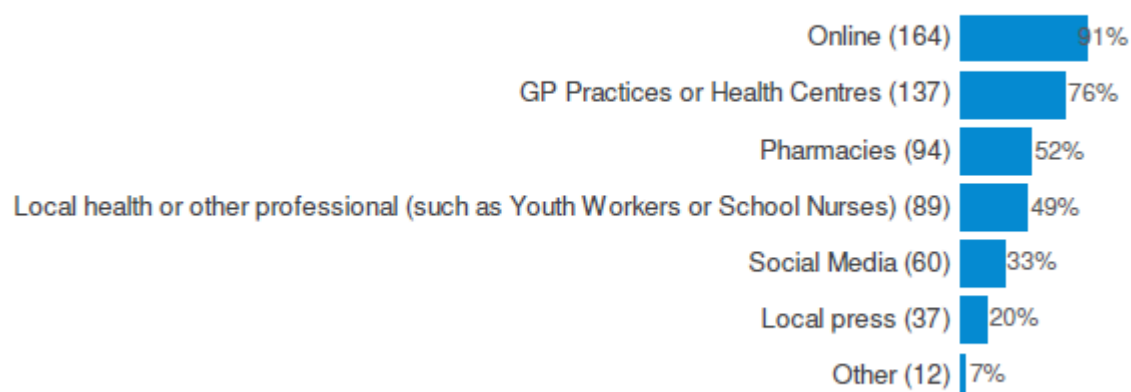
- **Appointments to be available in a timely manner** (11 comments)  
*‘to be done in a timely manner without waiting over 4 months for the contraceptive coil’*
- **Services are convenient to access** (11 comments)  
*‘there should be access to services at weekends’*
- **Service locations** (10 comments)  
*‘Providing a local service for people is important and local service that offers a complete service not certain bits of testing to certain age groups’*  
*‘access for rural areas or hard to reach areas’*
- **Focus on Young People and other vulnerable groups** (9 comments)  
*‘a service that reaches adolescents, LGBT and people with disabilities which meets their particular needs is essential’*
- **Appropriately trained staff** (5 comments)  
*‘a good mix of staff with various grades and skills’*
- **Confidentiality** (4 comments)  
*‘absolute confidentiality...I know of children who would not go in in case they meet people they know in the waiting room’*

### 7.3.3 Accessing information

How easy or difficult do you think it is to find information on your local sexual health services? (Please select one option only)



How would you prefer to find information on your local sexual health service? (Please select all that apply)

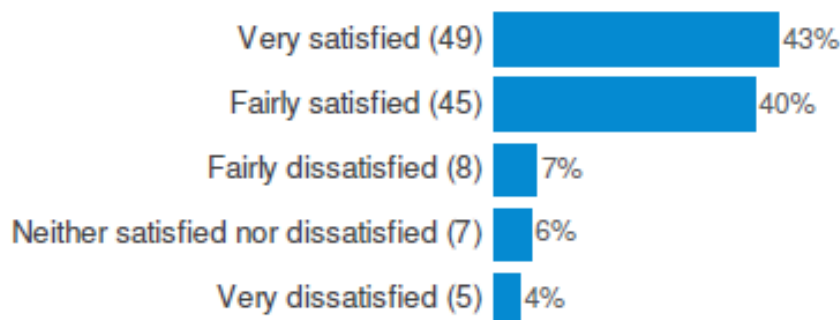


### 7.3.4 Experience of the existing service

Have you ever accessed a sexual health service in Derbyshire?



If 'Yes', how satisfied or dissatisfied were you with the service? (Please select one option only)

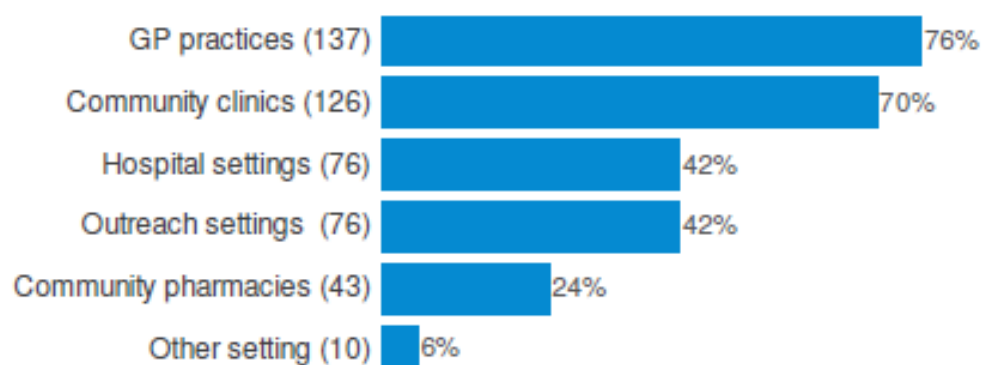


Further details on experiences of the current sexual health service include:

- **Appointment waiting times are too long** (13 comments)  
*'I find it hard to book appointments'*  
*'The wait for an appointment is currently four months in Glossop'*
- **Rural issues** (7 comments)  
*'I had to travel all the way to Derby 17 miles from where I live'*  
*'an alternative would be to travel to Ashbourne which is not practical due to the distance'*  
*'I was able to access the service locally now have to travel about 20 miles'*
- **Good experience with staff** (7 comments)  
*'staff are great, easy to talk to and very nice in general'*  
*'staff friendly, even when stressed due to busy times and delays'*
- **Positive experience of accessing services at GPs** (5 comments)  
*'part of normal GP service therefore no big deal so easy to access'*
- **Long waiting times in clinics** (4 comments)  
*'I was told to turn up at the drop in but left after 2 hours of waiting'*

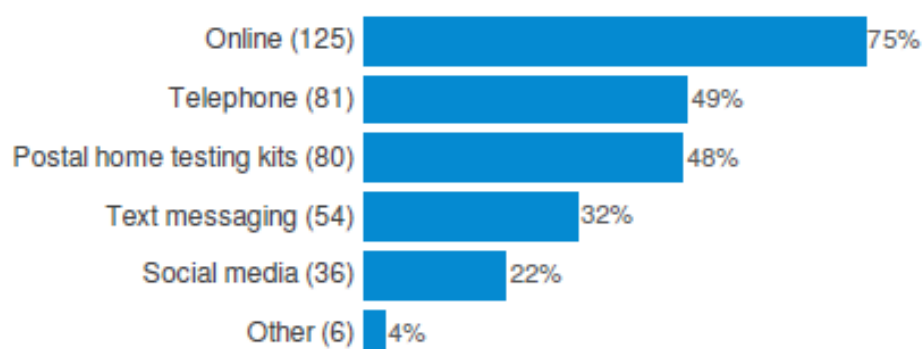
### 7.3.5 Settings

**What settings would you prefer to attend to access sexual health services?  
(Please select all that apply)**



### 7.3.6 Other ways to access services

**Apart from accessing services through settings, are there any other ways you would like to access sexual health services? (Please select all that apply)**



### 7.3.7 Location of services

95% of respondents stated that it is very important or fairly important to have access to sexual health service near to where they live.

### 7.3.8 Young People only services

48% of under 25 year olds (26 of 54) would prefer to access services for young people only.

### 7.3.9 Meeting needs

When asked is there anything else you think we should be considering in order to ensure that sexual health services meet your need, responses are as follows:

- **Access to more clinic appointments and at more convenient times** (17 comments)  
*'more clinics, more appointments'*  
*'access times outside of 9-5 is very important'*

- **Meeting the needs of vulnerable groups** (11 comments)  
*'I feel we need to be reaching out to young people, not waiting for them to go to the service'*  
*'men who have sex with men seem to have been forgotten, the old clinic was much easier to access'*
- **Use of GPs** (5 comments)  
*'sexual health services should be commissioned to GP surgeries'*  
*'appropriately funded GP services for IUCD and implants'*
- **Accessing LARC** (4 comments)  
*'unable to get a coil removed in Buxton'*  
*'coil fitting, I cannot get an appointment after trying for 7 months'*
- **Services for 'older' people** (3 comments)  
*'clinics specifically for issues relating to 'older' people'*
- **Stakeholder questionnaire**

## 7.4 Introduction

The online stakeholder survey was open from the 13th February 2017 to the 13th March 2017 via the following link:

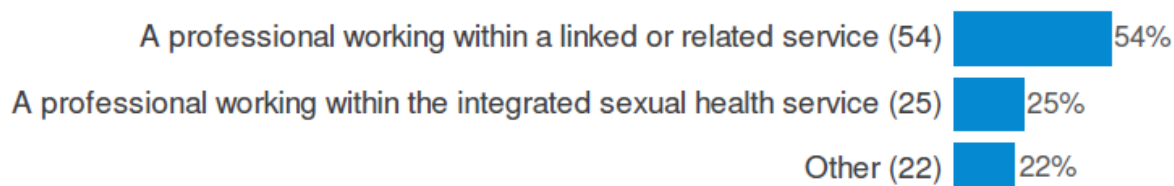
<https://www.snapsurveys.com/wh/s.asp?k=148760929717>

Details of the survey have been distributed via email within Derbyshire County Council and via email distribution within partner organisations.

### 7.4.1 Response rate

101 respondents completed the questionnaire before the deadline, as follows

**What do you see as your role within sexual health services in Derbyshire?**  
(Please select one option only)



### 7.4.2 Perceptions of the service

- 22% of respondents do not have a good understanding of the services available within the Integrated Sexual Health Service

- 24% of respondents feel that the service is not visible to the population of Derbyshire
- 24% of respondents feel that the service is not accessible to the population of Derbyshire
- 51% of respondents agree that services are good quality

#### 7.4.3 Barrier to accessing services

**Do you feel there are any barriers to accessing sexual health services in Derbyshire for those most at risk of poor sexual health outcomes?**



When asked what more could be done in relation to barriers to accessing sexual health services for those most at risk, responses are as follows:

- **Services needs to be more accessible to identified vulnerable groups**, primarily Young People (14 comments)  
*'are they [Young People] welcome? I expect they are not.....because of a lack of staff and resources'*
- **Location of services** - rurality issues/ travel/ distance (10 comments)  
*'I am concerned about Young People, due to transport challenges they don't always have access to the services they need without the knowledge of their communities'*
- **Communication and availability of information** – (10 comments)  
primarily relating to central booking line, availability of appointment and information available on the website  
*'improve the central booking line so that people can get through and are given appropriate appointment'*
- **Accessibility** – appointments at accessible times and locations (7 comments)  
*'improving access through extended clinics which offers a wide range of services, maybe co-locating with other health communitiies to help reduce stigma'*
- **Appropriately trained staff** – matching number of staff and competencies with service needs (6 comments)  
*'clinics need to be staffed correctly in accordance with the booking of appointment so that competencies match each staff to the patients needs'*



- **Visibility of the service (5 comments)** – to residents and professionals  
*‘As a resident of Derbyshire and an employee of Derbyshire County Council, and working in Children’s Service, I was not aware of this service, it does not seem to be very visible’*

- **LGBT and MSM** - lack of targeted services and staff awareness (5 comments)  
*‘LGBTQ community has been alienated from Sexual Health services by the loss of the gay mens service and separate waiting room – one size doesn’t fit all’*  
*‘The number of MSM has reduced greatly since amalgamating the services and the waiting rooms’*

#### 7.4.5 Innovative ways of delivering the service

When asked what other innovative ways services could be accessed or delivered, responses are as follows:

- **Services need to be in schools** (15 comments)  
*‘all secondary schools should offer the service as standard’*  
*‘need to move out of clinics and into schools, community venues’*
- **Provide outreach to vulnerable at risk groups** (13 comments)  
*‘you could have an outreach van (mobile service) that can work within the poor areas and try to engage with the at risk client group’*  
*‘outreach nurses who are able to deliver services to the most vulnerable clients’*
- **Community and Youth Services** – make better use of community resources and work with youth services (7 comments)

#### 7.4.6 Working effectively across the network

When asked what we should be considering to ensure services work effectively across the network of all partner organisations and stakeholders in Derbyshire, responses are as follows:

- **Further information and communication needed** – (11 comments)  
*‘communication is key to getting the service known and therefore accessed’*  
*‘clear communication and regular marketing and updating of project information’*
- **Greater networking with partners**, strategically and with staff on the ground – (11 comments)  
*‘increase inter agency networking’*  
*‘more sexual health network meetings – extend the membership list’*  
*‘a partnership meeting group for ground staff who work with Young People’*

### 7.5 Focus group sessions with those at greater risk

7.5.1 Four focus group sessions were held during the public consultation period (13<sup>th</sup> February – 13<sup>th</sup> March), during which 43 participants engaged in the consultation from the following identified ‘*at risk groups*’:

- Vulnerable young people
- Those who are rurally isolated
- Those not in education, employment or training
- Lesbian, gay, bisexual and transgender (LGBT)
- Young people under 25
- Those in recovery and those working towards recovery from alcohol/or drug addiction

7.5.2 Key themes from the focus groups included:

- **None of the groups expressed a preference to access a young person only clinic** – in fact this was perceived as a barrier for some (LGBT group and some vulnerable young people)
- **Attending a local service was important to all**, but specifically in Glossop where travel to the nearest alternative clinic is prohibitive due to cost and time
- **Fear of prejudice and assumptions** – one of the most significant issues from the LGBT group
- **Fear of stigma and embarrassment** – one of the most significant issues from the drug and alcohol recovery group – ‘*everybody knows why you are there*’
- **The importance of confidentiality and anonymity**
- Some groups have had little or no support or information from the existing Sexual Health Promotion service, despite requests

7.5.3 Key recommendations from the focus groups included:

- **Make clear what you can expect when visiting a clinic** in relation to being non-judgemental and welcoming – to reduce fear of stigma and prejudice
- **Can the service come to those less likely to attend a clinic?** – such as drug and alcohol recovery groups, or in Glossop where access is limited
- **Options on forms to better reflect sexuality/ gender identity**
- **Increase options for booking appointments and contacting services** – for example online booking and texting service
- **Ensure service information on the internet is up to date** – including information on other websites
- **Better training for staff around LGBT issues**
- **Remove stigma of attending sexual health appointment** – could sexual health services be offered as part of other services, e.g. smear test appointments? or a general ‘wellbeing’ clinic appointment - ‘*if it was part of other health checks no one would know why you were there*’

## 7.6 Feedback from the Derby and Derbyshire Local Medical Committee

A formal response to the consultation was submitted on behalf of the Derby and Derbyshire LMC (DDLMC). Some of the key points from this are highlighted below.

*'We would like to remind the council that sexual health services do not wholly fit within GP contract. As a consequence, it must be remembered that additional services, such as provision, fitting and follow up of long acting forms of contraception requires a level of funding commensurate with the skill of the practitioner and the time taken to perform and document the task'*

*'We urge the county council to appreciate the role of GP surgeries in providing sexual health services as part of the review'*

*'We ask that appropriately funded provision of sexual health services remains in general practice in the future'*

**Derby and Derbyshire LMC (DDLMC)**

## Recommendations

- 7.7 Derbyshire County Council Sexual Health Commissioners will ensure that feedback from Stage 1 of this consultation is appropriately used to inform the development of the Sexual Health Strategy for Derbyshire and the development of the Integrated Sexual Health Service Specification for Derbyshire.
- 7.8 Derbyshire County Council Sexual Health Commissioners will share feedback on the existing service with the provider in order to drive service improvement.
- 7.9 Derbyshire County Council Sexual Health Commissioners will deliver Stage 2 of this consultation, which will include;
- Finalising additional consultation activity with a focus on feedback from further vulnerable groups and other commissioners
  - Sharing of feedback from Stage 1 with stakeholders.

Carol Ford, Public Health Manager Sexual Health

Caroline Waller, Public Health Development Worker Sexual Health

March 2017