



Health Scrutiny Panel

15 June 2015

Report title	Outcomes of sexual health consultation	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Linda Sanders, Strategic Director	
Originating service	Public Health	
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Report to be/has been considered by	Paper approved for submission through PLT and following a briefing with Cllr Sandra Samuels	

Recommendation(s) for action or decision:

- The Panel is recommended to approve the priorities identified from the consultation for translation into local service requirements.
- To endorse the next steps to procure in two phases; phase one from July 2015 for integrated Contraceptive and Sexual Health services (CaSH) and Genito urinary medicine (GUM), and phase two from December 2015; a primary care aligned model and potential investment to respond to the specific needs of young people.

1.0 Purpose

- 1.1 To inform Health Scrutiny Panel of the outcomes of the consultation process for the re-commissioning of sexual health services and set out the next steps of the procurement programme.

2.0 Background

- 2.1 Health Scrutiny Panel received the consultation plan for the re-commissioning of sexual health services on 11 December 2014. The consultation ran between 1 November 2014 and 31 January 2015 and covered a wide range of groups including young people, General Practitioners (GP's), pharmacists, existing workforce, stakeholders, and the general public.
- 2.2 The Health Scrutiny Panel requested that the outcomes of the consultation be presented once consultation was over.

3.0 Outcomes of the consultation

- 3.1 The final summary of the outcomes of the consultation is attached as Appendix 1. Overall, there was consensus that an integrated model of Contraceptive and Sexual Health services (CaSH) and Genito urinary medicine (GUM), where both services are located in the same building, was a positive move and supported as an approach by the current workforce, wider stakeholders and the public.
- 3.2 A wide range of participants engaged in the consultation process; 492 people completed the online survey, including current service users of CaSH and GUM. Fifty seven delegates, primarily members of the existing workforce, attended two consultation sessions, and 35 members of the public gave feedback at a pop up shop in the Mander Centre. Young person-specific sessions were held at five schools, one special school, a drop in at Base 25, and with a young parents group. Twenty two service users of the Terence Higgins Trust completed feedback questionnaire; stakeholder feedback forms were received as well general feedback emails. The Local Medical Committee (LMC) discussed the proposals at their meeting on 25 November 2014. GPs were also consulted at 'Team W'; a learning group of GPs in the City. The Local Pharmaceutical Committee also responded to the proposed changes positively and wanted to be more involved in delivering sexual health services.
- 3.3 The feedback that we received showed that participants were most concerned about confidentiality, engaging with young people, accessibility and effective promotion/communication of available services. The key issues that were highlighted, and will be taken forward, from the consultation process are as follows:
- Effective communication and promotion of all services through the use of modern technology; investigate the potential to create a single point of contact (SPOC) directory for both service users and professionals to use for signposting.
 - Develop a robust co-ordinated sexual health offer enhancing outcomes,

particularly to vulnerable groups, by linking up with other key services such as maternity, Local Authority Children and Family Services, Drug and Alcohol Services and the Sexual Assault Referral Unit

- Develop communication, health promotion and social marketing plans to address the stigma associated with sexual health amongst young people, encourage use of services and educate young people on their rights to confidentiality
- Ensure that a young person focused offer is developed with particular links to young people services including schools
- 'You're Welcome Standards' should be adopted to drive quality
- Expand sexual health services provided by pharmacies in the new model
- Scope further developmental work and training with GPs and Practice Nurses to ensure that engagement and capacity building is prioritised prior to rolling out the primary care element
- Address equality gaps through an equality impact assessment that is shared with potential providers
- Detailed summary of the survey to be distributed to potential providers in order to ensure that comments and suggestions are incorporated into service delivery plan

4.0 Next Steps

- 4.1 Based on the consultation feedback, and particularly from GP's, further development work is needed so that an effective primary care sexual health model can be established in partnership with GP's. In order to do this the procurement timeline will be amended and completed in two phases;
- 4.2 Phase one will include GUM, CaSH, pharmacy and **Human immunodeficiency Virus** (HIV) prevention services and this will commence in July 2015. Phase two will include a revised GP model with the potential to build a community approach to young people and their sexual and reproductive health. This phase will commence in December 2015. The intention is that a young people's approach will be developed and adopted throughout phase one and two.

5.0 Financial implications

- 5.1 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The total funding settlement for Public Health for 2015/16 is £19.3 million of which approximately £2.9 million has been set aside to fund sexual health contracts.

[NM/11052015/P]

6.0 Legal implications

- 6.1 The legal requirement to complete a 12 week consultation has been met; as part of this process efforts have been made to engage with a variety of groups to ensure there is a range of feedback.

[RB/06052015/A]

7.0 Equalities implications

- 7.1 An initial screening was completed as part of the initial sexual health review, during 2013/14 which highlighted a number of groups are disproportionately represented in sexual health service delivery. This information along with a migrant needs assessment conducted between December 2014 and March 2015 has fed into an equality impact assessment.
- 7.2 There are robust monitoring systems already in place which indicate that there is a high take up of sexual health services by residents from the most deprived areas of the City. There is an on-going need to address issues that may disproportionately affect more vulnerable group's for instance earlier HIV detection in certain communities and the engagement of young people. Inclusion of these priorities will be integral components when re-commissioning the service.

8.0 Environmental implications

- 8.1 There are no environmental implications arising as a result of this report.

9.0 Human resources implications

- 9.1 Tendering and the impact of service change in relation to TUPE will be dealt with as a legal part of the procurement process.

10.0 Corporate landlord implications

- 10.1 There are no corporate landlord implications arising as a result of this report.

11.0 Schedule of background papers

- 11.1 Sexual Health Consultation, Health Scrutiny Panel, 11 December 2014