



Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 18 January 2023 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Mr. E. Walters (0116 3052583)**

Email: **Euan.Walters@leics.gov.uk**

Membership

Mr. J. Morgan CC (Chairman)

Mr. M. H. Charlesworth CC Mr. R. Hills CC
Mr. K. Ghattoraya CC Mr. P. King CC
Mr. D. Harrison CC Ms. Betty Newton CC

Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at <http://www.leicestershire.gov.uk>

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 2 November 2022.	(Pages 5 - 12)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on the agenda.	
6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.	



7. Presentation of Petitions under Standing Order 35.
8. Winter pressures across the Leicester, Leicestershire and Rutland Health and Care System. Integrated Care Board (Pages 13 - 18)
9. Public Health Medium Term Financial Strategy 2023/24-2026/27. Director of Public Health and Director of Corporate Resources (Pages 19 - 30)
10. Recommissioning of Sexual Health Services. Director of Public Health (Pages 31 - 54)
11. Date of next meeting.

The next meeting of the Committee is scheduled to take place on Wednesday 1 March 2023 at 2.00pm.

12. Any other items which the Chairman has decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website www.cfgs.org.uk. The following questions have been agreed by Scrutiny members as a good starting point for developing questions:

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

Members are reminded that, to ensure questioning during meetings remains appropriately focused that:

- (a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;
- (b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).

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Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 2 November 2022.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC

Mr. R. Hills CC

Mr. K. Ghattoraya CC

Mr. P. King CC

Mr. D. Harrison CC

Ms. Betty Newton CC

In attendance

Mr. D. C. Bill CC (item 34 refers).

Joanna Clinton, Head of Strategy, Integrated Care Board (item 34 refers).

Kay Darby, Deputy Director of LLR Vaccination Programme (item 35 refers).

Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (item 36 refers).

Rachel Dewar, Assistant Director of Urgent & Emergency Care, Integrated Care Board (item 36 refers).

Hannah Hutchinson, Assistant Director of Performance Improvement, Integrated Care System Performance Service (item 37 refers).

27. Minutes of the previous meeting.

The minutes of the meeting held on 31 August 2022 were taken as read, confirmed and signed.

28. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

29. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

30. Urgent items.

There were no urgent items for consideration.

31. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mrs. M. E. Newton CC declared a Non-Registrable Interest in all agenda items as she had two close relatives that worked for the NHS.

32. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

33. Presentation of Petitions.

The Chief Executive reported that no petitions had been received under Standing Order 35.

34. Hinckley Community Diagnostic Centre and Day-Case Project Update.

The Committee considered a report of the Integrated Care Board which provided an update on the Hinckley Community Diagnostics Centre (CDC) and Day-Case project. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Joanna Clinton, Head of Strategy, Integrated Care Board.

The Committee also welcomed to the meeting Mr. D. C. Bill CC as he represented an electoral division in the Hinckley area.

Arising from discussions the following points were noted:

- (i) On 22 October 2022 national approval had been given for the scheme. Construction work on the site was expected to begin in March 2024 and the project was expected to be completed by early 2025.
- (ii) A 6-week public engagement period would take place over winter 2022/23. Members questioned the need for this given the engagement that had already taken place.
- (iii) Concerns were raised regarding the length of time it took for NHS projects such as this one to be completed. In response it was explained that the process for schemes such as these was decided nationally and although the Integrated Care Board had asked if the process could be speeded up the national timescales had to be adhered to.
- (iv) Members expressed disappointment that the walk-in centre which had been part of the original plans was not part of the current plans. In response it was explained that the Integrated Care Board needed to concentrate on the services which were most in need and there was a backlog of elected procedures which were required to be carried out therefore this had been prioritised. A system wide review was taking place of Urgent Care Systems however the move to Enhanced Access needed to settle in and the impact understood before changes to Urgent Care could take place. In March 2023 recommendations would be made for the Urgent Care Hubs and the Committee would receive an update on the plans at a future meeting.

- (v) In April 2020 the new x-ray facility opened at Hinckley and District Hospital. The plan was that those x-ray facilities would be moved into the new Community Diagnostics Centre, there would not be two sets of x-ray facilities.
- (vi) In response to concerns raised by a member that rising construction costs could mean that the money allocated to the scheme was no longer sufficient, reassurance was given that work had been carried out to ensure the funding was adequate, and the submission to NHS England had to demonstrate that the scheme was affordable.
- (vii) GP Practices now offered 'Extended Access' appointments out of hours and in the Hinckley area. This meant appointments were available up to 6.00pm Monday to Friday. The existing hub in Hinckley run by Derbyshire Health United was open until 8.00pm.
- (viii) A member asked what was the likely volume and throughput of patients for the Community Diagnostics Centre and it was agreed that this information would be provided to members after the meeting.

RESOLVED:

That the update on the Hinckley Community Diagnostic Centre and Day-case projects be noted.

35. LLR Covid-19 and Flu Vaccination Programme.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Vaccination Programme which provided an update on the autumn and winter Covid-19 and flu vaccination programme for the eligible population in LLR. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Kay Darby, Deputy Director of LLR Vaccination Programme.

Arising from discussions the following points were noted:

- (i) The vaccination programme was being carried out with less funding than in previous years. The budget provided nationally was fixed and the Integrated Care Board had supplemented this budget from its own funds.
- (ii) The vaccination figures for the Charnwood area were comparatively low. Vaccination uptake was often lower in more deprived areas and Covid-19 outbreaks were occurring in areas with lower vaccination rates. In order to improve vaccination rates work was taking place with Public Health, District Councillors and community leaders. Two mobile vaccination units were travelling round the Charnwood area and the publicity campaigns were timed to coincide with the visits of the mobile units.
- (iii) Communications regarding the vaccine campaign came from the national team and were then distributed locally with tailor made local campaigns. Local television channels and programmes such as East Midlands Today were used. In response to concerns that the communications were not visible enough it was explained that the campaigns were targeted at particular demographics (for example those who were

pregnant), in terms of the timing and medium used and therefore may not be noticed by people not within that demographic.

- (iv) The vaccination appointments were organised by Primary Care Networks (PCNs) and the precise arrangements were down to the individual PCN. In some PCNs individual practices arranged appointments whereas in other PCNs a central admin team organised appointments for the whole of the PCN. In some PCNs a text was sent to patients inviting them to make a vaccine appointment whereas others made a phone call. A member felt that a phone call was more effective as it encouraged a patient to make a decision on whether to have the vaccine.
- (v) Concerns were raised that not all chemists were administering the Covid-19 vaccine and people would not be willing to travel by bus to receive the vaccine elsewhere. In response it was explained that the vaccine programme was organised on a national basis and LLR was only allocated a certain number of sites. The sites were moved around depending on where the most need was. Partnership working was taking place with the Warm Hubs Network to help provide transport for the public to vaccination sites.
- (vi) Concerns were raised about the impact on children under the age of 5. In response to a request from a member it was agreed that data regarding the breakdown of covid uptake by PCN area across the county would be provided after the meeting.

RESOLVED:

That the update on the autumn and winter COVID-19 and flu vaccination programme be noted.

36. Planning for a resilient winter across the LLR Health and Care System.

The Committee received a presentation from the LLR Health and Care System regarding the plans in place for a resilient winter across the system. A copy of the presentation slides, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust, and Rachel Dewar, Assistant Director of Urgent & Emergency Care, Integrated Care Board.

Arising from discussions the following points were noted:

- (i) There were six national metrics which were being used to measure success:
 - 111 call abandonment to national standards;
 - Mean 999 call answering times to national standards;
 - Category 2 ambulance response times to national standards;
 - Average hours lost to ambulance handover delays per day to national standards;
 - Adult general and acute type 1 bed occupancy (adjusted for void beds);
 - Percentage of beds occupied by patients who no longer meet the criteria to reside.

UHL felt that these were the correct metrics and the ambulance handover metric was the most important. To deliver the national metrics UHL had its own metrics and accountable lead officers for each. The biggest barrier to good performance against the metrics was the workforce challenges. The UHL Trust as a whole had a

12% vacancy rate which in total was 2109 vacancies. The Emergency Department specifically had a 13% vacancy rate. Work was ongoing to make UHL a more attractive employer. Work was also taking place with national and regional partners and local universities to create education programmes for health professionals. Bank and Agency staff were used to cover vacancies temporarily. The Locum's Nest system had just been launched which enabled bank staff to access shifts and ensured they were paid more swiftly.

- (ii) The 'Home First' approach was being used and recruitment was taking place for this model though there were difficulties recruiting the right numbers and calibre of personnel.
- (iii) 'Virtual wards' were being used to monitor patients at home such as patients with cardiac problems where their heart rate could be checked remotely.
- (iv) The unscheduled care co-ordination hub was a single point of access for people at immediate risk of attending hospital but not seriously ill. It comprised of a home visiting service and ambulance service which prevented people being required to attend the Emergency Department.
- (v) Additional acute capacity had been added to the LLR Health and Care System including additional acute beds at UHL, additional community beds and the Ashton residential and nursing care home had been opened.
- (vi) Consideration was being given to whether to implement the North Bristol Model of care across UHL. This model involved rapid flow of patients through the hospital and matching the flow to when patients were expected to be discharged.
- (vii) It was important that patients were able to access Primary Care to prevent them attending the Emergency Department unnecessarily. The Next Steps for integrating primary care: Fuller Stocktake report had been published which looked at how the implementation of integrated primary care could be accelerated. Consideration was being given to how the recommendations from this report could be implemented in LLR.
- (viii) The cost-of-living and fuel / food poverty crisis could have an impact on the Health and Care System over the winter. Concerns were raised that elderly people might not come forward and ask for help. To help tackle these issues the Health and Care System used the 'Making Every Contact Count' approach which meant that every interaction a health professional had with a patient was used to support positive changes to the patient's physical and mental wellbeing. For example if a professional visited a home and noticed it was cold they could make the appropriate referral.
- (ix) In response to concerns raised about loneliness it was explained that County Council led initiatives such as Local Area Co-ordinators and Social Prescribing also played a role in tackling this.

RESOLVED:

- (a) That the plans for a resilient winter across the LLR Health and Care System be noted;

- (b) That officers be requested to provide a report for a future meeting regarding Primary Care and the Fuller Stocktake report.

37. Health Performance Update.

The Committee considered a joint report of the Chief Executive and the Integrated Care System Performance Service which provided an update on public health and health system performance in Leicestershire and Rutland based on the available data on 30 September 2022. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Hannah Hutchinson, Assistant Director of Performance Improvement, Integrated Care System Performance Service.

- (i) For many performance metrics the Leicestershire data could not be identified separately to the Rutland data. Members emphasised that what they really needed was 'Leicestershire only' data in comparison with national data.
- (ii) There was a disparity between east and west Leicestershire with regards to diagnosis rates for dementia. Detection rates were higher in east Leicestershire. This disparity could be seen across other performance indicators as well and work was taking place to establish the reasons for this. It was agreed that an update would be provided to the Committee on the outcome of this analysis. The Leicester City area was better than Leicestershire as a whole for dementia detection so lessons could be learnt from what was happening in the City.
- (iii) Life expectancy at birth data showed that Leicestershire continued to perform significantly better than the national average for males and females. However, compared to the previous year's data, life expectancy at birth had decreased by 0.4 years for males and 0.3 years for females. By way of comparison, for Leicester City life expectancy had decreased by 0.7 for males and females. Healthy life expectancy for Leicestershire had decreased by 0.6 years for males and stayed the same for females. For Leicester City Males had decreased by 0.7 whereas females had increased by 0.3. It was suggested that the decreases in life expectancy could be a result of the Covid-19 pandemic.
- (iv) In response to concerns raised about performance against the cancer metrics reassurance was provided that the Integrated Care Board Cancer System Working Group was looking at quality issues. Urology was a particular problem and an action plan was in place to tackle the issues there. Consideration was also being given to the potential harm caused to patients whilst they were waiting for procedures. Further work needed to take place to look at the mental health impacts of delays as well. Harm reviews were taking place including mortality reviews.
- (v) With regards to the 18 Week Referral to Treatment metric 91,179 patients were waiting at all providers at the end of August 2022. In response to a question about the use of private providers it was confirmed that patients were offered a choice and the independent sector was being used to support NHS work. Patients were referred to Nuffield Health, Spire Healthcare and Ramsay Health Care.

RESOLVED:

- (a) That the update on public health and health system performance in Leicestershire be noted;
- (b) That officers be requested to provide a report for a future meeting of the Committee on the cancer metrics and the work of the Cancer System Working Group.

38. Dates of future meetings.

RESOLVED:

That future meetings of the Committee take place on the following dates at 2.00pm:

18 January 2023;
1 March 2023;
14 June 2023;
13 September 2023;
1 November 2023.

2.00 - 3.40 pm
02 November 2022

CHAIRMAN

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Leicester, Leicestershire
and Rutland

LLR winter preparedness

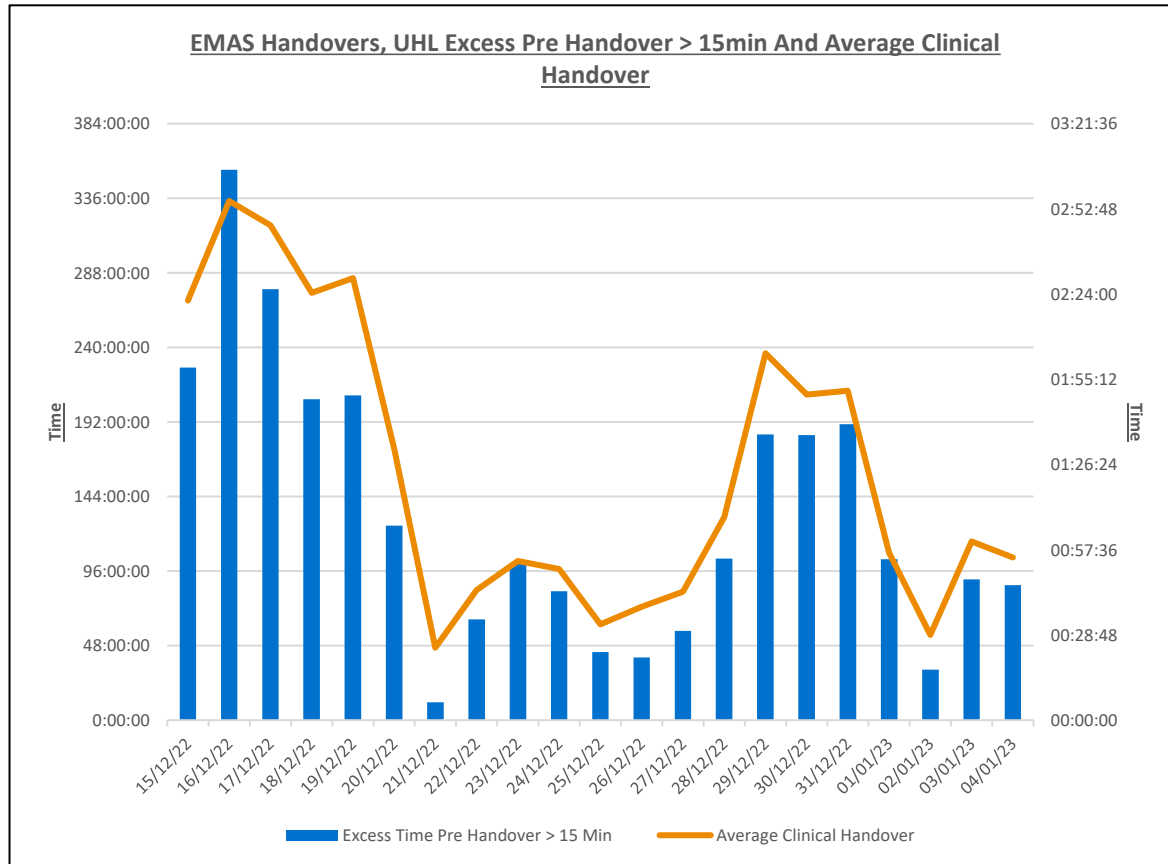
January 2022



A proud partner in the:

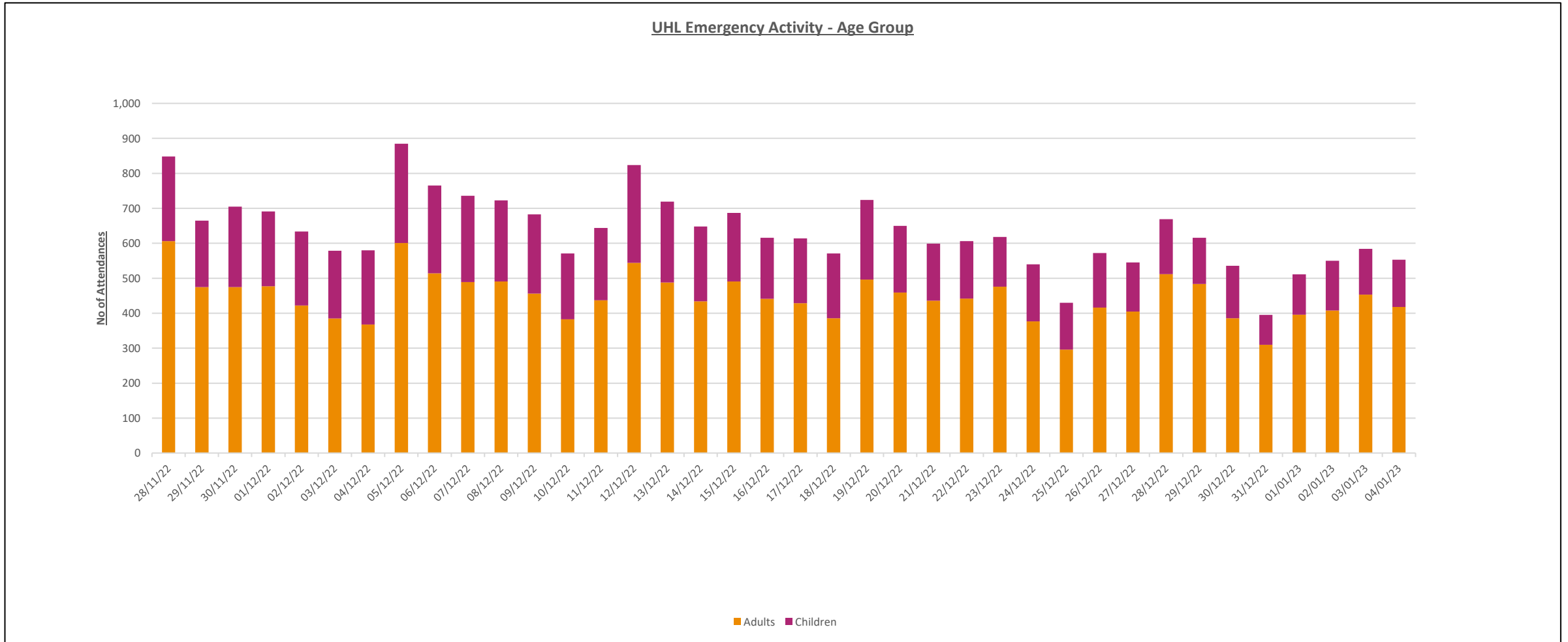
Leicester, Leicestershire
and Rutland
Health and Wellbeing Partnership

Handover to hospital trend



- The average ambulance handover time in October was 72 mins
- From 21st to 28th December, following new interventions put into place, this has been reduced to 44 mins
- Improvement has been sustained into January despite the pressures we are facing

Emergency department activity



Winter plan – Oct to Dec 2022

Implement COVID and Flu vaccs programme

Implement respiratory hubs across LLR

Redesign the GP > acute care pathway

Increase availability of urgent care centre appts

Increase LPT capacity

Maximise discharge opportunities

Implement the Unscheduled care hub

Implement 300 virtual ward beds

Increase UHL capacity

Increase handover space

Implement the 'push' model from ED

Maximise use of Same day emergency care

Increase opening hours of MIAMI

Implement actions from the 100 day discharge challenge

Implement fuel poverty plan

Increase 111/999 call handlers

Increase mental health support

Agree risk management strategy for system

Winter Plan v2 – Jan to March 2023

Standardise online,
digital & f2f
primary care offer

Implement step up
pathway for key LTC
i.e. respiratory

Maximise
streaming from
EMAS stack safely

Maximise
streaming
opportunities from
ED front door safely

Standardise multi-
disciplinary
management of the
ED bed stack

Implement plans
for Integrated
Discharge function

Maximise capacity
in all providers

Implement plans to
equalise risk across
the system safely



Conclusions

- It is extraordinarily difficult in every area of health and care at the moment – mix of demand, COVID/Flu, staff absence, capacity plus impact of industrial action
- The system has managed the ambulance service industrial action / critical incident called at Leicester Hospitals as a partnership but recognise that the surges in activity are causing a poorer patient experience across the pathway, with long waits across the pathway. Staff are also under increasing pressure
- We know we need to further strengthen the winter plan and we will apply learning from what we know has worked through difficult periods in December
- It will continue to be difficult as we head into ‘peak’ winter months of Jan and Feb ‘23



HEALTH OVERVIEW AND SCRUTINY COMMITTEE

18th JANUARY 2023

MEDIUM TERM FINANCIAL STRATEGY 2023/24 – 2026/27

JOINT REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE DIRECTOR OF CORPORATE RESOURCES

Purpose of Report

1. The purpose of this report is to:
 - a) provide information on the proposed 2023/24 to 2026/27 Medium Term Financial Strategy (MTFS) as it relates to Public Health; and
 - b) ask the Committee to consider any issues as part of the consultation process and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

Policy Framework and Previous Decisions

2. The County Council agreed the current MTFS in February 2022. This has been the subject of a comprehensive review and revision in light of the current economic circumstances. The draft MTFS proposed for 2023/24 to 2026/27 was considered by the Cabinet on 16th December 2022.

Background

3. The MTFS is set out in the report to Cabinet on 16th December 2022, a copy of which has been circulated to all members of the County Council. This report highlights the implications for the Public Health Department.
4. Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 30th January 2023. The Cabinet will consider the results of the scrutiny process on the 10th February 2023 before recommending an MTFS, including a budget and capital programme for 2023/24, to the County Council on the 22nd February 2023.

Service Transformation

5. The 2022/23 settlement for Leicestershire was £26.231m, a 2.8% increase on the 2021/22 grant. The uplift to the grant also includes additional funding to

cover the costs of routine pre-exposure prophylaxis (PrEP) commissioning and the impact of the NHS pay settlements. The outcome of the recent review of commissioning arrangements for health visiting, school nursing and sexual health services that was originally set out in the NHS Long Term Plan has resulted in no substantive movement of responsibilities back to the NHS. The review has called for a collaborative commissioning approach to Sexual Health Services but further guidance on how this will work in practice is awaited.

6. During 2021/22, the Department received Contain Outbreak Management funding of £3.0m to continue to support test, trace and contain activity. This money supports the delivery of the authority's Outbreak Control Plan which outlines how the department is managing the response to Covid-19 across the county. The remainder of the COMF funding will be spent during 2022/23.
7. The Department and the services it commissions and delivers continue to be structured in line with statutory duties and the Target Operating Model as set out in the Early Help and Prevention Review. The Department will consider the in-house provision of services as a preferred option, where appropriate, recognising that specialised health improvement treatment services will continue to be externally commissioned through the NHS and third sector markets.

Proposed Revenue Budget

8. Table 1 below summarises the proposed 2023/24 revenue budget and provisional budgets for the next three years thereafter. The proposed 2023/24 revenue budget is shown in detail in Appendix A.

Table 1 – Revenue Budget 2023/24 to 2026/27

	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000
Original prior year budget	-1,446	-1,806	-2,606	-2,696
Budget transfers and adjustments	0	0	0	0
Add proposed growth (Appendix B)	0	0	0	0
Less proposed savings (Appendix B)	-360	-800	-90	0
Proposed/Provisional budget	-1,806	-2,606	-2,696	-2,696

9. Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.
10. The central contingency also includes provision for an annual 1% increase in the employers' contribution to the Local Government Pension Scheme based upon the latest triennial actuarial revaluation of the pension fund.
11. The total gross proposed budget for 2023/24 is £29.0m with contributions from health, transfers and various other income sources totalling £4.6m. The ring-fenced grant allocation for 2023/24 is estimated to be £26.2m.

12. The proposed net budget for 2023/24 of - £1,806k is distributed as shown in Table 2 below:

Table 2 - Net Budget 2023/24

	£000	%
Public Health Leadership	2,030	8.3
Local Area Co-ordination	1,098	4.5
Quit Ready	473	1.9
First Contact Plus	350	1.4
Other Public Health Services	143	0.6
Programme Delivery	794	3.3
Public Health Advice	311	1.3
Weight Management Service	338	1.4
NHS Health Check Programme	400	1.6
Mental Health	48	0.2
Children's Public Health 0-19	8,559	35.0
Domestic Violence	385	1.6
Sexual Health	4,042	16.6
Substance Misuse	4,029	16.5
Physical Activity	1,146	4.7
Obesity Programmes	190	0.8
Health Protection	19	0.1
Tobacco Control	70	0.3
Active Together (formerly Leicestershire and Rutland Sport)	0	
Total	24,425	100.0
Public Health Ring Fenced Grant	-26,231	
Total Net Budgeted Spend	-1,806	

Budget Changes and Adjustments

13. Growth and savings have been categorised in the appendices under the following classification;
- * item unchanged from previous MTFs
 - ** item included in the previous MTFs, but amendments have been made
 - No stars - new item
14. This star rating is included in the descriptions set out for growth and savings below.
15. Savings have also been classified as 'Eff' or 'SR' dependent on whether the saving is seen as efficiency or service reduction or a mixture of both. 'Inc'

denotes those savings that are funding related and/or generate more income.

GROWTH

16. Growth bids made by Public Health are in response to national issues faced by all public health authorities and not internally generated initiatives; as a result they are kept to a minimum and for MTFS 2023 are zero.

SAVINGS

17. Details of proposed savings are set out in Appendix B and total £0.36m in 2023/24 rising to £1.25m per annum by 2026/27. These are detailed in the following paragraphs.

18. *PH1: Eff/SR Redesign of integrated lifestyle service pathways; £100,000 in 2024/25

Opportunities for the redesigning of integrated lifestyle service pathways are underway with potential changes to service delivery being reviewed with support from the Transformation Unit and Strategic Finance. At this stage, no risks have been identified but this may change as opportunities are reviewed.

19. *PH2: Eff/SR Review of Commissioned services; £90,000 in 2025/26

The department is working with the Transformation Unit to identify opportunities for savings across its portfolio of commissioned services. To date £35,000 has been identified and work is underway to identify the remainder of the saving for this line. The department is confident that savings will be reached within the time scales.

20. PH3: Eff Health Checks; £100,000 in 2023/24

New service commissioned from April 2023 with a revised pricing structure and reduced budget allocation

21. PH4: SR ICB Prescribing; £100,000 in 2023/24

Cross-charging of prescribing charges for the Stop Smoking Service will cease from April 2023. The service will no longer be working with prescribed drugs to aid people to stop smoking. They will be concentrating on pharmacotherapy products that the service can prescribe only.

22. PH 5: SR Internal Infrastructure; £100,000 in 2024/25

A review is underway to reduce funding given to Active Together by £100k which in turn will see a reduction in physical activity work across the county.

23. PH6: Eff CBS Data Extract; £30,000 in 2023/24

A new system of data collection has been commissioned from LHMIS which has resulted in a reduced budget requirement.

24. PH7: Eff Health Improvement; £130,000 in 2023/24

Budgets allocated to Health Improvement activity across the spectrum of Public Health have been reduced in line with departmental savings targets. Activity is being re-profiled to accommodate the reduction in allocations.

25. PH8: SR Homelessness Contract; £300,000 in 2024/25

There is planned to be a reduction in contract value when the service is re-commissioned with a more focused approach on early intervention and support through existing networks.

26. PH9: SR Whole School Approach to Food; £150,000 in 2024/25

The service will be decommissioned in its current form and the work will be dispersed to other internal teams to deliver alongside existing programmes. The remainder of the budget will be refocused on the elements of the existing contract that have the biggest impact.

27. PH10: SR Sport and Physical Activity Commissioning; £150,000 in 2024/25

100% saving being proposed with the decommissioning of the existing contract.

Savings under Development

28. Service Efficiencies

A review of the costs of each interaction with service users to see what opportunities there are to provide services, more efficiently whilst still delivering desired outcomes.

29. Commercialisation of elements of the school offer

Selling some of the current PH services to schools and workplaces. This will initially be explored in the County but given the ability of the Public Health service to deliver services in house, the opportunities to provide services outside Leicestershire could also be explored.

External Influences

30. Demand Led Activity

Sexual Health services are required to be provided on an open access basis and therefore there is a risk to the achievement of the MTFs. Health Checks are also demand driven.

31. Inflation

The department continues to be at risk of inflationary pressures. Although there has been an increase to the Public Health Grant in 2022, there is an ongoing requirement for the Department to meet increased provider costs.

32. Public Health Grant

There continues to be uncertainty around the Public Health Grant due to the lack of business rate retention reform. We are anticipating that the grant will be extended for a further year into 2023/24 but there is a risk that it may be reduced.

Other Funding Sources

33. There are several funding sources that contribute to the overall budget for Public Health.

<u>Funding Source</u>	<u>Description</u>	<u>Value £000</u>	<u>RISK RAG</u>
Public Health Grant	Public Health Grant Allocation 2022/23 (awaiting announcement for 2023/24 allocation).	26,231	G
Sport England Grant	Active Together receive funding to deliver a number of programmes. Funding varies each year, according to the programmes supported.	654	G
Better Care Fund	Funding allocation for First Contact Plus.	175	G
Rutland County Council	The provision of Public Health support to the authority and a section 113 agreement for Mike Sandys as the DPH.	328	G
Office of the Police and Crime Commissioner	This funding is a contribution to the (drugs) treatment contract.	145	G
Clinical Commissioning Groups	To meet the costs of contraceptive devices which are fitted to treat an existing medical condition.	100	G

Background Papers

Cabinet 16th December 2022 - Medium Term Financial Strategy 2023/24 to 2026/27
(Public Pack) [Item 4 - MTFS supplementary report Agenda Supplement for Cabinet, 16/12/2022 11:00 \(leics.gov.uk\)](#)

Circulation under Local Issues Alert Procedure

None.

Officers to Contact

Mike Sandys, Director of Public Health
Tel: 0116 305 4239
E-mail: mike.sandys@leics.gov.uk

Chris Tambini, Director of Corporate Resources, Corporate Resources Department
Tel: 0116 305 6199
E-mail: chris.tambini@leics.gov.uk

List of Appendices

Appendix A – Revenue Budget 2023/24
Appendix B – Growth & Savings 2023/24 – 2026/27

Equality and Human Rights implications

34. Public authorities are required by law to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation;
 - Advance equality of opportunity between people who share protected characteristics and those who do not; and
 - Foster good relations between people who share protected characteristics and those who do not.
35. Many aspects of the County Council's MTFS may affect service users who have a protected characteristic under equalities legislation. An assessment of the impact of the proposals on the protected groups must be undertaken at a formative stage prior to any final decisions being made. Such assessments will be undertaken in light of the potential impact of proposals and the timing of any proposed changes. Those assessments will be revised as the proposals are developed to ensure decision makers have information to understand the effect of any service change, policy or practice on people who have a protected characteristic.

36. Proposals in relation to savings arising out of a reduction in posts will be subject to the County Council Organisational Change policy which requires an Equality Impact Assessment to be undertaken as part of the action plan.

PUBLIC HEALTH DEPARTMENT**REVENUE BUDGET 2023/24**

Net Budget 2022/23 £		*	Employees £	Running Expenses £	Internal Income £	Gross Budget	External Income £	Net Budget £
-26,231,341	Public Health Ring-Fenced Grant		0	0	0	0	-26,231,341	-26,231,341
	Department							
-1,113,237	Public Health Leadership	B	2,363,414	530,800	-605,973	2,288,241	-257,858	2,030,383
1,750,301	Local Area Co-ordination	B	1,894,715	63,930	-783,143	1,175,502	-77,395	1,098,107
623,409	Quit Ready	B	467,226	162,750	-73,556	556,420	-83,206	473,214
734,539	First Contact Plus	B	666,894	4,308	-145,812	525,390	-175,062	350,328
171,510	Other Public Health Services	B	31,231	142,480	-31,231	142,480	0	142,480
1,315,534	Programme Delivery	B	1,053,766	388,500	-637,272	804,994	-10,588	794,406
310,720	Public Health Advice	B	0	310,720	0	310,720	0	310,720
292,409	Weight Management Service	B	452,012	34,000	-138,171	347,841	-10,000	337,841
500,000	NHS Health Check programme	S	0	400,000	0	400,000	0	400,000
230,000	Mental Health	B	49,344	1,336,194	-196,483	1,189,055	-1,141,006	48,049
4,815,185	Total		6,978,602	3,373,682	-2,611,641	7,740,643	-1,755,115	5,985,528
9,124,341	0-19 Childrens Public Health	S	204,869	9,281,472	-927,000	8,559,341	0	8,559,341
	Safer Communities							
434,703	Domestic Violence	S	0	434,703	-50,000	384,703	0	384,703
4,186,875	Sexual Health	S	0	4,142,045	0	4,142,045	-100,000	4,042,045
4,148,806	Substance Misuse	S	0	4,806,783	-120,000	4,686,783	-657,977	4,028,806
8,770,384	Total		0	9,121,202	0	9,213,531	-315,818	8,455,554
	Physical Activity and Obesity							
1,145,951	Physical Activity	B	0	1,145,951	0	1,145,951	0	1,145,951
190,000	Obesity Programmes	B	0	190,000	0	190,000	0	190,000
1,335,951	Total		0	1,335,951	0	1,335,951	0	1,335,951
669,388	Health Protection	B	704,509	41,830	-697,895	48,444	-29,571	18,873
70,000	Tobacco Control	B	0	70,000	0	70,000	0	70,000
0	Active Together	B	1,401,233	1,523,964	-875,953	2,049,244	-2,049,244	0
-1,446,092	TOTAL PUBLIC HEALTH		9,289,213	24,748,101	-5,112,489	29,017,154	-30,381,089	-1,806,094

* S/D/B : indicates that the service is Statutory, Discretionary or a combination of Both

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APPENDIX B

2023/24	2024/25	2025/26	2026/27
£000	£000	£000	£000

References

GROWTH

Demand & cost increases

TOTAL

0	0	0	0
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SAVINGS

*	PH1	Eff/SR	Redesign of integrated lifestyle service pathways	-100	-100	-100
*	PH2	Eff/SR	Review of Commissioned services	0	0	-90
	PH3	Eff	Health Checks	-100	-100	-100
	PH4	SR	ICB Prescribing	-100	-100	-100
	PH5	SR	Internal Infrastructure		-100	-100
	PH6	Eff	CBS Data Extract	-30	-30	-30
	PH7	Eff	Health Improvement	-130	-130	-130
	PH8	SR	Review approach to homelessness support	0	-300	-300
	PH9	SR	Review schools sustainable food award and gold food accreditation.	0	-150	-150
	PH10	SR	Review Sport & Physical Activity programmes	0	-150	-150
	TOTAL			-360	-1,160	-1,250

* items unchanged from previous Medium Term Financial Strategy

** items included in the previous Medium Term Financial Strategy which have been amended

Eff = Efficiency saving; SR = Service reduction; Inc = Income

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 18 JANUARY 2023

RECOMMISSIONING OF SEXUAL HEALTH SERVICES

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of this report is to seek the views of the Committee on the proposed model for sexual health services as part of the consultation.

Policy Framework and Previous Decisions

2. The draft proposal is informed by the Leicestershire Sexual Health Strategy 2020-2023, enabling informed choice and accessible sexual and reproductive health services. This strategy was approved by the Cabinet in June 2020.
3. The draft proposal is aligned with the Public Health Strategy – Delivering good health and prevention services 2022-2027, and the Leicestershire Joint Health and Wellbeing Strategy 2022-2032 – Staying Healthy, Safe and Well.
4. The draft model for the delivery of sexual health services was agreed for consultation by the Cabinet on 16 December 2022.

Background

5. Local authority commissioned sexual health services for Leicestershire and Rutland comprise of the Integrated Sexual Health Service (ISHS) and Community Based Services (CBS).
6. The current Integrated Sexual Health Service (ISHS) was jointly commissioned by Leicester City Council, Leicestershire County Council and Rutland County Council. The service is provided by Midlands Partnership NHS Foundation Trust (MPFT). Each authority holds a separate contract with MPFT which commenced on 1 January 2019 and ends on 31 March 2024.
7. The ISHS provides the following services:
 - contraceptive services;
 - sexually transmitted infection testing and treatment;
 - a specific young people's service;
 - psychosexual counselling;
 - outreach and health promotion;

- professional training;
 - network management;
 - sexual health leadership role across LLR.
8. The service is currently delivered from two hub locations (Haymarket Health Centre - Leicester, and Loughborough Health Centre) alongside a range of sessional 'spoke' locations (8 in Leicester City, 3 in Leicestershire and 1 in Rutland) together with dedicated outreach activity.
 9. MPFT sub-contracts the provision of online sexual health services to SH:24. This includes the provision of STI test kits, STI treatment, oral contraception, and emergency hormonal contraception.
 10. Community Based Services include the provision of long-acting reversible contraception (LARC) provided by GPs and emergency hormonal contraception (EHC) provided by pharmacies (LARC is more commonly known as coils or implants used for birth control and EHC is more commonly known as the morning after pill).
 11. Community Based Services are commissioned across Leicestershire and Rutland. The contracts for these services also end on 31 March 2024.

Review of need

12. Leicestershire residents utilise the ISHS predominantly for STI-related services (STI testing and treatment). This has remained consistent since the start of the contract.

% Leicestershire Residents activity				
	STI	Contraception	Sexual Health	HIV
2018/19	65%	31%	2%	1%
2019/20	65%	31%	3%	1%
2020/21	73%	22%	3%	1%
2021/22	65%	31%	3%	1%

13. The COVID-19 pandemic led to a significant change in the way sexual health services are accessed. Usage data for the current service shows that the proportion of Leicestershire residents accessing clinic services has reduced dramatically (from 64% to 39%), with a marked increase in the use of online sexual health services (from 21% to 50%). This channel shift has not been as marked for Leicester City residents.

% Leicestershire Residents access point			
	Clinic provision	Online Provision	C-Card*
2018/19	64%	21%	15%
2019/20	63%	21%	16%
2020/21	37%	57%	5%
2021/22	39%	50%	12%

*C-Card is a free service offering condoms and sexual health information to young people.

14. Leicestershire residents generally attend the LLR ISHS service, however, there is a small percentage that choose to access services outside of the LLR border. The proportion of residents accessing out of area services has reduced over the course of the contract. This is likely to be due to the expansion of online sexual health services, making sexual health services more accessible.

% Out of area activity	
2018/19	2.3%
2019/20	3.0%
2020/21	1.6%
2021/22	1.6%

15. The impact of the COVID-19 pandemic has seen a decline in LARC provision between 2019 and 2020 in GPs and Sexual Health Services. Post-pandemic numbers are beginning to rise again but are still considerably lower than in previous years. Despite this, Leicestershire remains higher than the national average for GP-prescribed long-acting reversible contraception (LARC).
16. The numbers of women accessing emergency hormonal contraception (EHC) via pharmacies remains significantly lower than pre-pandemic numbers. It is likely that these numbers have been impacted by the availability of online EHC, unlike LARC where face to face appointments are required.
17. Whilst national guidance on social distancing, and restrictions on walk-in services arising from the pandemic have now eased, we have not seen a shift back to accessing clinic services as they were before the pandemic. This could be compounded by other factors such as: more people working from home, an increase in the use of online sexual health services due to convenience, and reduction in unnecessary travel arising from the cost-of-living crisis. It is therefore essential that this shift in activity is reflected within the service redesign.
18. A period of engagement on current sexual health service provision took place in August 2022 with a range of stakeholders including, commissioners of sexual health services, providers of sexual health services, Office of the Police and Crime Commissioner (OPCC), district councils and GPs. A specific workshop was also held with young people to seek their views.
19. 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.

Proposals

20. 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.¹

21. The table below summarises the current model, challenges with the current provision and the proposed new model.

Current provision	Challenges with current provision	Proposed new model
ISHS	Due to workforce shortages, there have been multiple occasions when the hub and spoke clinics across Leicestershire have had to close to service the Haymarket hub which is based in the city.	Having a Leicestershire and Rutland service would ensure we have a dedicated workforce for the proposed hub and spoke model, therefore minimising disruption to service provision.
	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. This includes expansion of chlamydia screening services. Continue the condom distribution service for under 25s
Online sexual health service	Online sexual health services are sub-contracted by the existing provider leaving little autonomy for the commissioner to influence the delivery model. Performance data is not detailed enough to provide meaningful analysis of how the service is performing. Requests for additional data have to be made through the ISHS which is time consuming.	Commission the online sexual health service as a separate lot to the ISHS. This will not affect the offer available to residents.

¹ Sexual and reproductive health and HIV: applying All Our Health

LARC services	<p>The current provision is delivered via a combination of individual GP practices or through a GP federation with some settings holding specific LARC clinics while others do not. Also, some settings offer LARC to registered patients only, while others offer LARC to any eligible resident.</p> <p>There have also been challenges in securing enough trained staff to provide LARC services across all GP practices resulting in:</p> <ul style="list-style-type: none"> - Differences in service availability across Leicestershire - reliance on the ISHS to provide LARC services (not cost-effective) - residents having to travel across Leicestershire to access LARC services 	<p>Commission 1 provider to provide LARC services in accessible community settings across Leicestershire. This will also provide an opportunity to promote uptake of chlamydia screening.</p> <p>N.B Leicester City Council is not looking to retender this service as part of this recommissioning project</p>
EHC services	<p>Reduction in uptake of EHC within pharmacies, predominantly due to a channel shift to online provision</p>	<p>Expand current model</p> <p>N.B Leicester City Council is not looking to retender this service as part of this recommissioning project</p>

22. The ISHS service will retain a minimum of 1 hub (located in Loughborough) and 3 spokes for Leicestershire together with dedicated outreach activity, the online sexual health service will continue to be available, long-acting reversible contraception (LARC) delivery will be standardised across the county in accessible community settings and emergency hormonal contraception EHC will continue to be delivered via local pharmacies with encouraged expansion to provide equity in access across Leicestershire.

23. 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.

24. Early discussions with Leicester City Council indicate that they are not intending to make significant changes to the current offer. While discussions with Leicester City Council are ongoing the existing provision is not meeting the needs of Leicestershire residents (as described in the table above) and therefore commissioning the service as it is, is not a viable option for Leicestershire.
25. It is proposed to jointly commission the sexual health model with Rutland County Council (subject to its agreement). The rurality of both authority areas, combined with the growth of online sexual health services, have changed the way residents access sexual health service in both areas. The proposed approach will continue to provide the range of services currently offered to Leicestershire and Rutland residents alongside improved access to spoke clinics, increased local provision of LARC, continued provision of EHC services via pharmacies, as well as an opportunity to broaden the chlamydia 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,
26. The intention is for the sexual health Community Based Services (CBS), the Integrated Sexual Health Service (ISHS) and online sexual health services to be procured either under 1 lot or up to 4 separate lots (ISHS, online sexual health services, Community Based Services – LARC provision, Community Based Services – EHC provision). This is subject to the outcomes of soft market testing and consultation.

Consultation

27. Consultation was approved by Leicestershire County Council's Cabinet on 16 December 2022 and approval is being sought by Rutland County Council's Cabinet on 12 January 2023.
28. The eight-week public consultation exercise will launch on 16 January 2023 to seek feedback on the proposed model for sexual health services.
29. The consultation will seek the views of the general public, users of the service, service providers and commissioners of other local sexual health-related services. The survey will be accessible online on the County Council's website and available as a hard copy on request. Consultation will also take place through focus groups and through approaching stakeholders directly.
30. Soft-market testing is also taking 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.
31. The purpose of this report is to seek the views of the Committee on the proposed model for sexual health services as part of the consultation.

Resource Implications

32. The current annual budgets for sexual health services are £3.5m for Leicestershire and £120,000 for Rutland from the Public Health Grant. These figures do not include spend on out-of-area activity. The provider/s of the new model will be expected to manage predicted growth within the financial envelope.
33. Additional personnel resource will be required to complete the procurement. The Sexual Health Services Recommissioning Group is being developed and subject matter experts (Communications, legal services, Commissioning Support Unit) have been made aware of the planned consultation and procurement.
34. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

35. Consultation will close on 12 March 2023.
36. All consultation and soft market test findings will be reported to Leicestershire County Council Cabinet on 25 April 2023, and approval will be sought to commence procurement.
37. Rutland County Council Cabinet will receive their own report on 23 May 2023.
38. Subject to Cabinet approval, the invitation to tender is planned for launch on 1 June 2023 with a view to the new service commencing on 1 April 2024.

Conclusions

39. The contracts for local authority commissioned sexual health services are due to end on 31 March 2024.
40. Following a review of need and current activity, a proposed new model for sexual health services has been developed and is currently out for public consultation.
41. The purpose of this report is to seek the views of the Committee on the proposed model as part of the consultation.

Background papers

42. Report to the Cabinet - Recommissioning of Sexual Health Services - proposal for consultation – 16 Dec 2022
<https://politics.leics.gov.uk/ieListDocuments.aspx?MIId=6746>
43. Report to the Cabinet - Leicestershire Sexual Health Strategy (2020-2023) – 23 June 2020
<https://bit.ly/3VFp3sp>

Circulation under the Local Issues Alert Procedure

44. None

Equality Implications

45. An initial Equality Impact Assessment (EIA) has been completed up to section 5 (action plan and recommendations). This document will be reviewed and amended as needed post consultation to allow a full inclusive action plan to be developed as required.
46. The positive impacts identified from the Equality Impact Assessment include:
- An improved local offer reducing the requirement for excess travel to required services which may be difficult due to age or finances or disabilities.
 - Online self-sampling HIV/STI testing improves access for at-risk groups, while allowing greater privacy/discretion for the user.
 - Removal of some online services to promote face to face interaction and increase safeguards particularly for young people and those at risk of exploitation.
 - Improved promotion of service and variety of access points will support identified groups with awareness of the services that can support those with additional needs or their carers to access services.
47. Potential adverse impacts were identified. The consultation findings will be used to explore these in more detail and to support the development of mitigating actions. Impacts include:
- The removal of some online contraception services (for the purposes of safeguarding) may create barriers for those with a disability or have a greater impact on women due to the types of services they access.

Human Rights Implications

48. There are no human rights implications arising from the recommendations in this report.

Appendices

49. Consultation Documents

Officer(s) to Contact

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Have your say on our Sexual Health Services Review

On behalf of Leicestershire County Council and Rutland County Council

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. The service comprises of main clinics (hub clinics) at Haymarket Health and Loughborough Health Centre alongside a number of smaller (spoke) clinics at Rutland Memorial Hospital, and across the county at Hinckley Health Centre, St. Luke's Hospital Market Harborough, and Coalville Community Hospital. (Throughout this survey, we refer to this as the hub and spoke model.) The Integrated Sexual Health Service also provides an online sexual health service which offers the provision of STI test kits, STI treatment, oral contraception, and emergency hormonal contraception.

- 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.

We would like residents, users of our services, staff who provide sexual health services and partner organisations to complete this consultation. Your views are important to us and will help to shape future services.

Further information on the proposals can be found here: [\(Link to Sexual Health Services Review Consultation Information\)](#). Please read the supporting information provided before completing the questionnaire.

Thank you for your assistance. Your views are important to us. You will have the opportunity to leave comments at the end of each section if you wish to tell us more.

Do not use the back button on your browser/device as you may lose your response. Use the buttons below to navigate the survey.

Please note: Your responses to the main part of the survey (including your comments) may be released to the general public in full under the Freedom of Information Act 2000. Any responses to the questions in the 'About you' section of the questionnaire will be held securely and will not be subject to release under Freedom of Information legislation, nor passed on to any third party.

Q1 In what role are you responding to this consultation?

- A person who uses sexual health services
- A family member / carer of someone who uses sexual health services
- Leicestershire or Rutland resident
- Interested member of the public
- An employee of a sexual health service
- Representative of a voluntary sector organisation or charity
- A NHS/health professional
- Other (please specify)

Please specify 'other'

If you are responding as a family member/carer of someone who uses sexual health services, please complete the survey with their views..

Q2 Which area do you live in?

Routed if they tick 'A person who uses sexual health services' or 'A family member / carer of someone who uses sexual health services' or 'Leicestershire or Rutland resident' or 'A member of the public' in Q1

- Blaby
- Charnwood
- Harborough
- Hinckley and Bosworth
- Melton
- North West Leicestershire
- Oadby & Wigston
- Rutland
- Leicester City
- Outside of Leicester, Leicestershire and Rutland
- Prefer not to say

Q3 If you indicated that you are a representative of a service provider, voluntary organisation, charity, GP or other organisation, please provide your details

Routed if they tick 'An employee of a sexual health service', 'Representative of a voluntary sector organisation or charity', 'A NHS/health professional' in Q1

Name:

Get an appointment at a venue that suited you

Get an appointment at a time that suited you

If you have any further comments on your most recent experience at the Integrated Sexual Health Service (ISHS) Clinic please tell us below

Q6 How easy, if at all, was it to ... ?

Routed if they tick 'Online sexual health services (e.g. for STI test kits)' in Q4a

Very easy Fairly easy Not very easy Not at all easy Not applicable Don't know

Use the online sexual health service (e.g. for STI test kits)

If you have any further comments on your most recent experience with an online sexual health service please tell us below

Q7 How easy, if at all, was it to ... ?

Routed if they tick 'GP service for long acting reversible contraception LARC (coil/implants)' in Q4a

Very easy Fairly easy Not very easy Not at all easy Not applicable Don't know

Contact a GP service for long acting reversible

contraception LARC (coil/implants)

Book an appointment with a GP service for long acting reversible

contraception, at a venue that suited you

Book an appointment with a GP service for long acting reversible

contraception at a time that suited you

If you have any further comments on your most recent experience with a GP service for long acting reversible contraception LARC (coil/implants) please tell us below

Q8 How easy, if at all, was it to ... ?

Routed if they tick 'Pharmacy for emergency hormonal contraception (morning after pill)' in Q4a

	Very easy	Fairly easy	Not very easy	Not at all easy	Not applicable	Don't know
Contact a pharmacy for emergency hormonal contraception (morning after pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access a pharmacy for emergency hormonal contraception (morning after pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have any further comments on your most recent experience with a pharmacy for emergency hormonal contraception please tell us below

Q9 To what extent were you satisfied or dissatisfied with the service provided by the following sexual health services?

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	Not applicable
Integrated Sexual Health Service (ISHS) Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online sexual health services (e.g. for STI test kits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP service for long acting reversible contraception LARC (coil/implants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy for emergency hormonal contraception (morning after pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why do you say this?

Q10 If you have any further comments or suggestions about the sexual health service(s) you have used or tried to access across Leicestershire and/or Rutland, please tell us below

Characters remaining: left

Section 2 - Accessing different types of sexual health services

The sexual health provision offers a range of services, including promoting good and safe sexual health, STI testing and treatment, and contraception. These services can be accessed in a variety of ways such as self-care using website information or online ordering, vending machines, community spoke clinics, sexual health hub clinics (face to face or by telephone/video), GP and pharmacy.

An STI test checks whether you have a sexually transmitted infection (STI). It is quick and painless. STI tests can be performed by using a urine (pee) sample, a blood sample or a swab. The type of sample needed will depend on the symptoms.

Q11 What would be your preferred method/s to access testing for suspected sexually transmitted infections? Please tick all that apply.

- Ordering test kit via an online sexual health service
- Sexual health vending machine
- GP
- Visiting a sexual health clinic
- Pharmacy
- No preference **Exclusive option (if they tick this, they won't be able to tick anything else)**
- Don't know **Exclusive option (if they tick this, they won't be able to tick anything else)**

Why do you say this?

Contraception refers to the various methods that are used to prevent pregnancy. There are many types to choose from and different methods suit different people. Some require a procedure to have them fitted and removed.

There are many different types of contraception which can be provided by sexual health services. These include

- condoms (which also provide protection from STI's)
- long-acting reversible contraception (LARC) such as coils or hormonal implants
- oral contraception (often known as birth control pills)
- emergency hormonal contraception such as the coil or the morning after pill

Q12 What would be your preferred method/s to access the following contraceptive services? Please select all that apply.

'Not applicable' and 'Prefer not to say options' will be exclusive options (if they tick these they won't be able to tick anything else)

	Ordering via an online sexual health service	Sexual health vending machine	GP	Sexual health clinic	Pharmacy	Not applicable	Prefer not to say
Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency hormonal contraception (morning after pill)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13 What would be your preferred method/s to access **Long acting reversible contraception LARC (coil/implants)**? Please select all that apply.

'Not applicable' and 'Prefer not to say options' will be exclusive options (if they tick these they won't be able to tick anything else)

- GP
- Sexual health clinic
- Pharmacy
- Not applicable
- Prefer not to say

Q14 If you have any further comments or suggestions about accessing sexual health services in Leicestershire and Rutland please tell us below

Characters remaining: left

Section 3 - Your preferences for accessing sexual health services

The Covid-19 pandemic and the availability of new technologies have changed people's preferences for the way sexual health services are accessed.

Q15 How important, if at all, is the **locality** when accessing sexual health services?

	Very important	Fairly important	Not very important	Not at all important	Don't know
Available at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Near to home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Near to work/ college or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not local to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 How important, if at all, are the **opening hours** when accessing sexual health services?

	Very important	Fairly important	Not very important	Not at all important	Don't know
Daytime hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekend clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 How important, if at all, is the form of contact when accessing sexual health services?

	Very important	Fairly important	Not very important	Not at all important	Don't know
Opportunity to speak to a health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-care options rather than speaking to a health professional (e.g. online services or vending machines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 How would you prefer to access face to face sexual health services? Please tick all that apply.

- A turn up and wait service
- A telephone booking service
- An online booking service
- Other (please specify)
- No preference **Exclusive option (if they tick this, they won't be able to tick anything else)**
- Don't know **Exclusive option (if they tick this, they won't be able to tick anything else)**

Please specify 'other'

Why do you say this?

Q19 How far would you be willing to travel to access face to face sexual health services? *Routed if they tick any preference to face to face services in Q18*

- Under 15 minutes
- 15 - 30 minutes
- 30 - 60 minutes
- Over an hour
- No preference
- Don't know

Q20 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?

Very likely

Fairly likely

Not very likely

Not at all likely

Don't know

Why do you say this?

Sexual health vending machines allow fast and confidential access to free self-testing kits for sexually transmitted infections, condoms and pregnancy tests. They require some personal information to be entered to confirm that this is the right service for the individual, and to ensure there are no health needs that mean the individual needs to see a doctor or nurse.

Q21 Where would you prefer to access sexual health vending machines? Please tick all that apply.

- At sexual health service sites
- Pharmacies / chemists
- University buildings
- Children, young people and family centres
- Community venues e.g. community centres
- Other (please specify)
- No preference **Exclusive option (if they tick this, they won't be able to tick anything else)**
- Don't know **Exclusive option (if they tick this, they won't be able to tick anything else)**

Please specify 'other'

Why do you say this?

Q22 If you have any further comments or suggestions on the ways you access sexual health services in Leicestershire and Rutland please tell us below

Section 4 - Sexual health awareness, advice and health promotion

We would like to increase the amount of information available to enable people to manage their sexual health better. This includes the provision of information on sexual health services, provision of advice and promotion of positive sexual health.

Q23 To what extent, if at all, are you aware of the sexual health offer in Leicestershire and/or Rutland?

A great deal

To some extent

Not very much

Not at all

Don't know

Why do you say this?

Q24 **How** would you like to see sexual health services promoted? Please tick all that apply.

- Face to face
- Social Media
- Emails
- Leaflets/Hard Copies
- Webinar/ training sessions
- Other (please specify)

Not applicable **Exclusive option (if they tick this, they won't be able to tick anything else)**

No preference **Exclusive option (if they tick this, they won't be able to tick anything else)**

Please specify 'other'

Q25 **Where** would you like to see sexual health services promoted? Please tick all that apply.

- In existing health & wellbeing services e.g. GPs and pharmacies
- In community venues e.g. local community centre, library
- In schools/ colleges/ universities
- Workplaces
- Other (please specify)
- Not applicable **Exclusive option (if they tick this, they won't be able to tick anything else)**
- No preference **Exclusive option (if they tick this, they won't be able to tick anything else)**

Please specify 'other'

Q26 Which social media channels would you like to see sexual health services promoted on?

Please tick all that apply. *Routed if they tick 'social media' in Q24*

- Facebook
- Snapchat
- Youtube
- TikTok
- Tumblr
- Twitter
- Instagram
- Pintrest
- Other channels (please specify)
- Don't know **Exclusive option (if they tick this, they won't be able to tick anything else)**
- No preference **Exclusive option (if they tick this, they won't be able to tick anything else)**

Please tell us which other channels you would like to see sexual health services promoted on:

Q27 How likely, if at all, is it that you would use a telephone service to speak to someone and get support and/or advice to manage your sexual health?

Very likely

Fairly likely

Not very likely

Not at all likely

Don't know

Q28 If you have any further comments on sexual health awareness, advice and health promotion in Leicestershire and Rutland please tell us below

Section 5 - Outreach service provision

Outreach services are designed to break down barriers to testing and treatment by taking services closer to the communities at risk. Outreach services can provide support around STI prevention, contraception and Chlamydia screening.

Q29 Which groups do you feel should be provided with outreach services? Please tick all that apply.

- Young people
- Vulnerable people (i.e. someone with a learning disability)
- Sex workers
- Men who have sex with men
- Rough sleepers
- LGBTQ+ community
- Travelling Community
- Other (please specify)
- Don't know **Exclusive option (if they tick this, they won't be able to tick anything else)**

Please specify 'other'

Q30 Which, if any, of the following areas do you feel have a greater need for outreach services? Please tick all that apply.

- Blaby
- Charnwood
- Harborough
- Hinckley and Bosworth
- Melton
- North West Leicestershire
- Oadby & Wigston
- Oakham
- Uppingham
- Empingham
- Rutland
- Don't know **Exclusive option (if they tick this, they won't be able to tick anything else)**

Please let us know why you feel there is greater need for outreach service in these areas?

Q31 If you have any further comments or suggestions about outreach service provision in Leicestershire and Rutland please tell us below

Characters remaining: left

About you

Leicestershire County Council is committed to ensuring that its services, policies, and practices are free from discrimination and prejudice, address the needs of all sections of the community and promote and advance equality of opportunity.

Many people face discrimination in society because of their personal circumstances and for this reason we have decided to ask these monitoring questions.

We would therefore be grateful if you would answer the following questions. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Q32 What is your gender?

- Male
- Female
- I use another term

Q33 Is the gender you identify with the same as your sex registered at birth?

- Yes
- No

Q34 What was your age on your last birthday? (Please enter your age in numbers not words)

Q35 What is your full postcode?

This will allow us to see how far our services reach people. It will not identify your house.

Q36 Are you a parent or carer of a young person aged 17 or under?

- Yes
- No

Q37 If yes, what are the ages of the children in your care? Please tick all applicable.

- 0-4
- 5-10
- 11-15
- 16-17

Q38 Are you a carer of a person aged 18 or over?

- Yes
- No

Q39 Do you have a long-standing illness, disability or infirmity?

- Yes
- No
- Prefer not to say

Do you have a long-standing illness, disability or infirmity? Please tick all that apply.

Routed if they tick 'Yes' in Q39

- Head injury
- Hearing (deafness, severe hearing impairment)
- Learning difficulty or disability (e.g. Down's syndrome, dyslexia, autism)
- Mental health (e.g. depression, schizophrenia)
- Mobility (e.g. using a wheelchair)
- Physical impairment (e.g. difficulty using your arms)
- Visual (blindness, severe visual impairment)
- Long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, epilepsy)
- Other (please specify)
- Prefer not to say

Please specify 'other'

Q40 What is your ethnic group?

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Other ethnic group

Q41 What is your religion?

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion

Q42 What is your sexual orientation?

- Bi
- Gay or Lesbian
- Straight/ Heterosexual
- I use another term

Please click the 'Submit' button to send us your response.

Thank you for your assistance. Your views are important to us.

We will analyse all the responses once the consultation has ended (midnight on 12 March 2023). A summary of the findings will be added to a report that will be presented to each Local Authority (Leicestershire County Council and Rutland County Council) for final consideration.

A formal decision on how future sexual services will look is expected by May 2023.

Data Protection: Personal data supplied on this form will be held on computer and will be used in accordance with current Data Protection Legislation. The information you provide will be used for statistical analysis, management, planning and the provision of services by the county council and its partners. Leicestershire County Council will not share any personal information collected in this survey with its partners. The information will be held in accordance with the council's records management and retention policy. Information which is not in the 'About you' section of the questionnaire may be subject to disclosure under the Freedom of Information Act 2000.