07/04/16

Leicestershire and Rutland Sexual Health Strategy Survey Report

Table of Contents

Table of Charts

Introduction

In autumn 2015 the Public Health Department at Leicestershire County Council conducted a comprehensive Leicestershire and Rutland Sexual Health Needs Assessment (SHNA). In December 2015 Leicestershire Council Cabinet approved for a sexual health strategy to be developed and to complete an eight week consultation on the implications of the strategy. This approach was also approved at Rutland County Council informal Cabinet in January 2016. This report details the methodology and results from the eight week consultation, results of which will be used to influence the final sexual health strategies for Leicestershire and Rutland.

Methodology

Questionnaires were designed with SNAP Survey software and were available to respondents online during the consultation period from 19th January to 15th March 2016. The main part of the questionnaire consisted of a mix of 28 open-ended and multiple-choice questions, with an additional twelve demographic questions in the "About You" part of the survey. A copy of the full questionnaire is available on request.

Respondents were asked to share their views on the Sexual Health Needs Assessment, including recommendations for how sexual health services will be shaped in Leicestershire and Rutland in the future. Supporting documents were made available to provide background information and a description of the proposed changes. Respondents were asked to read these before taking part in the consultation.

Due to the complexity of information presented, this questionnaire was primarily aimed at stakeholders. It was however open to anyone who wished to comment. In total, 67 completed responses were received before the consultation deadline.

Communication

The consultation was promoted via an eblast to the "Have Your Say" group, through social media (Facebook and Twitter), the VAL e-bulletin, Healthwatch Leicester bulletin, to GP's and pharmacies via the CCG's, the Health and Wellbeing board, the Leicestershire Teenage Pregnancy Partnership, the Public Health team and to everyone who attended or was invited to the sexual health visioning event and clinical network. It was also advertised internally to Leicestershire County Council staff via the staff health and adult social care bulletin and two CIS articles.

Results

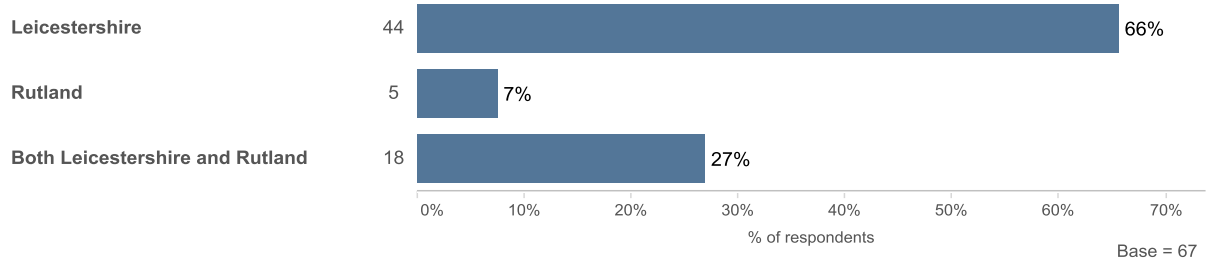
This report includes the combined results for all 67 respondents. Charts excluding respondents that commented on the Rutland strategy only (I.e. Leicestershire figures) can be found in Appendix A. Rutland figures are available on request.

Strategy

Q1 - Which area's needs/ strategy do you wish to comment on?

The majority of respondents indicated that they were responding to the 'Leicestershire' strategy (66%), while only 7% were responding exclusively for 'Rutland' and 27% commented on both.

Chart 1: Area commented on



Role

Q2 - In what role are you responding to this consultation?

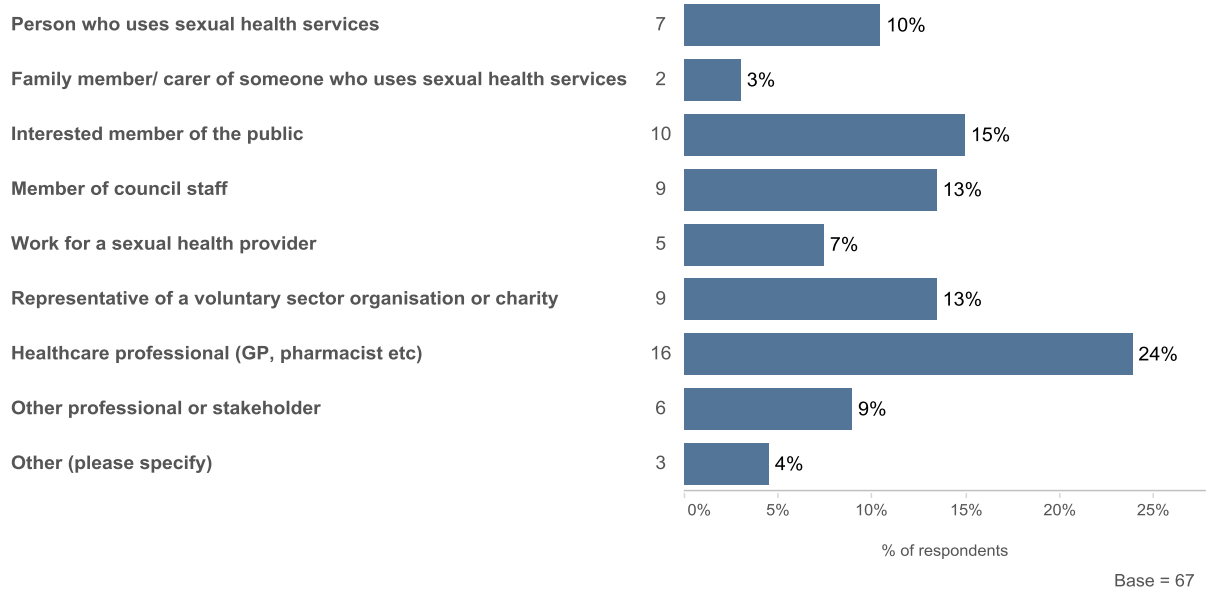
Respondents were asked in what role they were responding to the consultation. Chart 2 shows that the most frequently selected option was 'Healthcare professional (GP, pharmacist etc)' (24%). The three respondents who chose the option 'Other (please specify)' gave the following responses:

"Designated Nurse for Safeguarding Adults and Children LLR CCG"

"Teacher"

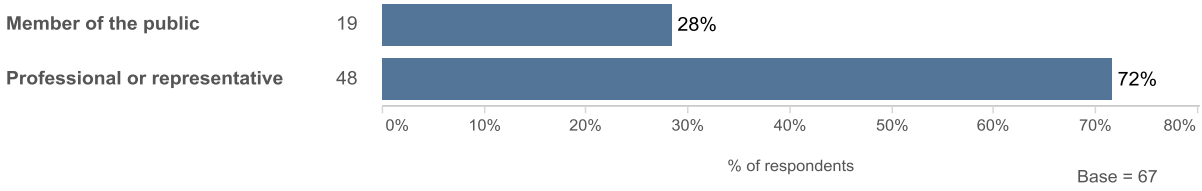
"NHSE Specialised Commissioning"

Chart 2: Role in which people responded to the consultation



To investigate more closely the breakdown of respondents' roles, response categories were split into two groups (Chart 3). The first three choices were grouped under the label 'General public', while the next five were categorised as 'Professional or representative'. The three respondents who chose the option 'Other' were included in the 'Professional or representative' group as their responses indicated that this categorisation would be suitable. This summary suggests that the majority of respondents (72%) considered themselves to be responding in a professional rather than private capacity.

Chart 3: Grouped roles



Q3 - If you are a representative of a service provider, voluntary organisation/ charity, GP/ pharmacist or other professional/ stakeholder, please provide your details

Based on their responses to Q2, some respondents were then asked to provide their name and the organisation they were representing. To protect the anonymity of respondents, these results will not be included in this report.

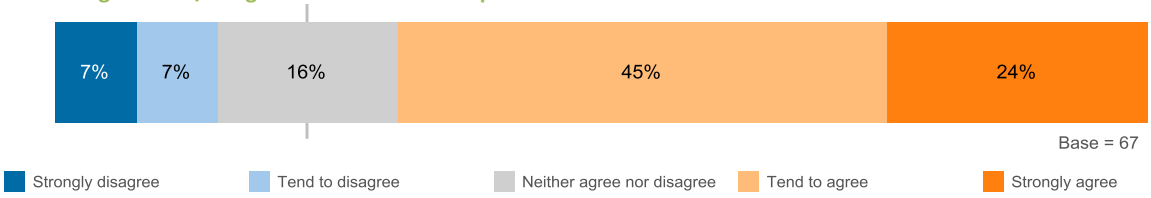
Sexual Health Needs Assessment – Identification of need

Needs assessment

Q4 - To what extent do you agree or disagree that the needs assessment provides a comprehensive overview of the sexual health needs of Leicestershire and Rutland?

Respondents were provided with a brief overview of the sexual health needs assessment and asked to consult the full needs assessment in the supporting documents. They were then asked to express to what extent they agreed or disagreed with the outlined needs. The most frequently chosen response was 'Tend to agree' (45%), followed by 'Strongly agree' (24%) (Chart 4).

Chart 4: Agreement/disagreement with the comprehensiveness of the needs assessment



Q5 - Why do you say this? Are there any gaps in the needs assessment? If so, please specify below.

Respondents were then asked to comment on why they had given the rating they had in Q4. 14 responses were received to the question, two of which tended to disagree with the recommendations. Key themes from the comments included being a comprehensive overview, not being Rutland specific, (in particular the links between sexual health and mental health services in Rutland) and potential gaps in needs assessment for Hepatitis C and Human Papilloma Virus. One member of the public found the needs assessment (and subsequent strategy) too complicated.

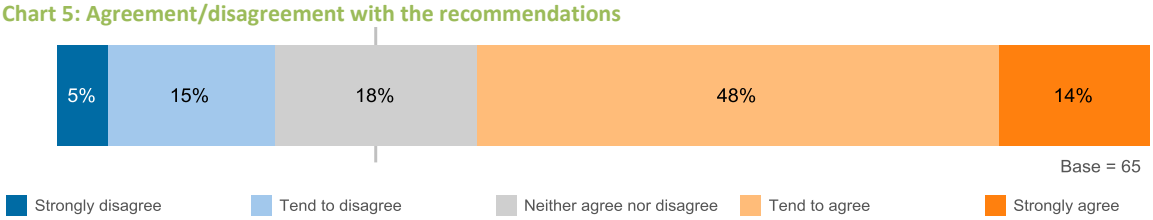
Sexual Health Needs Assessment – Recommendations

Respondents were directed to the recommendations section in the appendix of the supporting documents. They were then asked to rate their agreement or disagreement with these recommendations overall. More than half the respondents expressed that they agreed (62%) with the recommendations, with only 20% expressing that they disagreed (Chart 5).

Recommendations

Q6 - To what extent do you agree or disagree with the recommendations from the sexual health needs assessment?

Chart 5: Agreement/disagreement with the recommendations



Q7 - Why do you say this? Are there any gaps?

Respondents were then asked to comment on why they had given the rating they had in Q6. 20 responses were received, five tended to disagree with the recommendations and one strongly disagreed. The key themes from responses included evidence based recommendations, the recommendations being too general, concerns that the recommendations would negatively impact on young people (including not wanting to access GP and the C-Card), concerns re budget for increasing support for young parents to 21years and the role of pharmacy in sexual health services.

Sexual Health Strategies

It was explained to respondents that eight key themes to the strategies had been identified. They were then asked to rate how important each of these strategic priorities was to them, on a scale from one to ten, where one equals “Not at all” and 10 equals “Very important”. A ‘Don’t know’ option was also available, which has been excluded from the responses. Following this, respondents were asked to express their overall agreement or disagreement with the proposed strategic priorities and were then asked to comment on why they had given the rating they had in Q9 and Q11.

Strategic priorities

Q8 - How important are each of the following strategic priorities? Where 1= Not at all important, and 10= Very important

An average score was calculated for each of the priorities (Table 1). The difference between average scores was small and not statistically significant. No case can be made from the data for any of the strategic priorities being more preferred than others.

Table 1: Average scores for strategic priorities

Strategic priority	Average	Standard deviation
Support schools to deliver high quality relationships and sex education (RSE)	9.0	1.9
Develop a highly skilled local workforce	9.0	2.0
Coordinated, consistent sexual health communications	9.0	2.0
Coordinated approach to sexual health commissioning and partnership work	9.0	2.0
Increase links between sexual violence and sexual health services	8.7	2.1
Increase access to sexual health improvement and HIV prevention to at risk groups	8.7	2.3

Strengthen the role of primary care	8.3	2.3
Utilise new technologies to support sexual health delivery	8.0	2.4

Three charts are presented that display the trends in responses to this question in slightly different ways. Each category received 66 to 67 responses out of a possible 67. Nine 'Don't know' responses were excluded from the charts.

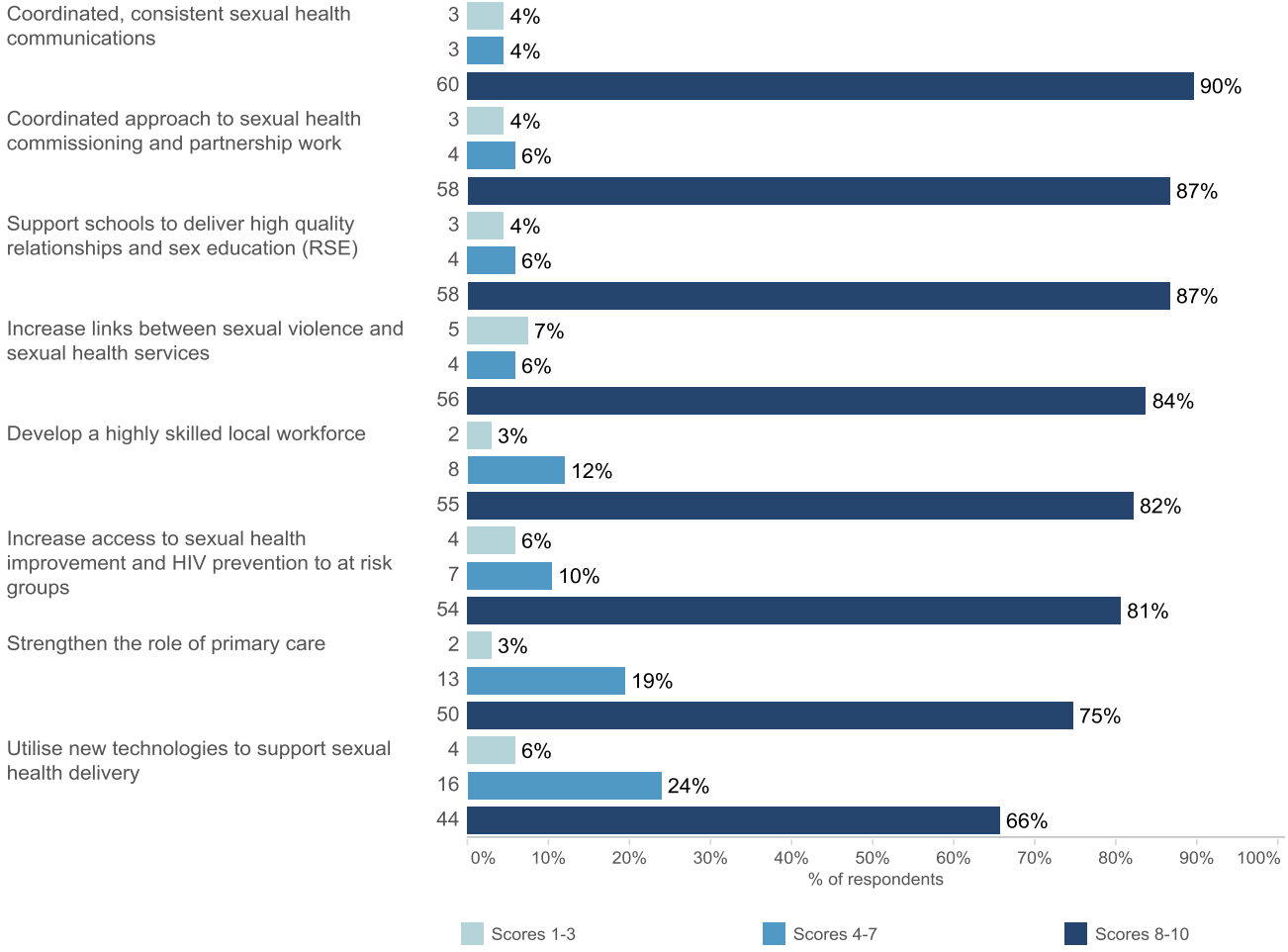
Participants were overall very supportive of all of the strategic priorities, with '10' being the most often selected choice for each of the options. Chart 6 shows the frequency with which each response from 1 to 10 was chosen for each of the strategic priorities. Darker shades of blue identify choices that were made more often. Numbers in brackets refer to the number of times each option was selected by respondents overall. This heatmap shows the patterns of responses to each of the options. It is ranked from the option that received the highest number of responses of '10' (Support schools to deliver high quality relationships and sex education (RSE) = 68%) to that with the lowest number of '10' responses (Strengthen the role of primary care = 37%).

In Chart 7 response options are grouped into three sets (scores of 1-3, 4-7 and 8-10) and presented side by side to enable comparison. Each colour marks a different score group.

Chart 6: Importance of each of the strategic priorities - Heatmap

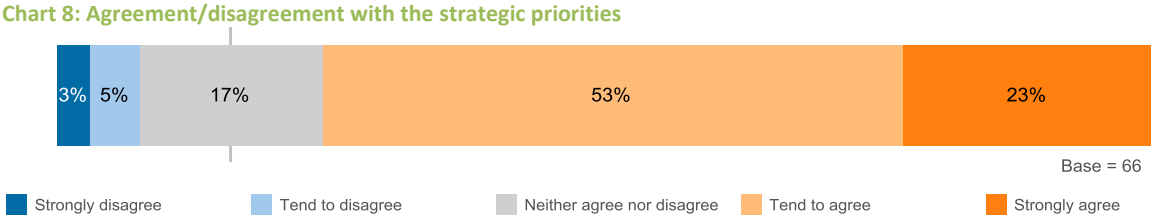
	1	2	3	4	5	6	7	8	9	10
Support schools to deliver high quality relationships and sex education (RSE)	3% (2)	2% (1)		3% (2)		2% (1)	2% (1)	9% (6)	12% (8)	68% (44)
Coordinated, consistent sexual health communications	5% (3)				2% (1)		3% (2)	15% (10)	12% (8)	64% (42)
Develop a highly skilled local workforce	3% (2)				5% (3)	2% (1)	6% (4)	6% (4)	17% (11)	62% (40)
Increase links between sexual violence and sexual health services	6% (4)	2% (1)				3% (2)	3% (2)	14% (9)	15% (10)	57% (37)
Coordinated approach to sexual health commissioning and partnership work	3% (2)		2% (1)				6% (4)	14% (9)	20% (13)	55% (36)
Increase access to sexual health improvement and HIV prevention to at risk groups	6% (4)				2% (1)	5% (3)	5% (3)	11% (7)	17% (11)	55% (36)
Utilise new technologies to support sexual health delivery	3% (2)		3% (2)	2% (1)	6% (4)	8% (5)	9% (6)	17% (11)	14% (9)	38% (24)
Strengthen the role of primary care	3% (2)			2% (1)	5% (3)	2% (1)	12% (8)	25% (16)	15% (10)	37% (24)

Chart 7: Importance of each of the strategic priorities – Bar chart



Q9 - Overall, to what extent do you agree or disagree with the proposed strategic priorities?

Chart 8: Agreement/disagreement with the strategic priorities

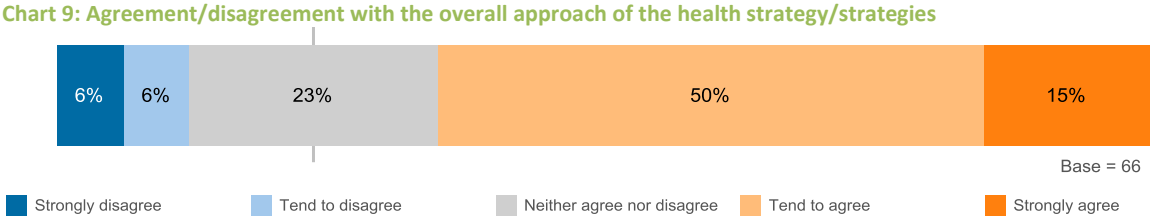


Q10 - Why do you say this? Are there other strategic priorities which should be included?

20 qualitative responses were received in relation to the strategic priorities, of which only one response tended to disagree with the proposed priorities due to not enough funding for the NHS. Other key themes highlighted from the responses included the priorities reflecting the local needs, concerns re GP capacity, capability and uptake, concerns that the online STI service would not be accessible for vulnerable groups (including LD), a lack of focus on young people and that some priorities are owned by other organisations (e.g. schools).

Q11 - To what extent do you agree or disagree with the overall approach described in the sexual health strategy (or strategies)?

Chart 9: Agreement/disagreement with the overall approach of the health strategy/strategies



Q12 - Why do you say this?

Overall most people agreed with the overall approach. 10 qualitative answers were received; one tended to disagree due to lack of funding and one strongly disagreed due to the implications on chlamydia screening. Other areas highlighted including agreeing with the approach, a greater focus on young people and a comment about the mission statement.

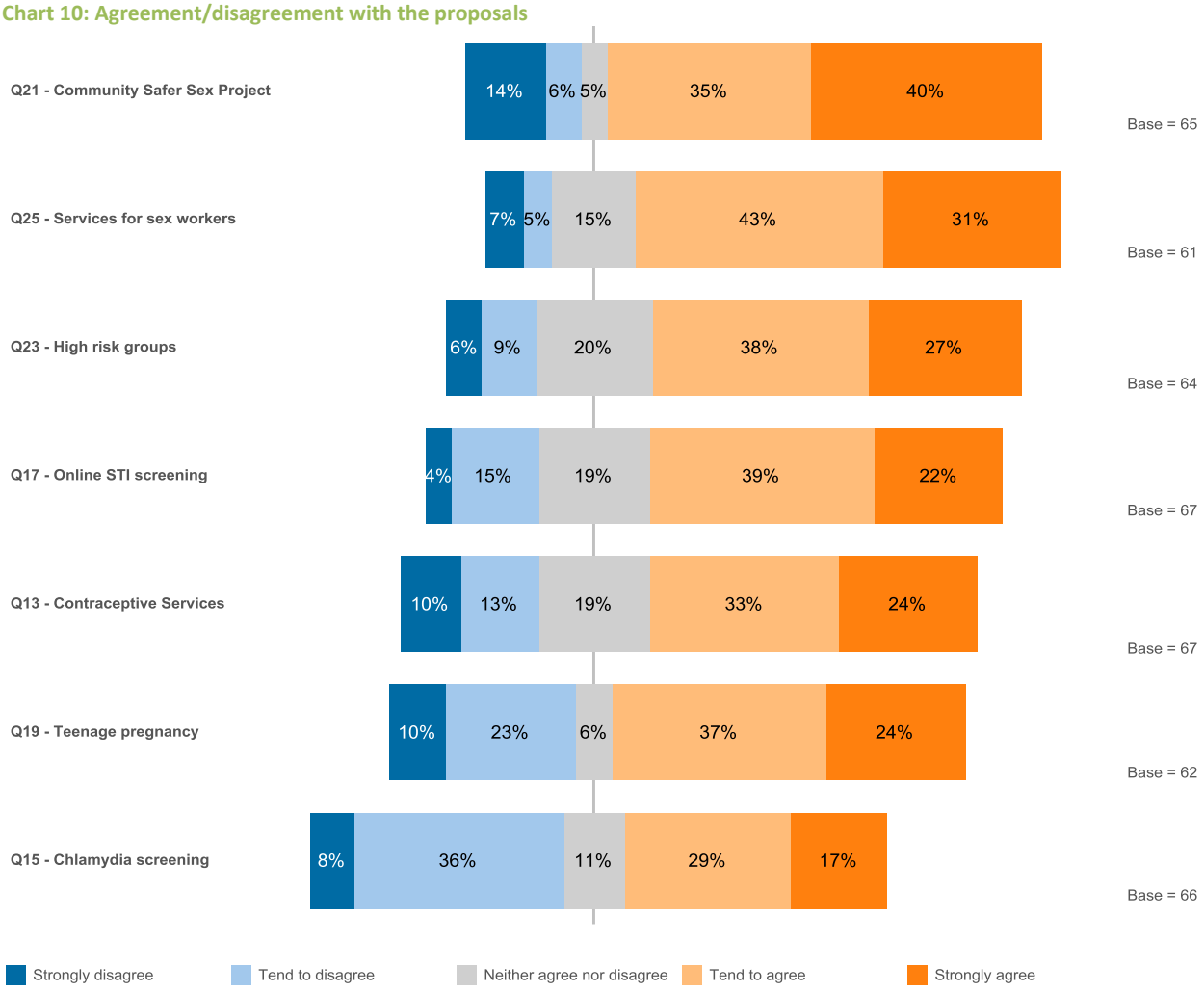
Implications for Sexual Health Services

It was explained to respondents that reduced budgets will lead to changes to the ways in which sexual health services will be commissioned in future. Respondents were provided with a brief overview of the proposed changes to seven areas of commissioning. They were then asked to express their agreement or disagreement with each of these areas and then to provide more information about why they had given this rating.

The questions in Chart 10 are ordered by the percentage of respondents who gave a response of 'Strongly agree' or 'Tend to agree' from highest to lowest. The proposal with most positive responses was that regarding the community safer sex project. The response 'Tend to agree' was given by 35% of respondents and 40% said they 'Strongly agree' with this proposal. Thus, approval was expressed by 75% of respondents.

The highest rate of disagreement was received in response to the chlamydia screening proposal. Eight percent of respondents expressed that they 'Strongly disagree' and 36% of respondents 'Tend to disagree' with this proposal, meaning overall around 44% of respondents expressed some disagreement with this proposal. About the same proportion of respondents (45%) expressed some degree of agreement with this proposal. In comparison, the proposal that received the least expressions of disagreement was the proposal outlined in regards to sexual health services for sex workers, with 7% or respondents saying they 'Strongly disagree' and 5% of respondents 'Tend to disagree' (Chart 10).

Chart 10: Agreement/disagreement with the proposals



Qualitative Results

Contraceptive Services (Leicestershire and Rutland)

Q14 - Why do you say this?

29 responses were received on the implications for primary care, of which three tended to disagree and three strongly disagreed with the approach. Key concerns for primary care delivering more uncomplicated sexual health services included concerns regarding GP capability and training, ensuring that services were confidential and young people friendly to ensure young people access the service, difficulty in LARC training for practices and difficulty in getting a GP appointment. Some responses confirmed that many GPs already deliver this service.

Chlamydia Screening (Leicestershire and Rutland)

Q16 - Why do you say this?

27 people provided a qualitative response to the changes to chlamydia screening, of these 13 tended to disagree and four strongly disagreed with the proposal. The responses showed some agreement with the proposal but concerns that the online model would not be accessed, a reduction in access to the service (including those with learning disabilities), the risk of increased STIs, losing a preventive approach to sexual health and the impact on sexual health providers. Results from the

online self STI screening service suggested concerns re accessing the service if you have limited internet access (i.e. vulnerable groups) and confidentiality for young people who live at home with parents.

Online STI screening (Leicestershire and Rutland)

Q18 - Why do you say this?

Regarding development of an online STI screening service, 21 people provided qualitative responses with six people tending to disagree and two people strongly disagreeing. The keys themes from the responses included online screening for all STIs being a useful tool alongside specialist services, concerns regarding confidentiality of screen deliver (the need to consider options to pack pick up screening kits), concerns due to losing the face to face element of service in relation to safeguarding, increasing STI awareness generally and other potential issues (such as mental health) and that the approach is appropriate for most practice but not the university practice.

Teenage Pregnancy (Leicestershire only)

Q20 - Why do you say this?

18 people responded to the question relating to changes in the approach to teenage pregnancy, of these five people tended to disagree and three people strongly disagreed with the proposed approach. Many responses agreed with the proposal to embed the approach into wider sexual health, early help, children centre, and EET services and approaches. The main reasons for disagreement included concerns about changing an approach that is working and needing further clarity as to how services would be delivered in the future.

Community Safer Sex Project (Leicestershire and Rutland)

Q22 - Why do you say this?

17 qualitative responses were received regarding the community safer sex project and movement to a C-Card. Of these one tended to disagree and three strongly disagreed with the approach. Although most responses to the C-card proposal were positive about increased access and parity across LLR, some concerns were also highlighted in around ensuring the service meets the needs of under 16s (including safeguarding).

High Risk Groups (Leicestershire and Rutland)

Q24 - Why do you say this?

Eight people responded about HIV prevention and testing for at risk groups, of which one tended to disagree and one strongly disagreed with the proposed increased testing approach. Comments agreed with the approach or highlighted concerns in relation to strengthening testing pathways, or needing a health promotion/ mixed approach for these vulnerable groups.

Clinical Sexual Health Services for Sex Workers (Leicestershire only)

Q26 - Why do you say this?

In relation to clinical services for sex workers 16 people provided qualitative response, of these two tended to disagree and two strongly disagreed with the approach. Key challenges highlighted with

the approach were the need to build trust with this client group to ensure they attend and to ensure a specialist workforce delivers the service.

Any other comments or suggestions

Q27 - Do you have any other ideas for ways that savings could be made in sexual health services?

16 responses were provided in relation to other ideas for saving to be made in sexual health services. Ideas included mobile clinics, greater use of pharmacy, more targeted community work, unifying service providers to provide a joined up approach, getting GP registrars interested in sexual health, and acknowledging the services already provided by the University practice and voluntary sector organisations.

Q28 - Do you have any other comments?

In the 'any other comments' question 16 responses were received. These highlighted the need for accessible/ flexible services (including longer weekend including Sunday opening times), a proactive approach in youth settings, concerns that the strategy will not meet the needs of under 16s or older people, loss of some face to face interventions, a lack of faith in some GP services, the need to include Ulipristal in the EHC PGD, long waiting times at the specialist service and the need to consider cross cutting themes more effectively (including alcohol misuse, mental health, domestic violence, sexual violence etc.)

About You

A maximum of 19 people completed the about you section of the survey, which reflects the fact that many responses were completed on an organisation's behalf. Of those that did respond to the questions 53.3% were aged 35-44years, 61.1% were female, 88.2% white ethnicity and 64.7% heterosexual. No respondents were identified as living in Melton or Oadby and Wigston. Therefore the survey respondents are not reflective of the Leicestershire and Rutland overall population, however this was a stakeholder consultation and therefore not the objective survey. Full details on the demographics of respondents are available on request.

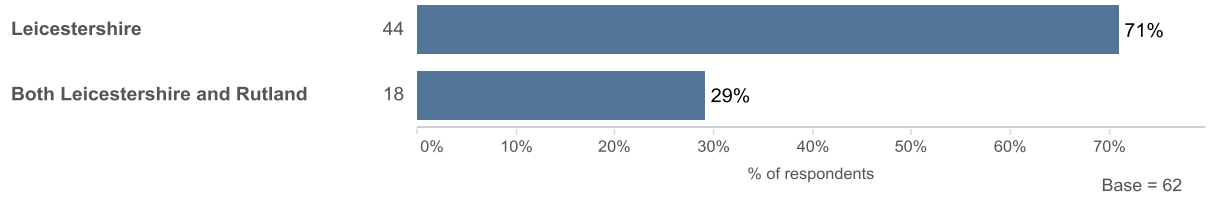
Conclusion

Overall the consultation responses supported the Leicestershire and Rutland Sexual Health Strategies' proposed approaches. These results will now be triangulated with consultation of the draft strategy completed with a number of Committees and Boards across Leicestershire and Rutland between January and April 2016. A summary of these responses from these groups and the final implications for the sexual health strategies can be found in the associated Sexual Health Strategy Cabinet papers presented in April (Leicestershire) or June 2016 (Rutland). It must be noted that respondents are unlikely to be reflective of the overall local population; however the survey was primarily aimed at stakeholders due to the complexity of the reports.

Appendix A – Leicestershire strategy

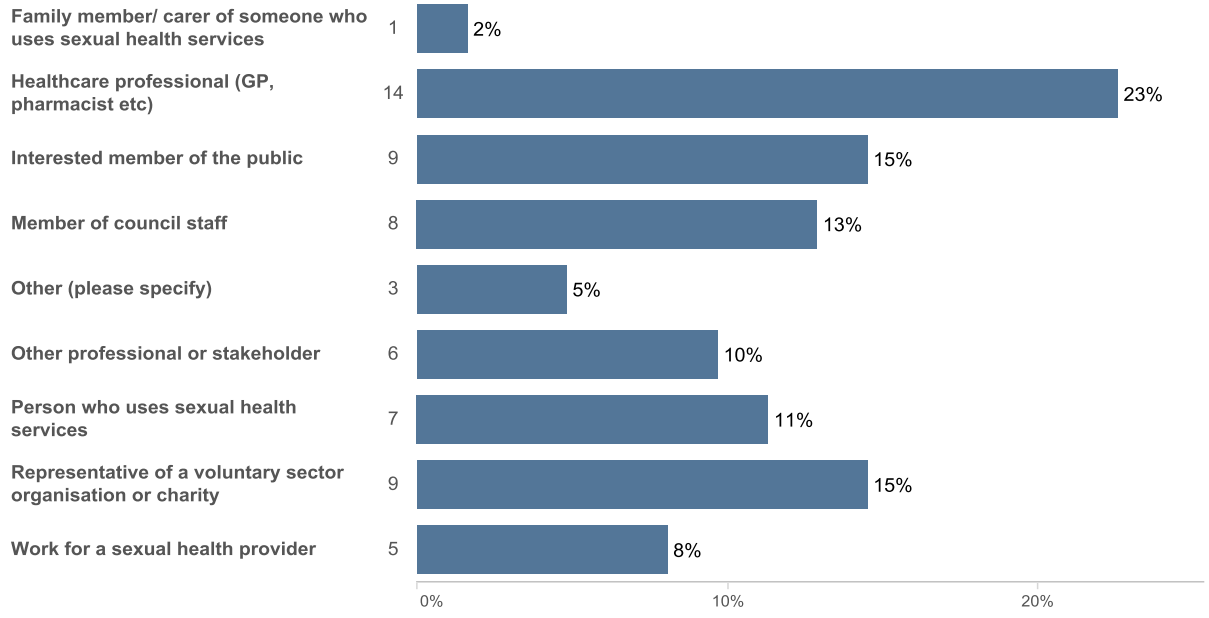
The following charts include only the results for those respondents who were commenting either on the 'Leicestershire' strategy only or on 'Both Leicestershire and Rutland' strategies

Q1



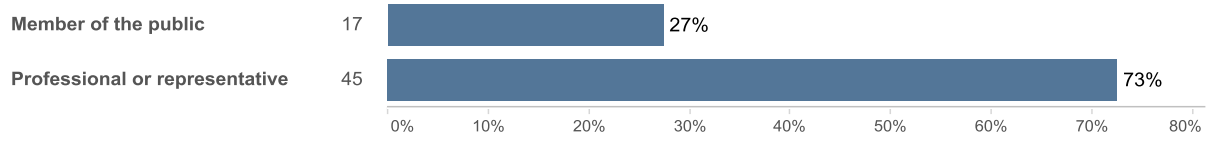
Base = 62

Q2



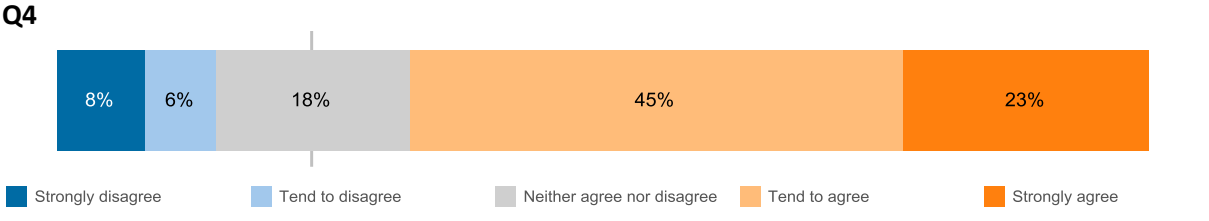
Base = 62

Q2 (grouped)



Base = 62

Q4

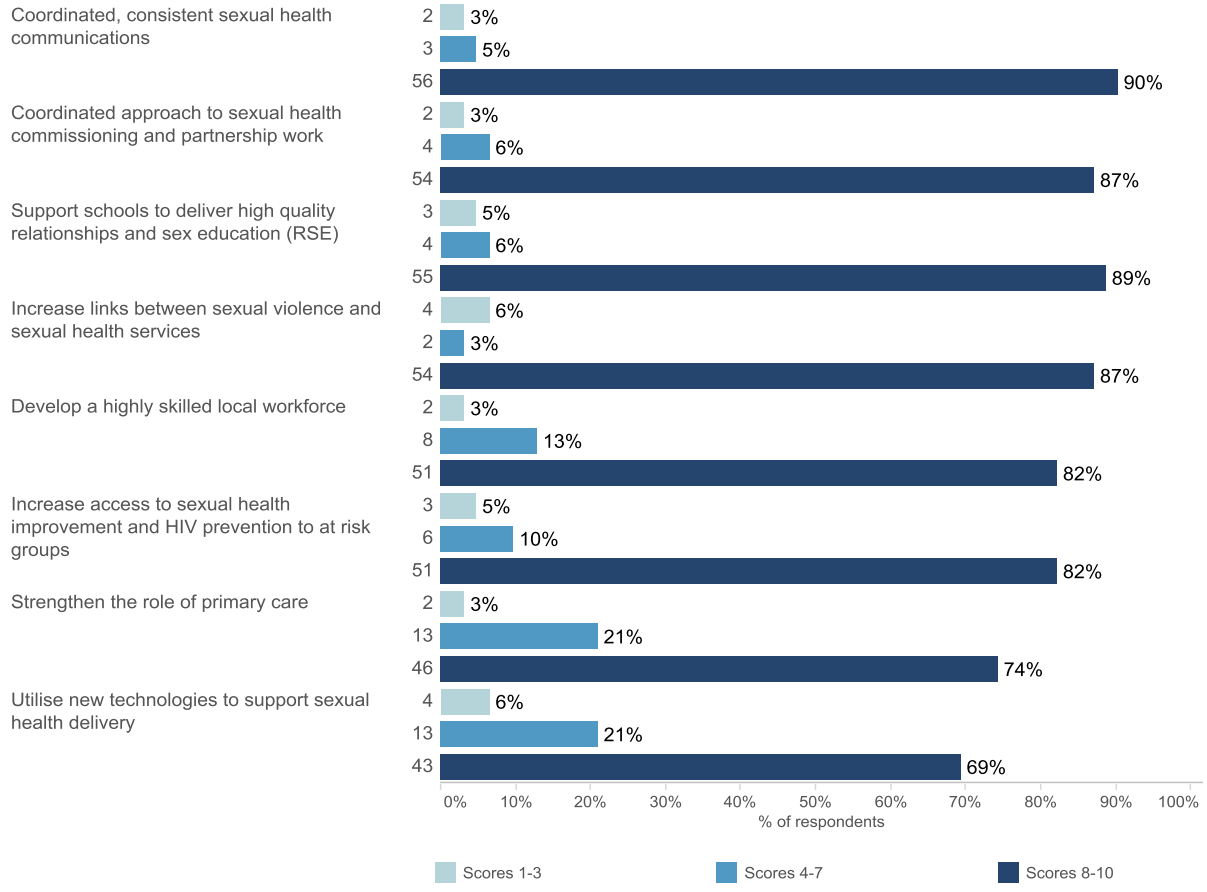


Base = 62

Q6

Base = 61

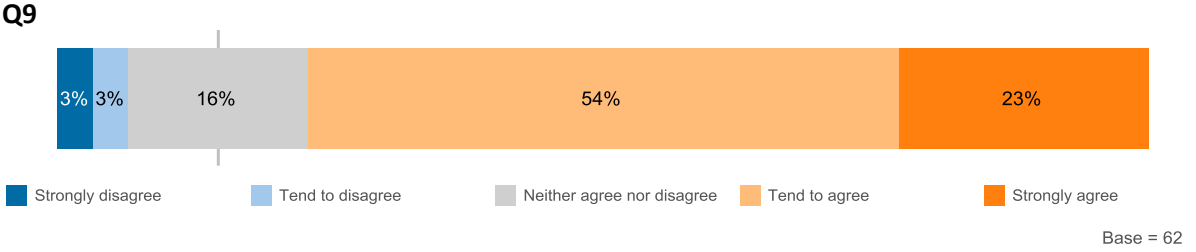
Q8 (bar chart)



Q8 (heatmap)

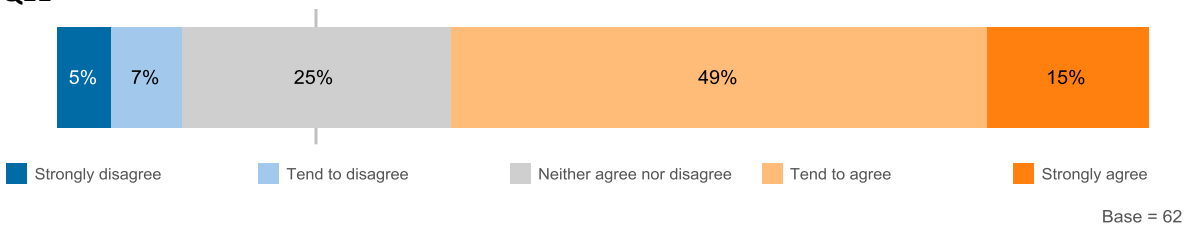
	1	2	3	4	5	6	7	8	9	10
Support schools to deliver high quality relationships and sex education (RSE)	3% (2)	2% (1)		3% (2)		2% (1)	2% (1)	8% (5)	13% (8)	68% (42)
Coordinated, consistent sexual health communications	3% (2)				2% (1)		3% (2)	15% (9)	13% (8)	64% (39)
Develop a highly skilled local workforce	3% (2)				5% (3)	2% (1)	7% (4)	5% (3)	16% (10)	62% (38)
Increase links between sexual violence and sexual health services	5% (3)	2% (1)				3% (2)		13% (8)	17% (10)	60% (36)
Coordinated approach to sexual health commissioning and partnership work	2% (1)		2% (1)				7% (4)	13% (8)	20% (12)	57% (34)
Increase access to sexual health improvement and HIV prevention to at risk groups	5% (3)				2% (1)	3% (2)	5% (3)	12% (7)	17% (10)	57% (34)
Utilise new technologies to support sexual health delivery	3% (2)		3% (2)	2% (1)	3% (2)	8% (5)	8% (5)	18% (11)	15% (9)	38% (23)
Strengthen the role of primary care	3% (2)			2% (1)	5% (3)	2% (1)	13% (8)	25% (15)	15% (9)	36% (22)

Q9



Base = 62

Q11



Base = 62

Q13-25