

Southend Health & Wellbeing Board

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Borough Council

to

Health & Wellbeing Board

on

December 2020

Report prepared by:
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For discussion		For information only	x	Approval required	
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**Agenda
Item No.**

Sexual Health Service Update – Pandemic impact Procurement of new Sexual Health Service - Timetable

Part 1 (Public Agenda Item)

1 Purpose of Report

To update the Board on the impact that the pandemic has had on access to the Sexual Health services in Southend and how we are progressing with the procurement plan for a new service in April 2021.

2 Recommendations

- 2.1 To note that, despite the restrictions introduced to manage the spread of the coronavirus since March 2020, the providers of the sexual health services have adopted a successful approach in maintaining a high level of access to their services since April 2020.
- 2.2 To note that the procurement of a new sexual health service is progressing to plan with a view that we will announce a new provider before Christmas 2020.

3 IMPACT OF PANDEMIC ON ACCESS TO SERVICES

- 3.1 The Southend Sexual Health Service has been innovative in taking clear steps to ensure that we move to service delivery that ensures that our fixed resources are applied to meet the needs of our area population.
- 3.2 The COVID 19 pandemic necessitated a reprioritising of clinical delivery with a refocused response on critical services. Many sexual health services across the country stopped or significantly reduced. The Southend Sexual Health Service rapidly adapted its centralised access, electronic records and telephone triage process to

maintain and expand all online services, adapt to safer medicine collection systems and provide direct contact for those who required this.

- 3.3 The service delivery principles adopted were:
- 3.4 direct attendance at clinical venues is avoided and minimised;
- 3.5 telephone or other forms of virtual contact and communication is maximised;
- 3.6 continue to prioritise based on risk and need through triage and clinical assessment.
- 3.7 Those interventions necessitating close contact were considered and where alternatives were available the intervention was suspended, such as LARC (long-acting reversible contraception).
- 3.8 Throughout the initial response people seeking LARC were recorded on a waiting list. The LARC waiting list addressed in the first 6 weeks of the service restarting (service was restarted on 15/07/2020) and full LARC access was made available from 2nd September 2020.
- 3.9 Our process for reviewing and suspending elements of service reflected the recommendations made by the national sexual health authorities, Faculty of Sexual and Reproductive Healthcare and the British Association of Sexual Health and HIV.
- 3.10 The tables below show comparative attendance data associated with the period of the COVID 19 response and Service Reset compared to the previous year's data. This shows an overall reduction in attendance of 1.5% compared to the same period in the previous year. This also illustrates the changes in service such as introduction of online testing and increase in virtual appointments:

2019		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Grand Total
Clinic First and Follow Ups	First appointments	774	805	830	943	762	4,114
	Follow-up appointments	72	195	212	326	346	1,151
	Total appointments	846	1,000	1,042	1,269	1,108	5,265
Online Testing							
Online Testing	Tests Returned	NA - Online Testing started in August 2019				11	11
	Positive Results					1	1
Total Contacts		846	1,000	1,042	1,269	1,119	5,276

2020			Apr-20	May-20	Jun-20	Jul-20	Aug-20	Grand Total
Clinic First and Follow Ups	First appointments	F2F	267	57	34	171	253	2,921
		Virtual	280	269	393	609	588	
	Follow-up appointments	F2F	127	58	41	287	344	1,664
		Virtual	127	147	215	223	95	
Total appointments			801	531	683	1,290	1,280	4,585
Online Testing								
Online Testing	Tests Returned	67		77	112	177	178	611
	Positive Results	3		9	16	22	20	70
Total Contacts			868	608	795	1,467	1,458	5,196

- 3.11 Some anecdotal feedback indicates that the virtual appointment is more convenient for people with no associated travel and significantly less time away from work/other commitments. The virtual contact is likely to be viewed as being more discreet. This feedback was utilised in the finalisation of our new sexual health service specification.
- 3.12 There was a marginal increase in out-of-areas cost as some users were seen outside of the borough.

4 CONSULTATION EXERCISE AND PROCUREMENT TIMETABLE

4.1 Eighteen months into our two-year contract for this service, we have been engaging with the local population, independent of our local providers to gauge their views about the service access and delivery as well as identifying areas of improvement. Our key ambitions were:

- Transformation that incorporates high quality open access sexual health services and offers value for money;
- Improves access to sexual health service, particularly for those at greater risk;
- Services that respond to safeguarding young people and vulnerable adults;
- Change the culture and behaviour of sexual health service delivery;
- Improve residents experience and outcomes as set out in the Council Southend 2050 outcomes as well as the NHS 5-year Strategy for Mid and South Essex;
- Realises the ambitions set out by the “Localities strategy; living well in thriving communities”;
- Move people away from dependency through education and encouraging self-management and care;
- Innovative ways to deliver the digital services;
- System wide response to supporting young people and preventing under 18 conceptions.

4.2 Outcome of the Consultation

This was undertaken mostly through an online survey and some targeted approach to engage vulnerable adults who do not have access to digital devices or the internet. Our local priority groups supported the development of the questionnaire. We had 278 participants (23 were professional staff):

- Over half (59%) had accessed sexual health services predominantly for STI testing and contraception;
- 64% were satisfied with the service they received;
- Current service access and waiting times were of concern;
- Improving access - more convenient opening hours e.g. evening & week-end services/booking online system/click & collect/ text services/ clinic sessions for specific groups;
- Main concerns from professionals, were about long waiting times, “main phone line very difficult and time consuming to get through to” resulting in patients often giving up and referring themselves back to their GP’s.

Key responses incorporated into the re-design of the new service specification included:

- ✓ Location based on needs and central hub within ½ mile of Town
- ✓ Provider to engage citizens in service delivery model and to improve experience
- ✓ Utilise innovation and new technology to deliver online services

The areas for development comprised of:

- ❖ Emergency Hormonal Contraception (EHC) through a pharmacy across the four localities – especially important for young people
- ❖ Delivering long acting reversible contraception (LARC) through primary care, which is most favoured by users
- ❖ Availability of HIV pre-exposure prophylaxis (PrEP) in clinical settings

4.3 Procurement Timetable

A market engagement event took place in the summer where we shared the findings above and encouraged bidders to utilise this information to inform their submissions. We have also advised our potential bidders to consider the impact of the continued challenge with the pandemic on service delivery in 2021.

The Youth Council were invited to participate in the presentation phase with the two shortlisted bidders. We are now entering the final phase of the procurement exercise as highlighted below (all activities in **bold** have been completed):

- **Aug-Sept 2020 - Public Consultation**
- **Sept 2020 - Invitation to tender open to bidders**
- **Oct 2020 - Tender opportunity closes**
- **Nov 2020 - Bidder evaluation and presentations**
- Dec 2020 - Contract award
- Jan 2021 - Mobilisation stage
- April 2021- New service contract goes live

5 FINANCIAL / RESOURCE IMPLICATIONS

- 5.1 Some additional costs incurred for out-of-area services. The bids received were within the procurement envelope.

6 LEGAL IMPLICATIONS

- 6.1 None at this stage

7 EQUALITY & DIVERSITY

- 7.1 All groups were consulted with during the engagement period.

8 APPENDICES

None