

Commissioning Integrated sexual Health services: Leeds City Council

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Leeds

- 3rd largest city
- Large transient student population 3 universities
- Diverse (140) ethnic groups representing 19% of population
- MARPs MSM, YP, BAC, CSW (managed approach)
- Above national average
 - HIV Late diagnosis
 - Teenage pregnancy
 - Gonorrhoea



Process

- Extensive Service user engagement
- Partnership approach
- Project management
- Investment time procurement process
- 2013 – 2015 Negotiated procedure
- 5 years +1+1+1



Procurement and lessons learnt

- Leadership role Councillors / DPH
- Think challenge: Document everything
- Brief the wider sector
- Maintaining business as usual
- Relationships: balancing
- Elected members
- Mobilisation



Reflections

- Partnerships with penalties! Period of grace
- Organisational behaviours: the domino effect
- Open and honest! Expose risks
- Co-dependant: Demand management



Reflections....

- Quality driven / incentives: do they match
- Change in demand
- Compromise: deviate from the spec
- Politics in healthcare
- Cultures / integration



and finally....our service, LSH

- Hub and spoke model
- 5000 appointments per month
- Partnerships with third sector, private business, education.
- Extended opening hours, 6 days a week
- Active social media presence (digital engagement worker) Dedicated workforce
- Outreach: MARPs, CSW, BAC
- Young peoples session, men only night
- 95% of service users rate as good or above

