



Specification

Sexual and reproductive health insights

Date 25th April 2024

Wellbeing and Public Health

Richard Sharpe & Lee Evans

Specification for Sexual and reproductive health insights



[Insert Directorate here]		[Insert Service here]	
[Insert Project/Programme title here]			
Senior Responsible Owner or Corporate Director:	Rachel Wigglesworth	Head of Service:	Ruth Goldstein
Date Updated:	15/02/2024	Version:	2.1
Programme/Project Description:	Sexual and reproductive health insights		
Reviewers:	SLT		
Author(s):	Richard Sharpe, Consultant in Public Health Lee Evans, Public Health Principal		

Document History			
Version	Date	Author	Change
1.0	15/02/2024	R Sharpe	Draft document
1.2	11/03/2024	R Cohen	Review
2.0	26/03/2024	Lee Evans	Review
2.1	17/04/2024	PH SLT	Signed off

Specification for sexual and reproductive health engagement and insights

Contents

1. Definitions	4
2. Introduction	5
3. Scope	8
4. Background	9
5. Service Conditions	11
6. Statement of Requirements	12
Service Aim(s)	12
The objectives of this service are:	12
a) Detailed requirements	13
7. Quality Requirements	15
8. Contract Management and KPIs	17
9. Technology systems and management techniques	17
10. Security	17
11. Safeguarding	17
12. Environmental sustainability and carbon management	18
13. Key Clinical Requirements	18
14. Training	18
15. Implementation timetable	18

1. Definitions

“Contract”

means: the Contract for the provision of the Services, Supplies or Works, which will be awarded to a successful Supplier;

“Council”

means: Cornwall Council, County Hall, Treyew Road, Truro, Cornwall TR1 3AY;

“Services”

means: the provision of sexual and reproductive health engagement and insights services as described in this Specification.

“Supplier/Provider”

means: any person or persons, firm or firms or company or companies applying to tender for the Services, Supplies or Works, or, where there is more than one organisation applying, the lead organisation;

“Works”

means: the Works as set out in this Specification in relation to sexual and reproductive health engagement and insights services.

“The Council’s Contract Manager”

means: the representative of Cornwall Council responsible for arranging and leading Contract Review Meetings

“The Supplier’s Contract Manager”

means: the representative of the Provider/Supplier responsible for attending Contract Review Meetings and actioning any changes

“Service User”

means: an individual who accesses services provided by the Council

2. Introduction

Sexual and reproductive health definition

The World Health Organisation defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not just the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

For sexual and reproductive health to be attained and maintained, the sexual and reproductive rights of all persons must be respected, protected and fulfilled. The consequences of poor sexual and reproductive health include; unintended pregnancies and abortions, psychological consequences of sexual coercion and abuse, poor educational, social and economic opportunities for teenage mothers, young fathers and their children, sexually transmitted infections, HIV, cervical and other genital cancers, hepatitis, chronic liver disease and liver cancer, recurrent genital herpes and pelvic inflammatory disease, which can cause ectopic pregnancies and infertility.

Inequalities

Sexual and reproductive health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by: women, men who have sex with men (MSM), trans community, teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. Other vulnerable groups also face a range of inequalities associated with accessing the support they need, which includes people not accessing primary care and/or commissioned sexual health services. This includes [health inequality groups](#) such as the 20% most deprived and PLUS population groups, including: access and geography (e.g. public transport and/or autism, learning disability and sensory impairment); protected characteristics; certain occupations; and lived experience such as those experiencing domestic abuse and sexual violence, people with multiple vulnerabilities (e.g. mental health, drug and alcohol use and housing problems) (Figure 1).

Specification for sexual and reproductive health engagement and insights

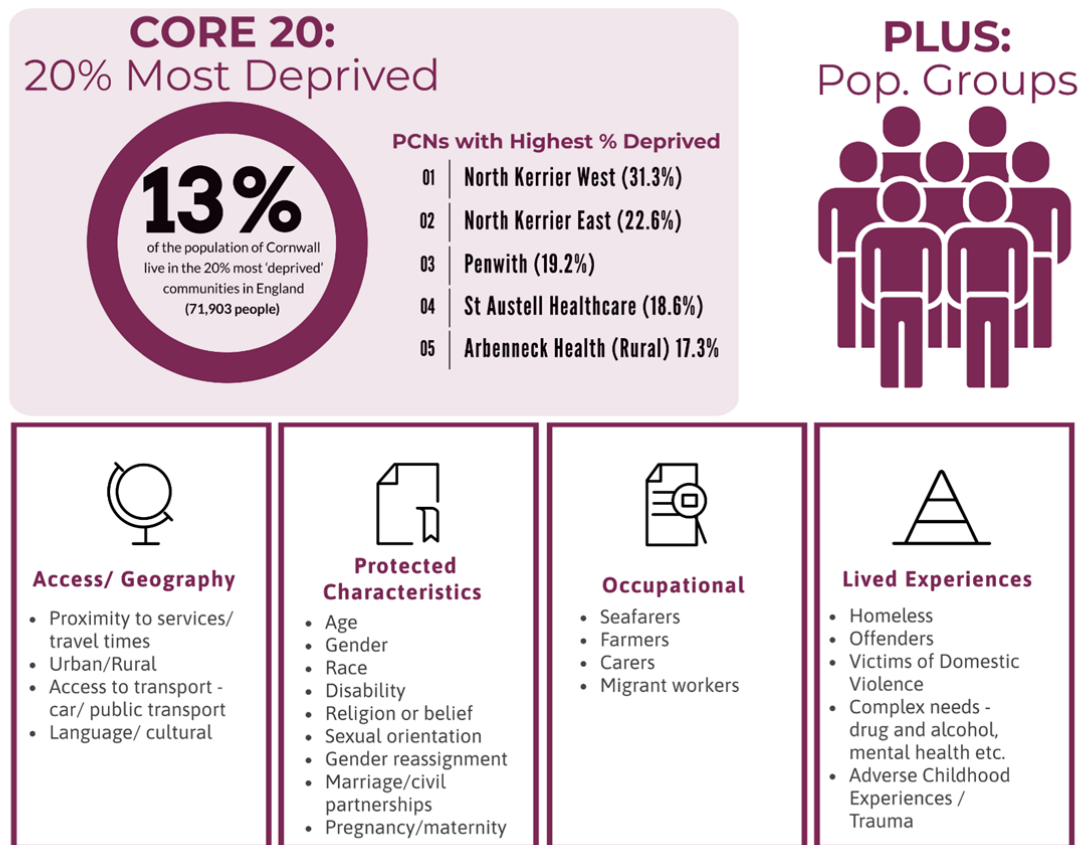


Figure 1 Health inequality groups across Cornwall and the Isles of Scilly

Sexual health profile

Health needs assessments were undertaken in [2015](#) and updated in [2018](#). Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Cornwall is lower (406 per 100,000 residents) than England (694 per 100,000). However, the chlamydia detection rate per 100,000 females aged 15 to 24 years in Cornwall is higher (2,115 per 100,000 in 2022) than England (2,110 per 100,000). While the rate of gonorrhoea diagnoses were better in Cornwall (51.6 per 100,000) than England (146 per 100,000), there has been an overall increase representing an emerging area of concern particularly in young adults. There is a need to better understand access and use of contraception including the current C-card and digital c-card pilot for example.

The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2021 was 0.8, better than the rate of 2.3 in England. There is a need to better understand HIV prevention, which is needed to understand the access to and rise in use of Pre Exposure Prophylaxis (PreP), as well as to better understand the needs of ethnic minority groups/women/heterosexual and meet the objectives set by the [HIV strategy and action plan](#).

The prescribing of long-acting reversible contraception (LARC) represents a key area for the [women's health strategy](#). The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist SHS per 1,000 women aged 15 to 44 years living in Cornwall was 54.8 in 2021, higher than the rate of 41.8 per 1,000 women in

Specification for sexual and reproductive health engagement and insights

England. Understanding preferences for LARC e.g., Coil, Implant, Injection, Patch, would help to tailor workforce training and planning, make decisions about where to establish women's health hubs, identify changes in preference and trends.

With the adoption of an all age offer for women, there is a need to better understand the provision, access and demand of Emergency Hormonal Contraception (EHC) and why other methods of contraception have not been used prior to the need to access EHC. This includes the rise in oral contraception being accessed via the online digital offer. There is also a need to better understand levels of demand to establish future budgets for both LARC and EHC.

There is also a need to better understand a potential rise in under 18 conceptions and the potential drivers behind this. Teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children. Babies born to mothers under 20 years consistently have a higher rate of stillbirth, infant mortality and low birthweight than average, though the difference fluctuates from year to year due to relatively low numbers. The inequality in low birthweight increased from 2012-2016 and has remained similar from 2016-2019.

Rates of low birthweight in younger mothers are 30% higher than average, and this inequality is increasing. Children born to teenage mothers have a 63% higher risk of living in poverty. Teenage mothers are more likely than other young people to not be in education, employment or training; and by the age of 30 years, are 22% more likely to be living in poverty than mothers giving birth aged 24 years or over. Young fathers are twice as likely to be unemployed aged 30 years, even after taking account of deprivation.

Teenagers are more likely to present late for abortion and to book late for antenatal care. The higher risk of unplanned pregnancy, late confirmation of pregnancy and fear of disclosure, all contribute to delays in accessing abortion and maternity services. Early pregnancy diagnosis, unbiased advice on pregnancy options and swift referral to maternity or abortion services are required to minimise delays. Young people who have experienced pregnancy are also at higher risk of subsequent unplanned conceptions.

Since the introduction of the Teenage Pregnancy Strategy in 1999, England has achieved a 66.3% reduction in the under-18 conception rate between 1998 and 2019. However, 2021 saw the first increase in under 18 conceptions in more than 10 years. Nationally this was seen as quite a small increase at 0.8%, regionally in the South West the increase was +5.7%, and in Cornwall and the Isles of Scilly the increase was +57.8%, from 10.2 to 16.1 per 1000. The Cornwall and Isles of Scilly rate is the second highest in the Southwest and sits above the England average of 13.1 per 1000.

In line with the increase in conceptions the abortion rate for this age group in Cornwall and the Isles of Scilly rose from 5.4 to 9.2 per 1000, a 70.4% increase and the highest it has been since 2016. Evidence shows that over 50% of under-18 conceptions and over 60% of under 16 conceptions end in abortion, so this increase is expected.

Sexual and reproductive health commissioning responsibilities

Cornwall Council is responsible for commissioning most sexual and reproductive health interventions and services for Cornwall and the Isles of Scilly. Public Health, Cornwall Council is responsible for providing:

- Contraception, including LARC such as coils and implants;
- STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing;
- Sexual health aspects of psychosexual counselling; and
- Any sexual health specialist services and prevention, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, emergency hormone contraception, services in schools, colleges and pharmacies.

This project aims to carry out insights work to better understand the sexual and reproductive health needs of people living across Cornwall and the Isles of Scilly, which includes understanding local people's experiences and aspirations for future strategic commissioning and service delivery. In order to inform a health needs assessment of sexual and reproductive health across Cornwall and the Isles of Scilly and inform future strategic direction, this must include the needs, experiences and aspirations of the local population including health inequality groups and at risk populations. To understand the views, experiences and aspirations, this work must undertake quantitative and qualitative engagement with local communities and those experiencing a range of inequalities. This needs to take into account those living in more deprived areas, where someone is affected by their ability to access services, protective characteristics, occupation and lived experiences (Figure 1).

The outcomes of the engagement and insights work is essentially needed to inform the future strategic direction and commissioning of sexual and reproductive health services across Cornwall and the Isles of Scilly. For this reason, this work must take into account of diverse populations and communities and their experiences, motivations and aspirations when seeking support from these services, especially around prevention and reducing health inequalities. The methodology undertaken to deliver this insight work will be co-produced with public health and sexual and reproductive health services and communities across Cornwall and the Isles of Scilly. This includes clear consenting and information sharing from participants, the provision of raw quantitative and qualitative data alongside a final report to provide the necessary insights work described in this specification.

3. Scope

This insights work must take into account the sexual and reproductive health needs of people living across Cornwall and the Isles of Scilly, which includes young people aged 13 years and above and adult population. The inclusion criteria is defined in this specification and any further inclusion or exclusion is to be confirmed with the Public Health team, Cornwall Council.

Importantly, the insights must provide the needs, experiences and aspirations of health inequality groups described above. A mixed methods approach will be required to deliver this specification, which should gain insights through general population quantitative engagement, as well as qualitative engagement with those

unlikely to participate and experience health inequalities (Figure 1). The adopted approach must seek the views, experiences and aspirations of:

- a. Awareness and use of sexual and reproductive health services;
- b. Young people's demand and service provision (13+ years);
- c. Demand, access and preference of LARC;
- d. Demand and use of Pre-exposure Prophylaxis (PreP);
- e. Condom use and barriers to access;
- f. HIV awareness and prevention; and
- g. Mental health, sexual and reproductive health needs.

The sample size of the quantitative and qualitative insights will need to be sufficient to ensure a good representation of population health needs across each of Cornwall's 3 Integrated Care Areas (ICAs North & East, Central and West). In addition, the final responses from each of these 3 areas will also need to be representative of the areas age, gender and ethnicity as well as providing a geographical spread of responses.

This is to include a minimum of 1,500 individuals split evenly across the three ICAs and use of focus groups, interviews and other creative peer or participant led methodologies to gain further insights from those who are less likely to participate and health inequality groups.

The qualitative methodology should account for the need to gather insights from participants until saturation is reached and no new information or themes emerge. This is particularly important where new emerging themes are identified in any of the adopted methodologies. These must be accessible to all and include for example reasonable adjustments for sensory impairment, language or culture, those with multiple vulnerabilities or experienced domestic abuse/sexual violence, learning disability and/or autism.

The insights work must be completed with a final report by November 2024, which is needed to inform future strategic direction and commissioning services.

4. Background

Framework for Sexual Health Improvement in England (2013) framework sets out the Government's ambitions for good sexual health, providing evidence, interventions and actions to improve sexual health outcomes. The framework adopts a life course approach to sexual health improvement and a core ambition of prioritising prevention, along with priority areas for sexual health which include: reducing rates of sexually transmitted infections (STIs) among people of all ages, reducing onward transmission of and avoidable deaths from HIV, increasing access to contraception, reducing unwanted pregnancy and providing abortion counselling and preventing teenage pregnancy. There is a range of national and local policy for local sexual and reproductive health (Appendix 1).

The 2016-2023 sexual health strategy aimed to make sexual and reproductive health services accessible to all and offer choice and access to services that are respectful, non-judgemental, confidential and person centred. It aimed to tackle stigma and discrimination as well as sexual and reproductive needs being seen as

Specification for sexual and reproductive health engagement and insights

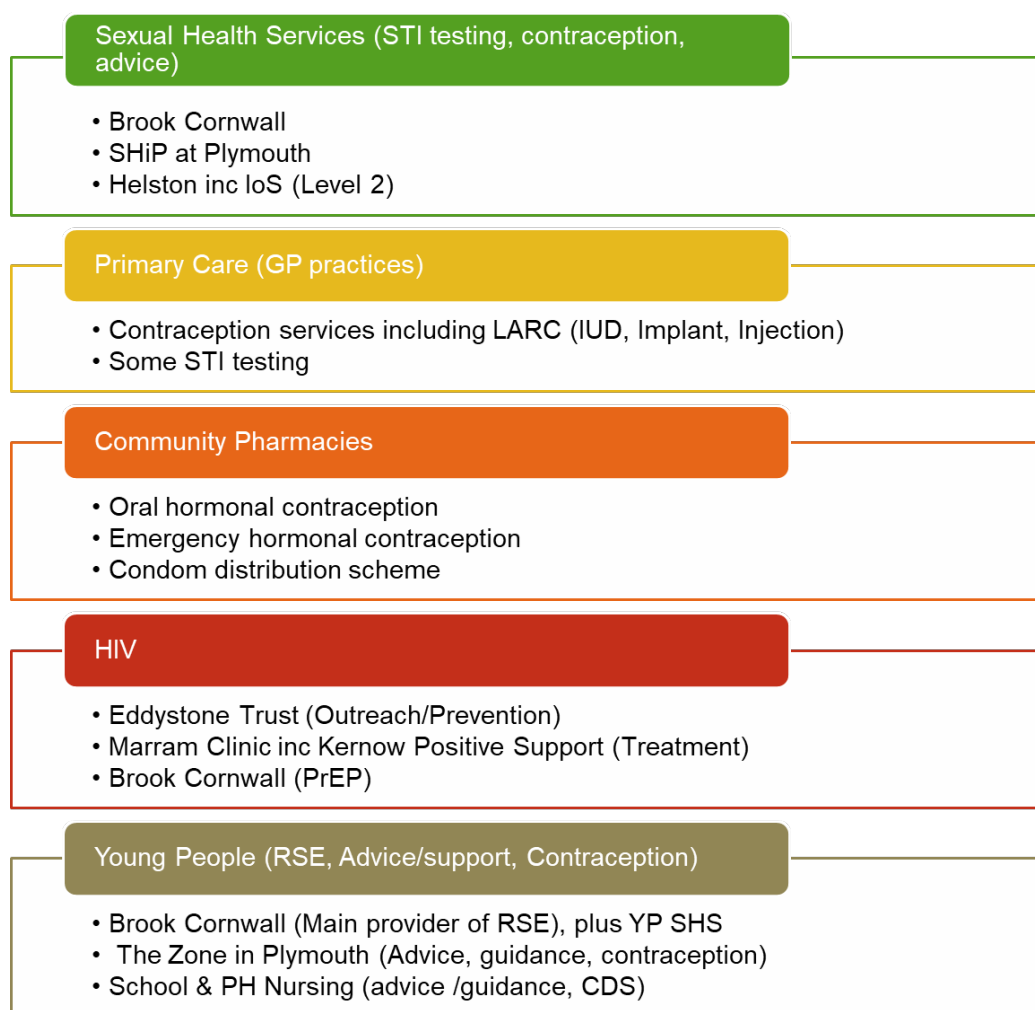
part of an individual's wider health and wellbeing. The strategy aimed to support people in Cornwall and the Isles of Scilly to achieve healthy sexual wellbeing from illness, stigma and abuse. There were the six overarching objectives:

1. To reduce rates of sexually transmitted infections (STIs) among people of all ages;
2. To reduce unwanted pregnancies amongst all women of fertile age;
3. Continue to reduce under 18 and under 16 conceptions;
4. To increase early diagnosis, and reduce onward transmission of, and avoidable deaths from HIV;
5. To promote relationships, sexual health and sexuality as an important aspect of health and wellbeing; and
6. Using innovation and collaboration to deliver financially sustainable models that deliver high quality outcomes.

Since December 2019, Brook has been a new provider of all age sexual and reproductive health integrated services, which are provided face to face and via a digital offer. There have been changes in sexual and reproductive health needs and the exacerbation of inequalities driven by the COVID-19 pandemic and cost of living crisis. This insights work aims to inform the strategic direction and inform the commissioning of local services to meet the needs of local people and communities, which requires the consideration of the above context and health inequalities. The provider/s will be responsible for delivering this insight work, which will be guided by areas described in the Statement of Requirements.

To achieve this requires a mixed methods approach to gather insights into the population level needs and the specific needs of health inequality groups. This will include communities living across Cornwall and the Isles of Scilly, as well as being able to gather insights by each of the three integrated care areas to help inform place base working. This also needs to account for the place and type of services available to local people:

Specification for sexual and reproductive health engagement and insights



Considering the local context and population sexual and reproductive health needs, this work needs to understand awareness/access to services, the impacts of the COVID-19 pandemic (e.g. social isolation, access to services and RSE in schools) and cost of living crisis, as well as associated lifestyle choices.

5. Service Conditions

The provider/s delivering this work will potentially be supporting some very vulnerable people who may need support with their wellbeing and must have effective training, safeguarding, risk assessment and health and safety policies and procedures in place to ensure the safety of those engaging with this insights work. Expression of interests must provide evidence of meeting cyber security requirements (subject to the cyber review of the third-party security policy questionnaire), information governance regulations and GDPR and include a clear methodology with appropriate consenting and information sheets outlining why and how the provider will use individuals' data. This must include the sharing of anonymous raw data with Public Health, Cornwall Council as well as the final report/s.

6. Statement of Requirements

Service Aim(s)

The aim of this service is to:

- Develop a co-produced, inclusive and robust methodology to undertake the proposed insights work to understand the sexual and reproductive health needs of local people living across Cornwall and the Isles of Scilly.
- Identify representative population sample and health inequality cohorts defined above, send out invitations, reminders and hard copy surveys where appropriate (inc. imputation of returned surveys) as well as conduct surveys, focus groups and interviews (face to face, over the telephone/ Teams or like technology where necessary for accessibility issues or to enhance response rates in specific areas) or other creative peer or participant or community led initiatives.
- Have an accessible approach to gain the views, experiences and aspirations of those unlikely to participate and inequality groups, which includes for example reasonable adjustments for sensory impairment, language or culture, those with multiple vulnerabilities or experienced domestic abuse/sexual violence, learning disability and/or autism.
- Conduct a mixed methods approach including qualitative and quantitative engagement in the timescales stipulated in this specification. This will include using an appropriate consent process (Appendix 2), information sheet (Appendix 3), quantitative (Appendix 4) qualitative (Appendix 5) insights and accessible formats such as easy read (Appendix 6).
- Return the data collected via secure means and final report outlining the findings and clear recommendations of the insight work (covering the above).

Service Objectives

The objectives of this service are:

- To inform the future strategic direction and commissioning of sexual and reproductive health services and prevention across Cornwall and the Isles of Scilly. This will provide insights into the whole population as well as key health inequality groups identified in Figure 1. This needs to account for the local rural context, impacts of the COVID-19 pandemic/cost of living, availability of local services and provide insights into the following:

Specification for sexual and reproductive health engagement and insights

1. Awareness and use of sexual and reproductive health services, including underserved and inequality populations. This includes [health inequality groups](#) such as the 20% most deprived and PLUS population groups, including: access and geography (e.g. public transport and/or autism, learning disability and sensory impairment); protected characteristics; certain occupations; and lived experience such as those experiencing domestic abuse and sexual violence, people with multiple vulnerabilities (e.g. mental health, drug and alcohol use and housing problems) (Figure 1);
2. Young people's provision (13+ years), access/barriers to contraception (digital versus clinics and type), EHC and Relationship and Sexual Education (RSE) including those leaving school after COVID-19 to better understand teenage conception rates and prevention opportunities;
3. Demand, access and preference of LARC among women aged 15 to 55 and taking into account of contraception and non-contraception use alongside use of other contraception and use of the digital offer. This should also be wider to assess wider contraception use in older age for those who have separated from a relationship;
4. At risk groups who would benefit from Pre-exposure Prophylaxis (PrEP), including who is using it, who isn't using it and why. This is to help address disparities in PrEP uptake as it tends to be lower in women, BAME, transgender, heterosexual, younger and older MSM communities and there may be a social gradient too, systematically disadvantaging access for those who are socio-economically deprived;
5. Condom use (and non-use of condoms e.g. attitudes towards condom use) awareness and access of a C-Card scheme and options to extend a digital C-Card among young people and adults;
6. General population and patients with a focus upon HIV including awareness, testing, stigma and identifying prevention opportunities; and
7. Mental health, sexual and reproductive health needs, which must include safeguarding concerns about risk of self-harm and suicide.

a) Detailed requirements

- To provider/s will be required to meet the requires set out by this specification and use the Appendices to inform the final approach undertaken to gain the sexual and reproductive health insights of all people living across Cornwall and the Isles of Scilly. This must include a targeted quantitative engagement approach with a representative

Specification for sexual and reproductive health engagement and insights

sample split equally across each of the 3 ICA's across Cornwall and the Isles of Scilly.

- This should include a minimum of 1,500 responses (500 per ICA) and supported by qualitative insights to gather information from those unlikely to participate and health inequality groups. This must include use of focus groups, interviews and other participatory and creative approaches such as peer or participant or community led methodologies. These must continue until saturation is reached and no new information or themes emerge.
- Methodologies must be accessible to all and include for example reasonable adjustments for sensory impairment, language or culture, those with multiple vulnerabilities or experienced domestic abuse/sexual violence, learning disability and/or autism. For example, this will require the use easy read, British Sign Language, professionals and/or peer to peer interviews.
- Providers must also include methodologies for translation, which could include for example this could include Arabic, Levantine Arabic, Turkish, Albanian, Bulgarian, Lithuanian, Mandarin, Polish, Portuguese, Romanian, Russian, Ukrainian, Pashto and Dari. The adopted insight methodology for these communities should meet the needs of these populations.
- Ensure safeguarding and signposting for those require support for their sexual and reproductive health needs. These must be discussed with Public Health and needs to be recorded as part of the insights report (e.g. number of people, health needs, safeguarding and signposting undertaken).
- The Provider will be responsible for delivery upon completion of the insights the sharing of raw anonymous data and final report clearly outlining:
 - Co-production with Public Health and partners including stakeholder mapping and place based approaches.
 - An explanation of the insights objectives, clear methodology (outlining the target population, recruitment / delivery approaches and setting, consent, statistical and thematic analyses) and limitations.
 - Replicable engagement methodologies with a clear record of the target population, levels of communication and engagement, location of individuals and response rates.
 - Quantitative and qualitative responses of the insights work in a format specified by the Council i.e. the complete suite of responses in Microsoft Excel, Word or appropriate format utilising EGRESS to ensure secure transfer of the data.
 - Complete description of the methodologies delivered, the setting/s, response rates, participant demographics (including Figure 1), responses, analysed content and limitations.

Specification for sexual and reproductive health engagement and insights

- Clear results using appropriate statistics and thematic analyses.
- Outputs of all insights work in a final report outlining findings and clear recommendations.

Please note that the Council reserves the right to undertake its own analysis and reporting of the survey results, or to request the provider/s to undertake such work in addition to that specified in these requirements, subject to agreement of an additional fee.

7. Quality Requirements

Provider accreditation

- The supplier must hold BS ISO 20252:2019 as a minimum, with fair data accreditation <http://www.fairdata.org.uk/> preferable.
- Meet Cornwall Council's Third Party Cyber Security Protocol
- The supplier must hold Market Research Society Membership <https://www.mrs.org.uk/> and/or be an accredited supplier with the Crown Commercial Supplier – Research Marketplace Dynamic Purchasing System <https://supplierregistration.cabinetoffice.gov.uk/dps-suppliers/research>

Data Processing

The supplier will be expected to meet the requirements set out in Cornwall Council's guidance on the Processing of Personal Data by Third Parties as summarised below.

Where the supplier is processing data on behalf of the Council as a Data Processor defined under the General Data Protection Regulation, the contractor must:

- Process and protect personal data in accordance with the requirements of the Data Protection Act 2018;
- Only use the personal data as instructed by the Council;
- Ensure that any data released shouldn't identify an individual without the individual's permission;
- Store the data securely and for an agreed period;
- Take appropriate organisational and technical measures to safeguard the personal data is processes for the Council;
- Ensure the reliability of its staff that have access to the data by providing appropriate training in secure data handling; and
- Report any security breaches or problems that occur to the Council immediately.

The supplier is expected to include an appropriate privacy notice explaining how their information will be processed and used. To be agreed with Cornwall Council.

Data will remain the property of Cornwall Council and will not be available for re-use by the provider for any purposes other than agreed with Cornwall Council.

Specification for sexual and reproductive health engagement and insights

At the end of the contract, Cornwall Council will own the data sets, any outputs, reports, presentations and the data's copyright.

The supplier should not share data/information or findings with any third parties without the permission of the client.

Upon the expiry or termination of this contract, the supplier shall:

- Ensure that all data is returned to the Council in its entirety via a secure method of transfer (EGRESS).

Equality

The Equality Act 2010 sets out the protected characteristics where any Service must pay due regard for the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;
- Advance equality of opportunity between person who share a relevant protected characteristic (as defined by the Equality Act) and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The protected characteristics set out in the Equality Act are age, disability, race, pregnancy/maternity, religion or belief, gender (including gender reassignment) and sexual orientation. Marriage and civil partnership are also protected characteristics for the purposes of the duty to eliminate discrimination.

The supplier is required to: Have a fair access, fair exit, equality and inclusion policy that is consistent with requirements of the legislation.

8. Contract Management and KPIs

The following information should be provided by the Supplier at Contract Management reviews:

- Progress reports of the insights work including the key requirements outlined above, as well as response rates, risks and challenges and mitigation actions.

Contract monitoring agenda

Contract meetings will be at the beginning of the contract, a mid and final review meeting. Monthly operational meetings will also be expected to support the development and delivery of the insights work. Timings to be agreed.

Key KPIs include:

- Final report providing an explanation of the methodology and limitations, response rates, statistical and thematic techniques used (e.g. to calculate sampling tolerances) as provided above.
- Number of completed surveys, focus groups and interviews by Integrated Care Network/ return rate.
- Breakdown of response and demographics e.g. by age, gender and deprivation by Integrated Care Network.
- Subgroup analyses by demographics of those identified in the health inequality groups (Figure 1) across each of the objectives.

9. Technology systems and management techniques

This insights work has been set up to help inform the sexual and reproductive health needs assessment, future strategic direction and commissioning of future services and prevention that meets the needs of local people across Cornwall and the Isles of Scilly. This includes understanding the needs, experiences and aspirations of the whole population approach and health inequality groups (Figure 1).

10. Security

The insights work requires the collection of individual level information, which must be stored, used and destroyed according to strict information governance policies and procedures as set out in the Contract. This will include the completion of a Business Privacy Impact Assessment (BPIA) and following Cornwall Councils Third Party Security Protocol.

11. Safeguarding

Due to the inclusion of vulnerable people the Provider/s working across communities must adhere to and follow strict safeguarding policies and procedures. All must receive training in the safeguarding of themselves and others.

12. Environmental sustainability and carbon management

Due to the current environment, the provider must adopt a methodology that contributes to environmental sustainability and carbon reduction. This could include, for example a combination of postal and online approaches.

13. Key Clinical Requirements

None required.

14. Training

The Provider/s must ensure that those undertaking this contract specification receive appropriate training in order to be able to deliver the Service pursuant to this Specification, which will include information governance, safeguarding, risk assessment, developing/implementing and reporting the outcomes and recommendations of this insights work.

15. Implementation timetable

It is the Council's intention that the insights work should begin on the 1st May 2024. The Provider/s will be responsible for the project management and delivery of the following timescales:

Activity	Timing
Contract award and stand still	1 st June 2024
Commencement of the project & review meeting/ meetings	10 th June 2024
Mixed methods protocol approved by Public Health and delivery of insights work begin	15 th June 2024
Monthly meeting reviews starting	15 th June 2024
Insights mobilisation and implementation	17 th June 2024
Progress report and initial analyses, risks, issues and challenges	1 st August 2024
Insights analysis & reporting	13 th September 2024
Transfer of data and final report	1 st November 2024

In addition, the successful provider/s must:

- Provide project progress reports on a monthly basis in addition to the final report summarising the approach and response rates, methodology, delivery progress, risks and action plans where responses are low.

Appendix 1 National and local policy context

National policy

Key national policy and guidance	
Commissioning sexual and reproductive health services	
Commissioning Sexual Health services and interventions: Best practice guidance for local authorities (2013)	Provides guidance on the legal requirements to provide comprehensive, open access sexual health services for contraception and testing and treatment of sexually transmitted infections. Also outlines best practice.
Making it Work: whole system commissioning for sexual health, reproductive health and HIV (2015)	Public Health guidance on the whole commissioning system, focussing on interfaces in commissioning responsibility and addressing the wider determinants of health
Sexual health commissioning in local government (2015)	This resource from the Local Government Association describes a number of ways public health in councils have started to build on the opportunities of a local government setting to improve sexual health and wellbeing, and how they are approaching the commissioning of sexual health services.
Association of Directors of Public Health Policy Position: Sexual Health	The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) in the UK. This policy paper outlines their position on sexual health in the UK. This looks at a whole systems approach, funding, building resilience, RSE in schools, investing in prevention and commissioning for outcomes
A Framework for Sexual Health Improvement in England (2013)	This framework sets out the Government's ambitions for good sexual health, providing evidence, interventions and actions to improve sexual health outcomes. The framework adopts a life course approach to sexual health improvement and a core ambition of prioritising prevention, along with priority areas for sexual health which include: reducing rates of sexually transmitted infections (STIs) among people of all ages, reducing onward transmission of and avoidable deaths from HIV, increasing access to contraception, reducing unwanted pregnancy and providing abortion counselling and preventing teenage pregnancy.
Association of Directors of Public Health: EHSCHG Self-Assessment Tool: Local HIV, Reproductive Health and Sexual Health Service Provision ADPH	The EHSCHG tool sets out a framework for teams to measure sexual health, reproductive health and HIV service provision against the WGLL programme and provides a baseline for improvement. The tool should not be used to judge but instead as a starting point for local authority teams to evidence what is working well and what could be strengthened.
STIs and HIV	

Specification for sexual and reproductive health engagement and insights

Commissioning local HIV sexual and reproductive health services (Mar 2018)	This guidance brings together existing resources to support the commissioning process. It is primarily aimed at people working in Local Authorities who are either new to sexual health or new to commissioning, or to both.
Public Health England's 'Health promotion for sexual and reproductive health and HIV: strategic action plan, 2016-2019'	This sets out PHE's approach to improving the public's sexual and reproductive health and reversing the HIV epidemic. The English Government has committed to publishing an updated Sexual and Reproductive Health and HIV: Strategic Action Plan, however it has been delayed
Towards Zero: the HIV Action Plan for England – 2022 to 2025	In 2021, the English Government published the Towards Zero: the HIV Action Plan for England – 2022 to 2025 which set out how it will achieve an 80% reduction in new HIV infections by 2025 ¹ .
HIV testing: increasing uptake among people who may have undiagnosed HIV [NG60] (Dec 2016)	Joint NICE and PHE guideline on how to increase the uptake of HIV testing in primary and secondary care, specialist sexual health services and the community.
NICE guideline [NG221] Reducing sexually transmitted infections (2022)	This guideline covers interventions to prevent sexually transmitted infections (STIs) in people aged 16 and over. It aims to reduce the transmission of all STIs, including HIV, and includes ways to help increase the uptake of STI testing and vaccines for human papillomavirus (HPV) and hepatitis A and B
NICE guideline [QS178] Sexual health (2019)	This quality standard covers sexual health, focusing on preventing sexually transmitted infections (STIs). It describes high-quality care in priority areas for improvement
NICE guideline [NG68] Sexually transmitted infections: condom distribution schemes (2017)	This guideline covers condom distribution schemes. The aim is to reduce the risk of sexually transmitted infections (STIs). In addition, these schemes can provide a good introduction to broader sexual and reproductive health services, especially for younger people, and help prevent unplanned pregnancies.
Women's sexual and reproductive health	
Women's Health Strategy for England (August 2022)	The Women's Health Strategy for England which covers areas such as menstrual health, gynaecological conditions, fertility, pregnancy, pregnancy loss, and post-natal support ² .
Health Matters: Reproductive health and pregnancy planning (Jun 2018)	This PHE guidance focuses on reproductive choice and ensuring that health is optimised in pregnancy. It takes a life-course approach to look at choice and control across pregnancy, planning, and contraception, and covers preconception health and care, inter-pregnancy health, infertility, and approaches to health behaviour change.
Department of Health and	This document is intended to support

Specification for sexual and reproductive health engagement and insights

Social Care (2023), Guidance Women's health hubs: core specification July 2023.	commissioners, providers and other partners to establish women's health hubs, in particular integrated care boards (ICBs) as they implement the £25 million investment in women's health hubs. Recognising that the development of existing women's health hubs has been led by many individual clinicians and commissioners, this document is also intended to support further locally led initiatives.
Contraception	
NICE Clinical Guideline 30 (2005, updated 2019): Long Acting Reversible Contraception	This NICE guidance (30) aims to increase the use of LARC by improving the information given to women about their contraceptive choices. Women requiring contraception will be given information about and offered a choice of all methods, including longacting reversible contraception (LARC) methods.
NICE quality standard QS129: Contraception (Sept 2016)	This quality standard covers contraception for women, including emergency contraception. It describes high-quality care in priority areas for improvement.
Contraceptive services for under 25s NICE guidance [PH51] (March 2014)	NICE guidance on the need to offer additional tailored support to meet the particular needs and choices of those who are socially disadvantaged or who may find it difficult to use contraceptive services
Public Health England (2018). Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly funded contraception in England 2018	This report aims to analyse the Return on Investment (ROI) for publicly funded contraception in England using the latest available evidence and data. This will help policymakers and commissioners to understand the relative value of spending in this area compared to other public health interventions and, more broadly, other areas of government spending
Teenage pregnancy	
Teenage mothers and young fathers: support framework (May 2016)	This framework helps local healthcare commissioners and service providers review support arrangements for young parents in their area.
Teenage Pregnancy Prevention Framework (January 2018)	This PHE Framework is designed to help local areas assess their local programmes to see what's working well, identify any gaps, and maximise the assets of all services to strengthen the prevention pathway for all young people.
Sexual behaviour	
Nice guideline [NG55] Harmful sexual behaviour among children and young people (2016)	This guideline covers children and young people who display harmful sexual behaviour, including those on remand or serving community or custodial sentences. It aims to ensure these problems don't escalate and possibly lead to them being charged

Specification for sexual and reproductive health engagement and insights

	with a sexual offence. It also aims to ensure no-one is unnecessarily referred to specialist services
Inequalities	
Public Health England: Variation in outcomes in sexual and reproductive health in England	This supports local sexual health systems explore inequalities at a local level and help public health teams, sexual health commissioners and sexual health service providers identify inequalities in access to and use of services, or the availability and provision of interventions ³ .

Local policy

Policy	What does it do?
HWB strategy ⁴	A long term strategy published by the health and wellbeing boards of Cornwall and the Isles of Scilly to set the strategic direction for action on health inequalities and the causes of poor health and wellbeing
Cornwall and Isles of Scilly Suicide Prevention Strategy 2022-2027	Sets out the aim to reduce the suicide rate in Cornwall and the Isles of Scilly to level with the national average or better by 2027
Domestic Abuse and Sexual Violence (2021/2022)	A strategy to strengthen prevention and early identification, increase access and break down barriers, challenge and change abusive behaviour through progress and extend gender informed prevention, support and interventions, provide greater support for victims and survivors and improve the system for those who use it.
Cornwall and Isles of Scilly Alcohol Treatment Needs Assessment ⁵	A needs assessment to understand how alcohol is impacting on the population of Cornwall and the Isles of Scilly
Cornwall Sexual Health Topic Summary 2018 ⁶	A topic summary presenting sexual health need for Cornwall and the Isles of Scilly, including risks, prevention, contraception, teenage conception, STIs, sexual health service, vaccinations, deprivation and sexual violence.
Learning Disabilities Needs Assessment 2017 ⁷	A needs assessment to understand health and wellbeing of people with a learning disability in Cornwall and the Isles of Scilly; provision and uptake of services; and make recommendations for change.
Special Education Needs and Disabilities Needs Assessment ⁸	This needs assessment has a focus on children and young people in Cornwall and the Isles of Scilly with an identified special educational need, including those who have an education, health and care plan, and the families/carers of all the children and young people
Director of Public Health Annual Report 2022-2023: A Life Less Equal	This disparity in people's health and wellbeing is down to a number of factors. These include education, housing, employment, genetic make-up and our behaviours. Some cannot be changed, but others can and must be improved. This is so

Specification for sexual and reproductive health engagement and insights

	everyone has an equal opportunity to live a happy and healthy life. This year's report takes a look at some of the key elements which impact on our health and wellbeing. It also highlights projects which are seeking to support communities and address challenges people face across Cornwall and the Isles of Scilly.
--	--

Appendix 2 Draft consent form**Consent Form****Informing the Cornwall and Isles of Scilly sexual and reproductive health services and improving the health and wellbeing of local people.****Public Health, Cornwall Council**

The Public Health team at Cornwall Council are working collaboratively with partners and local communities to further understand the sexual and reproductive health needs of people living across Cornwall and the Isles of Scilly. Your views will help us to understand your experiences, aspirations and which aspects of local services work well, what could be better and inform. This will help to inform any future access to free, confidential and non-judgemental sexual and reproductive health advice and services, as well as embed the prevention offer to support improvements in the overall health and wellbeing of local people. We would like to ask you to participate in this work and therefore ask you to consider the following points before signing this form. Your signature confirms that you are willing to participate in this work, however, signing this form does not commit you to anything you do not wish to do and you are free to withdraw your participation at any time.

- | | Please circle |
|---|----------------------|
| <input type="radio"/> Do you understand the contents of the Participant Information Sheet? | Y/N |
| <input type="radio"/> Have you been given the opportunity to ask questions about the insights work and have had them answered satisfactorily? | Y/N |
| <input type="radio"/> Do you understand that all the questions in the survey are optional and if you are uncomfortable answering any question you should select the 'Don't know/no answer' option and move onto the next questions? | Y/N |
| <input type="radio"/> Do you understand that your participation is entirely voluntary and that you can withdraw at any time without giving an explanation and with no disbenefit? | Y/N |
| <input type="radio"/> Do you understand who will have access to your data, how it will be stored, in what form it will be shared, and what will happen to it at the end of this insights work? | Y/N |
| <input type="radio"/> Do you understand that the anonymised data will be made available to the Public Health team? | Y/N |
| <input type="radio"/> Do you agree to take part in the above insights work? | Y/N |
| <input type="radio"/> Do you wish to take part in further engagement to inform this work? | Y/N |

I confirm that I am willing to take part in this insights work**Print name****Date**

Appendix 3 Draft information sheet**Participant Information sheet****Informing the Cornwall and Isles of Scilly sexual and reproductive health services**What is the study about?

We invite you to participate in our insights work, which aims to better understand local people's awareness, needs, experiences and aspirations for sexual and reproductive health services across Cornwall and the Isles of Scilly. Your views will help us to understand what aspects of services work well, what could be better and what your aspirations are, which is needed to inform local sexual and reproductive health services.

Why have I been invited to take part?

You have been invited to take part in this engagement because you are aged 13 years and over and live in Cornwall and the Isles of Scilly.

Do I have to take part?

It is up to you and you alone to decide whether you wish to take part. If you do decide to take part you will be free to withdraw at any time without providing a reason, and with no negative consequences.

What would I be required to do?

Once you have read and understood this participant information sheet, please complete the content form if you wish to take part. Not all questions will apply to you.

Are there any risks associated with taking part?

We do not believe there are any risks associated with participating in the insights work. Your answers will be anonymised and therefore cannot be attributed to you.

Informed consent

An information sheet/consent form will be provided. By participating, you are granting your consent to participate in this work.

Who is funding the research?

This research is being funded and conducted by the Public Health team, Cornwall Council.

What information about me ('my data') will you be collecting?

Information about you and your needs, experiences and aspirations will be collected. There are no right or wrong answers.

How will my data be securely stored, who will have access to it?

Your data will be securely stored and edited or deleted such that no-one could use any reasonably available means to identify you from the data. Your un-anonymised data will only be stored by the Public Health team and not shared should you wish to withdraw.

How will my data be used, and in what form will it be shared further?

Your data will be analysed as part of the insight work, the overall findings/reports will be shared to help inform future sexual and reproductive health strategies and services. No individual data will be reported, and only summarised information will be used.

Specification for sexual and reproductive health engagement and insights

When will my data be destroyed?

Your identifiable data will be destroyed once the insights work has been completed and your anonymised data will be stored for 8 years in line with the NHS.

Use of your personal data and data protection rights

The Public Health team, Cornwall Council (the 'Data Controller') is bound by the UK 2018 Data Protection Act and the General Data Protection Regulation (GDPR), which require a lawful basis for all processing of personal data (in this case it is the 'performance of a task carried out in the public interest' – namely, for research purposes) and an additional lawful basis for processing personal data containing special characteristics (in this case it is 'public interest research'). You have a range of rights under data protection legislation. For more information then please contact the data protection & information governance team.

What should I do if I have concerns about this study?

In the first instance, you are encouraged to raise your concerns with the public health team detailed below. However, if you do not feel comfortable doing so, then you should contact the data protection and information governance team at Cornwall Council.

Thank you for considering to take part and for your time.

For any general enquiries about the project, then please contact:

Contact details:

To contact the public health team, please call 01872 323 583 or email phdesk@cornwall.gov.uk

Or the data protection and information governance team on 01872 326424 or email dataprotection@cornwall.gov.uk or visit <https://www.cornwall.gov.uk/the-council-and-democracy/data-protection-and-freedom-of-information/>

Sign posting information

If participants disclose any concerns, needs or safeguarding then please refer to the following:

Mental health

What	When	Who for
999	Call 999 in a medical emergency. This is when someone is seriously ill or injured and their life is at risk. If someone has self-harmed or is having suicidal thoughts that they intend to act on, going to the Emergency Department (ED) or calling 999 for help is the right thing to do.	Anyone in a medical emergency
0800 038 5300 - Mental Health Connect	Call the 24/7 NHS Cornwall and Isles of Scilly urgent mental health response phone line on 0800 038 5300 if you're concerned about your own or someone else's mental health	It's free to access by anyone, any age, any time
111	NHS 111 makes it easier and quicker for patients to get the right advice or treatment they need, for their physical or mental health, 24 hours a day, 7 days a week. Go online to www.111.nhs.uk (for assessment of people aged 5 and over only). Call 111 for free from a landline or mobile phone.	It's free to access by anyone, any age, any time
Your GP	Please call your GP or visit their website for up-to-date information on accessing medical advice. You may be able to have a consultation with a GP by phone or online. Ask for an emergency appointment in a crisis situation.	Anyone registered with a GP in Cornwall and Isles of Scilly
Support Matters Cornwall	Out-of-hours helpline (5pm to 9am weekdays and 24 hours a day at weekends and bank holidays). Call: 0800 001 4330 , via text @MHM_Helpline , email info@mhmm.org.uk or web chat www.mhm.org.uk	For all patients (aged 16+) under the care of Cornwall Partnership NHS Foundation Trust's mental health services (e.g., Community Mental Health Team or CAMHS).
CAMHS	The Child and Adolescent Mental Health Service is a county-wide multi-disciplinary team who support young people to access the right support, at the right time. Available Monday to Friday 9am to 5pm.	Anyone up to age 17

Specification for sexual and reproductive health engagement and insights

	Call: 01209 881600	
NHS Talking Therapies (Previously Outlook South West)	Free, confidential talking therapies for people Talking therapies (IAPT) Cornwall Partnership NHS Foundation Trust (cornwallft.nhs.uk) or call 01208 871905	For anyone registered with a GP in Cornwall and the Isles of Scilly.
People in Mind	Free mental health support in Cornwall and Isles of Scilly. Access is via your Community Gateway. Call 01872 266383 or email gateway@ageukcornwall.org.uk	For people aged 16+

Healthy Cornwall

No matter what your age or ability, we can help you lead a happier, healthier lifestyle.

We're here to support you with:

- Weight Management
- Healthy Eating
- Physical Activity
- Stopping Smoking
- Healthy pregnancy

Telephone 01872 324200

Email healthy.cornwall@cornwall.gov.uk

Safeguarding

Multi-Agency Referral Unit (MARU)

Telephone 0300 1231 116

Email multiagencyreferralunit@cornwall.gov.uk

Specification for sexual and reproductive health engagement and insights

Sexual or reproductive health need

Brook Cornwall

Telephone 0300 30 30 714

Email cornwallreferrals@brook.org.uk

Support with domestic abuse and/or sexual violence

Safer Futures helpline

If you call our helpline, a member of the team can guide you through the right support for you. Call us on 0300 777 4 777

Professionals

We have a professionals' line for advice on the suitability of our programmes for your client. Call 0300 777 4777 and select the professionals option or email saferfutures@firstlight.org.uk

Drug and alcohol advice and support

WithYou

Telephone 0333 200 0325

Web <https://www.wearewithyou.org.uk/help-and-advice/>

Appendix 4 Draft whole population insights and methodology

In line with the specification, the following consent, information sheet and questionnaire are to be used to inform the quantitative element of this insights work. The final adopted methodology must be finalised in collaboration with the Public Health team and partners. This must include piloting of each of the adopted methodologies to maximise the reach and quality of this insights work.

The mixed methods insights work involves a represented population level questionnaire along with additional creative and inclusive methods to gather insights from those less likely to participate and health inequality groups (Figure 1). This includes a population level survey and a shorter questionnaire to be developed to obtain the views, experiences, needs and aspirations of young people aged 13+ years. This could be achieved through working with schools, colleges and universities (e.g. using notify) or via the sexual health service who runs RSE (Brook Cornwall). The questionnaire/s should be designed using different approaches to meet the needs of different populations and conducted by telephone, online/mobile or postal delivery methods. Parents or carers must also be able to complete the consent and questionnaire on behalf of an individual. Delivery and setting must be recorded as part of data collection process.

To be representative, a sample of 1,500 people is needed across Cornwall and the Isles of Scilly, which should be split evenly across each of the Integrated Care Areas. Post codes will be used to contact individuals and responses must be linked to the Indices of Multiple Deprivation using appropriate look ups.

Response rates must be monitored and recorded to ensure the quality of information collected, as well as summary information (e.g. age, sex/gender and ethnicity) collected from those not wishing to participate (where possible). This will help determine any potential bias within the sampling and recruitment methodology.

The questionnaire consent form asks whether participants if they wish to be re-contacted to ask whether they wish to participate in further engagement. However, the sample approach needs to be agreed in advance and will require additional recruitment resulting from the need to understand the needs and experiences of those who are unlikely to participate in a questionnaire.

The qualitative insights methodology is included below.

Specification for sexual and reproductive health engagement and insights

Cornwall and Isles of Scilly sexual and reproductive health insights – online draft template

Thank you for taking the time to take part. It should take around 20 minutes to complete and your answers will be kept completely confidential and stored securely.

This questionnaire is being undertaken on behalf of the Cornwall by the Wellbeing and Public Health Team. The information gathered will help us to inform sexual and reproductive health strategies and local services across Cornwall and the Isles of Scilly.

There are a number of questions that we would like to ask to help inform our work. This includes information about yourself, your awareness of and needs of sexual and reproductive health services, and wider health and wellbeing. Only unidentifiable summary data will be used to help inform service planning.

By completing and returning this survey, you or your carer are granting your consent to participate in the survey. If you are unable to complete yourself, or you have a carer, then with your permission another adult is able to complete the form on your behalf.

A hard copy of the form can be requested by contacting

Please read our **INFORMATION SHEET** and our **CONSENT FORM** which provide further details on the study and the use of your data.

ADD CONSENT FORM AND INFORMATION SHEET TO SURVEY

Sexual and reproductive health questionnaire

Section 1: About you

The questionnaire process needs to record the delivery method and whether a parent or carer completed the form on behalf of an individual.

1. How do you describe yourself? Please tick one box only

Male	<input type="checkbox"/>	Gender Fluid	<input type="checkbox"/>
Female	<input type="checkbox"/>	Non-Binary	<input type="checkbox"/>
Intersex	<input type="checkbox"/>	Other (please tick and write in box below)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="text"/>	

2. Is your gender identity the same as the sex you were assigned at birth?

Please tick one box only

Yes	<input type="checkbox"/>
No, write in gender identity	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<input type="text"/>	

3. Which age band are you in? Please tick one box only

- ☐ <15 years
- ☐ 15-17 years
- ☐ 18-24 years
- ☐ 25-34 years
- ☐ 35-44 years
- ☐ 45-54 years
- ☐ 55-64 years
- ☐ Over 65 years
- ☐ Prefer not to say

4. What is the highest level of education you have completed? Please tick one box only

Primary school	<input type="checkbox"/>
Secondary school up to 16 years	<input type="checkbox"/>
Higher or secondary or further education (A-levels, BTEC, etc.)	<input type="checkbox"/>
College or university	<input type="checkbox"/>
Post-graduate degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Specification for sexual and reproductive health engagement and insights

5. Do you consider your sexual orientation to be: Please tick one box only

- ☐ Heterosexual/straight
- ☐ Lesbian/Gay woman
- ☐ Gay Man
- ☐ Bisexual
- ☐ Asexual
- ☐ Pansexual
- ☐ Prefer not to say
- ☐ Other (please tick and write in text below)

6. Do you consider your religion or belief (if any) to be: Please tick one box only

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Humanist
- ☐ Jewish
- ☐ Muslim
- ☐ Pagan
- ☐ Sikh
- ☐ Prefer not to say
- ☐ None
- ☐ Other (please tick and write in text below)

7. What is your main language? Please tick one box only

- English ☐
- Cornish ☐
- Other (please write in) ☐

Specification for sexual and reproductive health engagement and insights

- 8. How would you describe your ethnic origin?** Please read through carefully before selecting the ethnic group that you feel most closely reflects your background.

White (e.g. British, Scottish) ☐

Mixed (e.g. White and Asian) ☐

Asian or Asian British ☐

Black or Black British ☐

Cornish ☐

Other Ethnic Group ☐

Prefer not to say ☐

- 9. Do you, or have you previously served in the UK Armed Forces?**

Yes, currently serve in the regular armed forces ☐

Yes, currently serve in the reserve armed forces ☐

Yes, previously served in the regular armed forces ☐

Yes, previously served in the reserve armed forces ☐

No ☐

Prefer not to say ☐

- 10. What is your postcode?**

--	--	--	--	--	--	--

Section 2: Work

11. Which of the following describes what you were doing in the last seven days?

- ☐ Working part time - as an employee
- ☐ Working part time – self-employed or freelance
- ☐ Working full time - as an employee
- ☐ Working full time - self-employed or freelance
- ☐ temporarily away from work (ill, on holiday)
- ☐ on maternity/paternity/adoption leave
- ☐ doing any other kind of paid work
- ☐ retired
- ☐ studying
- ☐ looking after home or family
- ☐ long-term sick/disabled
- ☐ Unemployed
- ☐ Prefer not to say

Section 4: Your health and wellbeing

12. Do you have any of the following diagnoses? Please tick all that apply

- ☐ Physical or mobility impairment
- ☐ Mental health condition
- ☐ Long standing illness or health condition (cancer, HIV, diabetes, chronic heart disease or epilepsy)
- ☐ Sensory impairment
- ☐ Learning disability/ difficulty
- ☐ Autism (Neurodiversity e.g. ADHD, Autism, Aspergers)
- ☐ Prefer not to say
- ☐ Other (please write in box below)

Specification for sexual and reproductive health engagement and insights

13. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks: Please tick one for each response

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

14. A Do you know where to get sexual and reproductive health advice and treatment in Cornwall?

- ☐ Yes
- ☐ No
- ☐ Don't know – I haven't heard about sexual health services

B. If yes, where is it that you get help and advice from?

15. Which of the following sexual and reproductive health services/offers are you aware of in Cornwall (tick all that apply)?

- ☐ Sexual health clinic (STI testing, contraception, advice)
- ☐ Sexual health online service (STI testing, contraception, advice)
- ☐ Primary care (GP practices)
- ☐ Helston Medical Centre level 2 services
- ☐ Community pharmacies
- ☐ HIV prevention (e.g. advice and pre exposure prophylaxis - PrEP)
- ☐ HIV treatment
- ☐ Young people advice, support and contraception
- ☐ Other (please write in box below)

Specification for sexual and reproductive health engagement and insights

16. In the last 12 months, have you used any of the following in Cornwall (tick all that apply)?

- ☐ Sexual health clinic (STI testing, contraception, advice)
- ☐ Sexual health online service (STI testing, contraception, advice)
- ☐ Primary care (GP practices)
- ☐ Community pharmacies
- ☐ HIV prevention (pre exposure prophylaxis - PrEP)
- ☐ HIV treatment
- ☐ Young people advice, support and contraception
- ☐ Other (please write in box below)

17.A. If yes, what did you like about accessing the above services?

B. If yes, have you experienced any barriers to receiving the advice or support you needed and if so what was it for (tick all that apply)?

- ☐ Not experienced any barriers
- ☐ Sexual health clinic (STI testing, contraception, advice)
- ☐ Sexual health online service (STI testing, contraception, advice)
- ☐ Primary care (GP practices)
- ☐ Community pharmacies
- ☐ HIV prevention (pre exposure prophylaxis - PrEP)
- ☐ HIV treatment
- ☐ Young people advice, support and contraception
- ☐ Other (please write in box below)

18. If yes, what barriers did you experience when accessing advice and support?

Contraception

19. Which methods of contraception are you using (select as many as apply)?

- ☐ Oral contraceptive (the pill)
- ☐ Condom
- ☐ IUS – ‘Hormonal coil’ (Mirena, Jaydess, Kyleena, Levosert)
- ☐ Implant
- ☐ IUD or ‘copper coil’
- ☐ Depo Provera (injection)
- ☐ Sayana Press (self-injection)
- ☐ Vasectomy
- ☐ Natural family planning or ‘fertility awareness methods’
- ☐ Emergency contraception
- ☐ None
- ☐ Other (please write in box below)

20. Where do you usually go to get your contraception (select as many as apply)?

- ☐ GP
- ☐ Pharmacy
- ☐ Online (e.g. via Brook or SH:24)
- ☐ Specialist sexual health clinic
- ☐ None
- ☐ Other (please write in box below)

21. Are you happy with the service you get when collecting your contraception?

- ☐ Yes
- ☐ No

22. If no, what is the reason you are not happy with the location?

Emergency Hormonal Contraception (women only)**23. A. Did you know that women of any age can get free emergency hormonal contraception (the morning after pill), for free from a wide range of pharmacies in Cornwall?**

- ☐ Yes
- ☐ Yes, but not sure how
- ☐ No, I didn't know about this service

B. Have you ever used emergency contraception (e.g. taken the 'morning after pill' or had an emergency coil fitted)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

C. If yes, how many times have you used emergency contraception**24. If yes, where did you get this emergency contraception?**

- ☐ GP
- ☐ Pharmacy
- ☐ Online (Brook or SH:24)
- ☐ Specialist sexual health clinic
- ☐ Minor injury unit / accident & emergency department
- ☐ Other (please write in box below)

Your sexual and reproductive health needs**25. How would you prefer to discuss your sexual and reproductive health needs?**

- ☐ Face-to-face (in person)
- ☐ Video call
- ☐ Phone call
- ☐ Online
- ☐ None
- ☐ Other (please write in box below)

26. If you required a face-to-face appointment, what times would you prefer to attend?

- ☐ Before 9am
- ☐ 9am to midday
- ☐ Mid day to 2pm
- ☐ 2-4 pm
- ☐ 4-6pm
- ☐ 6-8pm

27. If you required a face-to-face appointment, what days would you prefer to attend?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

28. Thinking about any sexual and reproductive health service (in real life or an ideal world), how important are the following to you (tick all that apply)?

	Very important	Important	Less important	Least important
Convenient location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly non-judgemental staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specification for sexual and reproductive health engagement and insights

	Very important	Important	Less important	Least important
Near public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic or location known to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anonymous service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortest waiting time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk in clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wide range of opening hours including evenings and weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence and trust in the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician who is a specialist in sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other please specify: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. If you have to drive or catch public transport to a sexual health clinic, how long are you willing to travel for?

- ☐ Less than 20 minutes
- ☐ 20 – 40 minutes
- ☐ 40 – 60 minutes
- ☐ Over 60 minutes
- ☐ No access to a car or public transport
- ☐ Can't afford to travel by car or public transport

Stigma

30. A. Have you accessed a sexual health service in the last 12 months and been diagnosed for any of the following (tick all that apply)?

- ☐ None
- ☐ Chlamydia
- ☐ Gonorrhoea
- ☐ HIV

Specification for sexual and reproductive health engagement and insights

- ☐ Syphilis
- ☐ Other (please write in box below)
- ☐ Prefer not to answer

B. If yes and apart from healthcare staff, who have you told that you have received a diagnosis (tick all that apply)?

- ☐ Friends (yes/no)
- ☐ Family (yes/no)
- ☐ Partners (yes/no)
- ☐ Other people (e.g. neighbours, co-workers, etc.) (yes/no)
- ☐ Nobody

C. Have you avoided or delayed healthcare treatment or a medical procedure?

- ☐ No
- ☐ Yes, in the past year
- ☐ Yes, more than a year ago

D. Have you experienced any stigma in the last year as a result of your diagnosis?

- ☐ No
- ☐ Yes, in the past year
- ☐ Yes, more than a year ago

Section 5: Home, Lifestyle and Health Behaviours

31. Who lives in your main/ usual household?

- ☐ Family members including, partner, children or other generation of family member
- ☐ Students who live away from home during termtime
- ☐ Housemates, tenants or lodgers
- ☐ Armed Forces accommodation
- ☐ Other

32. Do you smoke (Please tick one box only). If smoke, then refer to Healthy Cornwall

- ☐ Non-smoker (never smoked)
- ☐ Ex smoker (previously smoked)
- ☐ Light smoker (0-9 cigarettes/day)
- ☐ Moderate smoker (10-19 cigarettes a day)
- ☐ Heavy smoker (20+)
- ☐ Prefer not to say

33. Do you drink alcohol? If participant is at risk, then please refer to WithYou.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

AUDIT C score	
----------------------	--

Scoring:

- A total of 5 or more is a positive screen
- 0 to 4 indicates low risk
- 5 to 7 indicates increasing risk
- 8 to 10 indicates higher risk
- 11 to 12 indicates possible dependence

34. A. In the last 3 months, have you used any illicit drugs or drugs not as they were prescribed?

- ☐ No
- ☐ Yes
- ☐ Don't know
- ☐ Prefer not to say

B. If yes, have you had a strong desire to use those drugs or struggled to cut down or stop using them?

- ☐ No
- ☐ Yes
- ☐ Don't know
- ☐ Prefer not to say

C. If Yes, have you taken part in Chem-sex in the last 12 months?

- ☐ No
- ☐ Yes
- ☐ Don't know
- ☐ Prefer not to say

D. Has anyone expressed concern about your drug use?

- ☐ No
- ☐ Yes
- ☐ Don't know
- ☐ Prefer not to say

35. Do you ever feel afraid of your partner/wife/husband/family member? Or are they unkind to you or force you do something you are uncomfortable with?

If someone discloses abuse, it is important to clarify who they are afraid of and ask if they would like a referral to a da service.

- ☐ No
- ☐ Yes
- ☐ Don't know
- ☐ Prefer not to say

Section 6: Any other comments**36. What do you think needs to happen to make sure all people in Cornwall and Isles of Scilly get the best sexual and reproductive health support?****37. Please tell us anything else you would like to say about sexual and reproductive health services in Cornwall and the Isles of Scilly?**

Appendix 5 Draft qualitative insight methodology

Building on the population level survey, qualitative engagement is needed to gain further insight into the experiences, needs and aspirations for sexual and reproductive health services across Cornwall and the Isles of Scilly.

Recruitment and delivery to be supported by working with communities and organisations who support vulnerable populations including those who may not engage with the quantitative insights work and those experiencing health inequalities (Figure 1) and multiple vulnerabilities. Examples of target population groups include:

- Manual labour such as fishing and farming communities
- Black and Minority Ethnic Groups
- Homelessness/rough sleepers (e.g. St Petrocs)
- Travelling communities (e.g. Travel Space)
- Learning disabilities, autism and mental health
- Disability and sensory impairment
- Those accessing drug and alcohol services (WithYou)
- Domestic abuse and sexual violence services / Women in violent and/or coercive relationships
- Young people 13+ years through schools and colleges (including Brook Cornwall)
- Migrant workers and communities
- Those in contact with criminal justice system
- Looked after children/care leavers
- Commercial sex workers
- Men having sex with men
- People living with HIV
- Vulnerable migrant groups, including refugees and asylum seekers

The qualitative insights must be designed and delivered in collaboration and include a mixture of hybrid focus groups and interviews or other more creative participatory or peer led approaches. This could include the adoption of participatory approaches such as the use of vignettes setting out characters in a particular setting and ask participants about the journey for that character should be or other methods to minimise barriers for people to participate. The methodology adopted will depend on the population group, but the adopted approaches must be consistent and clearly recorded. Recruitment should be in collaboration with each community and could include contacting a relevant sample from the quantitative element of this work through to working with key support organisations.

Recruitment will include using the consent and information sheet, as well as the demographic characteristics (e.g. questions 1-8 in from the questionnaire) of those participating in the qualitative work. Semi structured questions will be co-produced with Public Health and partners will provide a guide to help inform future strategies and commissioning. Thematic analysis or similar to be used along with comparisons across the insights work.

The following provides a draft example of semi structured questions for adults and young people.

Specification for sexual and reproductive health engagement and insights

Adults

- We are collecting information to help improve sexual and reproductive health services in Cornwall.
 - How important is sexual and reproductive health to you?
 - What do you think we mean by sexual and reproductive health?
 - How aware are you of the availability of sexual health services in our community?
- We would like to know how easy it is to find the help and support you might need or have needed in the past.
 - What factors influence your decision to access a sexual health service?
 - Do you find it easy or challenging to access sexual health services in our area? Why?
 - What specific services or information do you believe should be offered in an all-age sexual health service?
 - Are there any gaps in the current services that you think should be addressed?
 - In what ways do you think the community can be more involved in promoting sexual health awareness?
- Services have not always met the needs of people with complex/multiple needs (e.g. but not limited to domestic abuse, sexual violence, problem drinking/drug use, homelessness and rough sleeping, contact with the criminal justice system, poor physical health, poor mental health), many of whom have experienced multiple trauma and adversity in their lifetime. In your opinion:
 - What is important for services to know in order to the needs of people with complex/multiple needs?
 - How could services improve the way they work to meet the needs of people with complex/multiple needs?
 - Are there any examples of when services have worked in the right way? Did you feel supported?
- In terms of different types of contraception, we would like to better understand people's preferences and how to improve access.
 - Can you please share any thoughts or experiences you've had with accessing contraception advice or using contraception? This can include challenges you've faced, things you've found helpful, or any suggestions for improvement.
 - Is there anything else you would like to share about your experiences or preferences regarding contraception advice?

Specification for sexual and reproductive health engagement and insights

- In what ways do you think the community can be more involved in promoting sexual and reproductive health awareness?
- In terms of improving future access to sexual and reproductive health information and services, we would like to know more about potential barriers, facilitators and preferences over face to face and digital services.
 - How comfortable are you with using technology for sexual health information or services? How do you think would the online service and information could be enhanced?
 - Are there any societal or cultural barriers that you feel exist in accessing sexual health services? How can we reduce stigma associated with seeking sexual health support?
 - What are your aspirations for the development and improvement of sexual health services in our community? How can sexual health services better cater to the diverse needs and aspirations of the community?

For children and young people

- We are collecting information to help improve sexual and reproductive health services in Cornwall.
 - How important is sexual and reproductive health to you?
 - What do you think we mean by sexual and reproductive health?
 - How aware are you of the availability of sexual health services in our community?
 - Have you ever accessed a sexual health service before and what was your experience?
- As a young person, how comfortable do you feel discussing sexual health with a service who provides sexual and reproductive health information and support? Are there specific concerns or challenges you face in accessing sexual health services based on your age?
- How could sexual health services be improved to better meet the needs of young people? How could sexual health services better engage with and support young people in your community?
- How do you think sexual health education can be improved for young people? Are there specific topics or approaches you would like to see in sexual health education programs?
- Can you please share any thoughts or experiences you've had with accessing contraception advice or using contraception (including the free c-card for 13-24 year olds)? This can include challenges you've faced, things you've found helpful, or any suggestions for improvement.

Specification for sexual and reproductive health engagement and insights

- Is there anything else you would like to share about your experiences or preferences regarding contraception advice?

Thematic analyses must take this into account and provide necessary insights and recommendations to inform the strategic direction and future service delivery.

Appendix 6 Easy read version of the qualitative and quantitative methodologies

Both approaches described above must be made accessible to all including those with a sensory disability, physical disability, learning disability and or autism. This will require working in partnership with the Public Health Inequalities team to help finalise this approach. This section is to develop easy read versions of the above quantitative and qualitative insights methodologies.

Specification for sexual and reproductive health engagement and insights

Prepared by:

Richard Sharpe

Consultant in Public Health

Wellbeing and Public Health

18/04/2024

If you would like this information
in another format please contact:

**Cornwall Council
County Hall
Treyew Road
Truro TR1 3AY**

Telephone: **0300 1234 100**

Email: **enquiries@cornwall.gov.uk**

www.cornwall.gov.uk