

Engagement event: Sexual health services for targeted vulnerable groups in Newcastle

 17 June 2021



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Purpose of the day

The purpose of this session is for us to:

- share the analysis of the sector review undertaken to date;
- provide an opportunity for us to work in collaboration with stakeholders to ensure we design a model of prevention and support that meets the future sexual health needs of targeted vulnerable groups in our city; and
- outline the next steps and timescales.

Today's agenda

10.00 Welcome and team introductions

10.10 Background

The picture in Newcastle – Local context to sexual health support – Strategy and local vision

10.25 Covid-19 learning on sexual health

10.35 Sector review

Service definition – 2019 service review – Identified vulnerable groups – In scope service provision – Covid-19 impacts on delivery to target groups – Feedback

11.00 Breakout sessions

People with learning disabilities – People at risk of sexual exploitation and/or sex work – People living with HIV+ – Hard to reach young people

11.40 Feedback from breakout

11.55 Next steps and close

The picture in Newcastle

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A snapshot of Newcastle's population 2021

- The population of Newcastle in 2019 was approx 300,820.
- The population is split almost 50/50 between men (51%) and women (49%). We do not currently have reliable stats about people who describe their gender in another way or about local LGBT populations, but will include this when it is available.
- Around 19% of Newcastle's population have a disability that limits their day to day life either a little or a lot, most of whom are in older age groups
- Around 11% of pop are BAME, which rises to 24% among school aged children.
- Deprivation - According to Index of Multiple Deprivation Newcastle has become more deprived between 2015 and 2019 moving from an overall rank of 42 to 32 (1 is most deprived in England)
- In 2020, the % of pupils eligible and claiming free school meal was 31.8% compared to 17.3% nationally.
- Further information about Newcastle's population can be found on the website NFNA

Teenage conceptions

- Over the last two decades the rate of conceptions in under 18s has been declining nationally. This trend is also seen in Newcastle with a crude rate of 24.2 per 1,000 conceptions in under 18s in 2018 compared to 52.8 per 1,000 in 1998. Despite this decline, Newcastle's latest rate (2018) is statistically worse than the national rate (but similar to the regional rate)
- The rate of abortions in under 18s in 2019 was 7.1 per 1,000. This rate has seen a small decline since 2012 which mirrors the national trend.
- The crude rate of conceptions in under 16s has declined nationally in the last decade. For Newcastle this decline has fluctuated more with a plateau between 2013-2015 and a decline in recent years.
- The crude rate of under 16 conceptions in 2018 in Newcastle was 4.1 per 1,000 compared to 4.6 regionally and 2.5 nationally
- Overall the proportion of teenage mothers in Newcastle in the last decade has reduced. The proportion of teenage mothers in Newcastle in 2018 was 0.8% compared to 0.6% nationally and 1.2% regionally.

Contraception

- Access to contraception and choice of methods should be available across a population. NICE guidance recommends the use of Long Acting Reversible Contraception (LARCS) for effectiveness and cost effectiveness.
- The crude rate per 1,000 of use of LARC in Newcastle (excluding injections) in 2019 was 58.8 (n = 4,062). This is higher than the England (49.5) and regional (38.7) rate.

Sexually Transmitted Infections (STIs)

- The crude rate of all new STI diagnosis in Newcastle was 941 per 100,000 in 2019. The trend over the last decade for this has remained mostly static.
- The crude rate for syphilis has been reducing in recent years with latest data showing rate of 9.2 per 100,000. This is opposite to England which has been seeing an increase in syphilis diagnosis over the decade.
- Gonorrhoea has increased, following the England trend but is statistically significantly higher than England. Current rate in Newcastle is 145 per 100,000 in comparison to 63 per 100,000 in 2012.
- NCSP - in 2019, 23.7% of Newcastle pop 15 – 24 were screened for chlamydia which is statistically better than England percentage. The percentage of young people screened has been declining over the decade. Detection rate was 2,058 per 100,000 pop in 2019. Similar to England rate.
- 70.9% of eligible attendees in Newcastle in 2019 accepted an HIV test. This is statistically better than the regional (65.6%) and national (64.8%) proportion in same time period. Testing coverage among MSM was 93.2%, men 80.7% and women 63.8%

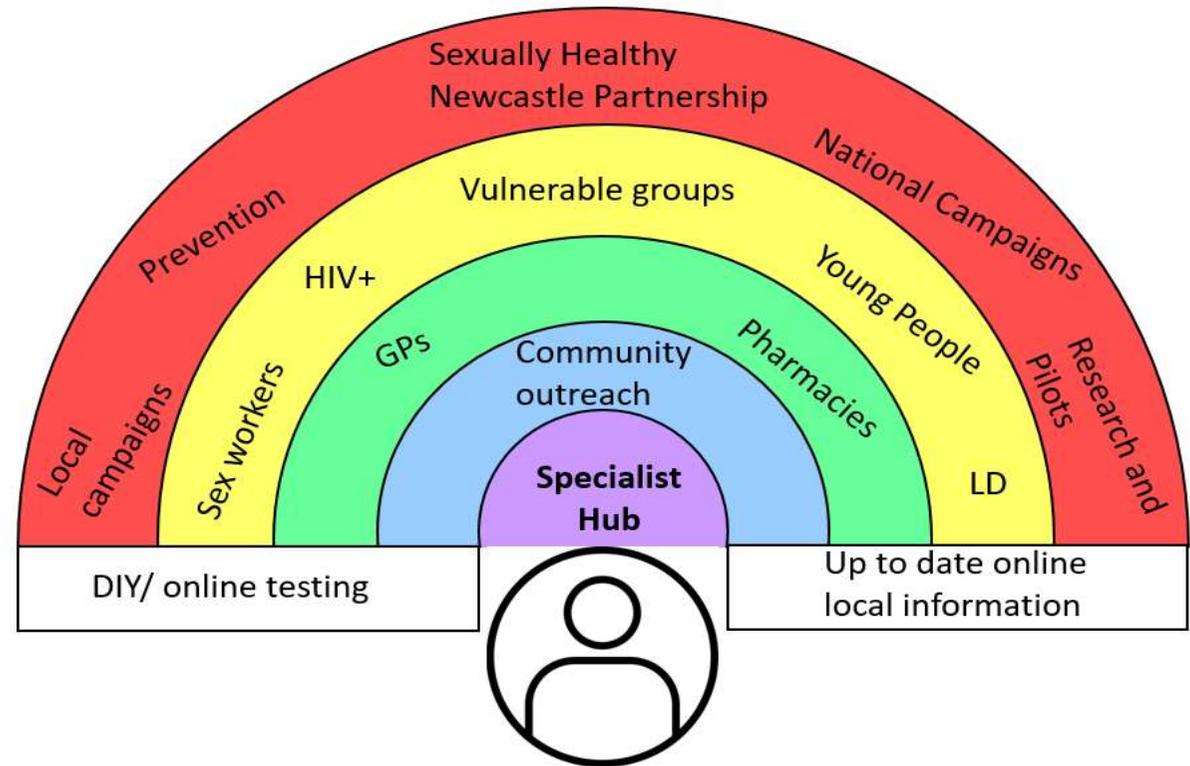
Background and local vision for Newcastle

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Local vision - Sexually Healthy Newcastle

- To provide an integrated sexual health system that supports Newcastle residents to make informed, confident choices that, when necessary, ensures access to appropriate good quality services.
- Ensuring all residents have the right and opportunity to live a healthy sexual and reproductive life, free of discrimination, regret, coercion and violence



Local Authority Commissioner (Public Health Newcastle)

Sexual Health Service Hub

- Contraception
- Advise on preventing unintended pregnancy
- Pregnancy testing
- STI testing and treatment (including DIY testing)
- Co-ordinate & deliver Chlamydia Screening Programme
- Co-ordinate and deliver the C-card Programme
- HIV testing
- PrEP clinics and treatment
- Partner notification
- Sexual health aspects of psychosexual counselling
- Training to non-clinical services
- Specialist services focusing on young people, MSM, BAME, LD&A etc
- Sexual Health promotion
- Learning Disabilities Specialist Nurse
- Maternity/postnatal contraception
- Laboratory testing

Sub Contract(s) with Specification

Sub Contract(s) with Specification and PGD

Possible mixture of Sub Contract(s) and Direct Delivery

Mixture of direct delivery and working with community partners

Partnership working

(Proposed) Contracts and Specifications, and direct delivery

GP's

- LARC
- Chlamydia Screening Programme
- C-card
- HIV Testing

Pharmacies

- EHOC
- LARC
- Oral contraception
- C-card
- Chlamydia Screening Programme
- Pregnancy Testing

Digital services

- Information and advice including on-line triaging and signposting
- DIY STI/HIV self-testing with follow up for treatment (across hub and spoke delivery locations)
- Online appointment system
- SH:24 National HIV testing Framework

Clinical outreach clinics

- Focused in areas of greatest sexual ill health
- Contraception
- STI testing and treatment
- Chlamydia Screening Programme

Prevention and support services

Specific contracts for targeted approaches to:

- Hard to reach young people
- People with learning disabilities
- People at risk of sexual exploitation / sex work
- People living with HIV

NCC direct delivery with MESMAC and SHINE staff (active focus on LGBTQ+ population).

Partnership working

Local ambition

A sexual health system in Newcastle that offers:

- A specialist clinical hub
- Clinical community outreach based in areas of evidenced low provision or high need
- Pharmacies and GPs delivering community wide sexual health advice, screening and contraception
- Improved HIV testing offer from GP services
- Multi-disciplinary working with community and voluntary services targeting priority groups (people with learning disabilities, sexual exploitation and those engaged in sex work, HIV+ and young people) to improve support and training to front line service partners
- Strategic level partner working and input e.g. Sexually Healthy Newcastle Partnership and participation in relevant campaigns
- Increased DIY/online testing kits provided across a range of settings improving uptake and completion of testing
- Ensure up to date online information about all sexual health services available in Newcastle

Covid-19 impact on sexual health

- Many services adapted to delivering SRH services via non face to face methods. 44% of contact with SRH services nationally between April to September 2020 were via non face to face methods (compared to only 3% in the previous year).
- Nationally there has been a decrease in contraception activity within Sexual Health Services. Between April to September 2020 there was a 37% decrease in contraception-related contacts with SRH services (compared to April-September 2019). Overall contacts with SRH services fell by 35%.
- In April to September 2020, 43% of females in contact with SRH services for contraception were using a LARC. This has fallen from 46% in 2019/20 (full year). Prior to this LARC uptake had been steadily increasing. 57% had a user dependent method in use, an increase compared to 54% in 2019/20 (full year). In comparison in Newcastle for the same time period (April to September 2020), approximately 54% of those using contraception were using a LARC method and 46% were on user dependent methods who had contact with the SRH service.
- Changes during the pandemic included a move away from drop-in clinics & appointments to telephone triage, and face-to-face for urgent sexual health emergencies only.
- As a result of reduced service provision, concerns were raised about access to services for vulnerable groups across the city as well the concerns over the suspension of some sexual health provision such as asymptomatic DIY STI testing.

Sexual health prevention and support services

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Prevention and support services overview

Sexual health prevention and support services in Newcastle are an important *community-based* offer for vulnerable groups who may otherwise not seek mainstream sexual health provision. They are well placed to reach and offer targeted support to vulnerable groups via a range of means including outreach, testing, peer led approaches and online engagement via non-conventional methods.

They cover a wide range of sexual health issues including sexual health promotion, information, advice, education, STI/HIV testing, pregnancy testing, outreach, one to one/group work and sign posting to clinical health service provision, delivered in a range of local and community settings across the city such as schools, community centre buildings, sports clubs, churches, online. They aim to complement the clinical service by providing a holistic approach to sexual health that are targeted at hard to reach / vulnerable groups.

In scope service provision

Young people (2 contracts):

West End Youth Enquiry Service (WEYES) –
Children North East
Teenage Conception – Streetwise

People with learning disabilities (1 contract):

Sexual Health Training for people with Learning
Disabilities: Love Life service – Skills for People

**NCC commissioning under
Public Health Newcastle**

HIV+ support (2 contracts):

Floating support service for people with HIV/AIDS
– Places for People
HIV support programme – Blue Sky Trust

People at risk of sexual exploitation (1 contract):

GAP and MAP services – Changing Lives

People with learning disabilities

Loveline: Support for adults with a learning disability to learn about relationships, sex and sexual health

One to one support

- Sexual wellbeing and safeguarding
- Via referral or 'drop-in'

Current annual value of funding from Newcastle City Council is £7,200.

Training courses

- Delivered to students at Percy Hedley schools as well as others
- In person and, more recently, online

Awareness raising, education, partnership working

- Online videos – on subjects ranging from testicular examination to "Why go to the New Croft"?
- Lots of examples of work delivered in partnership with New Croft Centre specialist LD nurse and with other providers

People with learning disabilities – service highlights

In **2018/19** the LoveLife project directly supported 44 individuals with learning disabilities and/or autism, and 26 individuals who are family/carers. There was indirect support to 40 individuals who are family/carers.

In **2019/20** the LoveLife project ran 5 group training sessions that supported 29 individuals. That year there was also 1:1 support directly provided to 15 individuals.

In **2020/21** the Covid-19 pandemic deeply impacted on the LoveLife project, where group sessions and training face-to-face had to be cancelled. During this year they provided 1:1 support directly provided to 13 individuals. They were able to raise awareness through the creation and circulation of many films during lockdown; and through Zoom sessions through our 7 day a week Stay Connected programme. It is estimated at least 200 people with a learning disability from Newcastle made use of this offer.

Case studies show that people with learning disabilities:

face challenges in developing healthy intimate relationships and positive sexual identities

- at increased risk of experiencing sexual health harms and unplanned pregnancy
- are more likely to experience sexual victimisation and abuse
- are more at risk of harm and abuse which is evident in high numbers of safeguarding concerns and referrals

Covid-19 impact on sexual health support for people with learning disabilities

Delivery of the contracted LoveLife project providing by Skills for People was completely impacted by the Covid-19 pandemic with group and face-to-face activity halting.

A virtual offer was created but uptake wasn't as much as was hoped. It was felt the following were barriers for this client group:

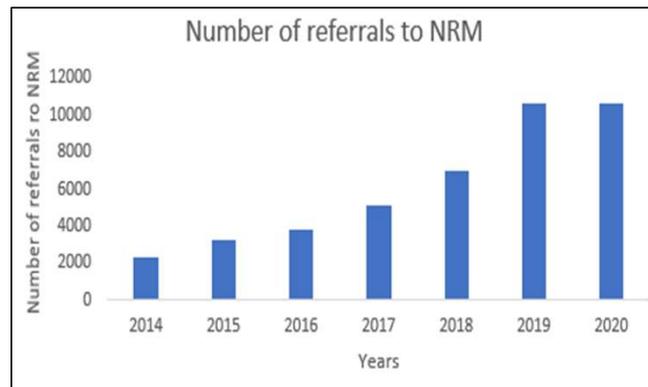
- People's ambivalence about using Zoom and their concerns about discussing personal and sexual matters over Zoom
- People's limited access to Zoom or laptops and being reliant on other to set them up or being in the background to help if there was a IT problem
- Concerns being identified by the support team, rather than person who may not want to address them
- Lifting of restrictions in summer/autumn meant people wanted to be out and about and less available for virtual sessions.

People at risk of sexual exploitation / sex work

- Sex work and survival sex are diverse and complex areas. The reasons for selling sex are varied from some working on a voluntary basis to others being subject to sexual exploitation and modern-day slavery
- Need to sell sex, including survival sex, has been exacerbated for some by the introduction of Universal Credit and financial hardships magnified by pandemic
 - For example, other avenues of generating money have been removed (e.g. shoplifting)
- Difficult to estimate unbiased prevalence as selling sex spans a range of activities which are often transient and hidden:
 - An overview of peer-reviewed and grey literature from 1999 to 2018 provides estimates of sex workers in the UK varying from **35,882 to 104,964** (all genders)
 - Majority are female with most buyers being reported to be male
 - A survey of sex workers found 80% have experienced at least 1 crime in past 5 years
- A heterogenous group with different risk-taking behaviour, health experiences, & use of services. However, people who sell sex are:
 - at increased risk of sexual, physical, mental and emotional ill health
 - vulnerable to exploitation, coercion and violence

People at risk of sexual exploitation / sex work

- Difficult to collate figures on sexual exploitation other than at national level collected by the National Crime Agency (NCA)
 - National Referral Mechanism (NRM) is the framework for identifying & supporting victims of modern slavery
 - 2020 was the first year whereby referrals did not increase



- In 2020 (out of 10,613 referrals) 2,053 included sexual exploitation:
 - 1,120 involved adults, 815 involved minors and 118 were unknown
 - 940 of these were for female adults; 624 for female minors (17 years & under)
 - Top nationalities included UK (n=544), Albanian (n=425), Chinese (n=119), Romanian (n=78), and Iranian and Vietnamese (both with n=72)
 - Exploitation may not have occurred in UK

Individuals at risk of sexual exploitation and/or involved in sex work/survival sex

Girls Are Proud (GAP)/Male Action Project (MAP) is a proactive outreach service for people at risk of sexual exploitation (16 years +) and/or involved in sex work or survival sex (18 years +).

Full service of GAP/MAP covers Newcastle, Gateshead, Sunderland, and South Tyneside.

Current annual value of funding from Newcastle City Council is £63,000 and NCC Public Health have funded the Newcastle GAP/MAP element since 2016.

The service provided by GAP/MAP includes:

- Sexual health advice and support
- Proactive outreach support including visits to cruising sites or hot-spot areas
- Access to the mobile sexual health outreach service
- Access to pregnancy tests, free condoms
- Access to pregnancy support options (including referral to termination clinic if required)
- Referral to after adoption support
- Access to peer-led women only group sessions
- DIY STI/HIV kit
- Access to personal safety sessions
- Access to Being, Becoming, Belonging model
- Support with coping strategies (including self-care, mindfulness, activity packs/journals)
- Practical supplies parcels (including food parcels and sanitary products)

Individuals at risk of sexual exploitation and/or involved in sex work/survival sex

Referrals

The number of referrals has just over doubled during the pandemic for Newcastle GAP/MAP from 18 referrals/year to 38 referrals/year in 2020/21

Survival sex is most frequent reason for referral followed by sexual exploitation. Referrals due to survival sex have more than doubled during the pandemic

- hypothesised to be due to a reduction in 'opportunities' to make money via other means

Most referrals are from Changing Lives or police/social services (North Safeguarding Hub)

Most referrals are female (with 100% in 2020/21)

Most common age-band for referrals is 26- to 35-year-olds

Services

Due to complexity of clients' needs and safeguarding aspects, a caseload per development worker to clients is aimed at 15.

In 2020/21, active caseload has increased to average of 21 (compared to 17 in 2019/20) and a waiting list has been introduced.

Certain services had to be suspended or delivered in a different way due to the COVID-19 pandemic.



Covid-19 response for people at risk of sexual exploitation and/or involved in sex work or survival sex

The pandemic created unique challenges with services acting quickly to meet the sexual needs of individuals.

Adaptations include:

- 1:1 support + welfare check-ins (via phone call/doorstep check-ins) at the required frequency depending on individual circumstances
- Therapeutic worksheets (Dialectical Behavioural Therapy, mindfulness, coping strategies)
- Activity packs/journals to support mental health.
- Therapeutic activities: e.g. 'Sewing Through the Pandemic'
- Practical supplies: food parcels, sanitary products, contraceptive supplies & toiletries to those in need.
- Cooking on a budget recipes

Some services had to be suspended including the self-defence sessions with a trainer, mobile outreach sexual health clinic and peer-group sessions. Nevertheless, some services are restarting: weekly GAP peer-support sessions + mobile outreach sexual health clinic

Hard to reach young people

Some groups of young people are at greater risk or poorer sexual health than others including those from BME groups, lesbian, gay, bisexual, Transgender and questioning (LGBTQ) young people, young people who are in the care of the Local Authority and young people who are not in education, employment or training; these groups also tend to be those less likely to access mainstream provision.

Newcastle City Council currently commit annual value of funding £175,834 (across 2 contract agreements).

The key roles of a young person service are:

- Proactive promotion and provision of free condoms as part of the C-card scheme, delivered in line with local and national policy and guidance
- Proactive promotion and provision of Chlamydia and Gonorrhoea Screening as part of the National Chlamydia Screening Programme in line with local and national policy and guidance
- Provision of training for other professionals on how to engage with young people
- Provision of youth work support and advice for young people accessing the specialist sexual health sessions delivered by clinical health staff (including weekends and evening provision)
- Ensuring young people are effectively signposted and supported to access mainstream services as necessary

Covid-19 impact on sexual health support for young people

2020/2021 has been a challenging year with demands to adapt quickly to meet the sexual health needs of young people:

- Digital inclusion support for young people
- Online 1 2 1 and counselling
- Dial and deliver service from Streetwise was vital in getting prescriptions, tests and condoms to young people
- Doorstep check ins
- Supporting New Croft young people's clinic when it re-opened

New developments coming out of covid-19 learning:

- Sexual health Nurses out with Streetwise detached youth van
- Connecting sexual health support for young people with the re design of NCC targeted youth support young person led grants process
- Many services reporting increase in sexual violence and violence in relationships, developing support to meet young people's needs
- Improving access to services for young people through online, detached and outreach models of youth work
- Saturday young people's sexual health clinic re starting at Streetwise
- Strengthening partnership work



HIV+ Profile in England

- In England in 2019, 94% of people living with HIV have been diagnosed, 98% of those are on treatment, and of them, 97% are now 'undetectable'
- 'Undetectable' means a person's viral load is so low that the HIV virus cannot be passed on, therefore untransmittable. **U=U** is the awareness raising campaign
- The most recent estimates suggest that in 2019 there were 96,200 people living with HIV in England. Of these, around 5,900 are thought to be undiagnosed
- This means around 1 in 16 people living with HIV are unaware of their status. (NAT, 2020)
- Late diagnoses is defined as a CD4 count below a specified level within 91 days of diagnosis. (PHE, 2020)
- Late diagnosis causes complications for the individual and risks preventable new HIV transmissions
- HIV affects all populations and communities; however some are affected disproportionately
- In England, gay and bisexual men and Black African people continue to be the most acutely affected by HIV
- HIV testing continues to be essential

(source HIV Commission, 2020)

People living with HIV

Blue Sky Trust (BST) provide a regional offer of holistic support for HIV+ people across Tyne and Wear, Cumbria, Northumberland and Durham.

Newcastle residents make up 40% of the total cohort. The total running cost of the BST service for Newcastle residents equates to £100,000 annually.

Current annual value of funding from Newcastle City Council is £28,000.

The service provided by BST includes:

- 1-2-1 support, peer mentoring and support groups, including befriending, special interest groups, courses for newly HIV diagnosed, support for Children and Young People, new mums/pregnancy support, disclosure advice and support
- Educational webinars and workshops to encourage healthy lifestyles, and improving mental and physical health
- Mental health courses, workshops and support – working closely with the Newcastle HIV specialist psychologists, particularly around the impact of trauma
- Telegram support group
- Regular communications with stakeholders
- Volunteer opportunities, training and support
- Stigma taskforce, including opportunities to share their HIV+ story to promote awareness raising and combat stigma

People living with HIV

Places for People provide floating support for people living with HIV within a specific accommodation setting.

- Existing contract since 2003
- Primary client group: People living with HIV / AIDS
- Secondary client group: People with Mental Health Problems
- 13 residents (1 joint tenancy)
- 8 HIV+ customers
- 4 out of 5 new customers are living with HIV
- 8 Males, 5 females
- Majority in long term tenancy's

The service provided by P4P includes:

- Advice, advocacy and liaison
- Advice/support on repair work/home improvements
- Developing domestic/ life skills
- Developing social skills/ behaviour management
- Emotional support, counselling and advice
- Help finding other accommodation
- Help in establishing personal safety and security
- Help in establishing social contacts/activities
- Help in gaining access to other services
- Help in managing finances and benefit claims
- Help in setting up and maintaining home or tenancy
- Help maintaining safety/security of dwelling

People living with HIV

Blue Sky Trust (Newcastle support)

Year	No. of Newcastle residents accessing support	No. of Newcastle residents accessing 1:1 support	Number of new Newcastle referrals
2018-19	56	30	24
2019-20	62	34	23
2020-21	86	69	14

Highlights for 2020/21:

- 86 individuals accessing support
- 14 new referrals – (received from connected services)
- Attendances at support groups: 527
- Attendees at face to face and online groups, webinars and events: 31
- Number receiving one to one support service : 69
- Receiving monthly newsletter: 47
- Volunteering at BST: 7

Sexual identity

Heterosexual: 47.9%

Gay: 31%

Not supplied: 11.3%

Unknown: 7%

Gender identity

Female: 45%

Male: 54.9%

Impact of Covid-19 on HIV+ Newcastle population

- Loss of face-to-face interaction with support services
- Increased reports of isolation and fear
- Services moved to an online digital offer
- Some individuals have preferred digital offer, and has attracted new people to services due to removal of some barriers, including fear, stigma, confidentiality. Digital enhances anonymity
- Increased engagement barriers for some due to digital divide, services worked to bridge this gap
- Decrease in some people's health and well-being with mental health a universal concern
- Fear within the HIV+ community, particularly at the start, around unknowns of Covid and potential risks
- People who have maintained engagement with services have not moved on, whereas before they may have

Survey findings- ongoing risk of STI and HIV acquisition and needs of healthcare among MSM:

- 47% (447/956) of MSM reported one or more new sexual partners during lockdown
- 20% (194/956) reported condomless sex with multiple partners, compared to 71% (1127/1585) and 31% (559/1812) respectively from 2017 survey.
- (Health Protection Research Unit)

Findings from engagement work so far...

Results from engagement so far.....survey results

Survey highlights: 61 participants took part

- 63.9% identified as female, followed by 27.9% as male
- Age bands:
 - 25- to 34-year-olds were the most common age band (27.9%) followed by 35- to 44-year-olds (24.6%)
 - 19.7% were 24 years and under
- 67.2% identified as White English/Welsh/Scottish/Northern Irish/British
- 59% identified as heterosexual or straight, followed by 21.3% identified as gay
- 27.9% considered themselves to have a long-term health problem or disability

- 11.5% living with HIV
- 27.9% had experience or felt exposed to sexual harm/unwanted sexual contact
- 11.5% reported having had experienced of selling sex or exchanging sex/swapping sex to meet a need
- Less than 5% had a learning disability/difficulty



Key points from the survey

A key theme - **flexibility of services**, how to book an appointment (text, online, phone-call, drop-in), the types of sessions, access and delivery locations

- Most people (70.5%) liked the option of being able to be seen in-person (followed by individual sessions, anonymously and drop-in sessions)
- Weekday evenings from 6pm to 8pm was the preferred time to speak to these services (followed by weekdays 9am to 5pm, Saturday afternoons and mornings)
- The top three preferred locations to access these services were community centre buildings (47.5%), home (44.3%) and fixed office run by service (42.6%)

Key barriers to accessing these services included:

- lack of awareness regarding what these services provide or where to find these services
- not having enough time to attend
- worries around confidentiality

Additional key themes:

- Being able to access a variety of services is important
- Service users want to feel heard and not rushed
- Service users want staff to be non-judgemental, understanding, knowledgeable and take the time to explain



Results from engagement so far....

- “Normalising testing for HIV really helps address the stigma”
- “I’ve lived with HIV for 30 years and still feel shame.”
- “No other health condition has the stigma, the ostracising, the despair that comes with HIV”
- “Non-clinical support helps people stop feeling like they’re in a petri dish.”
- “We are really lucky here in Newcastle to have such good HIV support, other areas don’t have it.”
- “Everyone thinks HIV won’t happen to them, but it might. There needs to be more openness and awareness that HIV can happen to anyone”
- “Important to have people to talk to about sexual health, and not everything being about HIV”
- "The HIV+ community is really diverse; there is power in our diversity"

Results from engagement so far.... BAME communities

- “I don't want to talk to you about my sex life , it is bad manners to ask about , or to talk about a person's sex life - it is private”
- “I'm not currently in a sexual relationship so I don't need sexual health services”
- “I don't know what services there are available to me”
- “I'm a gay woman I don't have any sexual health needs”
- “I don't speak good enough English”
- “I am LGBT - are general health services really for me”
- “Will they (services) tell my husband?”

Results from engagement so far.... Young people

"Worries about my parents finding out – young people need info on rights around confidentiality"

"Sitting in the waiting room might be scary"

"Services can be quite patronising young people feeling they are being treated like a child"

"A lot of services know about trans young people but not about trans young people dating another trans young person. I felt I had to explain things to the staff and wished staff had understood the issues better"

"Social anxiety e.g attending services with lots of people there or talking to a stranger about my private issues"

Results from engagement: themes

- Raising awareness of what is on offer is required
- Confidentiality is vital; being seen accessing services is a concern “everyone knows why you are there” Co-located provision would be preferable, and not having to “sign in”
- Peer support is invaluable for some, particularly people living with HIV, but for others it is a barrier
- A general lack of awareness and support for Trans community
- People enjoy the flexibility of a digital offer, and being able to access sexual health support, testing etc, remotely
- Same day (or short-notice) support is important, delays are barriers and pathways need to be straightforward
- Choices in where to access support and not defined by assumed need, for example engaged in sex work
- Cultural sensitivity, awareness and competency are critical

Results from engagement: themes

Trust and continuity of care is important, this is particularly important for people at risk of SE and/or involved in sex work/survival sex

Being judged by services is a big concern for some, including people at risk of SE and/or involved in sex work/survival sex

Services offering flexible and holistic support is viewed as crucial for some

Strengthen the link between the non-clinical sexual health and other services (for example clinical sexual health and substance misuse services)

Questions so far?

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Breakout sessions

You will be moved into the breakout session you indicated an interest in prior to the event. The following are some questions to consider in your group discussion....

Breakout sessions: Questions to consider

Current offer in Newcastle:

1. What do you consider to be the strengths, challenges and opportunities for this sector?
2. Do you agree with the highlighted targeted vulnerable groups? What would you consider to cross-over into other areas of increased health insecurity that need to be considered within these categories i.e. substance misuse, homelessness/housing insecurity, domestic abuse, sexual violence, sex work/survival sex, targeted youth work.

Covid-19 learning:

3. Is there any further Covid-19 learning that needs to be considered in the new modelling to ensure any future contracts are sustainable and are able to focus activity on the most vulnerable during any future periods of restricted activity?

Looking forward:

4. Reflecting on the current non-clinical sexual health services outlined and reflecting on the local picture, is there anything else we need to be conscious of in terms of service accessibility, pathways, and determining accurate support levels/expectations?
5. To help our consideration of a prevention and support model for sexual health going forward, what skills, training, support do you think staff would need to make these contracts deliver on expectations?
6. What would success look like? How can we best capture the service user voice going forward to enable success to be accurately measured?



Next steps

- Review and incorporate feedback into an Integrated Impact Assessment (IIA) as a final consultation document on a new service delivery model for this sector – publish for 3 weeks for final feedback on proposals – **by end July**
- Create specifications for non-clinical service model opportunities including input gathered from sector and user engagement.
- Conduct tender for the non-clinical opportunities – **mid to late Summer**
- Evaluation and approvals process – **Autumn**
- Award contracts – **by January 2022**
- New contracts go live – **April 2022**

This timetable is indicative only and may be subject to change at the discretion of the Local Authority



**Thank you for your time
today**

Do you have any final questions?

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Contact details

If you wish to make contact to raise any further questions for consideration or provide feedback please email:

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Newcastle
City Council 

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Hard to reach young people

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