Newcastle
City Council

Sexual health services for targeted vulnerable groups in Newcastle

Feedback on engagement activity 2021

AUGUST 2021

Newcastle City Council

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1. Introduction

As part of the re-commissioning of sexual health prevention and support services (alternatively called non-clinical services) in Newcastle a programme of consultation and engagement was undertaken involving key stakeholders during April to June 2021.

The definition of prevention and support (also known as non-clinical) sexual health services in Newcastle was presented as:

"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."

The aims of this was:

- To share analysis of the sector review undertaken to date;
- To 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;
- To allow stakeholders to share views on the strengths, challenges and opportunities in current provision;
- To collate opinions and seek views from stakeholders; and
- To use the above to inform the new service specification and model for future provision.

Stakeholders were contacted and involved and responded through a variety of methods including surveys, one-to-one and group sessions, virtual event, and via email.

Stakeholders consulted included:

- Members of the Public
- Members of local community groups
- Users/attendees at sexual health settings
- Current and potential providers and stakeholders

2. Aims and objectives

The purpose of this report is to:

- outline the sexual health prevention and support services review undertaken in Newcastle in 2021.
- provide a summary of the results of the engagement undertaken to date.

3. Review of 2019 engagement feedback

During 2019 there was a range of engagement activity considering a whole system approach to sexual health in Newcastle. Full details of the activity undertaken is available here.

Stakeholders provided the following feedback on the existing non-clinical service provision in Newcastle:

Non-clinical services

Attendees stated the following **positives** in the current services:

- passionate and dedicated staff, working closely on complex cases who may need long term work/support
- There is a range of non-clinical young peoples' services available

Attendees stated the following **negatives** in the current services:

- Roles and responsibilities for staff need to be clarified. Some staff are more dynamic and "think outside the box" whereas others are perceived as more risk averse
- Gaps in provision for young people such as clinic times allowing for young people to travel across the city after school, lack of provision in east of city
- Process of introducing pregnancy testing is too drawn out

Attendees stated the following **opportunities** in the re-commissioning:

- A need for a better offer to Trans-gender community. Missing younger people and not accessing mainstream services
- There are links to the 0-19 contract and the current offer in schools
- Reaching vulnerable groups and BAME communities could be strengthened through engagement, trust in interpreter to get correct information across
- Reaching vulnerable young people needs more thought
- Opportunity to consider more training sessions outside of core hours and passing down knowledge through "train the trainer"
- Opportunity to introduce more online/DIY testing kits into community settings
- Build more community capacity and a louder voice for those living with HIV

3.1 Summary

Participants agreed:

- to keep the clinical and non-clinical services sperate
- proposed model for the sexual health system
- the outlined priority areas of focus.

Issues highlighted were:

- The importance of using and embedding online services appropriately
- Services being proportionate for the population they are serving whilst being mindful of those who need targeted support (priority groupings) and understanding of influence in investigations such as Operation Sanctuary
- Keeping the clinical service universal whilst taking part in targeted work
- Consider the sub-contracting responsibilities within the clinical contract
- Consideration on the impact of more emphasis on community outreach within the available budget
- Improved collaborative working across clinical and non-clinical services
- The need to grow partnerships and communication across clinical and non-clinical services
- Importance of realistic timelines and consider the ability of interested parties to respond to the requirements of the clinical opportunity, especially with expectations of maintained City centre base and improved online services
- A strength is the passionate and dedicated staff, working closely on complex cases who may need long term work/support
- A need for a better offer to Trans community
- Roles and responsibilities for staff need to be clarified.
- There are links to the 0-19 contract and the current offer in schools
- Reaching vulnerable groups and BAME communities could be strengthened through improved engagement
- Reaching vulnerable young people needs more thought

- Gaps in provision for young people due to clinic times and availability of timely outreach
- Process of introducing pregnancy testing needs reviewing
- Opportunity to consider more training sessions outside of core hours and "train the trainer"
- Opportunity to introduce more online/DIY testing kits into community settings
- Build more community capacity and a louder voice for those living with HIV

4. Individual and group engagement sessions

There were individual and group engagement sessions held where the overall number of people engaged with were 24 individuals. These engagement sessions consisted of those living with HIV, trans individuals, sex workers, BAME women, asylum seekers and refugees.

4.1 Overarching themes

Knowledge

1) Lack of awareness of where to go for help. No clear picture of existing system has emerged
    a. "absolute lack of information and knowledge many women from BAME communities have"
2) Training for parents and carers of people with special needs to understand everyone is entitled to a sex life
    a. "Carers and parents can erect barriers to engaging with the individual as they can prevent the person from developing independency"
    b. "Carer organisations - the rights of individual need to be discussed and the need to protect those rights, need for confidential private discussions could prove difficult"
    c. "there is an education need for families and carers as carers need to be upskilled and not 'stuck' in old fashioned ideas"
3) A considerable need exists to maintain awareness raising in school before young people leave school.
    a. "Need to be taught about signs of domestic violence and talk about emotional abuse as well as physical abuse"
    b. "At school had lessons on signs of abusive relationships but not what to do in that situation. YP were told for Domestic Violence to ring 999 but didn't get told where to go or who to get support from"

Access

1) Special needs - Experiences vary widely so it is vitally important not treating this client group as homogenous as diversity is present throughout (there are higher abled individuals who may not access non-clinical services).
2) Cultural issues were highlighted with the need to keep personal information secret, due to resulting persecution
    a. Language can be a barrier
3) Asylum seekers need to know information about sexual health services at the very start of their stay in the UK
    a. Trust was a major issue amongst some ethic groups
4) LBGT individuals highlighted the difficulties in having personal conversations and safe space needed
    a. Knowledge around services provided is extremely limited
5) Services have been perceived as very unwelcoming and was mentioned a number of times and the negative impact it has on a person as it engenders fear and distrust, (very difficult to distinguish whether users meant clinical or non-clinical as waiting rooms were also mentioned a number of times

6) Worry about confidentiality highlighted across most groups, YP, LGBTQ+, sex workers, ethnic groups including asylum seekers
    a. "Services need to be discreet so YP can access without lots of people seeing them use the service"
    b. it's scary giving personal information about yourself if you don't know who gets to see that information and what they will do with it"
7) Services did not share information about other available services - the key elements have been inflexibility, rigidity and not responding an individual's need.
    a. Services need to flexible, and friendly and not just about sex work
    b. "Sex work by choice isn't the same as survival sex work"
    c. "Loads of sex workers don't trust services"

8) "Services need to work together to support people/individuals - There is some work to do for commissioners with providers about pathways and information to signpost or connect people"

4.2 Summary

Throughout all the consultation sessions a general theme emerged of the lack of trust in services, there is a non-existence of confidence in confidentiality and that people did not trust their information would not be shared. The adverse effect on individuals of unwelcoming services would seem to contribute to overall lack of trust in system.

Participants expressed these negative impacts in terms of mental and emotional stress resulting in reluctance to access services.

5. Survey analysis

5.1 Survey highlights

This survey ran on Microsoft forms and was hosted by the Public Health Sexual Health Team in Newcastle City Council from 17 May 2021 until the 06 of June 2021 (total of 21 days). It was both available online and in print.

Overall, 61 participants took part, and of these:

- 63.9% identified as female, followed by 27.9% as male
- 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

A key theme from the responses provided was 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%)

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

5.2 Summary

- 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 preferrable, 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
- Trust and continuity of care is important, this is particularly important for people at risk of sexual exploitation and/or involved in sex work/survival sex
- Being judged by services is a big concern for some, including people at risk of sexual exploitation 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)

6. Engagement event

6.1 Overview of discussions and feedback

Two sexual health engagement events took place on 14 and 17 June 2021, the purpose of these sessions was to review existing provision available for targeted vulnerable groups, the impact covid-19 has had on this provision, and gather views to influence prevention and support sexual health services in Newcastle going forward.

74 attendees from across 24 organisations attended these sessions – Appendix 1 outlines the range of organisations in attendance.

The session format consisted of an overview presentation and attendees were placed into breakout discussions aimed at each of the targeted groups, who we have identified as the most at risk of sexual health inequality:

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

The breakout discussions were structured around the following questions to allow meaningful conversation on the needs and ambitions for these groups.

Current offer in Newcastle:

Q1. What do you consider to be the strengths, challenges, and opportunities for this sector?

People with learning disabilities

Strengths	• Specialist sexual health nurse • Links with Newcastle Community Team Learning Disability based in Benton House • Community and voluntary sector resources – such as Skills for People and the Jack & Josephine Project • Individuals tend to have a strong network of people that
Challenges	• Carers/families engagement in the conversation • Sexual health is not always promoted/identified as a need • Capacity of individual's ability to understand the information, ensuring this is captured and identification of best ways to provide information assessed • Difficult conversation to have for people in general, carers and elderly carers can be stuck with old fashioned ideas and having an 'eternal child' deeming conversation not relevant to their loved one • Access routes to support available are dependent on being known to individual's support network • BAME families are noticeably lacking in the conversation, cultural barriers around discussing personal topics in general sexual health are known, more difficult where there are BAME family members with a learning disability • Focus on clinical and safeguarding aspects of an individual's sexual health and activity, education of safe and healthy sexual relationships, individual empowerment, can be overshadowed and difficult to facilitate within a support network. • Numbers coming up through the system, increasing early involvement/diagnosis/support in social and health services is great but the challenge is getting the preventive education/conversation in at the right point early on in conjunction with the wider system • Physical levels of ability as well as communication levels are difficult as people may not feel able or comfortable to 'share' • Computers are difficult for this client group and digital platforms are not for everyone • Key nuances can be missed from individuals when online learning takes place • A person's experience of life can be quite limited due to parents
Opportunities	• Proactive work to 'capture' people leaving school • Training for parents and carers, introduce topic in informal settings i.e. coffee mornings, to normalise the expectations of growing up and what is • Nurses/doctor's/ clinical staff having the support to gain confidence to make it clear to the carer/families that they will speak to individual privately. • Awareness raising of importance of early discussion regarding puberty, sexual activity, healthy relationships, personal hygiene including spotting signs/symptoms of STIs, discussing pregnancy options and pregnancy loss in open, non-judgemental discussion.

	• Better linking between social/community offer to school education • Links with known support/care agencies – need a whole system approach and capacity to commit within existing arrangements • Capture family/carers whilst at an early age to start conversation around puberty etc – informal events i.e. coffee mornings can be best to capture this group • Link with autism • More opportunity for peer support

People at risk of sexual exploitation and/or sex work

Strengths	• Collaboration and partnership working with clinical and other support agencies for example drug and alcohol services, New Croft, homelessness provisions.
Challenges	• Diversity of needs, not a one fits all solution to this group • Trauma impact of victims, huge need around emotional health and wellbeing • Termination of pregnancy – fear around digital poverty this can be a challenge • Homelessness can be a barrier – how interface with local services to ensure early access and choices at an early stage • Lacks opportunities for in reach provision • Male referrals are reducing dramatically
Opportunities	• opportunities to clarify what support means, complex and diverse population which a model going forward needs to reflect • Inclusion of men's support • Incorporation of a whole system approach with existing services, interventions i.e. homelessness services, D&A • Better awareness of pregnancy options ensure women can interface with services to allow early choice and timely access. • Work with young people to improve mental health and future outcomes • Trans inclusion within drop in needs increased advertising • Satellite in-reach • Connectivity of other services – to help individuals navigate pathways cross referral and signposting • Digitally excluded as well as using digital means • Improvements to the emotional wellbeing offer • Improve confidentiality to ease concerns of coming forward in services to ensure correct support is given

People living with HIV+

Strengths	• Robust offer of services for people with HIV in Newcastle. The clinics are well established, there is outreach. There is a strong presence of HIV+ people. • Newcastle is the best area in the region for services of people with HIV. There are very good links to the specialist Psychologists at the RVI.
Challenges	• There is a disconnect with New Croft's provision of services for people with HIV. At Infectious Diseases (Ward 19), historically, people have been very ill and agencies have worked together to pool resources

	and develop services and support. There are regular MDT meetings, including non-clinical, where cases are reviewed and joint (interagency) plans made. There is no MDT or equivalent at New Croft. • Links deliver good outcomes. There has been a significant reduction in the HIV Social Worker team, from 4 full time workers across the region to 2 part time workers. The loss of the Welfare Rights post is very significant. She used to be a safety net, someone who could pick up the pieces when someone was in crisis and refer on to other support agencies. Vicky at Places for People does some welfare rights work but more Assessment and specialism is needed. The Welfare Rights Worker skills are now missing. And her links are no longer there. Individual agencies may be doing good work, but without good links, there is a need to join all the work up. • Most people with HIV are doing well. What about those that aren't doing well? There is a need to identify behaviours and look for support to help people manage where they are at. Clinicians have a role in sharing with people what else is available. Mesmac & Shine also do preventative work and can support people when they are ready. • Awareness of the numbers of people in Newcastle who drop out of treatment/aren't engaging. Work needs to be done to support them, and find out why and how they can be supported. • Hard to reach and excluded people may be even harder to reach now, following pandemic. • Stigma exists. It prevents people from coming forward to access support. • Confidentiality continues to be a significant concern for people living with HIV. Current complaints within New Croft re HIV status being shared with GP practice.
Opportunities	• Fast Track Cities • Improved visibility • Provide support to people who aren't engaged with the existing offer, needs to be more choices. • End HIV by 2030. There is a huge amount of work to do to achieve this. Some are not taking their medication, or not taking it consistently. It needs a multi-disciplinary approach to work to support them. They are the future. • Reduction in stigma, by promoting and normalising conversations around HIV and testing, this can also support HIV+ people. • HIV+ people can need support at any time and may not wish to access a service specifically for people living with HIV. • Creation of link worker role could benefit newly diagnosed people

Hard to reach young people

Strengths	• Flexibility and choice that goes across Newcastle services involving all sectors including the voluntary community for sexual health • The breadth and depth of the skill base in Newcastle sexual health sector • Mobile outreach nurses

	• All services engage with each other and have an appetite to partnership work
Challenges	• Consent - specifically for those who have not entered sexual health service previously. Highlighted that young people in the care system often feel that nothing they do or say is confidential. • Young People need to hear key messages (consent) in an environment they trust as this hold a lot more weight, schools and outreach service have the ability to do this, we need to recognise that some family members and groups would not be happy about the consent message being given to their communities our young people. For example, BAME groups who have not had applied for leave to remain due to issues with COVID are concerned that services will report them. • Service change – when service changes take place we must communicate across to all stakeholders and cascade to service users. • Staff retainment – understanding that with Young People it takes time to build trust and changing of workers in services can be a barrier, often young people ask for a specific worker by name. • The networking system for professionals could be improved • Access into schools needs to be improved.
Opportunities	• Build shared understanding across services on the ambition for sexual health services and how we develop and train the workforce to better meet the needs of vulnerable young people. • Young People in care are a missed opportunity, this is not a group that will walk through the door on their own. We need to advocate and take key messages out to those in our care systems, developing meaningful relationships to build trust so they do access the services. We need to also understand that these relationships can take time to develop and consistency is key to these outreach approaches. The outreach needs to think not only about sexual health but other vulnerable groups including D&A, sex work. Particular focus should be those children who are looked after including those in residential units and utilising Commissioned LAC Health teams. • Care leaver and those transitioning form care into their own flats to live independently should also be recognised as a vulnerable group as this transition can be difficult for young people. • Key messages should be shared across all partnerships and form part of core training for those services who come into contact with young people.

Q2. 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?

There was a general agreement towards the highlighted vulnerable groups. There was also a strong consensus across all breakout sessions for a need to engage with BAME populations and the LGBTQ+ community within each of these vulnerable groups, particularly to encourage inclusion of Trans individuals in a more proactive way.

People living with HIV+: concern regarding improved confidentiality both in terms of the vulnerable individual but also in terms of different agencies supporting an individual and how relevant information is shared. Concerns raised in the HIV group regarding the fear experienced by this

cohort regarding being "found out" by communities. Suggestion of link workers to support navigation.

Hard to reach young people: requirement for including youth offending and justice service. In addition, consideration towards young people where English is not their first language where there needs to be work with communities to normalise conversations in relation to healthy relationship and sexual activity.

People at risk of sexual exploitation and/or sex work: dedicated liaison officers to recognise patterns or trends of abuse are integral to meet needs and build partnerships. It was discussed how there is a lack of reporting within complex cases of sexual abuse and/or rape within this cohort. Mixture of needs within homelessness and substance misuse as well as poor mental health can often mean this vulnerable group do not feel able to report what is happening to them. Mentioned a cross over with people with learning disabilities who were found to be partaking in sex work via safeguarding concerns which were raised, which reinforced the need to be liaison with learning disability sector on risks of sexual exploitation.

People with learning disabilities: As per the above overarching the need for cross cutting theses for BAMER and LGBTQ+ communities to be a specific focus within the support offered.

Covid-19 learning:

> Q3. 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?

The breakout sessions emphasised the unprecedented changes that covid response caused on these vulnerable cohorts, generally it was discussed that the most clinically in need were triaged and seen within the sexual health service operated at New Croft. It highlighted the ability for these individuals to be hidden within the City and the increased possibility of being missed.

Specifically noted within the people at risk of sexual exploitation and/or sex work breakout that prior to Covid sex workers were a fairly static population with known street based or specific residence-based work -There was a core static population. Since Covid there have been significant changes, many more have become involved through survival sex. Issues of homelessness and sofa surfing have increased and dispersed what was a static population.

Notes of importance within the breakout discussions were:

- Impact of wider health implications following COVID require a future crisis delivery plan that services can commit to.
- Build on learning from the pandemic of missed opportunities to get key messages out, improvement to dial and deliver opportunities in relation to STI kits, pregnancy testing, condoms, etc, to improving access to services for vulnerable groups
- Continuity plans in place for the future to respond to lock downs
- Lack of training that has taken place throughout the pandemic has impacted services highlights a need for improved online training offer.
- Opportunity for digital offers and how to improve inclusivity of these within vulnerable groups to ensure they are not the only offer in future.
- Digital service isn't just about having a phone need to understand the risks of violence, coercion and control that can be done from digital offer.
- Understanding the cohort of people who can't access services and importance of not closing doors
- Flexibility and assessment of risk are key in relation to vulnerable women
- Referrals have increased – prior to covid it was normalised to have meetings in public spaces that were open – this wasn't then available (cafes, etc).
- Broader operating hours are required to meet vulnerable groups needs and ensure accessibility

- Barriers to telephone triage, young people report finding it difficult to get past receptions as unsure what to say and would rather a digital approach to triaging where triggers can warrant services to ring back.
- Covid has negatively impacted upon networking sector needs re-connected with a whole system approach.

Looking forward:

Q4. 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?

There was a varied discussion within the breakout sessions that are summarised as the following:

People with learning disabilities:

- There is a need to improve BAME connectivity and reach into minoritized communities
- Make sure the offer has a range of accessibility points both physically and virtually.
- Peer support champions to build trust and sense of empowerment
- Holistic approach to health offer with education available for all
- Employers – need to offer support/training to staff
- Sufficient time and resources to get the offer right

People at risk of sexual exploitation and/or sex work:

- Improved awareness for men impacted to increase service presence
- Trans sex workers needs more inclusivity in services
- Improved PrEP awareness
- Health needs are very different for different sex workers eg high end vs survival sex and this needs to be acknowledges in the services/pathways provided.
- Active outreach in the community is important (with targeting high risk areas but also general promotion)
- Improve awareness with partners, more outreach/training awareness in local communities including local community leaders especially important in BAME communities to raise awareness and identification
- Need to have more promotion of services on websites that people use to sell sex

People living with HIV+

- There needs to be a range of contact options for people.
- Normalise testing for HIV under Fast Track City.
- Improvement to the conversation with 0-19 service provision to reduce stigma of HIV and improve the preventative approach to ending HIV.
- School Nurses – improve offer of prevention services.
- PrEP is a universal offer, consideration for BAME communities and women accessing PrEP needs more emphasis
- Many people now have started treatment and day to day are doing well. We need to celebrate all that is going well. We also need to develop ways to capture when things go wrong, when someone is in crisis. They need help now. They don't want to wait. We need to build links so that we can work together to support those, who are not doing OK at the moment.
- The HIV sector are worried about HIV dropping off the radar, this needs to be a key priority in future provision

Hard to reach young people:

- Need more work in relation to embedding healthy relationships and positive relationships, unpick and understand the diversity of young people needs, including gender identity.

- Relationship and sexual health education programme – undertaking pathways with schools, co-ordinating support on healthy relationships, and identity. Co-design is important to ensure that tailored approaches reflect young people needs and wishes.
- Healthy relationships - important to map out what is going currently and reduce the potential for duplication
- Be clear on what messages are we giving young people, be consistent
- Normalising messages in relation to relationships to young people
- Plan an approach on how to reach those young people who are not involved in services, schools, etc
- How we can better support YP via connected services such as foster carers, social workers etc
- Identify approaches to how do those who don't know about "sexual health" services receive provision
- Access to services – clarity on range of services and how to access
- Community building offers
- Linkage with children with disabilities team
- Networking with service so they understand the offer from sexual health services, getting key messages and comms out to all services, community organisations and the voluntary sector that have access/contact with young people. This will help to understand where other services or voluntary agencies could support.
- Workforce training to all areas

Q5. 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?

General feedback from across the breakout groups was:

- Need to break down barriers – training needs to be offered to staff working with all vulnerable groups on regular basis
- Opportunity to support training for GPs and health with commitment to the annual health checks for people with learning disabilities, sexual health needs to form part of that discussion and normalized as an essential part of keeping healthy
- Developing trust and building relationships can take a long time. Both from agencies and the clients they work with and also between agencies. It takes time to develop good working relationships.
- If the relationships with other staff are good, then they will bring new clients with them. This is all about trust and continuity of care.
- Good background reading is needed to learn more about this work.
- Victim care – need to consider what does this look like? What does sexual exploitation look like? What can be offered to move on?
- Need a range of training lengths and options for uptake across the sector.
- Focus on a *non-clinical* sector, training needs to be kept suitable for a range of staff where they are not clinical professionals
- One person felt that a lot of knowledge in this area came from experiential learning
- There was an acknowledgement that sexual exploitation can be difficult to identify particularly for some groups such as men.
- We need events or opportunities for staff from different organisations to work alongside one another. Relationship building. Joint working comes out of good relationship building. Skill share.
- Share best practise across organisations.
- Staff need support to navigate the Social Care System

- HIV+ people are being told to access mainstream welfare rights support yet may not be at a point of being able to disclose their status
- Trans work is a significant training need among staff.
- Chemsex work is another training need for staff to be better able to respond to the needs of clients.
- Staff changes means that skills move on, training offered needs to be regular and cyclical.
- Need to have opportunities to refresh and for new people to learn
- Complex Mental Health needs – need to support staff to increase awareness of mental health needs.
- There is a gap in practitioners' confidence to have these conversations with the person. Epidemic – talking about ourselves our bodies, including boys have difficulty relating to each other – attitudes – general skill sets across the wider workforce and also with parents and teachers – opportunities for role play about having healthy conversations on sexual health and relationships – safer space to engage with peers on sexual health topics
- Strengthen offer in the Community family Hubs
- Core training offer for new staff and regular refresher training for staff, recognising that staff within this sector move around and consistency of staff supporting vulnerable groups can be difficult to maintain.
- Using statistics and data to target populations that we know are at risk, utilising outreach services into these areas and understanding the varied needs of those that we are seeking to engage with and the cultural and community differences that may have to be overcome.

Q6. What would success look like? How can we best capture the service user voice going forward to enable success to be accurately measured?

There was discussion about how to evaluate successes, it was felt that quantitative surveys didn't work as they don't engage with those who were being surveyed. Qualitative approaches where someone was asked to "Tell us in a sentence ……" enabled those being surveyed to express how they really felt. It removed potential barriers to their engagement.

There was an example of qualitative research that had happened to gain the data required to get services like GAP & MAP commissioned. It was going back 10+ years and was done by Barnardo's using a Peer-led approach. It needed a key organisation to apply for the funding and to train and support the peer researchers, but it got good results. It used trust and in person, personal contacts.

There was a reflection on Micro and Macro successes. Sometimes, part of a person's journey out of being exploited involves many small steps, being repeated. So small actions like continued engagement with a project or collecting (and using) condoms reflected a growing self-belief. It shows that the service is working for them. That's a success.

Numerical data regard outcomes were not considered by this group as particularly useful. Qualitative data was considered important as well as people returning to a service as this signifies engagement.

The following was feedback collected from the breakout sessions:

- Commitment to facilitate this going forward – expand on the offer for user voice
- Co-production, lived experience, more time, more people to work with
- Cervical screening rates
- Breast screening rates
- Work across the sector to gather evidence from range of settings/interventions:
  - Safeguarding
  - Lessons learnt
  - Staff knowledge and competencies – improve in confidence

  - Referrals
- Multi-media pieces on customer voice on journey can be a brilliant way to engage with service users – powerful user stories and how they see and want their experience to be and have their needs met.
- Success would be measured by knowing what everyone delivers, what is happening in the city when and how they can access.
- Shared learning for all face to face workers, information at their fingertips so they can offer the best support and service.
- Peer support developing this across the sector, often services get recommended by word of mouth.
- Recognising success of organisations, sharing best practice and what is working well.
- Recognising that it is difficult to measure feedback on digital offers
- Flexibility not one size fits all
- Build up trust, getting access into schools and gaining buy in from educational stakeholders.
- Diversity opportunities, we need to clarify what we mean, what this covers and needs to be reflected in any model going forward.

6.2 Summary

Overall the participants agreed with the approach of a preventative and support offer within the previously termed "non-clinical" sexual health services, with agreement to the four themed areas: people with learning disabilities, people at risk of sexual exploitation, people living with HIV+ and hard to reach young people, as the target vulnerable groups at most risk of sexual health disadvantage.

Participants confirmed there is a need for cross cutting themes of vulnerabilities that run through each group in addition to the primary need, mainly BAME and LGBTQ+ populations, with the latter being indicated as a lack of service aimed at Trans individuals.

Discussion highlights were:

- Importance of a range of service options including digital and face-to-face, with a range of settings across the City to be considered dependent on the vulnerable group.
- Opportunities to enhance key locations such as Community Family Hubs requires support across the whole system to improve the offer from these settings
- Acknowledge these services are only a part of the whole system, there is a need to improve community partnerships and strengthen pathways to enable the whole system to respond to vulnerable groups needs and not rely on specialist services
- There needs to be a relinquish of lower level self-care tasks from a clinical perspective to allow the specialist organisations to truly support a vulnerable person who is hesitant to access/contact clinical settings, for example, DIY testing, pregnancy testing, HIV testing, particularly for those aged under 18.
- Training needs to be continually offered at regular intervals with the right aim to attract support workers from a range of services and interventions.
- Steps need to be taken to normalise discussions in relation to sexual health across the partnership in Newcastle to enable concerns to be addressed earlier

7. Next steps

We will consider and collate feedback from all engagement outlined above to publish a final service design proposal. This will act as a final consultation opportunity with the market prior to us publishing the tender opportunity in late Summer 2021.

Newcastle City Council

Appendix 1: Consultation and engagement attendees

Session	Organisations attended	No. of overall attendees at session
14 June 2021	Blue Sky Trust BPAS Changing Lives Children North East CNTW Creative Support Home Group Impart Keyring Marie Stopes MSI Choices New Prospects Newcastle City Council Newcastle College Newcastle upon Tyne Hospital Foundation Trust Northumbria Police Public Health England Places for People Shine Care Spectrum CIC Streetwise Virgin Care	**36**
17 June 2021	Barnardo's Be Caring Blue Sky Trust BPAS Changing Lives Creative Support Home Group Newcastle City Council Newcastle College Newcastle United Foundation Newcastle upon Tyne Hospital Foundation Trust Skills for People Virgin Care	**38**