

Contract opportunities and Integrated Impact Assessment

Informing our approach to fairness

Title of proposal	Public Health - Prevention and support sexual health services for targeted vulnerable groups
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Integrated impact assessment

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Section A: Introduction

A1. Context and background

In 2019, we commenced a [whole system review](#) to inform future arrangements for clinical and non-clinical sexual health services in Newcastle. Within this review we committed to working with stakeholders to understand and shape the role of “non-clinical” services within this sector. Activity in relation to this further workshopping was paused in 2020 in light of the unforeseen redirection of priority of the Council’s Covid response.

Earlier this year we were able to resume the activity in relation to the “non-clinical” service exploration and re-modelling. This paper reviews the conclusion of the 2019 review and updates stakeholders with further engagement and feedback received during the recently conducted activity.

This consultation document sets out proposals for future delivery, and has been informed by:

- reviewing stakeholder feedback from 2019;
- feedback from a survey which was made publicly available for completion by those with lived experience of services;
- face-to-face sessions to support inclusion of views and experience of people from the identified vulnerable groups; and
- a service engagement event held on 14 and 17 June 2021 with current and potential providers and wider stakeholders.

Nearly 200 service users and professionals engaged with us as part of the review. Feedback from this consultation, alongside the sexual health needs assessment will be key in informing requirements within service specifications for future service delivery.

Full engagement feedback is available [here](#).

This document sets out our proposals for recommissioning prevention and support services for sexual health (also known as non-clinical sexual health services). It aims to provide additional information in relation to contract opportunities for the market and our proposed timescales to complete this activity.

It is intended for use by a range of stakeholders to develop a cooperative approach to our commissioning plans, for example:

- **Existing and potential providers who will be able to use the information presented to identify the role they can play and to help develop their business plans.** We hope that this document will enable provider partners to respond to the identified service model, identify potential opportunities for collaborative working, as well as bring forward new and innovative ways of working in the future;
- **Voluntary and community organisations and groups who make a key contribution to promoting good sexual health across the city.** We hope these partners, who may or may not deliver commissioned services, will be able to use this document to understand proposed changes to the commissioned service provision and to develop links between commissioned and non-commissioned support; and
- **Community stakeholders and Newcastle residents who wish to contribute to the development of a fit for the future integrated ‘whole system’ approach to sexual health**

in Newcastle. We hope our communities will participate in an ongoing dialogue about how sexual health services should evolve.

We have reviewed and considered the feedback received as part of the consultation process; a summary of which can be found in Section C of this document.

We will use the feedback to inform the development of the service specifications for the contract opportunities, including how they will work as part of Newcastle’s wider Sexual Health system. However, the feedback has not changed the proposal for the new contract opportunities described in section C, with the exception of alteration of terminology in reference to the target vulnerable groups.

A2. National and local Priorities and drivers for change

The Government has set out a number of key priorities in relation to **Sexual and Reproductive Health (SRH)** since 2013, which include:

- The Framework for Sexual Health Improvement in England (2013) which sets out ambitions for improving sex and relationship wellbeing across the life-course;
- Governments ambitions to improve SRH outcomes and wellbeing by taking a life course approach which is demonstrated in the Sexual Reproductive Health (SRH) Strategy. This was developed in response to the Health Select Committee report on Sexual Health and includes a new HIV Action Plan to meet the target of zero new HIV transmissions in England by 2030. The strategy also covers system working, workforce, health inequalities and information and education across three main areas: reproductive health, sexually transmitted infections (STIs) and human immunodeficiency virus (HIV). (The final SRH strategy and HIV action plan is due to be published December 2021);
- Relationships Education being made compulsory in 2020 in all primary schools in England and Relationships and Sex Education compulsory in all secondary schools; and
- Confirmation of routine commissioning of HIV pre-exposure prophylaxis (PrEP) included in the Public Health Grant in 2021.

Sexually Healthy Newcastle

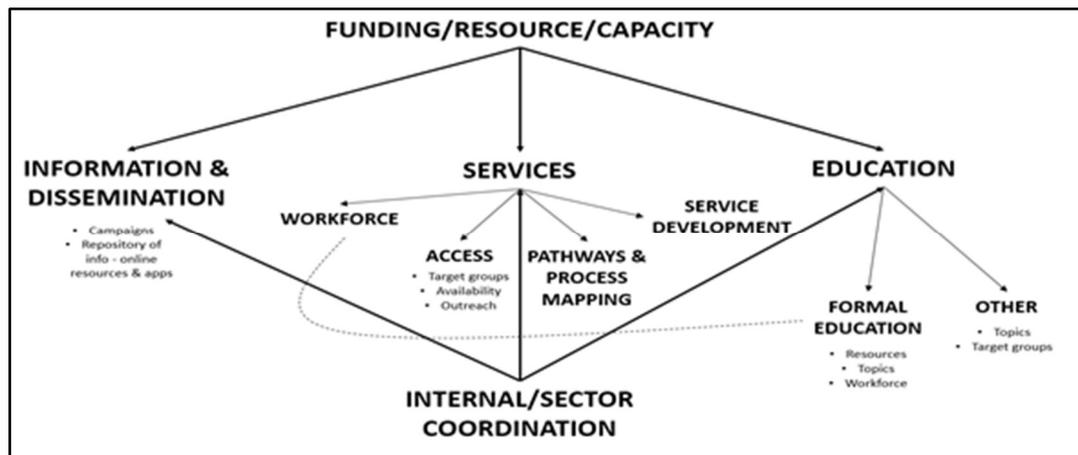
We have worked with the sexual health sector in Newcastle and have defined the vision for a Sexually Healthy Newcastle as:

“The provision of information, education, support services that are empowering, inclusive, and diverse, and give a holistic view of sexuality across all ages.”

We will do this by joining up professionals, organisations, workforces, and communities in a way that involves ongoing dialogue between and within communities and people. Sexually Healthy Newcastle partners are currently delivering on three priority workstreams to improve the sexual health of the population of Newcastle, these include:

- 1. Information and dissemination** – this workstream consider campaigns, communications, repository of information both physical resources and online and apps, for both professionals and service users;
- 2. Services including access, workforce, and process mapping** – this group carries out a mapping exercise of current service provision, workforce and access and pathways. To include safe spaces and sexually healthy city safe zones; and
- 3. Education** – this area includes sexual health education across the life course and a range of topics have been identified to date including supporting schools around delivery of Sex, Relationship and Health Education (SRHE), Coordination of external visitors into schools, consent, and online safety.

The diagram below is a visual representation of these priorities and how they interlink:



HIV Strategy for Newcastle – towards elimination

The Joint United Nations Programme on HIV/AIDS (UNAIDS) Fast-Track initiative seeks to eliminate acquired immune deficiency syndrome (AIDS) as a health threat by 2030. The programme encourages cities across the globe to meet key goals that will help to end the HIV epidemic. These include achieving the UNAIDS 90-90-90 targets, increasing the utilisation of combination HIV prevention services, eradicating stigma, and discrimination of those affected by HIV and establishing a common, web-based platform to support monitoring of progress. The Health Secretary has also announced the goal to end HIV transmission by 2030, through better prevention, detection and treatment. Partners are working together in Newcastle to develop an HIV Strategy for the city to see how we can reach this goal locally. One of our priority areas is research into the factors that affect prevention of transmission, including access to PrEP, increased community testing and new approaches to ensure that there is awareness about HIV across the population and collective work to ensure that services are meeting the needs of those with HIV.

Sex, Relationship and Health Education (SRHE) across the life course

In Newcastle, we believe that a life course approach to SRHE should be delivered to all. This requires an approach that addresses preconception to older age, encompassing health promotion, positive sexual wellbeing, sexuality, relationships, contraception, protection from STIs, condom use, and menstruation. There also requires a commitment to prevention and health protection through STI screening and treatment, partner notification, promotion of Long Acting Reversible Contraception (LARC), rapid access to abortions, management of long-term conditions associated with sexual health, management of menstrual disorder, and menopause.

Cervical Screening

Nationally there has been a decline in the level of coverage of cervical cancer screening, falling from 75.5% of the eligible population screened in 2010/11 to 71.7% in 2017/18. Newcastle has seen a decline in cervical cancer screening where in 2018 only 67.6% of the eligible population were screened this is a decline from 74.7% in 2010. Increasing the coverage of cervical screening is a public health priority for the city and partners are working together to increase screening coverage by targeting harder to reach communities, dispelling the myths, and reiterating the importance of screening. We see sexual health services as key to ensuring all eligible women are informed of the importance of attending cervical screening.

Transforming Care for people who have a learning disability

The Transforming Care programme is aimed at improving health and care services so that more people can live in the community, with the right support, and close to home. Children, young people, and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition have the right to the same opportunities as anyone else to live satisfying and valued lives and, to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe, and fulfilling life. The sexual health offer in the city is an opportunity to form part of the response to ensuring people with learning disabilities and/or autism are supported to be empowered to make decisions in relation to their sexual health as safely and independently as possible within their community.

Autism

The National strategy for autistic children, young people and adults: 2021 to 2026 (replacing the Think Autism Strategy) places expectation on local authorities to ensure responsibilities under the Autism Act 2009 are carried out. The expectations within this legislation is to ensure services are developed and delivered to support the needs of people with autism, and their families and carers. Sexual health services in Newcastle will support the drive to improving the lives of adults with autism by making sure that people working in services understand about autism and making it easier for people with autism to access sexual health services to support how they choose to live and get the help they need to do this within appropriate and proportionate settings.

Sexual exploitation

The government is committed to tackling exploitation and the harms that can be associated with sex work/survival sex. The Home Office recommend that the key elements of a successful strategy for responding to sex work/survival sex include prevention as well as taking a multi-agency approach with outreach and provision of flexible holistic support for a diverse range of complex needs. This involves improving safety within the community by enabling confidence in reporting of crimes and that the law enables the police to target those who exploit and/or commit acts of violence against those involved in sex work/survival sex.

Section B: Current service

B1. What does the service do?

Scope: Prevention and support (non-clinical) sexual health services in Newcastle

Specialist sexual health prevention and support services in Newcastle are an important community-based offer for vulnerable groups who may not seek mainstream sexual health provision. They are well placed to reach and offer targeted support to these communities via a range of means including outreach, peer-led approaches, and online engagement via non-conventional methods. These services are also referred to as “non-clinical” sexual health services.

These services cover a wide range of sexual health interventions including sexual health promotion, HIV prevention, promotion of PrEP, information, advice, education and training, community development, access to STI/HIV testing, condoms, pregnancy testing, outreach, one to one/group work, and appropriate sign posting to the clinical health service provision.

These services are expected to be delivered in a range of local settings across the city including community centres, sports clubs, churches, and schools. Outreach into cruising areas, parks, saunas, and the night-time economy is a unique element to these services along with a range of online engagement methods which enables a greater reach to specific vulnerable communities. They form part of a system wide approach to sexual health across Newcastle working in partnership with clinical service provision.

The following table outlines the in-scope contracts for these services in Newcastle:

Targeted vulnerable group	Contract
Young People	West End Youth Enquiry Service (locally known as <i>WEYES</i>) currently delivered by Children North East
	Teenage Conception currently delivered by Streetwise
People with learning disabilities	Sexual Health Training for people with Learning Disabilities (locally known as <i>Love Life</i>) currently delivered by Skills for People
Sexual Exploitation	People at risk of sexual exploitation (locally known as <i>MAP and GAP</i>) currently delivered by Changing Lives
HIV	HIV Prevention Services currently delivered by Blue Sky Trust
	HIV Prevention Services (accommodation-based housing related support) currently delivered by Places for People

In addition to the above specialist services, Newcastle City Council’s Public Health team directly delivers the following specialist sexual health services:

- **MESMAC and Shine:** who provide targeted and specialist sexual health and wellbeing, advice, and support for the lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) population. The offer includes provision of information and advice, HIV prevention and community testing to individuals and community groups, including Black, Asian and minority ethnic (BAME) communities. The delivery model incorporates outreach, community support, group work, online support, and a one to one element for vulnerable individuals as well as community development and training for professionals. Shine offers this service provision across the city to all women in Newcastle, regardless of sexuality and gender identity.
- **Young people’s sexual health outreach** (formerly known as Teenage Kicks): who provide a targeted approach of intervention and education using youth work style resources to discuss the topics important to young people, supporting the development of skills that enable them to negotiate safer sex and delay early unwanted sexual activity. This is delivered on a one to one basis and via group work and is delivered in a variety of settings across the city.

B2. Local need

The latest full Newcastle upon Tyne city profile is available [here](#). This document gives a full profile of the people of Newcastle and includes useful background to the demographic profile of the city. In addition to the city profile, the latest Sexual Health Needs Assessment is available [here](#).

In consideration of this proposal the following provides highlights of additional intelligence to complement the local profile specific to this sector includes:

Highlights from Newcastle's population

- The population of Newcastle in 2020 was 306,824 (ONS mid-year estimate)
- This is split almost equally between men (51%) and women (49%). Unfortunately, we do not currently have reliable stats about people who describe their gender in another way or about local LGBTQ+ populations.
- Around 19% of the city’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% are considered within BAME categorisation, this rises to 24% among school aged children.
- According to the Index of Multiple Deprivation Newcastle has become more deprived between 2015 and 2019 moving from an overall rank of 42 to 32 (with 1 being the most deprived in England).
- In 2020, the percentage of pupils eligible and claiming free school meals was 31.8% which is significantly higher than the national percentage of 17.3%.

Teenage conceptions

- Over the last two decades the rate of conceptions in under 18s has been declining nationally. This trend has been 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 this is 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

- 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 the regional (38.7) rates.

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 the England rates which has been seeing an increase in syphilis diagnosis over the decade.
- Gonorrhoea has increased, which is following the England trend but is statistically significantly higher. The current rate in Newcastle is 145 per 100,000 in comparison to 63 per 100,000 in 2012.
- In 2019 rates for the National Chlamydia Screening Programme (NCSP) was 23.7% of Newcastle's 15 – 24 year olds being screened for chlamydia which is statistically better than the England percentage. The percentage of young people screened has been declining over the last decade. For this population the detection rate was 2,058 per 100,000 of population in 2019, which is similar to the 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%) rates for the same period.

People with learning disabilities

Gathered case studies from the sector show that people with learning disabilities:

- face challenges in developing healthy intimate relationships and positive sexual identities;
- are at increased risk of experiencing sexual health harms and unplanned pregnancy;
- are more likely to experience sexual victimisation and abuse; and

- are more at risk of harm and abuse which is evident in high numbers of safeguarding concerns and referrals.

Most at risk young people

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

Evidence supports that delaying first sex leads to less regret and more effective condom use amongst young people. Youth workers can play a key role in helping young people develop the confidence and self-esteem to resist peer pressure to become sexually active until they feel ready to make safe and informed choice.

Sex work/survival sex, survival sex and sexual exploitation

Sex work/survival sex 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. The need to sell sex, including survival sex, has been exacerbated for some by the introduction of Universal Credit and financial hardships magnified by pandemic due to other avenues of generating money being removed or restricted.

Providing accurate unbiased prevalence estimates is difficult both nationally and locally as selling sex spans a range of activities which are often transient and hidden. Nationally, an overview of peer-reviewed and grey literature from 1999 to 2018 provided estimates of sex workers in the UK varying from 35,882 to 104,964 (across all genders).

Locally, a data scoping exercise undertaken by Changing Lives in May 2020 using two online adult platforms (Viva Street and Adult Work), demonstrated 170 and 182 people respectively were advertising the sale of sex and sexual services online in Newcastle. The most common age bands were 18-25 and 26-35 years old within this cohort. There is likely to be duplication across the two sites and it is unclear if these were active advertisements. Nevertheless, it provides some estimates of the number of people selling sex locally online.

Furthermore, it is 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).

People with HIV

In relation to the HIV Profile for England we can summarise:

- 94% of people with HIV have been diagnosed with 98% of those on treatment and of them 97% are now 'undetectable', this means a person's viral load is so low that the HIV virus cannot be passed on meaning the virus is un-transmittable (U=U is the awareness raising campaign).
- The most recent estimates suggest that in 2019 there were 96,200 people with HIV in England. Of these, around 5,900 are thought to be undiagnosed. This means around 1 in 16 people with HIV are unaware of their status.

- Late diagnoses are defined as a CD4 count below a specified level within 91 days of diagnosis. Late diagnosis causes complications for the individual and risks preventable new HIV transmissions.
- HIV affects all populations and communities however, some are affected disproportionately with gay and bisexual men, and Black African people continuing to be the most acutely affected by HIV.

B3. Statutory requirements

Regulations on the exercise of local authority public health functions

Regulations made under Section 6C of the *NHS Act 2006* require local authorities to take particular steps in exercise of their public health functions, or aspects of the Secretary of State's public health functions. Part 2 of the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* (SI 2013/351) makes provision for the steps to be taken by local authorities in exercising their public health functions.

Regulation 6 requires local authorities to provide or plan to secure the provision of open access sexual health services in their area. HIV treatment and care, abortion, vasectomy and sterilisation services will continue to be commissioned by the NHS.

Prescribed functions:

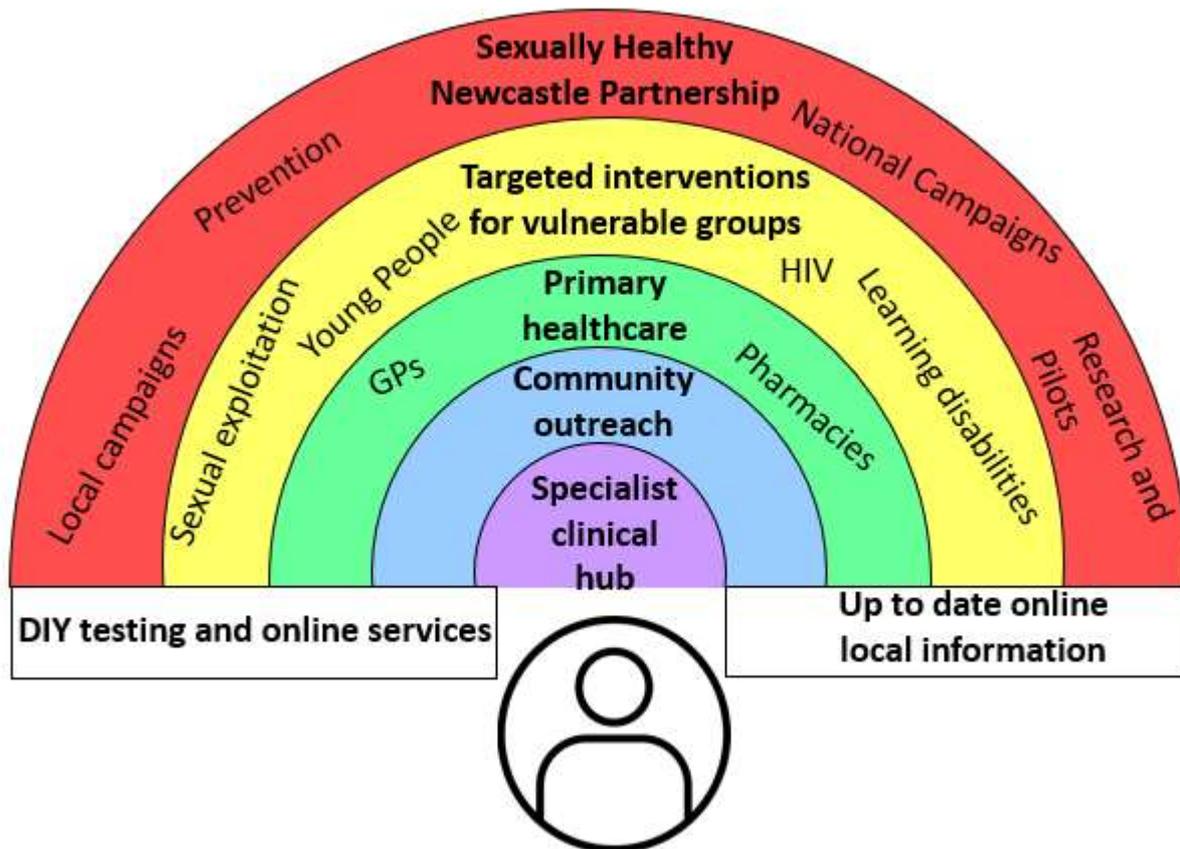
- 1) Sexual health services – STI testing and treatment
- 2) Sexual health services – Contraception

Section C: Change proposal

C1. What is the proposal to change the service?

i. Whole system approach

In Newcastle our continued ambition is to create a whole system approach to sexual health service provision:



In relation to preventative and support services we recognise opportunities to strengthen and improve a system that:

- **Targets vulnerable groups** with the offers to support the sexual health needs of: most at risk young people, people with learning disabilities, those that have been sexually exploited or engaged in sex work/survival sex, and people with HIV. There will be expectations to ensure cross cutting focus on BAME and LGBTQ+ communities.
- **Improves and strengthens partnerships** with relevant clinical services to deliver targeted Public Health interventions to these vulnerable groups.
- **Multi-disciplinary working proactively alongside clinical settings to offer suite of interventions** on how to enjoy a healthy sexual relationship including (but not limited to): sex and relationships, emotional resilience, consent, self-esteem, myth busting, cervical screening, pregnancy options as well as the impact on substance use in sex and relationships, risky behaviours, impact of anonymous sex via dating apps, less safe sex practices in the context of chem sex and early access to pornography.
- Develops, delivers, and evaluates a programme of **flexible outreach and in-reach initiatives**, this may include a suite of contact options such as face-to-face, group work, digitally inclusive offers, written, and silent options (i.e. text, messenger).
- Actively partners within Newcastle's training programme to offer **specialist training to front-line community partners** related to the vulnerable target groups. Actively participate and increase take-up of generic sexual health training to enable delivery of sexual health specific elements such as, Do-It-Yourself STI and HIV testing, pregnancy testing, and promotion of pregnancy options pathways. This will include education and awareness raising of the challenges faced by the identified vulnerable groups.

- Delivers **increased distribution** of Do-It-Yourself STI and HIV testing kits, pregnancy testing, and condom distribution with relevant and appropriate follow-up support where necessary. This will be expected to be provided across a range of settings improving uptake and completion of testing within these vulnerable groups.
- Works with statutory and non-statutory partners to successfully navigate and **appropriately refer along pathways** to ensure seamless network of support that aims to empower, and support identified vulnerable groups into appropriate services and reduce barriers to accessing support and treatment where required – facilitating access to sexual health.
- Delivers bespoke programme of **peer mentoring** to compliment and reinforce the aim of encouraging empowerment of user voice, choice, and control.
- Acts as a **strategic level partner working** as a member of the Sexually Healthy Newcastle Partnership with participation in relevant workstreams to contribute to the successful delivery of a Sexually Healthy Newcastle.
- **Develops close working partnership with the integrated sexual health clinical service** to future-proof the model with the possibility for integration of these services with any future clinical service configuration for Newcastle.

This continued ambition of a whole system approach to strengthen and improve the experience of targeted vulnerable groups were supported in the engagement feedback and in the evidence base findings.

ii. Proposed contract opportunities to be presented to the market

The Council will publish the following **4** contract opportunities as set out below. The contract opportunities have been designed to consolidate offers within the defined targeted vulnerable groups. This is in order to provide seamless end-to-end responses for these vulnerable populations and afford greater opportunities for innovation and flexibility so that providers can tailor their service response. All contracts should be delivered in accordance with the priorities and drivers for change described in Section A.

Contract 1 – For the provision of an early intervention, prevention and support sexual health service for vulnerable and most at risk young people in Newcastle.

Contract 2 – For the provision of a prevention and support sexual health service for people with learning disabilities in Newcastle

Contract 3 – For the provision of a HIV support service in Newcastle

Contract 4 – For the provision of a prevention and support sexual health service for people at risk of sexual exploitation or engaged in sex work/survival sex in Newcastle

Providers can choose to bid for as many, or as few, of the above contracts as they choose (where they can meet the relevant requirements of the Selection Questionnaire).

iii. Contract duration

The contract terms will be 4 years (2 years with 2 x 12-month options to extend) to commence on 01 July 2022. The contract term offered is in consideration of the strategic and future aims for sexual health services in Newcastle and the Public Health grant allocation setting cycle.

We recognise that periodic procurements are only part of the picture in helping us to achieve ambitions of our Public Health offer to better respond to local population needs. However, it is an opportunity to build on the good performance and partnerships achieved to date to improve how

we respond to multiplicity of need (prototyping and piloting new approaches), further generate social value through our commissioning activity and support future development of opportunities to secure ongoing investment in these initiatives alongside the integrated clinical sexual health offer.

iv. Finance

Through these contract opportunities we will maintain overall funding at current levels. The aggregated total value inclusive of the options to extend and based on the anticipated annual contract values set out below will be £1,164,136. This equates to an annual value of £291,034.

The anticipated annual contract values for each contract are as follows:

Target vulnerable group	Contract	Anticipated annual value (£)
Most at risk young people	Contract 1 – For the provision of an early intervention, prevention and support sexual health service for vulnerable and most at risk young people in Newcastle.	£170,034
People with learning disabilities	Contract 2 – For the provision of a prevention and support sexual health service for people with learning disabilities in Newcastle	£25,000
People with HIV	Contract 3 – For the provision of a HIV support service in Newcastle	£30,000
People at risk of sexual exploitation and/or sex work/survival sex	Contract 4 – For the provision of a prevention and support sexual health service for people at risk of sexual exploitation or engaged in sex work/survival sex in Newcastle	£66,000

The final details of the metrics and process of their application will be specified in the tender documentation.

C2. Determining the contract structure and lotting

i. Service delivery models

In putting in place these new contract arrangements in 2022, we are seeking to reinforce and strengthen the opportunities within the clinical and non-clinical sexual health offers to provide greater opportunities for access and availability to sexual health services and support, strengthening our ambition towards a sexually healthy Newcastle.

We will welcome collaborative bids from organisations working together to provide the responses.

In developing the contract opportunities, consideration was given to other potential options for structuring the contract opportunities (see section “What other options did we consider?”). We believe that the options presented best support the policy aims and priorities described in section A of this document.

We have used the feedback from the engagement and consultation process to inform the service model requirements that will be set out in the service specifications for each contract opportunity. Some of the feedback received supports our aspiration to build on the current good practice in the sexual health system in Newcastle and will improve the offer of support to targeted vulnerable groups across the city. We anticipate the structure of the contract opportunities will enable service

providers to respond flexibly by offering innovative solutions to support meeting the needs of vulnerable and most at risk groups in Newcastle.

Contract 1 – For the provision of an early intervention, prevention and support sexual health service for vulnerable and most at risk young people in Newcastle.

This contract opportunity brings together two separately commissioned contracts under a single updated service specification, which seeks to focus activity on most at risk young people. There will be a focus on targeting cohorts of young people who do not engage in mainstream settings, wherever that may be in the City. There will be continued links with colleges and universities to work with these institutions to ensure they have appropriate student welfare support to provide their young people with appropriate advice on being sexually healthy in Newcastle.

Contract 2 – For the provision of a prevention and support sexual health service for people with learning disabilities in Newcastle

This contract opportunity will be an updated service designed to enable a whole system approach to prevention support for people with learning disabilities including reinforcing a positive education in healthy relationships, being sexually healthy and advice, and training for family members and carers (paid and unpaid) to encourage and normalise healthy conversations in relation to sex and relationships.

Contract 3 – For the provision of a HIV support service in Newcastle

This contract opportunity brings together two separately commissioned contracts under a single updated service specification, which seeks to remove the element of requiring supported accommodation to access floating support in one of the existing settings. The support will focus on flexible approach to allow greater accessibility of support to people with HIV in Newcastle, promote the prevention ambitions of those at greater risk of passing on HIV, and support the training and education of statutory and non-statutory partners in reducing stigma and barriers to wider generalist support for these individuals.

Contract 4 – For the provision of a prevention and support sexual health service for people at risk of sexual exploitation and/or engaged in sex work/survival sex in Newcastle

This contract opportunity will be an updated service that will continue with a proactive outreach approach, education, and empowerment to individuals on living healthy, safe lives and improve the offer with ability to provide preventative measures earlier such as Do-It-Yourself STI and HIV testing and pregnancy testing with positive approach to pregnancy options and decision making. Individuals who are at risk of sexual exploitation or are involved in sex work/survival sex require access to holistic flexible multi-agency support in a way that supports engagement. The use of evidence-based interventions will be expected to support exit from sexual exploitation, sex work/survival sex, and alternatives to survival sex.

ii. Contract geography

The services will deliver a range of sexual health interventions from a variety of locations across Newcastle where it is expected these contracts will deliver from community-based settings utilising an evidence-based approach to ensure the services are positioned in the most appropriate and easily accessible areas for their target cohorts.

We expect through this commissioning activity to respond with a tailored approach to the outreach and community provision to the most appropriate locations of these sexual health services across Newcastle for the targeted groups identified. This is likely to be informed by the demographics of the city with expectations of the following informing the proposed delivery locations (but not limited to):

- Areas of deprivation
- BAME communities
- Locations of known activity/hot spots for cohort groups

i. Services out of scope of the contract opportunities

The following services are out of scope of the contract opportunities proposed within this document:

Currently delivered by Newcastle upon Tyne NHS Foundation Trust

- Integrated sexual health (clinical) service

Currently provided by CCGs:

- Abortion, vasectomy and sterilisation services, and community gynecology

Currently provided by NHS England:

- HIV treatment and care services
- Sexual Assault Referral Centres (SARCs)
- Sexual health services as part of GP core contract
- Cervical Screening

Currently delivered or planned within other arrangements in Public Health:

- Sex, Relationship and Health Education in schools (and school nursing)
- HIV Home Testing is part of a North East Regional arrangement commissioned with SH:24

Directly delivered by Newcastle City Council:

- MESMAC and Shine
- Young people's sexual health outreach

C3. What other options did we consider?

- We considered the option of **standalone LGBTQ+ and BAME contracts** but through the engagement and consultation process it is clear these communities are cross cutting themes throughout the sexual health sector. Feedback supports that these communities are supported within the opportunities and not separate to them, we also acknowledge that the Public Health team within the Council includes the MESMAC and Shine services which have the specific aim of supporting LGBTQ+ populations in Newcastle.
- The current suite of contracts includes an **accommodation-based support service for people with a diagnosis of HIV** (12 units of specified accommodation available in current arrangement). We considered the need to continue to separate the need of this service to the rest of the HIV community in Newcastle, and along with the feedback results for better dispersed and education for all health service and a local commitment to support people to continue to live in their own home. The best approach for this population in Newcastle is to meet these individuals' specific HIV needs within a dispersed model of support. We will work with the existing provider for this service to ensure the individuals living in the accommodation are supported to ensure their needs in relation to with HIV is transferred to the new arrangements that are procured and where there are any other health or social care needs, they are supported to ensure these are met through the relevant pathways.
- The existing arrangements for young people are available across two contracts. We considered **maintaining a split of young people service across two contracts** but in consideration of our aspirations for the model going forward and to reduce risk of duplication we consider it is the best approach to offer this aspect as one contract. This will enable the successful provider to develop a specialism for this area of service delivery, enables a more direct relationship with new arrangements in youth work, allows more opportunity for

economies of scale and more innovation of activity with a consistent approach no matter where young people live in city.

C4. What evidence has informed this proposal?

Information source	What has this told you?
<p>ONS Population Estimates</p>	<p>Annual population estimates. Figures are available for various administrative and electoral geographies and for different population sub-groups, for example, estimates of the very old and estimates by marital status.</p> <p>This data has been used in the production of rates per population in Newcastle and in some mapping.</p> <p>https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland</p>
<p>School Census</p>	<p>Statistics on pupils in schools in England as collected in the January 2020 school census. Allows us to look at the ethnicity of the school population as well as the portion with English as a second language.</p> <p>https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2020</p> <p>Special Educational Needs and Disability (SEND): Information from the school census on pupils with special educational needs (SEN), and SEN provision in schools</p> <p>https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2019</p>
<p>PHE Fingertips: Sexual and Reproductive Health Profiles</p>	<p>The profile provides information/data on the sexual and reproductive health of the population in Newcastle, across the North East and Nationally.</p> <p>https://fingertips.phe.org.uk/profile/sexualhealth</p>
<p>Spotlight on sexually transmitted infections in the North East 2018 data</p>	<p>The report provides regional and national analysis on sexually transmitted infections (STIs), HIV, teenage conceptions, abortions and contraception.</p> <p>Spotlight on sexually transmitted infections in the North East: 2018 data (publishing.service.gov.uk)</p>

<p>Conceptions and Teenage Conceptions</p>	<p>Provides information on the number and rates of conceptions in England, and at local authority level. This includes overall conceptions and teenage conceptions and under 16's conceptions. It also includes the rates of conceptions leading to abortions.</p> <p>https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2018</p>
<p>Abortion statistics for England and Wales: 2020</p>	<p>This provides information and statistics on abortions carried out across England and Wales. This comes from information collected from the abortion notification forms returned to the Chief Medical Officers of England and Wales.</p> <p>https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2020</p>
<p>Sexually transmitted infections (STIs): annual data tables</p>	<p>Information on STI diagnoses and sexual health services provided in England by demographic characteristics and geographical region.</p> <p>https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables</p>
<p>National chlamydia screening programme (NCSP): data tables</p>	<p>Provides information on chlamydia testing and diagnoses in 15 to 24-year olds in England by demographic characteristics and geographical region.</p> <p>https://www.gov.uk/government/statistics/national-chlamydia-screening-programme-ncsp-data-tables</p>
<p>Trends in new HIV diagnoses and in people receiving HIV-related care in the United Kingdom: data to the end of December 2019, PHE, November 2020</p>	<p>Provides information on the trends in HIV diagnosis and treatment nationally and across key populations</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939478/hpr2020_hiv19.pdf</p>
<p>HIV: annual data tables</p>	<p>Provides information on the trends in HIV diagnosis and treatment nationally and across key populations at a local authority level.</p> <p>https://www.gov.uk/government/statistics/hiv-annual-data-tables#history</p>

<p>Sexual and Reproductive Health Services, England – 2019/20 full year and part year Apr-Sept 2020</p>	<p>This publication primarily covers activity taking place at dedicated Sexual and Reproductive Health (SRH) services in England, as recorded in the Sexual and Reproductive Health Activity Dataset (SRHAD). SRH services include family planning services, community contraception clinics, integrated Genitourinary Medicine (GUM) and SRH services, and young people’s services</p> <p>https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2019-20</p> <p>https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/april-to-september-2020</p>
<p>Newcastle Pharmaceutical Needs Assessment 2018-2021 (PNA)</p>	<p>The PNA is used to help inform decisions related to applications for new pharmacies to determine the need for new pharmacies and / or extended hours. It is also used by the local authority, CCG and partners to inform the commissioning of services from Newcastle pharmacies to meet the needs of our local population.</p> <p>It aims to determine:</p> <ul style="list-style-type: none"> - if there are enough community pharmacies to meet the needs of the population of Newcastle and secondly; - what services could be delivered by community pharmacies to meet the future identified health needs of the population. <p>https://www.newcastle.gov.uk/sites/default/files/Public%20Health/PDFs/PNA%202018-21%20FINAL%20-%2019th%20Feb%20(002).pdf</p>
<p>The Pharmacy Offer for Sexual Health, Reproductive Health and HIV A resource for commissioners and providers. Public Health England, March 2019</p>	<p>This is a resource document for commissioners of sexual health services and aims to raise awareness with commissioners and other health professionals of the community pharmacy offer for delivering sexual health (SH), reproductive health (RH) and HIV services across England.</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788240/Pharmacy Offer for Sexual Health .pdf</p>

<p>Cervical Cancer Screening, NHS Digital</p>	<p>Women between the ages of 25 and 64 are invited for regular cervical screening under the NHS Cervical Screening Programme. This is intended to detect abnormalities within the cervix that could, if undetected and untreated, develop into cervical cancer.</p> <p>This report presents information about the NHS Cervical Screening Programme in England and at a local authority level. It includes data on the call and recall system, on screening samples examined by pathology laboratories and on referrals to colposcopy clinics.</p> <p>https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-annual/england---2019-20</p>
<p>Crime Survey for England</p>	<p>The Crime Survey for England and Wales (CSEW) is a victimisation survey. It measures the amount of crime in England and Wales by asking people, about whether their household has experienced any crimes in the past year. It provides Police force level data.</p> <p>https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/sexualoffencesinenglandandwalesoverview/march2020</p> <p>https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/policeforceareadatatables</p> <p>https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffendingvictimisationandthepaththroughthecriminaljusticesystem/2018-12-13</p>
<p>Police recorded Crime, ONS</p>	<p>This data looks a police recorded crime by force areas, which includes the number of sexual offences.</p> <p>https://www.gov.uk/government/statistics/police-recorded-crime-open-data-tables#history</p>
<p>Police recorded crime, Public Health Outcomes Framework</p>	<p>Violent crime – sexual offences per 1,000 population. 2020</p> <p>https://fingertips.phe.org.uk/search/police%20recorded%20sexual%20offences#page/4/gid/1/pa</p>

	t/6/par/E12000001/ati/102/are/E08000021/iid/90637/age/1/sex/4/cid/4/tbm/1
Adverse Childhood Experiences (ACE)	<p>No Child Left Behind: A public health informed approach to improving outcomes for vulnerable children, PHE 2020: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913764/Public_health_approach_to_vulnerability_in_childhood.pdf</p> <p>Adverse Childhood Experiences – Public Health Masterclass: https://www.nwcpwd.nhs.uk/attachments/article/276/Presentation.pdf</p> <p>Polishing the Diamonds: Addressing Adverse Childhood Experiences in Scotland by Couper S and Mackie P in 2016: https://www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf</p> <p>Welsh Adverse Childhood Experiences (ACE) Study: https://www.basw.co.uk/system/files/resources/basw_114245-2_0.pdf</p> <p>http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\$FILE/ACE%20Report%20FINAL%20(E).pdf</p> <p>Preventing Adverse Childhood experiences: https://www.cdc.gov/violenceprevention/aces/factfact.html</p> <p>Other: Bellis et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. BMC Medicine. 2014. 12:72. DOI: 10.1186/1741-7015-12-72</p>
Sex work/survival sex and survival sex	<p>House of Common Home Affairs Committee, Prostitution. Third Report of Session 2016-17 https://publications.parliament.uk/pa/cm201617/cmselect/cmhaff/26/26.pdf</p> <p>Home Office, A Review of Effective Practice in Responding to Prostitution. Available from: https://assets.publishing.service.gov.uk/government</p>

[ment/uploads/system/uploads/attachment_data/file/97778/responding-to-prostitution.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97778/responding-to-prostitution.pdf)

Mulvihill N. Is it time to drop the term 'prostitution' from policy discourse? *Journal of Gender-Based Violence*. 2019; 3:3(385-393). DOI 10.1332/239868019X15682997312551

Hester et al, The nature and prevalence of prostitution and sex work in England and Wales today (2019)

Sanders et al. Policing vulnerability in sex work: the harm reduction compass model. *Policing and Society*.2020. DOI: 10.1080/10439463.2020.1837825

STAGE Project. Support to Overcome Trauma for Adult Survivors of Grooming and Sexual Exploitation – a Toolkit. 2021.

Howard S, Sex workers' health: international evidence on the law's impact. *BMJ* 2019;364:l343 doi:10.1135/bmj.l343

UCL Institute of Health Equity. A review of the literature on sex workers and social exclusion. 2014. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/303927/A_Review_of_the_Literature_on_sex_workers_and_social_exclusion.pdf

House of Commons Work and Pensions Committee, Universal Credit and "survival sex". Second Report of Session 2019-20

Changing Lives, Net reach: Learning from online outreach with women selling sex during COVID-19. December 2020

End Demand, Written Evidence submitted by end Demand to the House of Common Home Affairs Committee for the Third Report of Session 2016-17

Jones et al. The prevalence of, and factors associated with paying for sex among men resident in Britain: Findings from the Third National Survey of Sexual Attitudes and Lifestyles (NATSAL-3). *Sex Transm Infect* 2015;91:116-123. Doi:10.1136/sextrans-2014-051683

	<p>Government Equalities Office, National LGBT survey research report. 2018. Available from www.gov.uk/government/consultations/national-lgbt-survey</p> <p>Sanders et al, Beyond the Gaze: Key findings for police on internet sex work. 2017. Available from: https://www.beyond-the-gaze.com/wp-content/uploads/2018/01/BtGpbriefingpolice.pdf</p> <p>Vajzovic D. National policing sex work and prostitution guidance. 2019. Available from http://library.college.police.uk/docs/appref/Sex-Work-and-Prostitution-Guidance-Jan-2019.pdf</p> <p>Cunningham S et al. Sex work and occupational homicide: analysis of a UK murder database. Homicide Studies. 2018.22(3):321-338. Doi:10.1177/1088767918754306</p> <p>Changing Lives GAP/MAP Project. Quarterly Report April, May, June 2020.</p> <p>Deering et al, A systematic review of the correlates of violence against sex workers. Am J Public Health 2014;104(5): e42-e54 doi:10.2105/AJPH.2014.301909</p> <p>World Health Organisation. HIV/AIDS: Sex work. 2021. Available from https://www.who.int/hiv/topics/sex_work/about/en/</p>
<p>Joint Serious Case Review Concerning Sexual Exploitation of Children and Adults with Needs for Care and Support in Newcastle-upon-Tyne. Newcastle Safeguarding Children Board and Newcastle Safeguarding Adults Board. Independent Report Author – David Spicer</p>	<p>Key findings from the Joint Serious Case Review Concerning Sexual Exploitation of Children and Adults with Needs for Care and Support in Newcastle-upon-Tyne. Including findings from Operation Sanctuary, as well recommendations relating to sexual health services in Newcastle.</p> <p>https://www.nscb.org.uk/sites/default/files/Final%20JSCR%20Report%20160218%20PW.pdf</p>
<p>Sexual Exploitation</p>	<p>HM Government. Definition of child sexual exploitation: Government consultation response. 2016. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591512/HO_DfE_consultation_response_on_CSE_definition_FINAL_13_Feb_2017_2_.pdf</p> <p>Newcastle Safeguarding Adult Boards and Newcastle Safeguarding Children Boards.</p>

Sexual Exploitation Communication Strategy. 2015.

STAGE Project. Support to Overcome Trauma for Adult Survivors of Grooming and Sexual Exploitation – a Toolkit. 2021.

Newcastle Safeguarding Children Board (NSCB) and the Newcastle Safeguarding Adults Board (NSAB). Sexual Exploitation Risk Assessment Checklist. 2015.

Home Office. Modern slavery: National Referral Mechanism and Duty to Notify Statistics UK, end of year summary 2020. Available from <https://www.gov.uk/government/statistics/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2020>

National Crime Agency. National Strategic Assessment of Serious and Organised Crime. 2019. Available from <https://nationalcrimeagency.gov.uk/who-we-are/publications/296-national-strategic-assessment-of-serious-organised-crime-2019/file>

Scott et al. What works in responding to child sexual exploitation. 2019. Barnardos. Available from <https://www.dmss.co.uk/pdfs/what-works-in-cse.pdf>

Office for National Statistics. Abuse during childhood: Findings from the Crime Survey for England and Wales, year ending March 2016. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/abuseduringchildhood/findingsfromtheyearendingmarch2016/crimesurveyforenglandandwales>

Oram et al. Prevalence and risk of violence and the physical, mental and sexual health problems associated with human trafficking: systematic review

Zimmerman C et al. Stolen smiles: a summary report of the physical and psychological health consequences of women and adolescents trafficked in Europe. 2006. London: The London school of Hygiene and Tropical Medicine

<p>Think Autism Strategy: governance refresh 2018, DoH</p>	<p>Contains “the domain model” where objectives of the Think Autism strategy are grouped under the headings:</p> <ul style="list-style-type: none"> • measuring, understanding and reporting needs of autistic people • workforce development • health, care and wellbeing • specific support • participation in local community <p>The relevant emphasis is on an overarching objective where autistic people are able to play a full role in society, which includes their health, care and wellbeing.</p> <p>National strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK (www.gov.uk)</p>
<p>Public Contracts Regulations 2015</p>	<p>The Public Contracts Regulations 2015 (“PCR 2015”) implement in England and Wales the new EU Directive 2014/24/EU (the “Directive”) on public procurement.</p> <p>The PCR 2015 came into force from 26th February 2015 and replaced the Public Contracts Regulations 2006 (“PCR 2006”) from that date.</p> <p>Under the PCR 2006, contracts for so-called Part B Services were exempt from the full application of the rules (particularly, there was no requirement to advertise in the OJEU). Under the PCR 2015, the distinction between Part A and Part B Services has been removed and replaced by what is becoming known as the “Light Touch” regime. A services contract falls within the scope of the Light Touch regime if it is for the certain types of health, social and other services listed at Schedule 3 of the PCR 2015. For these Light Touch regime contracts, a higher threshold than that for ordinary service contracts applies, before the Light Touch regime is applicable.</p> <p>The thresholds for light touch regime contracts from 1 January 2020 are £663,540.</p> <p>While the Light Touch regime is not prescriptive as to how contracting authorities design their procurement process for Light Touch regime services contracts, it does for the first time require that services contracts that fall within the Light Touch regime are advertised.</p>

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C5. Who have you engaged with about this proposal?			
Date	Who	No. of people	Main issues raised
11 June 2019	Session with providers of sexual health services and those services who currently work alongside sexual health services or have an interest in providing services in Newcastle.	22	<p>Non-clinical services</p> <p>Attendees stated the following positives in the current services:</p> <ul style="list-style-type: none"> 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 <p>Attendees stated the following negatives in the current services:</p> <ul style="list-style-type: none"> 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 <p>Attendees stated the following opportunities in the re-commissioning:</p> <ul style="list-style-type: none"> 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 with HIV
11 June to 15 July 2019	Let's Talk Newcastle (online survey)	331	<p>Key points of the feedback received:</p> <ul style="list-style-type: none"> Service users would like a sexual health service that gives flexibility in terms of opening times, and appointments (booked and walk-in appointments) A range of ways to be able to book appointments (walk-in, online, mobile, telephone) would be preferable

			<ul style="list-style-type: none"> Confidentiality and trust in staff were deemed important; both in their knowledge and skills but also in their attitude and making service users feel welcome Barriers to accessing the service were perceived to be opening hours and embarrassment to attend. This links back to the perceived needs above for the service to be flexible and for staff to provide a welcoming and confidential service.
19 June 2019	Written feedback from a single stakeholder organisation	1	Feedback received directly from one professional highlighted a report into the evaluation of a local community group's work with migrants and BAME communities dated November 2018. This report highlighted there is a need for community groups to engage those from under-represented communities to understand how primary care functions operate locally (such as sexual health services) with women for them to then pass this information on to their families, husbands, and wider communities.
11 July 2019	Response received directly from GP	1	Young people access: There was a perceived difficulty for young people to access sexual health services within a GP's area, so a young person's clinic was set up in the surgery. However, it was poorly attended. Feedback to the GP indicated this was due to the risk of running into friends/family and reiterates the need for young people to access service in a safe space to protect their anonymity/confidentiality.
08 July 2019	Engagement session held at Riverside Community Health Project	11	Key themes identified from the user group sessions included: <ul style="list-style-type: none"> Privacy and confidentiality with the possible use of outreach into the community to deter stigma of attending a known sexual health service Ease of access and being able to secure convenient appointments Female staff provision More information and advice being made available
16 July 2019	Engagement session with Streetwise Young People Project	12	
17 July 2019	Engagement session with West End Women and Girls	15	
05 September 2019	Follow-up session with providers of sexual	25	Key points from the session include:

	health services and those services who currently work alongside sexual health services or have an interest in providing services in Newcastle.		<p>Participants agreed:</p> <ul style="list-style-type: none"> • to keep the clinical and non-clinical services sperate • proposed model for the sexual health system • the priority areas of focus. <p>Issues highlighted were:</p> <ul style="list-style-type: none"> • 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
17 May to 06 June 2021	Online survey	61	<p>Sessions were held via Teams, Zoom media or in-person following COVID-19 control measures with small numbers of consenting individuals to gain insight into people’s experiences of using services as well as their expectations of any non-clinical service provision. An online survey was also conducted to access individuals who are perhaps ‘at risk of’, or who have lived experience.</p> <p>Summary of overarching themes:</p> <p><u>Knowledge</u></p> <ol style="list-style-type: none"> 1. Lack of awareness of where to go for help. No clear picture of existing system has emerged 2. Training for parents and carers of people with special needs to understand everyone is entitled to a sex life
	Individual/group Teams/Zoom sessions	24	

3. A considerable need exists to maintain awareness raising in school before young people leave school.

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. Language can be a barrier.
3. Asylum seekers and refugees need to know information about sexual health services and laws at the very start of their stay in UK. Trust was a major issue amongst some ethnic groups. Consideration must be given to cultural competency
4. LBGQTQ+ individuals highlighted the difficulties in having personal conversations and safe space needed
5. Services have been perceived as very unwelcoming and was mentioned a number of times and the negative impact this 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, young people, LGBTQ+, sex workers, ethnic groups including asylum seekers
7. Services did not share information about other available services - the key elements have been inflexibility, rigidity and not responding an individual's need.
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"

General feedback

Lack of confidence and trust expressed by numerous people across all participants in particular LGBTQ+ individuals.

Commonalities of agreement

			<p>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.</p> <p>Participants expressed these negative impacts in terms of mental and emotional stress resulting in reluctance to access services.</p> <p>In response to how the non-clinical sexual health services might work better to meet needs, additional themes included:</p> <ul style="list-style-type: none"> • Improve teaching as well as access to services in schools • Improve knowledge of how clinical conditions affect every day sexual health and provide support for the mental health aspect of having poor sexual health • Improve links with other services such as clinical sexual health services & substance misuse • More support and services for people who identify as transsexual as well as improved knowledge of staff regarding their sexual health needs • Options for peer-led support and services • Importance of continuity of care <p>The clinical services were perceived as busy and at times rushed by some with some stating that they would feel more comfortable discussing with a non-clinician.</p>
14 and 17 June 2021	Market engagement sessions	74	<p>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 with HIV and most at risk young people, as the target vulnerable groups at most risk of sexual health disadvantage.</p> <p>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.</p>

			<p>Discussion highlights were:</p> <ul style="list-style-type: none"> • 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
30 September 2021 to 05 November 2021	Let's Talk survey	22	<p>Completion of the survey indicated a general agreement to the proposals for the contract opportunities outlined in response to the priorities and need identified.</p> <p>With the majority of respondents agreeing or strongly agreeing with how the contract proposals were presented. There was 1 response that indicated disagreement to the need for the opportunities to be targeted on vulnerable groups with the availability of wider-population clinical services already available in the City and are therefore a duplication of resources.</p> <p>Similarly, there was general agreement that the priorities and drivers for change are reflective of how we respond to the key challenges in specialist sexual health</p>

			<p>prevention and support services. There was 1 respondent who disagreed with the statement stating they felt the increase in funding available for sexual health services.</p> <p>Similarly, there was generally a agree/strongly agree response to the proposals representing a positive change towards a more whole system to the wider sexual health system. There were 2 responses who disagreed with this statement, again one who did not deem the proposals were required with whole population services available and the other individual in disagreement felt the proposals did not consider whole neurodiverse spectrum disorders, such as, Foetal Alcohol Spectrum Disorder (FADS) than specifically stating learning disabilities and autism which limits the response available for individuals with other complex conditions but without formal learning disabilities or autism diagnosis.</p>
11 October 2021	Feedback from the Disability Forum	1	Feedback provided requested improved access to sexual health services for people with hearing and/or sight impairments. Ensuring format of communication and methods of access are considered and appropriate for this group of individuals.
31 October 2021	Provider feedback on proposals	1	<p>Outlined a positive response to the proposals in the following areas:</p> <ul style="list-style-type: none"> Continued provision with the support for people with a learning disability. Welcome continuation of Sexually Healthy Newcastle, and the opportunity to increase and strengthen partnerships in the delivery of supports for this community. Partnerships with health and other services has been extremely helpful to improve information dissemination, education and access to services. Positive that face to face, one to one, group work and digital offer are all part of the future for these important services: we have certainly seen that different delivery methods benefit different people.

C6. What are the potential impacts of the proposal?

Staff / service users	Specific group / subject	Impact (actual / potential disadvantage, beneficial outcome or none)	Detail of impact	How will you address or mitigate disadvantage?
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People with protected characteristics				
Service users	Younger people	Beneficial outcome.	<p>Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on young people.</p> <p>Most at risk young people will continue to be an identified target group for clinical outreach and within non-clinical opportunities to ensure an updated and improved approach to the sexual health needs of these young people.</p> <p>The model will focus on most at risk young people, there is currently an amount of preventative outreach delivered in college and university settings. The proposal will seek to move this support to be covered under the student wellbeing and support functions within these settings.</p>	<p>Continue to work with providers regarding the availability of sexual health services for all age groups.</p> <p>The proposal to include services for most at risk young people maintains a commitment to balance the disproportionate risk to their sexual health and future needs in comparison to their peers.</p> <p>We will work with local colleges and university to ensure there is a continuation of consistent support for young people attending these settings with an emphasis for student wellbeing and support to include being sexually healthy.</p>
Service users	Older people	Beneficial outcome	<p>Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a</p>	<p>Continue to work with providers regarding the availability of sexual health services for all age groups including older people.</p>

			disproportionately negative impact on older people.	Addressing the sexual health needs of older people is a key theme in the Sexually Healthy Newcastle work. We will continue to engage with older people's services in relation to sexual health.
Service users	Disabled people	Beneficial outcome	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on disabled people.	Continue to work with providers regarding the availability of sexual health services for disabled peoples. We continue to include a Learning Disability nurse requirement within the clinical contract and will enhance the non-clinical provision within the theme of people with disabilities and/or autism.
Service users	Carers	Beneficial outcome.	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on carers.	Continue to work with providers regarding the availability of sexual health services for carers.
Service users	People who are married or in civil partnerships	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their partnership status.	Continue to work with providers regarding the availability of sexual health services for people who are married or in civil partnerships.

Service users	Sex or gender (including transgender, pregnancy and maternity)	Beneficial outcome.	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of sex or gender (including transgender, pregnancy and maternity).	Continue to work with providers regarding the availability of sexual health services for those who are transgender, pregnant and post-partum. The review of the clinical offer considers a more targeted response to women who are pregnant or accessing maternity services.
Service users	People's sexual orientation	Beneficial outcome.	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their sexual orientation. Consultation feedback has included response from those within the LGBTQ+ Community, and we will work with clinical and non-clinical services to ensure a focus on sexual orientation.	Continue to work with providers regarding the availability of sexual health services regarding people's sexual orientation.
Service users	People of different races	Beneficial outcome.	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people of different races.	Continue to work with providers to ensure the support needs of people of different races are understood and that they are supported to access sexual health services.

			Consultation feedback has included response from those within the BAME Community.	Promote cross cutting theme throughout the preventative and support model for being sexually healthy
Service users	People who have different religions or beliefs	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their religion or belief.	Continue to work with providers to ensure the support needs of people who have different religions or beliefs are understood and that they are supported to access sexual health services.
People vulnerable to socio-economic disadvantage				
Service users	People living in deprived areas	Beneficial outcome.	Based on our engagement feedback and research, there is no available evidence to suggest the proposal will have a disproportionately negative impact on people living in deprived areas. A priority area of focus is to ensure a targeted evidence-based approach to outreach services across the City, especially ensuring an improved coverage of GPs and pharmacies within deprived areas of the City.	Continue to work with providers to ensure the support needs of people vulnerable to socio-economic disadvantage are understood and that they are supported to access sexual health services.
Service users	People in low paid employment or in households with low incomes	Beneficial outcome.	Based on our engagement feedback and research, there is no available evidence to suggest the proposal will have	Continue to work with providers to ensure the support needs of people vulnerable to socio-economic disadvantage are

			a disproportionately negative impact on people in low paid employment or in households with low incomes.	understood and that they are supported to access sexual health services.
Service users	People facing barriers to gaining employment, such as low levels of educational attainment	Beneficial outcome.	There is no available evidence to suggest the proposal will have a disproportionately negative impact on people facing barriers to gaining employment, such as low levels of educational attainment.	Continue to work with providers to ensure the support needs of people vulnerable to socio-economic disadvantage are understood and that they are supported to access sexual health services.
Service users	Looked after children	Beneficial outcome.	There is no available evidence to suggest the proposal will have a disproportionately negative impact on looked after children.	Continue to work with providers to ensure the support needs of people vulnerable to socio-economic disadvantage are understood and that they are supported to access sexual health services. The Teenage kicks service will work with LAC to ensure they have access to sexual health service provision.
Service users	People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness	Beneficial outcome.	There is no available evidence to suggest the proposal will have a disproportionately negative impact on people facing multiple deprivation.	Continue to work with providers to ensure the support needs of people vulnerable to socio-economic disadvantage are understood and that they are supported to access sexual health services.
Businesses				

N/A	Businesses providing current or future jobs in the city	Potential disadvantage	Current providers may not be successful in the tendering process.	We will work with current and potential providers to help them understand the procurement process.
Geography				
N/A	Area, wards, neighbourhoods	None	Our proposals ensure we have robust sexual health coverage across the city by identifying and working into areas where the targeted vulnerable cohorts are present.	None
Community cohesion				
N/A	Community cohesion	None	Based on our engagement feedback and research, there is no available evidence to suggest the proposal will have a disproportionately negative impact on community cohesion.	Continue to work with partners and stakeholders to encourage build on aspirations within the Social Value commitment to promote a community focus with organisations we work with to deliver these services.
Community safety				
N/A	Community safety	None	Based on our engagement feedback and research, there is no available evidence to suggest the proposal will have a disproportionately negative impact on community safety.	None.
Environment				
N/A	Impact on environment and air quality	None	Based on our engagement feedback and research, there is no available evidence to suggest the proposal will have a disproportionately negative	Continue to work with partners and stakeholders to encourage build on aspirations within the Social Value commitment to promote a green and sustainable

			impact on environment and air quality.	Newcastle with organisations we work with to deliver these services.
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Section D: Summary and next steps

D1. When will the change happen and how it will be implemented?

Following this final consultation, the Council will commence a competitive procurement exercise for the contracts described in Section C. We will encourage providers to explore opportunities to work together collaboratively to bid for and deliver services to help maintain the local and specialist knowledge and skills that already exist.

The Council will ensure that equality, social inclusion, and community objectives are considered through the procurement process. Through the procurement process, organisations will be assessed by the quality of their tenders against the requirements set out by the Council.

It is proposed that the arrangements for the new services will commence 01 July 2022, expected timeline as follows:

- Procurement process commences – December 2021
- Award of contract – March 2022
- Transition period (3-months) – April - June 2022
- Service commences – 01 July 2022

Funding and contracts for existing services in the scope of the proposal will continue until the new contracts commence at which point existing funding will be committed to fund the new contracts. The above activities and timescales may be subject to change.