NORTH EAST LINCOLNSHIRE COUNCIL
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North East Lincolnshire Council

Sexual Health Needs Assessment

Qualitative & Engagement Supplement
September 2016

Unique Improvements

Introduction

This document is to be read in conjunction with the Sexual Health Needs Assessment document for North East Lincolnshire (NEL). It contains the full findings that were analysed for that report and provided the basis for the recommendations made.

This document lists the questions asked of the various responders and assesses their level of knowledge and opinions concerning current service provision and provides guidance for future commissioning and provision.

It is not intended to be read as a standalone document but provides the personal context that supports the findings from a review of available data pertinent to NEL a desk-top review of known evidence, national trends and best practice performed by Unique Improvements.

The steps taken to deliver the qualitative and engagement phase were:

1. Identify who to speak to: a stakeholder list of key people who had an interest in sexual health services in NEL was developed. This list comprised service providers, commissioners, schools and colleges. The list was supplemented with 3rd sector organisations and charities working with sexual health services or targeted groups. (Annex A).

2. We spoke to Virgin Care, Primary Care Teams (mainly GPs, practice nurses, and practice managers – circulated via Practice Manager Forum), pharmacists & pharmacy staff, schools, the Pupil Referral Unit, commissioners, senior managers with strategic responsibility for commissioning and delivery of sexual health and allied services. Virgin Care provided Friends and Family Test data.

3. A set of questions was designed for the stakeholder group who were all contacted and offered a face to face meeting, a telephone interview or a link to an online survey. The survey was also provided via the Releasing Community Capacity website and Twitter account, the council and CCG networks and intranets, via the Grimsby Telegraph, Community Reporters and emailed out to all contracts and known networks. 27 service users completed the online survey, 3 school focus groups were conducted, and 48 interviews were conducted in person or on the telephone.

4. An additional community questionnaire was developed to be delivered in person in the community with service users and potential service users and five community researchers were trained in how to perform research in the community. The community researchers completed 20 questionnaires in total and the paper surveys were also used by the Youth Action Group, the Street Outreach team, Bridge Friends (a faith based group working with vulnerable women), the sexual health outreach worker had 15 sex workers complete forms and the men who have sex with men (MSM) outreach worker had 6 MSM complete forms.
Virgin Care gave out 100 questionnaires to be completed in sexual health clinics and 46 were returned. An additional 23 questionnaires were completed in older people's groups bringing the total to 104 questionnaires completed.

5. An advert and article were placed into local newsletters and to promote the online survey for service users and information was twice placed in the Health Watch e – bulletin to encourage people to come forward.

6. In addition to the community consultation that has taken place a review of available data pertinent to NEL has been performed, including audits from the Looked After Children Service.

7. A desk-top review of known evidence, national trends and best practice has also been performed.

Summary of engagement responses

Online Survey – **Service Providers**

11 replied online.

- Professionals ranged from Children's and Family Services, GPs, practice managers, practice nurses, managers within the charities sector and outreach workers in both the VCS Sector and previously statutory services
- They identified strengths of their service including highly qualified staff, providing easy access to services and building trusting relationships
- They identified lack of funding for training and lack of local provision of training along with lack of staff / manpower as challenges to their services

Online Survey – **Service Users**

27 replied online.

- 52% were in the 16-24 age group and 37% in the 50+ age group
- 70% were male and 26% were female with the remaining 4% being undisclosed
- 55% identified as heterosexual with 33% bi-sexual and 11% as gay
- 73% knew where the local sexual health service was located, 85% and 88% identifying with the GP and Virgin Care (respectively) as the providers they use, both these providers being the preferred providers for services. 54% selected both
- They chose consistency, confidentiality, comfort and ease as the reasons for preferring these providers
- People tend to use the services when they need them, and can readily access them (94%)
- 100% found the services satisfactory and 100% of those responding would use the service again

Paper Forms – **Service Users**

104 forms completed in a variety of settings.

- Some were completed by the outreach services taking the forms out to clients; some were completed on the street; some by the newly trained community researchers and some were completed within the sexual health clinics
- A high proportion of respondents were satisfied with the service; 81% know where to go for help/service; choice of service was based on trust and confidence with the service provider; and 69% would use the service again

Telephone Calls and Meetings – **Senior Managers, Service Users, Providers, Commissioners**

48 meetings and calls were held.

- Respondents included the local authority senior management team, people with strategic responsibilities, lead CCG commissioners, Heads of Service, and front line practitioners
- They identified the strengths of the current service, highly trained and committed staff that the public trusts
- Main themes:
  - > acceptance that under age conceptions and issues of power within relationships were concerns
  - > acknowledgement of the need to increase the provision of the use of LARC in the community
  - > concerns about risk of STI spread in the community

School focus groups, Youth Action Group focus groups and one to one interviews with young people did not add to the results. Many of the young people were highly motivated, resilient and engaged with services in a positive way and therefore not the high-risk groups identified in the guidance. These high-risk groups were addressed via the Youth Offending team and outreach and they either completed paper questionnaires or the online survey so their views are contained within.

Detailed responses

What senior managers and commissioners told us.

There was a lot of consistency and repetition in what Senior Managers and commissioners told us in the one to one interviews and telephone calls.

- There is a recognition that the sexual health service has recently been re-commissioned and is now provided by a commercial organisation. Whilst this happened some time ago it is still an issue in the minds of some (depending on where they are from)
- There is an appreciation of the skills and commitment of the staff that transferred to the new organisation and an acceptance that this transfer has provided continuity of care
- An understanding of the need to collect data is a strength and the systems are now in place to do this
- Services need to be provided from easily accessible and relevant locations
- Priorities include easy and rapid access to care
- Reducing teenage pregnancy, reducing abortion and repeat abortions are priorities
- Prevention and Education are key
- Growing concern about the 'power dynamic' in relationships and increasing child sexual exploitation and domestic violence
- Repeated concern about succession planning in outreach services for high risk groups and in sexual health services for LAC

Some concerns

- *"It is now difficult to understand the whole service as a result of it being split across community organisations"*
- *"Significant cuts to the sexual health service create a challenge for example teenage pregnancy used to be a full-time post and no longer is"*
- *"Sexual health education in schools is variable"*
- *"There is no up to date sexual health strategy"*
- *"Needs more emphasis on LARC fitting and removal (GPs fit but don't want to remove)"*
- *"Disjointed approach to commissioning means 'fire fighting' all the time"*
- *"Sexual health clinic in school wasn't used as teachers wanted to know why pupils wanted to see nurse. No privacy and confidentiality"*
- *"Disproportionate amount of Blood Borne Viruses and Hep B. Older population still sharing needles with low condom use 'intentional ignorance'. There is an increase in the number of people who are offered BBV screening who say no or say yes then don't turn up – why?"*
- *"There is an issue where parents are in treatment – what messages do they give their children?"*
- *"Rate of Teenage Pregnancies in LAC is increasing year on year"*

Positive suggestions

- *"Needs a co-ordinator to pull it all together"*
- *"Get everyone together for quarterly strategy meetings"*

Service Providers online survey (11 People responded to this survey)

Q1. What is your role? **(11 answered 0 skipped)**

- Children and Family Services Manager
- Service Manager – A large national charity
- Practice Nurse
- GP
- Practice Manager
- Outreach worker for Positive Health
- Service Manager for a second large national charity
- School Nurse Service Manager
- Service Manager/Consultant Nurse
- Nurse Manager in Acute Healthcare
- Manager
- 8 out of the 11 are managers
- 1 GP
- 1 Practice Nurse
- 1 Outreach Worker

Q2. What does your service do?

(11 answered 0 skipped)

- *"Teenage pregnancy, under 18 conception, conception 13-15 years, information and outreach, peer group working, child sexual exploitation, early interventions"*
- *"Approached by schools delivering sex education to primary school kids with SEN on how to deliver sex education"*
- *"To offer non-judgemental approach and confidentiality to all patients"*
- *"Patient care in primary care access & quality"*
- *"Engage with service users and encourage them to look after sexual health and encourage people to get regular checkups. Target men who have sex with men in open spaces"*
- *"In relation to sexual health, children who exhibit signs of harmful sexualised behaviour"*
- *"Child health surveillance (school entry assessment, transition), health protection (immunisation, hearing and vision screening, NCMP)"*

- *"Advice and guidance for young people, health promotion (building resilience, improving emotional and mental health, sexual health, obesity), providing early intervention and targeted support, complex health care for children in schools"*
- *"To provide confidential and accessible sexual health and contraception services for the people of NEL. To provide a one-stop shop and 'integrated sexual health' model of care. To meet with the service specification and local & national key performance indicators (KPIs) set by the commissioners & Virgin Care Services. The local Virgin Care Sexual Health Service adheres to local LSCB safeguarding policy and national Safeguarding, BASHH, FSRH & NICE policies & guidance"*
- *"The Sexual Health Service reflects national sexual health standards"*
- *"To ensure the provision of safe and effective care for babies, children and young people requiring acute and community services in NEL"*
- *"Raising awareness of sexually transmitted infections to MSM to encourage uptake of screening and HIV testing to empower MSM with the knowledge to make healthy choices about their own sexual health"*
  - > 5 offer Sexual Health advice services
  - > 2 offer contraceptive services
  - > 2 offer LGBTI services
  - > 1 primary care
  - > 1 sexual abuse

Q3. What are the strengths of your service? **(10 answered 1 skipped)**

- *"Develop relationships with young people: workers gain confidence of young people to trust in them. They deliver services where they need to be and are consistent. It is important to have a good network you can tap into - you don't need to know all the answers, just where to get them"*
- *"Able to match resources we have to children's needs and tailor it to meet requirements"*
- *"Open walk-in clinic for contraception 3 times per week with the choice to make appointment if preferred"*
- *"Personalised"*
- *"Work on evening and weekends, varied times especially during summer. Provide condoms, information verbally and written information. Good contact and regularity, friendliness, be on side of users, going out to where service users are rather than them coming to you"*
- *"Provide specialised support for children who exhibit harmful sexualised behaviour. This includes information and support in relation to under age pregnancy and the impacts and consequences of inappropriate sexualised behaviour. Can support children and young people in more appropriate sexualised behaviour"*

- *"Each school in NEL has a named school nurse; collaborative working with family hubs and schools; secondary schools have drop-ins for pupils (some sexual health services offered), some staff are trained to give EHC, condoms, pregnancy tests, chlamydia tests; follow up A+E attendances and good relationship with local hospital and sexual health service"*

- *"All staff are trained in both sexual health and family planning and maintain competence (doctors and nurses). All administration has completed diploma in business administration. All healthcare undertaken diploma in healthcare. All staff are up-to-date with mandatory & statutory training. Nurses are working towards Revalidation (NMC). The service maintains high quality standards as demonstrated through regular clinical audits and customer satisfaction surveys. The commissioners are informed of all audits monthly. The service holds CQC mock inspections to ensure meets expected standards. The service uses CIRIS System to report incidents. Virgin Care has a customer service to manage complaints. The service demonstrates a robust governance system and clinical governance meetings are held monthly. The Service has up-to-date standard operational procedures, policies, scopes of practice and patient group directions in place"*

- *"Good team working; innovative staff with desire to move services forwards to benefit patients and their families"*

- *"Our ability to engage with MSM at public sex environments, our experience and knowledge of sexual health and MSM; working in partnership with sexual health services and commissioners; monitoring information to give insight into profile of MSM on sites and their needs"*

Key points:

- Building relationships/ trust and team work
- Providing contraception/advice
- Support for children who exhibit harmful sexualised behaviour
- Drop-in centres
- Trained staff/up-to-date mandatory and statutory training

Q4. What are the weaknesses of your service? **(10 answered 1 skipped)**

- *"Resources - need more staff for outreach. Outreach across different services needs to be more joined up. We are looking to work better with main services. It is not always necessary to pass young people on to specialists - someone with a low level of skills can be just as valuable. The relationship is more important than the skills base. There are no mobile units with c-card. There is no sexual health training course currently that they can offer but they are putting one in place for education providers"*
- *"Only for autistic spectrum disorders"*
- *"Not enough availability of qualified staff"*
- *"Shortage of trained staff"*
- *"Could do with being there more often as only work in this role one day per week. Not able to do STI testing on site"*
- *"Focus is on sexualised behaviour rather than sexual health; however, the team is very well trained and know where to signpost and refer children and young people for appropriate services"*
- *"Lack of training in NEL, Hull University no longer offer the sexual health module, capacity of staff due to safeguarding meetings, schools do not understand confidentiality, schools will not allow sexual health services on-site"*
- *"Any weaknesses identified through incidents, user and staff feed-back are discussed as part of governance and action plans put in place to address issues and implement changes to improve"*
- *"Not enough manpower to move things on as quickly as we would like"*
- *"Lack of funding as service only provided one day each week so reaching limited number of MSM. Length of contract prevents ability to plan service development as funding currently rolled over each year"*
  - > 5 require more staff/manpower
  - > 3 mention lack of funding/ training courses
  - > 2 unable to offer sexual health services on site
  - > 1 focus is on sexual behaviour not sexual health
  - > schools do not understand confidentiality

Service Users Online Survey

(27 people responded to this survey)

Age	Under 16	16 – 24	25 – 49	50 +	Total
	0	14	3	10	27
Gender	**Male**	**Female**	**Undisclosed**	**Total**	
	19	7	1	27	
Orientation	**Hetrosexual**	**Gay**	**Bisexual**	**Total**	
	15	3	9	27	

Q5. Do you feel you know enough about sexual health and what is provided locally? (27 answered 0 skipped)

	Total	Yes	No
GP	20	17	3
Local Sexual Health Service (Virgin Care)	24	17	7
Genito Urinary Medicine (GUM Service)	20	9	11
Pharmacy	21	17	4
Voluntary Sector	23	15	8
School Nurse	15	8	7
Youth Group	16	5	11

Q6. Do you know where your local sexual health service is? (26 answered 1 skipped)

19 YES (73%)	7 NO (27%)

Q7. Which of the following would you use for sexual health services?

(26 answered 1 skipped)
(Users ticked multiple boxes)

	Total
GP	14
Local Sexual Health Service (Virgin Care)	14
Genito Urinary Medicine (GUM Service)	2
Pharmacy	0
Voluntary Sector	3
School Nurse	0
Youth Group	3
Other	3

Q8. From the list above, which would be your first preference to use for sexual health services?

(Asked to rank them as 1 – 7 with 1 being highest preference to 7 being lowest) (27 answered 0 skipped) (Users ticked multiple boxes)

	Total	Rank
Local Sexual Health Service (Virgin Care)	25	1
Voluntary Sector	19	2
GP	16	3
Pharmacy	15	4
Youth Group	14	5
School Nurse	13	6
Genito Urinary Medicine (GUM Service)	12	7

Q9. Why did you choose this option?

(24 answered 4 skipped). Majority said they chose the option due to: Going regularly, confidentiality, comfort and ease:

- *"Sees regularly"*
- *"See regularly"*
- *"More comfortable - for who he sees for medical problems"*
- *"I get along well with GP"*
- *"I know the most about it"*
- *"Confidentiality"*
- *"Confidentiality"*
- *"Sounds right"*
- *"Don't know"*
- *"Most well known"*
- *"They will know how to help"*
- *"Know outreach women"*
- *"It's where I get my contraceptive patches from"*
- *"Have used it before"*
- *"Know someone else who has been"*
- *"Have been before and was fine"*
- *"Prefer to use Positive Health but would also use Virgin Care service"*
- *"More comfortable as goes for other medical problems"*
- *"Regularly see Positive Health and accesses mobile testing unit in Lincoln"*
- *"See Positive Health regularly at cruising sites"*
- *"It's the only service I'm aware off"*
- *"Easiest and most reliable"*

Q10. What could be done to improve your knowledge or to let you know about what is provided?

(7 answered 20 skipped)

1	Nothing	2	Leaflets
1	Community classes	2	Website
1	More advertisement		

Q11. How often do you use local sexual health services? (27 answered 0 skipped)

	Total
Never	10
At least once every 6 months	5
At least once a year	4
As needed	8

Q12. Where did you go? (16 answered 11 skipped)

	Total
GP	3
Local Sexual Health Service (Virgin Care)	11
Genito Urinary Medicine (GUM Service)	0
Pharmacy	0
Voluntary Sector	2
School Nurse	0
Youth Group	0

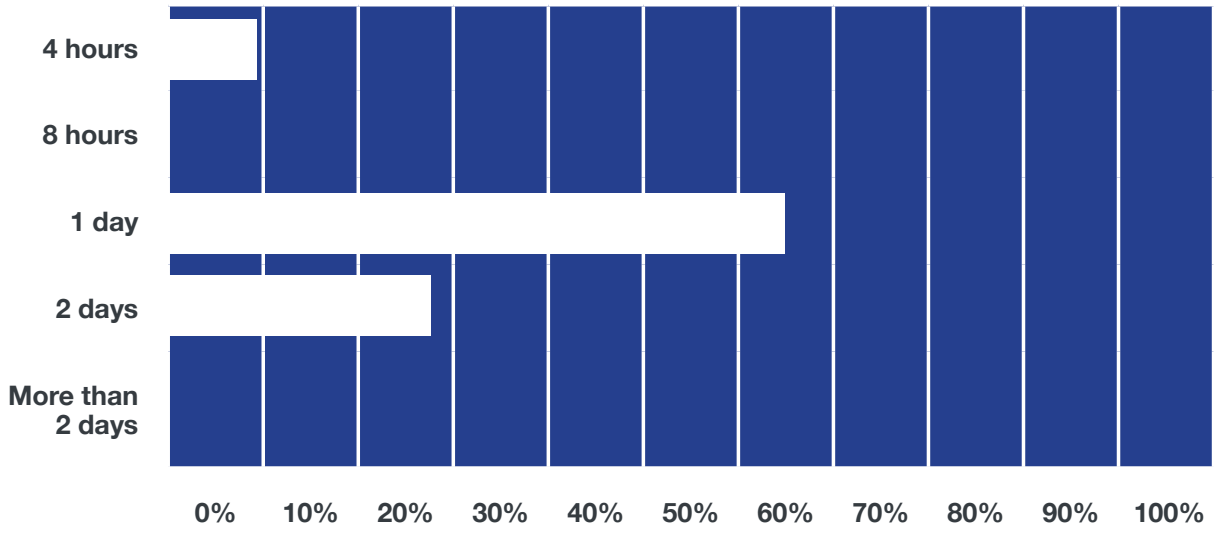
Q13. Were you able to get an appointment when you needed it?

(18 answered 9 skipped)

17 YES	1 NO

Q14. If not, how long did you have to wait? (11 answered 16 skipped)

	Total
4 hours	1
8 hours	0
1 day	7
2 days	3
More than 2 days	0



Q15. Did you feel that the service treated you with confidentiality, sensitivity and professionalism?

(18 answered 9 skipped)

17 YES	1 NO

Q16. Did you find the service you were provided satisfactory?

(17 answered 10 skipped)

17 YES	0 NO

Q17. If you needed help not provided at your appointment was the professional able to send you to the correct place?

(16 answered 11 skipped)

5 YES	11 N/A

Q18. Would you use this service again?

(18 answered 9 skipped)

18 YES	0 NO

Q19. What could be done to improve the service you attended?

(4 answered 23 skipped)

2	Nothing	1	Everything was good
1	The doctor could be more young person friendly		

Sexual Health Paper Questionnaires

104 people completed the survey; sexual orientation was added in the last batch of forms so there are only 41 responses for sexual orientation, of which 35 answered and 6 left blank.

Age		Gender		Orientation (Out of 41)		Postcode	
Under 15	3	Female	81	Gay	1	DN14 - 29	2
16 - 24	29	Male	23	Bisexual	2	DN30 - 34	48
25 - 49	55	-	-	Hetrosexual	32	DN35 - 40	49
Over 50	17	-	-	Blank (No Answer)	6	DN41 - Other	5
TOTAL	104	TOTAL	104	TOTAL	41	TOTAL	104

Q1. Do you know where your local sexual health service is? (Total 104)

84 YES	20 NO

Q2. Which of the following would you use for your sexual health services? (Users ticked multiple boxes)

	Total
GP	68
Local Sexual Health Service (Virgin Care)	73
Genito Urinary Medicine (GUM Service)	17
Pharmacy	21
Voluntary Sector	3
School Nurse	1
Youth Group	0

Q3. From the list above, which would be your top three preferences to use for sexual health services?

(Asked to rank them as 1 – 7 with 1 being highest preference to 7 being lowest)
(Users ticked multiple boxes)

	Total	Rank
Local Sexual Health Service (Virgin Care)	122	1
GP	120	2
Pharmacy	92	3
Genito Urinary Medicine (GUM Service)	70	4
Voluntary Sector	10	5
School Nurse	3	6
Youth Group	0	7

Q4. Why did you choose this option as the preferred one? **(Users ticked multiple boxes)**

- **30** chose their option for local/ convenience, ease of access and getting appointments
- **22** have a good relationship with their doctor and trust them
- **15** use their service provider for help and support to get appointments
- **5** don't know of anywhere else
- **4** chose familiarity/always used the same service or because it's well known

Q5. What could be done to improve your knowledge or let you know about what is provided? (Users ticked multiple boxes)

- **31** said more advertising including leaflets/posters in surgeries, schools, community buildings and in the media
- **18** said nothing and they were already aware of what's available
- **2** happy with the service provided
- **1** was unsure stating they would have had to have sexual health problems to improve knowledge

Q6. How often to you use local sexual health services? (Total 103)

	Total
Never	36
At least once every 6 months	10
At least once a year	5
As needed	52

Q7. Where did you go? (Total 101)

	Total
GP	29
Local Sexual Health Service (Virgin Care)	43
Genito Urinary Medicine (GUM Service)	1
Pharmacy	2
Voluntary Sector	0
School Nurse	0
Youth Group	0
Other (Please specify)	-
Not Applicable	26

Q8. Were you able to get an appointment when you needed it?

(Total 86)

55 YES	7 NO	24 Not Applicable

Q9. If not, how long did you have to wait? (Total 59)

	Total
4 hours	2
8 hours	0
1 day	4
2 days	4
More than 2 days	8
Other (Please specify)	-
Not Applicable	41

Other (Please specify)

- *"6 months and difficult to get appointment when working nurses not available (on holiday)"*
- *"Can't remember"*
- *"I would not go to drop-ins as they take too long and are always rush"*
- *"Always prebooked every 3 months"*
- *"Jo as she deals with all appointments"*
- *"30 mins"*
- *"10 mins"*
- *"1 hour"*
- *"Later that day"*
- *"Waited on a phone call but didn't receive any communication so didn't get seen in the end"*

Q10. Did you feel that the services treated you with confidentiality, sensitivity, professionalism? (Total 93)

66 YES	2 NO	25 Not Applicable

Q11. Can you tell us why you answered this?

Most common responses:

- *"Because I felt like I could talk to them"*
- *"Female doctors make me feel worthless, look down at me as where Jo and the other nurses make me feel like a person"*
- *"The service is confidential and informative, any checks done are always professional, and done with the utmost care and consideration"*
- *"Because I was treated as a person not as a thing"*
- *"Feels comfortable with the nurse at my GP"*
- *"They were discrete but you felt you were being judged and I had to go for blood contamination"*
- *"Everything was confidential"*
- *"Because I felt comfortable during my appointment"*
- *"Friendly staff made me feel welcome"*
- *"Pleased with service I received"*

Q12. Did you find the service you were provided satisfactory? (Total 95)

67 YES	0 NO	28 Not Applicable

Q13. Can you tell us why you answered this?

Most common responses:

- *"Yes, because I know them"*
- *"Never needed this service"*
- *"Because they were very respectful with me"*
- *"Because I am currently undergoing treatment"*
- *"They answered everything I needed to know"*
- *"I like the service"*
- *"The sexual health service staff are fantastic"*
- *"Very professional. Made me feel at ease"*

Q14. If you needed help not provided at your appointment was the professional able to send you to the correct place? (Total 93)

42 YES	0 NO	51 Not Applicable

Q15. Can you tell us why you answered this?

- *"GP dealt with questions"*
- *"Never needed this service"*
- *"The outreach service is very helpful in keeping us informed of what's going in the area I.e.: - police information - dangers to us working girls"*
- *"The treatment was given by my GP"*
- *"They could refer me to my GP or whatever"*
- *"Seen on time and appropriately treated"*
- *"I was signposted back to GP for my smear this time as sexual health no longer allowed to offer this service which is a shame!"*
- *"Great advice"*

Q16. Would you use the service again? (Total 94)

67 YES	0 NO	27 Not Appropriate

Q17. Can you tell us why you answered this?

- *"Prefer using GP"*
- *"I would always use the service with Jo's support"*
- *"I think if the service stops the girls wouldn't use condoms because they won't buy them. And they would put themselves at risk which would spread more STI - BBV More cost to the NHS"*
- *"Because if there wasn't this service I wouldn't know where to go and who to see"*
- *"I'm used to seeing the nurse"*
- *"Feel comfortable and works well for me"*
- *"Had a good experience"*
- *"Good service. Convenient. Get help and advice, don't have to wait ages for an appointment"*
- *Easily accessible*
- *"It's my local GP service"*

Q18. What could be done to improve the service you attended?

- *"More appointments"*
- *"Clinic to stop cutting back of the staff and the clinics held"*
- *"I think the services and advice/ help could be advertised in the community more"*
- *"More advertising"*
- *"Make it easier to get a quicker appointment"*
- *"To have this with another service so others do not know what you are attending for"*
- *"Increase public awareness locally of service"*
- *"Patients to be called in by a number opposed to their name"*
- *"More private waiting area"*
- *"More late night openings. Difficult to get there when working full time"*
- *"Bring back smears for women!"*

Virgin Care Friends and Family Test.

Information was provided by Virgin Care who collect responses from service users relating to their experience and they have a text service to ask a limited number of questions for the 'Friends and Family' report.

From their own service users' experience, using a Five point Likert Scale, the following was noted:

- 98% of 585 responses found the receptionist friendly and welcoming
- 83% liked the waiting area
- 57% were happy with the waiting time, with 11.45% being unconcerned about the wait and 4.95% being unhappy with the wait
- 80.2% of the respondents were happy with the location of the service. And when asked for other suggestions they asked for a range of venues closer to them, in the town centre and at the GP surgery
- 60% arrived by car
- 62% had no preference for the day the clinic should be held
- When asked which other professionals, they would talk to about sexual health issues they replied with 'GP, Practice Nurse, Health Visitor, Sure Start Centre Staff and School Nurse
- The majority 53% 'didn't mind what time the service was held', with 15% wanting morning appointments and 20% wanting evening appointments
- Preference for appointment or walk-in was pretty equally balanced
- When asked about age 219 (37%) females did not respond and 372 (66%) males did not respond

The age breakdown of those who did respond is as follows:

	Under 16	16 – 24	25 +	Total
Male	5	97	111	213
Female	18	186	162	366

Virgin Care does not collect the data to differentiate between 25 – 49 year olds and over 50s which is something that may be useful given the population predictions for the area.

Three months of text data from the service was provided for January to March 2016. During this time:

- 55 people responded by text
- There were no negative comments and overall the experience was positive
- 99% of the respondents chose 'Extremely likely' as the action they would take when asked whether they would recommend the service

Annex A
Stakeholders List

Name	Organisation	Role
Joanne Hewson	NEL Council	Deputy Chief Executive
Stephen Pintus	NEL Council	Director of Public Health
Beverley Compton	NEL Council	Assistant Director Adults Services and Health Improvement
Steve Kay	NEL Council	Director Prevention and Early Intervention
Paul Cordy	NEL Council	Director Children's Social Care
Caroline Barley	NEL Council	Prevention and Wellbeing Manager
Bob Ross	NEL Council	Head of Children's Health Provision

Karen Goy	NEL Council	Interim School Nurse Manager
Janet Burrows	NEL Council	Health Visiting Team Manager
Deb Simpson	NEL Council	Developing Healthier Communities
Sarah Impey	NEL Council	Workforce Development
Sue Walton	NEL Council	Workforce Development
Alison Jollands	NEL Council	Family Hubs – Health Lead
Megan Dennison	NEL Council	Children's Social Services
Wendy Shelbourn	NEL Council	Head of Integrated Family Services
Matt Clayton	NEL Council	Youth Offending Services
Paul Caswell	NEL Council	Youth Services
Bill Geer	NEL Council	Commissioner Drugs and Alcohol Services
Helen Willis/ Sue Sheriden	NEL Council	NEL Local Children's Safeguarding Board
Claire Thompson	NEL Council	Communications and Marketing

Clare Parfrement	NEL Council	Participation Officer
Councillor Hyldon-King	NEL Council	Portfolio Holder
Geoff Barnes	NEL Council	Deputy Director of Public Health
Glynn Thompson	NEL Council	Commissioning and Strategic Support Unit
Jenny King	NEL Council	Cluster Co-ordinator (Teenage Pregnancy)
Michelle Barnard	Clinical Commissioning Group	Assistant Director
Jane Fell	Northern Lincolnshire and Goole NHS Foundation Trust	NLAG Lead LAC Nurse
Pauline Bamgbala	Clinical Commissioning Group	Service Lead – Planned Care & Cancers - Service Planning & Redesign
Paul Glazebrook	NEL Healthwatch	Partnership Co-ordinator
Sue Proudlove	NSPCC	
Ruth Prentice	Maternity Services Liaison Committee	Parent Chair of the Board

Annie Darby	NaviGo	Adult and Children's Safeguarding
Julie Dixon	Northern Lincolnshire and Goole NHS Foundation Trust	Head of Midwifery
Dr Omobolaji Wilson	Northern Lincolnshire and Goole NHS Foundation Trust	Child Development Centre
Sarah Wise	Northern Lincolnshire and Goole NHS Foundation Trust	Consultant Midwife, Teenage Pregnancy and Sexual Health / Supervisor of Midwives
Caroline Wilkinson	Positive Health Lincolnshire	Manager
Jill ladlow	Virgin Care	Service Manager / Consultant Nurse
Charlotte Harrison	Foundations	Foundations Young People's Substance Services
John Berry	Northern Lincolnshire and Goole NHS Foundation Trust	Service Manager Family Nurse Partnership
Dr Marcia Pathak	GP at Raj Medical Centre	Clinical Lead for Women and Children
Caroline Hayward LPC	Community Pharmacy Humber (LPC)	Professional Development Pharmacist

Rachel Staniforth	YH Commissioning Support	Senior Pharmacist NEL
Sharron Ainslie/ Simon Padfield	Public Health England	Sexual Health Facilitator for Yorkshire, Humber and North East (Dr Simon Padfield - Consultant Epidemiologist and Consultant in CDC)

Face to Face interviews and Telephone calls

Jane Fell
NLAG – LAC Lead Nurse

Steve Kay
Director Prevention and Early Years

Bill Geer
Commissioner Drugs and Alcohol Services

Diane O'Keefe
FAST Service

Claire Parfrement
Participation Officer

Jenny King
Cluster Coordinator, Family Hubs

Dawn Trigg
Macmillan Specialist Nurse

Alfie Hallett
Deputy Chair of Youth Parliament

Pauline Bamgbala
Service Lead Planned Care and Commissioning, NEL CCG

Jill Ladlow
Virgin Care

Paul Caswell and Jodie Yarborough
Youth Services

Scott Jacques
Pupil Referral Unit

Jo Hudson
Foundations Sexual Health Outreach Worker

Steve Milner
Positive Health Lincolnshire (MSM) Outreach Worker

8 men at outreach session

Caroline Wilkinson
Positive Health Lincolnshire

Vans Braddock-Mead
Foundations, Young People's Substance Service

Sue Proudlove and Stef Fox
NSPCC

Sue Jewitt and Volunteers
Bridge Friends

3 sex workers

Sue Sheriden
Barnardos

Paul Glazebrook
Healthwatch

Sarah Wise
Consultant Midwife
Teenage Pregnancy and
Sexual Health

Sharon Ainslie
Public Health England

John Noton
Practice Manager
Dr E Hopper and Ptnrs

Debbie Woodward
Empower
and VCSE Alliance

Linda Dellow
Centre 4
and VCSE Alliance

Stephen Pintus
Director of Public Health

Matt Clayton
Service Manager,
Safeguarding and Youth
Offending Team

Carolyn Beck
Healthier Lifestyle
Services

Jim Hudson
and John Manton
YMCA

Joanne Hewson
Deputy Chief Executive

Paul Cordy
Director Children's
Social Care

Nathaniel Heath
Head of Behaviour
Services

Claire Thompson
Communications
and Marketing

Debbie Haines
Learning and
Development Team
Manager

Michelle Barnard
Assistant Director
Women's and Children's
Services, NEL CCG

Focus Groups

- NSPCC
- Youth Action Group
- Middlethorpe Primary Academy
- East Ravendale Primary School
- Havelock Academy
- Oasis Academy Immingham

The Qualitative and Engagement Process

In the period May to August several interviews, outreach visits and surveys took place. The results of these are contained within the Qualitative and Engagement document. However, some interesting discussions took place with targeted groups and they are summarised here.

The LGBT Community

Men who have Sex with Men (MSM)

- There are limited opportunities for sexual health work with MSMs in NEL. There are no LGBT venues, and therefore nowhere recognised and easily accessible that would allow for the display of relevant sexual health information for the community
- The outreach worker employed by Positive Health has an excellent working relationship with the Virgin Care's Sexual Health Service in Grimsby and the service manager and team. Most of his service users have provided good feedback about this service. The Positive Health project delivers outreach work in cruising grounds and other public sex environments in the area. The public sex environments tend to be used mainly by men over 50 and often in their 60s. The situation is further complicated by the fact that most men in contact with the project do not identify as gay or bisexual. The Outreach Worker reports that some men are in denial and others have wives/female partners who they live with and would therefore be classed as functionally bisexual, making targeted work difficult if not impossible
- The project reports that there are significant homophobic attitudes locally, especially when compared to other places in the region, such as Lincoln or Hull

- These attitudes would go some way to explaining why Positive Health has very little contact with younger men. Work used to be delivered in Grimsby College but this has ceased. The lack of local gay bar(s) or LGBT venue(s) make it hard to reach younger people and the use of online and mobile apps for dating and to arrange meet-ups would suggest that a cyber-response such as “Net Reach” may be viable in the area

- In traditional public sex environments based around public toilets it would be a good idea to use the toilets for displaying information regarding sexual health. This could be done in the form of notice boards that are changed periodically and include other targeted health messages for men. This idea has been suggested to the council but rejected and furthermore it will not allow condoms to be left in toilets that are known cruising sites

- Positive Health have delivered mobile sexual health testing in other parts of Lincolnshire at known public sex environments. These have been used by MSM’s known to be from NEL who travel to access them. It is an aspiration of Positive Health to deliver mobile testing in the NEL area, including HIV testing

- Work with gay and other MSM’s is hindered by a lack of up to date printed information. NEL PCT used to produce an A5 size information pack on men’s health that was distributed by the project’s Outreach Worker and was well received by service users. Positive Health would still be keen to distribute similar information; however, this was a general health information leaflet pack covering smoking, exercise alcohol etc that is no longer produced and a replacement has not been developed

Pushing LGBT contact underground can lead to the potential for exploitation, risky behaviour and late diagnosis of STIs and HIV.

Sex Workers

Some sex workers (prostitutes) are at higher risk of poor sexual health outcomes. Sex Workers also experience vulnerabilities such as violence, rape and sexual assault, homelessness, and drug and alcohol problems that may impact on their sexual health needs.

There is a strong need for specialist services to be available because of the barriers sex workers face in accessing mainstream services:

- The legal framework around prostitution makes some wary of disclosure to health professionals
- They might fear stigma and judgmental attitudes
- For some leading chaotic lives, particularly those affected by drug and alcohol abuse, accessing services with standard opening hours is challenging
- Access to services, particularly for those being trafficked, coerced or 'pimped', might be controlled by others

Specialist services should be able to meet all relevant needs, provide screening and treatment, contraception, vaccinations, health promotion and access to other support, including support for violence and abuse, and ways to leave prostitution.

For young people aged under 16 who are identified at being at risk of sexual exploitation, including prostitution, an immediate referral should be made to children's social services and the police.

Bridge Friends

- Bridge Friends is a faith based group of volunteers who offer support and help to vulnerable women in NEL. The majority of the women helped are street sex workers or ex-sex workers and they help them by offering a street based outreach service run by volunteers who are supported by a volunteer programme and policies. Although the service originated from a faith base help is not contingent on being part of a congregation and the service has moved to a friendship based model
- The service must fund itself and raises funds independently but in the past, has been supported by a grant from the NEL Releasing Community Capacity Programme. They have successfully obtained grants from other agencies and fund raise by having a cabaret and receiving donations from well wishers and benefactors
- The service is present on the street every evening and there is a daytime outreach as well
- During the outreach sessions, the volunteers offer clothing, food, and drinks, and can offer support with housing, debt and addictions and they can refer to a range of services for additional support. They do not give out condoms nor conduct STI testing as they do not have the funds to provide condoms
- They are well placed to identify 'trafficked women' and to identify underage sex workers and where they do they inform the police
- They give out their own leaflets and if they are supplied others by other services they can give these out as well
- They have 280 women on their current caseload of which approximately 134 are sex workers
- They have raised the issue of insufficient local detox facilities for sex workers and that they have to refer out of area when someone wants residential detox services
- They have anecdotal evidence of generational sexual abuse and the perpetuation of this with sex workers encouraging daughters onto the street
- They identify a high proportion of malnourished women on the streets
- They report an increase in the incidences of mental ill health, depression, self – harm and eating disorders and the general health of the street sex workers is poor
- They have trained counsellors on their volunteer team who offer counselling in private practice elsewhere
- The service has grown from 2 volunteers to 15 volunteers in one year. The service has potential to do more and to grow but it is limited by capacity and funding. It would benefit from a new vehicle and a management and support structure to give it sustainability
- The Service is seen by some professionals in the statutory sector as trying to save 'fallen women'. This may have been true in the past but it is no longer the case

Foundations – Sexual Health Outreach Work

- This is a role which is funded by the Care Plus Group and sited within the Foundations Service
- The sexual health outreach worker conducts one night of outreach with sex workers and then spends the rest of her time during the day supporting sex workers in brothels, 'massage' parlours and flats where sexual activities take place and in supporting sexual health clinics at Open Door or running women's groups for Foundations
- The worker gives out condoms, sponges and lubes and does chlamydia and gonorrhoea testing in the community and offers referrals, help and advice on a range of issues such as housing, homelessness, substance abuse, and domestic abuse. She also acts as an advocate and accompanies women to clinic appointments. The most complex problem is housing with a lot of the 'street girls' sofa surfing or homeless
- When positive STIs are identified, it is difficult for the testing service to locate the woman and get treatment as they don't use real names and contact details. Often the worker must find them on the street or in parlours and give them the treatment to take. It is not feasible to rely on them to get the prescription and take the treatment themselves
- Condoms are purchased directly from a supplier and charged to the Foundations budget, approximately £1500 every 8 months
- Because of logistical reasons, the service does not work closely with Bridge Friends but both services have some awareness of each other
- The number of 'working girls' in the service has increased significantly over the last 3 years. At the start of the service it used to be 8 or 9 'girls' on the books and now is 56 street girls. There is a noticeable increase in the number of 'trafficked' women and the service works well with local police and the worker has such a good relationship with the street sex workers that she is notified of underage sex workers, new flats opening or potentially trafficked women so she can pass this information on to the police
- A significant number of the sex workers have substance misuse issues and the worker reports an increase in the use of MCAT and legal highs for which there is currently no test
- Most of the women have dependent children who are now in care or looked after by grandparent carers
- This is a potentially dangerous role as there is often the threat of violence from pimps and traffickers and the worker and their family has been threatened in the past

- Threats to the service are:
  - > capacity issues
  - > funding being cut
  - > the potential for the use of a pool vehicle being removed due to cuts. The use of a personal car makes the worker and their family identifiable but the pool car offers anonymity
- The worker works well with the virgin care staff who are helpful
- The best place for the sexual health clinic is open door as it is also a GP surgery so treatment can be initiated as soon as a test comes back
- The worker has been doing this role for 12.5 years and is approaching retirement in the next 5 – 10 years. The skills and resilience needed to do this role cannot be taught and need to be gained incrementally. Given the risk of an isolated individual in this role and the lack of cover for sickness and holidays as well as pending retirement, a succession plan is needed. A period of shadowing and double running for a few years would be useful if it could be funded
- There are no formal links to Bridge Friends, but this needs to be explored as a solution to both services risks and pressures
- Because of budget pressures there is a push to have the worker work in clinics as opposed to seeing sex workers in the community. Whilst this increases service efficiency it reduces efficiency for those sex workers with chaotic lifestyles who would not comply with a clinic setting

The statistics for the first quarter of 2016 show that on one day outreach with sex workers per week, the sexual health outreach worker conducted 14 STI screens in the community, referred to a range of agencies and gave out 5010 condoms along with lubrication and sponges.

Sex workers	April 2016	May 2016	June 2016	Total
Client Assessment	60	41	46	147
STI Screening	4	3	7	14
FTA Screening	2	1	0	3
GP	3	3	1	7
Contraception	2	1	3	6
Social Services	0	0	0	0
Housing	0	0	1	1
Pregnancy Testing	1	0	0	1
Home Visit	0	0	0	0
Hospital	0	1	1	2
Foundations Referrals	0	0	0	0
Police	0	0	1	1
Dentist	1	1	0	2
Open Door	3	6	7	16

Condoms	2420	1290	1300	5010
Lube	450	240	200	890
Sponges	105	35	80	220

In her role as part of the Foundations (substance misuse service) team she offered sexual health support to clients of Foundations, conducted STI screening and handed out 950 condoms.

Foundations 2016	April 2016	May 2016	June 2016	Total
Client Assessment	12	21	20	53
STI Screening	1	5	3	9
FTA Screening	1	0	6	7
GP	2	2	0	4
Contraception	2	2	1	5
Social Services	0	0	0	0
Housing	0	0	2	2
Pregnancy Testing	0	0	0	0
Home Visit	1	0	0	1

Hospital	1	0	0	1
Foundations Referrals	0	1	0	1
Police	1	0	1	2
Other Services	0	2	3	5
Condoms	270	400	280	950

What sex workers said

- *"They won't go to the day time sexual health clinics to ask for STI testing or condoms and if they didn't get them off the outreach worker they wouldn't get them"*
- *"They won't use A&E because of the attitude of staff, for example an incident had happened the night before where a 'girl' was showing signs of infection due to a 'lost' contraceptive sponge or tampon and who had walked out of A&E because of staff attitude. The next day the worker, in conjunction with the Virgin Care staff member arranged to have her seen at the sexual health clinic by special appointment"*
- *"They feel that clinic staff look down on them and that they don't want to be identified in the clinic near their homes as they may have children and other people may not know they are sex workers"*
- *"If the service stopped rates of STIs, pregnancy and abortion would increase"*