

APPENDIX

ISHS - Stakeholder Feedback Summary ReportWorkshops

4 workshops held w/c 15th August

Attended by 33 stakeholders from the following organisations

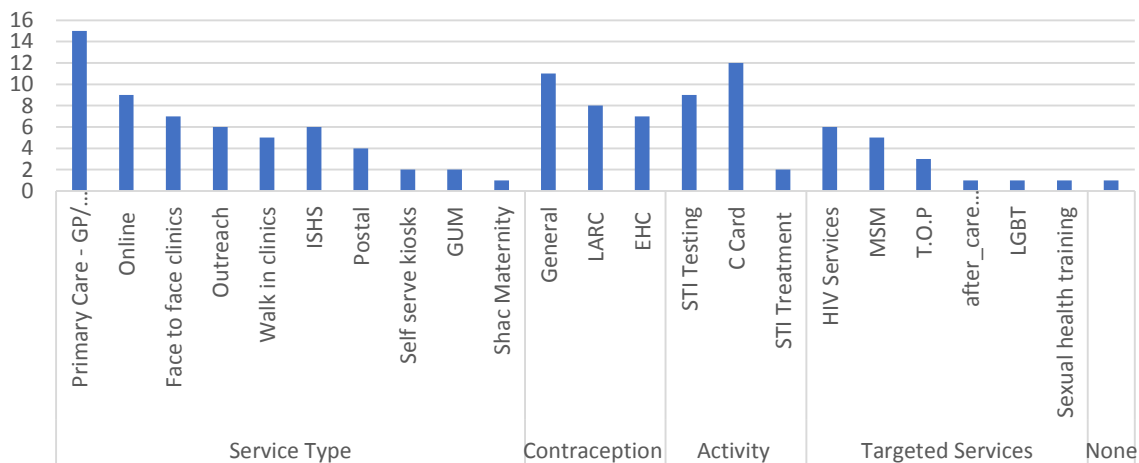
- LCC
- East Midlands Sexual Health commissioners
- Midlands Partnership Foundation Trust
- Inform Health
- Juniper Lodge
- Rutland CC
- TRADE sexual health
- Charnwood Federation
- Leicester City Council
- Nottingham City Council
- NWL Federation
- Police and Crime Commissioner's Office
- SH24

Stakeholders were asked a series of questions regarding the current and potential future provision.

There was also a number of stakeholders that provided their feedback via email. These views have been included in the feedback below each question area.

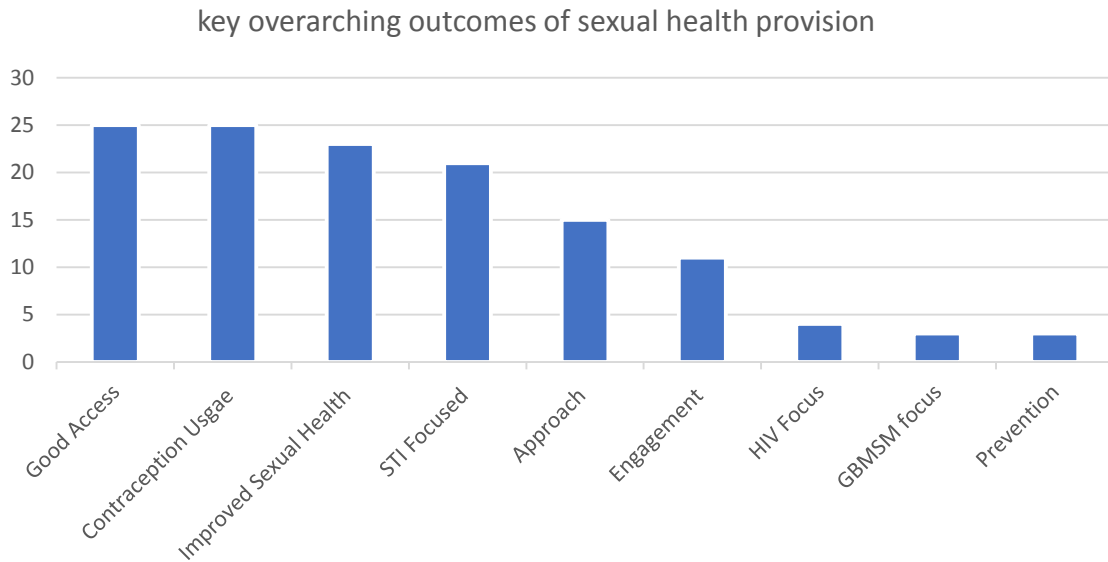
Q. Please list the current provisions/services you are aware of that are in place for sexual health across LLR.

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Awareness was very varied, with the most awareness around the primary care offer, the C-Cards (a card which offers free and easy access to condoms in a range of venues) and general contraception offer.

Q. In your view, what are the key overarching outcomes of sexual health provision?



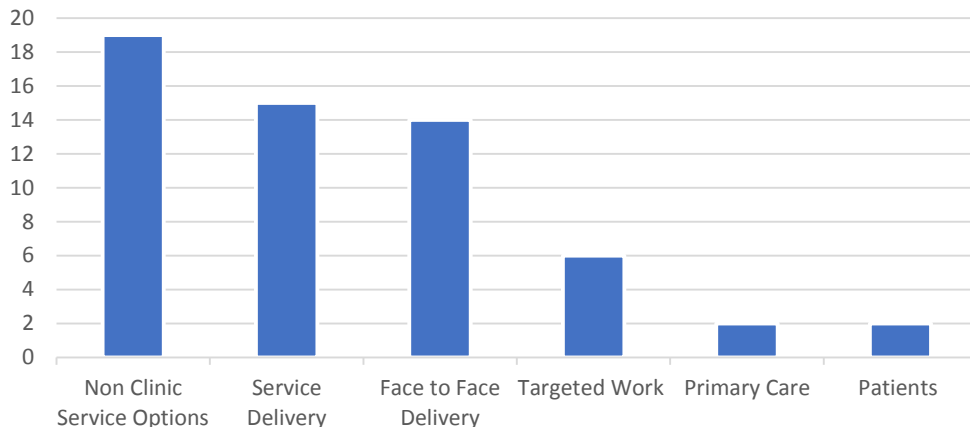
Good access was a key outcome for stakeholders. This was not only regarding physical access to clinics but access to online provision. Ensuring services meet the needs of local communities providing choice with multiple access points for the diverse population and utilising clinics for complex high-risk care.

A number of comments provided around the approach were that holistic support should be delivered, efficiently in a patient centred way, ensuring cultural awareness and clinician availability

Reducing stigma and discrimination was a key outcome theme.

Overarching outcomes should be joined up across commissioning bodies, allowing for integration and work towards reducing inequalities, with a focus on prevention and self-management where appropriate

What elements of existing service provision are working well?



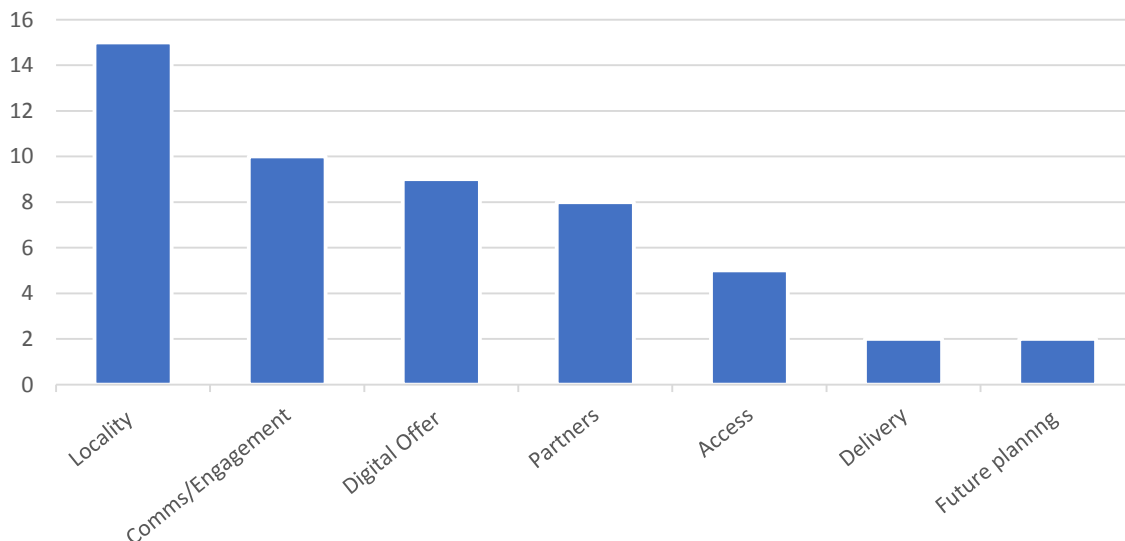
Q

What elements of existing service provision are working well and why?

Stakeholders fed back that the online provision, access to expert practitioners within the service and a variety of locations for the face-to-face clinics are all elements of the current service that are working well.

Q. What elements of existing service provision require further development and why?

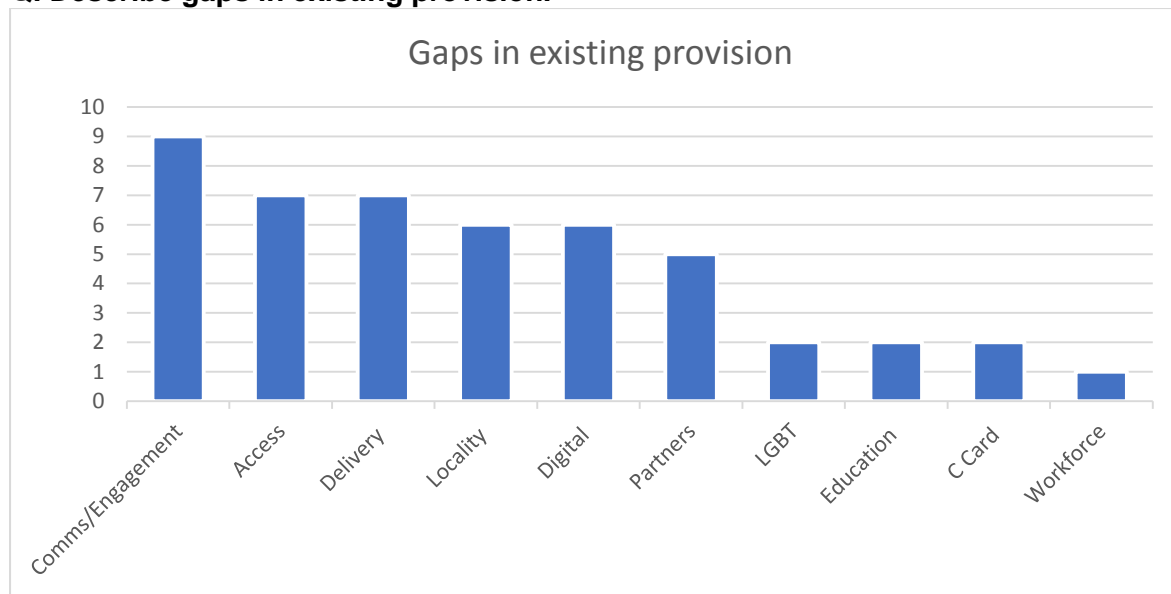
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There were a significant number of comments about locality of the provision and accessibility in rural areas came through as a main concern. Service communication and engagement was another strong theme, with requests for more information on the service offer to be available and engagement with specific groups, there were also a number of comments around widening the digital offer that's available.

Increased service promotion and raising awareness of offer were key themes, particularly for young people and across district councils. Comment was also received on age parameters for EHC access as a barrier.

Q. Describe gaps in existing provision.

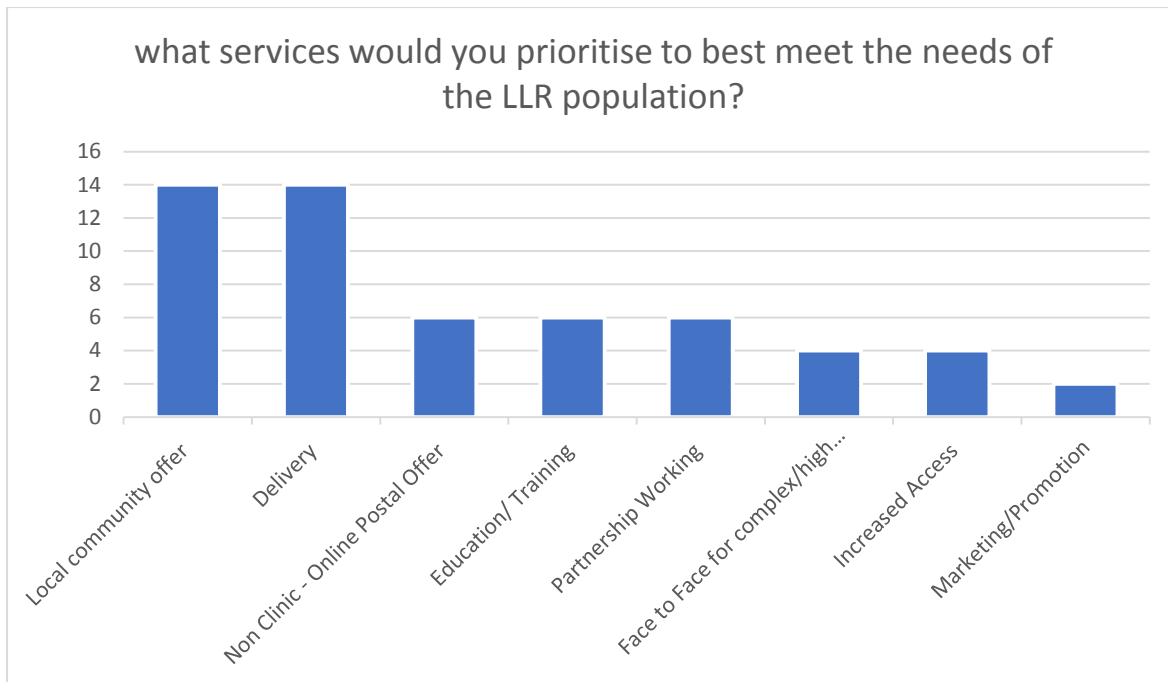


Comments were received around communication, and engagement with a focus on marketing and promotion, access was another theme however there was no further comment on specific issues. A variety of comments were received around the theme of service delivery with increase in outreach and specific types of support around HPV awareness, Psychosexual and mental health support being mentioned specifically.

Rurality issues were evident with the majority of comments around locality being with regards to Rutland.

Pharmacies fed back that EHC patients also ask about daily contraception, which can be brought over the counter however there were concerns that this may disadvantage those in areas of deprivation.

Q. When considering the whole sexual health offer, what services would you prioritise to best meet the needs of the LLR population?



There were a number of comments received around ensuring there is clinic time available for vulnerable complex and high-risk cases, and targeted outreach for the most vulnerable groups, with pharmacies requesting direct referral routes to the sexual health clinic. There were also comments received around increasing access to both STI testing and contraception in community settings, with consideration of utilising pathways already being accessed such as contraception availability in maternity or support via substance misuse services, alongside promotion of the CCard. There was also a theme of ensuring there is a good balance between online and clinic functions.

YP Workshop –

Responses were gathered from a focused group of thirteen young people aged 13 – 19. The questions posed to the group were amended slightly from the main stakeholder group questions to aid engagement and understanding from the group. As this was a small group and feedback was varied the feedback has been provided as comments rather than info charts.

Q. In your view what are the main goals for sexual health provision?

The young people had a varied response to this question with some feeling it was about education info and advice, some wanting support and others stating it was about awareness of STI's sexual health and reduction of unplanned pregnancies.

Q. What parts of the sexual health service that we currently have do you think are working well and why?

The responses indicated that young people have an awareness of the service via their education settings, with posters and toilet adverts being mentioned. C-Cards, social media, and clear easy to use website was included in responses as things that work well.

Q. What parts of existing sexual health services need development or changes and why?

The young people voiced their concerns around the PHSE, learning for life and personal development curriculum, which they didn't feel was joined up and not working together.

They were unsure of location of service and felt there should be service delivery in places they access such as schools, education settings, youth groups, and sports groups, with a link to sexual health information or signposting from the school website to the information they need.

They voiced the need to access to face to face appointments with availability everyday both in and out of schools hours. They also felt passes from the service should be provided if they needed to attend an appointment in class time.

Q. Are there any gaps in the current sexual health services?

The group touched on points raised previously with comments around being unsure of service location, the need for links to sexual health provider information on social media platforms (including Tik Tok) and via schools websites.

They raised the need for uncensored information and wanting people to talk to who they are familiar with such as youth workers, LSA/teaching assistants, specialist counsellors, friends.

Summary

Overall, the feedback indicates good access is a priority for both physical and online service provision. This includes community access points, with a call to access services via community settings/services that are already being utilised by individuals.

General awareness around the service offer needs improving, to ensure people know what the service offers and where they can access support. The need for education and awareness through targeted outreach to reduce stigma or discrimination both for specific groups and in general to encourage utilisation was also apparent.