

Tees Valley Public Health Shared Service (TVPHSS) Redheugh House Thornaby Place Thornaby Stockton-on-Tees TS17 6SG

Tel: (01642) 745183

Monday 14<sup>th</sup> September 2015

Dear Toni

## <u>Healthwatch Independent Survey on Access to</u> <u>Sexual Health Services in Middlesbrough</u>

Thank you for sharing the findings from your recent independent survey on access to sexual health services in Middlesbrough together with your recommendations.

The findings mirror the findings from both the recent Teeswide public and stakeholder consultation undertaken by NWA Social and Market Research Ltd and from current service user patient satisfaction scores with regards to:

- levels of general satisfaction of the service
- the professionalism and support received from the staff

## Section 2.1 - (Background and Rationale)

Please note that the current service has been extended and a new contract will commence on 1 July 2016 following a competitive procurement process.

## Section 4.2 Regional Refugee Forum North East Focus Group

There was a comment made in the report that the '...current AIDS/HIV service is not suitable for the African communities currently in Stockton and Middlesbrough. They felt that the current service is aimed more at the homosexual communities and this stops them accessing the help they need. One of their concerns was as Aids is a problem in their country this could become a problem here if this is not addressed with appropriate support.'

This will be fed back to the sexual health provider but there will be an expectation that the service will ask for more evidence to back up this statement.



The report highlighted 4 recommendations which were:

- 1. As the majority of the people spoken to found out about current services via their college or from the Life Store this is obviously missing a large part of the population. We recommend Public Health and the providers be more joined up with the possible introduction of a Joint Communication Strategy to look at new innovative ways of publicising services. Most people we talked to were unaware of the service. In particular face to face awareness raising with community leaders. It is not known if this currently forms part of the contract. It is suggested that ensuring new audiences are reached forms an integral part of any new contract; this may result in a greater uptake of services.
- 2. Further investigation be carried out by Public Health Middlesbrough and Tees Valley Public Health Shared Service as to suitable location, suggestions cited were in the shopping centre and near Middlesbrough College.
- 3. An education programme be introduced between Public Health Middlesbrough and community leaders around the use of contraception, female genital mutilation and school education. Healthwatch Middlesbrough would be happy to act as a conduit for this work.
- 4. Public Health work alongside the education system to ensure appropriate education is offered to Asylum Seeker and Refugee children ensuring parents are involved and a "mop up" session offered to those children missing the sexual education sessions.

In response to the recommendations:

We will ensure that the new service provider will deliver services aligned to demographic data and the best available evidence on need and demand for sexual health services. This will enable the service to target those currently not accessing sexual health services and / or those who are at greatest risk whilst making the most efficient use of available resources.

As part of the sexual health service re-procurement the TVPHSS will be expecting potential bidders to demonstrate and evidence how they will reach into those communities that are traditionally more difficult to engage with and work with and we will be looking for the provider to demonstrate innovative ways of communicating services.

The new service will be delivered from geographically accessible venues for those using public transport, by car or on foot. They should be suitable for wheelchair access and those who may need to bring young children in pushchairs. Specialist Hubs should ideally be centrally located. Location of



spoke and outreach clinics must consider ease of access for those of highest need, geographical isolation or at greatest risk. We will be using feedback from the recent Teeswide consultation as well as current utilisation data available to help inform that decision.

The new service provider will continually monitor clinic utilisation and consider changes in the estate to generate improvements in access as part of an effective estates strategy.

There will also be an expectation that the new service provider will be a champion for health promotion and have a public health focus and we will be expecting them to support the Sex and Relationships Education (SRE) offer within schools by working in partnership with the school nursing service.

Currently, the TVPHSS are working with provider to develop and improve their website to make it more user-friendly. We will also be identifying that the new service provider fully resources the marketing and promotion of sexual health services.

Regards

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