



# Healthwatch Public Engagement Summary: Sexual Health

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## 1. Introduction

### What is Healthwatch?

Healthwatch Stockton-on-Tees is a patient and service user voice organisation. We listen to people's experiences and views of local health and social care services. We use this information to influence how services are planned and delivered in the future to make sure they meet the needs of those people using them.

Healthwatch Stockton-on-Tees is an independent organisation steered by a Board of volunteers. Healthwatch is commissioned by the Local Authority and accountable to the public.

Healthwatch has statutory powers:

- A statutory seat on the Health and Wellbeing Board.
- The statutory right to be listened to. Providers and commissioners must respond to us within 20 days of submissions of requests for information or reports.
- The statutory power to Enter & View health and social care services.

## 2. Background to the Report

As part of the local Healthwatch public engagement strategy, Healthwatch Stockton-on-Tees gathered intelligence which suggested that the delivery of sexual health services in Stockton-on-Tees may be inconsistent. This information was elicited in late 2014 by general engagement methods where we listened to people who use sexual health services, their relatives and staff.

People told Healthwatch:

- Young people were not always aware of how to access sexual health services.
- Sexual health services are not always delivered in a culturally appropriate way.

It was therefore decided by the Healthwatch Stockton-on-Tees Board that this subject should be further investigated in order for Healthwatch to make recommendations to commissioners to improve the service user experience.

The Public Health Shared Service in Teesside embarked on a review of sexual health services to support the re-commissioning process. It was therefore agreed that Healthwatch Stockton-on-Tees would gather more in depth feedback from people using sexual health services in the Borough and the resultant report will influence the commissioning process.

### 3. Aims and Outcomes

As part of this investigation, Healthwatch Stockton-on-Tees aims to gather the views of people using sexual health services as to what is working and what could be improved in the current provision. The investigation also aims to ascertain from people how a future service could better suit their needs.

- Listen to the views of people who use local sexual health services, highlighting positives, negatives and possible gaps in service.
- Support people to tell us how they would like services to be delivered in the future to better suit their needs.
- Specifically listen to under-represented groups- young people and the asylum seeker and refugee communities.
- Collect qualitative intelligence gathered from focus group sessions in which people are supported to give full and precise comments about how they see the service being delivered in the future.
- Collate findings to influence future commissioning.

### 4. Methodology

Healthwatch took a variety of approaches to gathering intelligence from the community. The engagement team listened to people in a number of different targeted settings as well as embedding the issue into our general data collection mechanisms. This ensured that the investigation took into account experiences and views of people from a general population perspective as well as from those in the targeted community groups.

Targeted sessions were designed to support people to evaluate their experiences of using the current services. People told us what worked, where there were problems and if there were any gaps in the service. People were then encouraged to envisage and describe sexual health services that better suits their needs. People were asked to focus on the delivery elements such as accessibility and privacy.

Targeted groups we listened to:

RAID TV- Raising Awareness in Darlington and Tees Valley  
Saint Patricks Refugee Group  
Regional Refugee Forum  
Stockton Riverside College Health and Social Care Students

Sessions where engagement was embedded:

Catalyst Conference Workshop  
Stockton Riverside College Wellbeing Events  
Healthwatch Spring Forward Event  
Facebook

Twitter

A call for intelligence was issued through our Healthwatch network

Healthwatch have also met with the commissioned consultation provider to suggest areas where deeper engagement could be carried out as well as to ensure that any engagement avoids duplication and adds value to the overall picture.

**Who did we listen to?**

Refugees and Asylum Seekers	56
Young People	48

## 5. Findings

### 5.1 General findings

When questioned, people seemed to be generally satisfied with sexual health services they used. This was particularly in relation to the standard of advice and support they received from health professionals.

Many people did not wish to comment on their own experiences or stated that they did not use the services. There was a degree of stigma and embarrassment when people talked about their experiences and many people talked about a 'friend's' experience. This could highlight that sexual health is not talked about openly enough.

### 5.2 Awareness of Services

Many of the people we spoke to commented that they were not aware of the range of sexual health services available to them. Young people in particular appeared to have an inconsistent awareness of services. Some young people had a thorough understanding of when and where they could access sexual health services. It was explained that this information had been provided by staff at school; young people did not indicate that this information had been given by the providers of services. The quality, quantity and range of awareness seemed to differ depending upon which school the young person attended. Variation ranged from a full depth of awareness reported by young people from some schools, to zero awareness reported by young people who had attended some faith schools.

Healthwatch acknowledges that the service provider is not responsible for providing information about sexual health services within schools, however it was felt that the inconsistency in experience noted by young people was important to document.

The refugee and asylum seeker community commented that additional methods may be useful in reinforcing sexual health messages. When a person is new to the country, they often receive a great deal of information about different aspects of their health and wellbeing in a short period (usually during their first appointment with a GP practice). People said that although very useful, this can sometimes be rather intense which can dilute understanding of the messages. For some asylum seekers, this will be the first time they have had the option to access sexual health services and there are often significant cultural barriers around sexual health. For these reasons it was thought that providing additional sexual health messages could be beneficial for this community.

People made the following comments as to how they would like to be made aware of future sexual health services.

For young People:

- There are benefits to being given general information face to face in larger groups in order to maintain anonymity.
- A committed member of staff available to answer questions on a 1:1, confidential basis.
- Provider delivery of sexual health accessibility information.
- A good quality, user friendly website that people can use privately.
- A social media presence would increase people's awareness of services available and support accessibility.
- Consistent messages regardless of school attended.

For the asylum seeker community:

- Reinforcing messages about accessibility should be carried out regularly particularly in the asylum seeker and refugee community.
- Sexual health information to be available in a range of accessible formats such as different languages.

### **5.3 Access to services**

People told Healthwatch that ease of access to sexual health services is key to ensuring people's needs are met. The location of the service and opening times were highlighted as the important factors for people being able to access services in a convenient way.

Some services operate on a weekly basis during office hours which cause access difficulties for working people and those young people in education. One young person told Healthwatch that she 'had to take a morning off college to get the injection as they only do it on a Friday morning. My tutor was not impressed with me'. This impacts on people's likelihood of accessing the service and people may therefore be more likely to take risks.

#### **Opening times**

People told Healthwatch that they would like to see services delivered out of hours in order to access them more conveniently. Suggestions made included-

- Open until 6pm
- Services available outside of working and college hours
- Able to access sexual health services at a pharmacist

### **Location of Services**

People told Healthwatch that services should be delivered from convenient locations which do not require excessive travel and therefore expense.

Suggestions included:

- You should be able to get to a service within one bus ride
- There needs to be a service in Eaglescliffe and Yarm

### **Who should deliver the service**

Healthwatch were told that people felt sexual health is complicated and important. Many people, young people in particular, stated that they felt more comfortable being given sexual health advice by a clinician such as a GP, nurse or pharmacist. Focus groups told us that they were less likely to be confident in advice given in community settings from non-clinicians.

People in the asylum seeker and refugee communities highlight that delivering sexual health messages and giving advice is a sensitive issue within their communities. They felt that services should be delivered female to female and the subject raised in a private setting possibly during a GP appointment for example.

## **5.4 Confidentiality and anonymity**

The importance of confidentiality and anonymity was emphasised by all the groups Healthwatch listened to. People felt more likely to access services when they found them discreet in delivery. Where people felt they would be identifiable as accessing a sexual health service, they were less likely to access.

For example, some young people commented that they were uncomfortable about accessing screening for chlamydia when at College. 'People can see what you're doing and it's embarrassing'. In the refugee and asylum seeker community, confidentiality was thought to be vital due to the sensitivity around sexual health in some cultures. 'Women should be supported to access services safely and anonymously'.

People suggested that:

- Sexual Health services should be embedded in locations where other services are delivered in order that people were not easily identifiable as accessing support with sexual health.
- Signage to services should be discreet or removed altogether.

- Ensure that service delivery providers have an awareness of cultural issues and the impact they may have on access and delivery requirements.

## 5.6 Culturally appropriate awareness

### HIV screening

Healthwatch were told that there are some potential issues concerning access to HIV screening for people from the refugee and asylum seeker population. Screening is currently delivered by an organisation who also deliver Lesbian Gay Bisexual and Transgender (LGBT) projects. Some people told us that they found access problematic due to cultural sensitivity. This seemed to be the case for some people in the African community where there is sometimes stigma about LGBT issues and therefore people are reluctant to access screening. While it is acknowledged that people are able to access screening for HIV in a number of venues in Stockton-on-Tees, Healthwatch do feel that the issues raised during our engagement should be recorded.

People told Healthwatch that a range of delivery locations and methods would enable and encourage people from the African community to access HIV screening.

### Delivery of public health messages

The refugee and asylum seeker population highlighted a need for the delivery of public health messages to be steered by cultural understanding. For example, when people are new to the country they are often unaware of the need for sexual health screening as it may not have been promoted in their home country. It is therefore necessary for the concept of screening to be explained before people are likely to access.

People suggested that it would be beneficial to involve local community leaders in the education/ awareness process.

## 6. Recommendations

- 6.1 It is recommended that the Public Health Shared Service explore current delivery of HIV screening for the African asylum seeker and refugee community to ensure a range of delivery locations and methods are offered in order to promote uptake of screening within this group.

Healthwatch would also recommend that this issue is taken into account when designing the new service specification.

- 6.2 It is recommended that a new service specification should prescribe that providers ensure awareness of services via a variety of methods to ensure effective communication with people from all backgrounds.
- 6.3 Healthwatch Stockton-on-Tees would recommend that ease of access to services for the public should be considered as part of the new service specification.
- 6.4 It is recommended that the new service specification requires providers to communicate with communities in a culturally appropriate fashion.
- 6.5 Healthwatch Stockton-on-Tees will ensure that Healthwatch England are made aware of the inconsistency reported in young people's experience of being given sexual health messages during their schooling. HWE may then wish to raise this at a national level.

## 7. Thanks

Healthwatch Stockton-on-Tees would like to thank all staff, service users and groups who contributed to this report.

## 8. Further Information

For further information about this report or if you would like to be involved in future Healthwatch work, please contact:

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