

Workshop

North Somerset Council Health and Care Public Health team facilitated a workshop on 9th June 2023 to engage with local stakeholders on the recommissioning of the BNSSG Integrated Sexual Health services and the initial proposed model of delivery.

We invited stakeholders from a broad range of organisations with many attending, including local representatives of Unity our current service provider, Sirona, Children's services, Eddystone Trust, our Elected Member, Primary Care, Home education community, Substance advice services, UK Health Security Agency, and Bristol City Council.

We presented information on the National and regional context, current local sexual health service provision, North Somerset data and findings from the BNSSG sexual health needs assessment, and the draft service model/s. Links to sustainability and climate agenda were also highlighted.

We asked attendees to participate in tabletop exercises designed to elicit their views and seek suggestions to inform our integrated commissioning plan going forward.

Comments from tabletop exercises

Question: What is missing on our current system map?

Answers:

- Citizen advice bureau/hub type initiative missing?
- Missing formalised pathways into drug and alcohol services.
- Probation/prisons/children and youth offending team.
- Sexual health services in SEND.
- NEET young people / Home educated.
- Inconsistency to services based on geography, rural access.
- STI testing / Condom vending machines.
- Early help.
- Menopause support.
- Safeguarding services.
- Continuum of need.
- Further and higher education settings and how we work with colleges.

Question: Are there surprises from the data shared today?

Answers:

- Missing data on marginalised groups.
- Where are our increased numbers of students registering?

- Surprise around high levels of Sexually Transmitted Infections and repeat termination of pregnancy.
- More detail for all areas in North Somerset needed, could we break down further by ward or by even lower level e.g., MSOA / LSOA to show communities we recognise?
- What more can we do to understand from public health nursing services?
- How do we prioritise with lots of challenge areas?
- HIV testing, concern about late diagnosis – how to improve?
- System wide approach, who leads on what?
- Opportunities for co-production, not in silos.

Questions: Are there any gaps in our engagement plan, and what are the best methods to engage people in this proposal?

Answers

- **Groups:** Parents and carers, broad spectrum of students, not in education young people, Teachers, SEND leads, Head teachers, PHSE leads, Safeguarding leads, young farmers, Youth groups such as scouts, older adults, Childrens services, Barnardo's, SEND & You, faith groups.
- **Methods:** South-west skills campus, hospitals, QR codes on toilet doors, Sex on premises venues, Barbers, Gyms, VANS, NS Together, Town & Parish Councils, YMCA, Employers as access points, MAVIS bus, Creative arts approaches, children and family hubs - could Castle-batch be a location?

Question: What are your thoughts on the proposed model?

Answers

- **Digital:** Concerns around possible digital exclusion due to digital poverty (network reach or device) and barriers to services and information that exist with “firewalls” in school/employment settings. Some feedback that the proportion of digital activity seemed too high (50%).
- **Risk of market failure:** There are not lots of providers. Is this model deliverable? potential of service fragmentation through “lots”.
- **Integration:** Check all the clinical pathways link to others too.
- **Community:** Could there be other ways to share knowledge through community networks?
- **Workforce challenge:** Could existing professionals be upskilled to be able to signpost when people are known to services.
- **Service demand:** Knowing there are increasing demands and population growth, will there continue to be difficulty accessing services for our local people? Do consultations give enough time?
- **Equality Diversity and Inclusion:** Map the model to vulnerable or poorly served groups - will this model serve them better? E.g., Bangladeshi & Eastern European migrant workers.
- **Opportunities:** Could there be an opportunity to help young people navigate services through an education “exit” interview with school nurses.
- **Feedback:** The condom provision for homosexual community is good, is there a similar access available for heterosexual community?

Summary and next steps

There was good energy and engagement in the room, with stakeholders understanding the importance of good Sexual Health Services for our local population. The feedback received

from stakeholders was informative and insightful. Contributions from stakeholders are appreciated by the NSC Public health team and wider collaborative commissioning group.

All feedback received will be shared with the Collaborative Commissioning Team to inform on the wider commissioning activity. With a focus on the needs of the North Somerset population, the feedback from this event will be used to inform and influence our consultation plans for the consultation process. We have had several offers from stakeholders to help with future engagement into their services and networks which will be utilised for this purpose. Further, pre-consultation engagement will be conducted with the two Locality Partnerships in North Somerset.

Feedback on the gaps in service delivery will be used to inform on the scope of the recommissioning and to identify opportunities for further integration.

Feedback on population health needs will be used to inform future needs assessment processes, the development of recommendations and future strategic action plans. In the immediate term elements of this data and feedback will be used in conversations with Public Health Nursing services to reset joint objectives.

Responses and insight to the proposed service model will be shared with the Collaborative Commissioning Team to be embedded into the development of the service specification and procurement and tendering processes.

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