

Appendix 5 – Sexual Health Strategy Consultation: ‘You said, we did’

Area	You said	We did
Language	Issues were raised around the expression unwanted pregnancies.	Changed the term ‘unwanted pregnancies’ to ‘unplanned pregnancies.’
	Feedback was that building resilience may not be the most suitable name for the theme and may be stigmatising.	Changed the name of Theme 3 from ‘Building Resilience’ to ‘Healthy Sexual Behaviours’
Key themes	Older people were identified as a possible gap throughout the strategy.	We added ‘Older Adults’ as a priority group under Theme 1.
Priority Groups	Challenges in providing the service to the homeless should be addressed by reviewing outreach and multi-disciplinary working.	Added this into the Action Plan in theme 1, around homeless people and rough sleepers being a priority group.
	Better integration of sexually transmitted infection (STI) and contraceptive advice as an important aspect of prioritising women who may be at risk.	Added this as a key aim and outcome under theme 1.
Reducing rates of STIs	Accessible, walk-in clinic 7-days a week are essential.	7-days a week may not be feasible, but we have included in the Action Plan ‘To introduce accessible walk-in clinics, including out of hours service.’
	Opportunistic sexual health screening and uptake of PrEP could be increased if practitioners knowledge of the motivation of different client groups is increased.	Adding to the Action Plan under theme 2: ‘Build on practitioners’ knowledge of the motivation of different client groups (e.g. gay men, trans people and those with gender dysphoria) for attending clinic to increase opportunistic sexual health screening and uptake of PrEP’
Reducing unplanned pregnancies	This requires removing barriers to accessing pregnancy tests.	An aim and outcome was added of removing barriers to accessing pregnancy tests.
	Increasing access to long-acting reversible contraception (LARC) and emergency contraception with guaranteed confidentiality.	In the action plan we adding an action surrounding providing guaranteed confidentiality for those accessing contraception.
Building resilience	Relationships and Sex Education (RSE) is essential and could also combat the unwanted? norms of abuse in relationships	We have added to the action plan to utilise RSE as an essential tool to educate on healthy and consensual relationships.
	Important is specialist support for schools and colleges and the use of appropriate and novel media, such as social media sites and billboard on buses/bus shelters.	We have adding the action plan using enhance the use of appropriate and novel media.
Children and young people	Services and pathways tailored to the needs of vulnerable groups (i.e., under 13s, young sexual assault victims, children in care, or foster homes).	This has been identified as a priority in the Action Plan.

	<p>Clinics in Schools, such as lunchtime drop-in clinics achieved through collaboration with schools, school nurses and pastoral teams is a potential solution for young people unable to attend standard clinics and could provide safe spaces for identifying safeguarding issues.</p>	<p>We have included in the action plan, actions surrounding developing safe spaces/locations in schools and other community spaces where young people can discuss any concerns.</p>
	<p>Concerns around the development of an under 13s service. This related to the view that sexual health services are for the population that are legally able to consent to sexual activity. It was felt that support to underage children should clinically fall to Paediatric services. It was also fed back that this would trigger safeguarding alerts that need to be reported to the correct safeguarding agencies.</p>	<p>We have changed this action to develop an age-appropriate pathway for this group with all relevant stakeholders e.g., police, safeguarding teams, mental health support.</p>