

Big Conversation - Emerging Themes

**What matters to the people of
Hartlepool?**

Introduction

This report sets out the emerging themes from the Big Conversation and brings together the responses received to all questions across the different elements of the exercise including:

- public survey
- postcards
- face to face discussions
- annual business survey

During the analysis of the Big Conversation all “free-text” comments were tagged with key words and phrases from the text. These were then collated to identify emerging themes. This report sets out the most popular themes, and includes a selection of comments to illustrate these, to help build a picture of the key things that matter to the people of Hartlepool in 2024.

Due to the range of responses shared in the Big Conversation the comments made in each of the following themes include both positive and negative views. While some are just comments others provide ideas, suggestions, challenges or questions for the Council.

The intention of presenting the findings in this way is to enable the Council to look into these themes at a service level and respond to what people have told us.

Summary of Emerging Themes:

Emerging Theme	Tags included	Total number of tags
Heritage and natural assets (page 9)	<ul style="list-style-type: none"> • “Landscape and heritage”, “maintain and promote heritage” = 18 tagged comments • “History” = 72 tagged comments • “Museums”, “National Museum of the Royal Navy” = 20 tagged comments • “Arts and culture”, “Art Gallery” = 10 tagged comments • “Countryside”, “nature”, “Summerhill” = 79 tagged comments • “Coast”, “beach”, “seaside” = 442 tagged comments 	641
Cleanliness of the town (page 11)	<ul style="list-style-type: none"> • “Clean the town”, “litter / street cleaning”, “clean environment”, “green, clean and safe” = 349 tagged comments • “Improve access to the recycling centre” = 36 tagged comments • “More enforcement needed”, “action on litter”, “action on dog fouling” = 117 tagged comments 	502
Crime and anti-social behaviour (page 14)	<ul style="list-style-type: none"> • “Crime and anti-social behaviour”, “feel unsafe”, “community safety”, “safe places to walk” = 475 tagged comments 	475
Business, jobs and prosperity (page 17)	<ul style="list-style-type: none"> • “Support for business”, “good for business”, “support local businesses”, “better support for start-ups and small businesses”, “attract new businesses”, “incentives for business” = 77 tagged comments • “Jobs”, “good jobs”, “increase job opportunities”, “better quality jobs” = 256 tagged comments • “Raise aspirations” = 5 tagged comments 	338

Emerging Theme	Tags included	Total number of tags
Transport and getting about (page 20)	<ul style="list-style-type: none"> “Transport”, “transport and getting about”, “better transport links”, “improve public transport” = 313 tagged comments 	313
Access to health services (page 23)	<ul style="list-style-type: none"> “Improve access to GPs and dentists”, “better / easier access to health services”, “better mental health services” = 146 tagged comments “Bring back hospital services” = 149 tagged comments 	295
Shopping / retail facilities (page 25)	<ul style="list-style-type: none"> “Shopping”, “better shopping / retail facilities”, “Middleton Grange Shopping Centre”, “run down shopping centre” = 284 tagged comments 	284
Regeneration (page 26)	<ul style="list-style-type: none"> “Regeneration”, “regeneration of run down areas”, “stop regeneration” = 132 “Derelict”, “action on derelict buildings”, “improve derelict buildings”, “empty”, “empty homes”, “empty shops”, “empty town centre” = 126 	258
Sport and leisure activities and facilities (page 28)	<ul style="list-style-type: none"> “Better leisure facilities”, “leisure centre”, “new leisure centre opening”, “greater range of leisure activities”, “Sportability”, “sports scene” = 241 tagged comments 	241
Strong sense of community (page 31)	<ul style="list-style-type: none"> “Community”, “community support”, “community action”, “community engagement”, “community development” = 219 tagged comments 	219

Emerging Theme	Tags included	Total number of tags
Housing (page 33)	<ul style="list-style-type: none"> • “Housing”, “better quality housing”, “improve housing”, “better social housing”, “improved housing”, “increase affordable housing”, “housing needs”, “social housing” = 158 tagged comments • “Better amenities for new housing development” = 19 tagged comments • “Tackle problem landlords / tenants”, “improve landlords” = 34 tagged comments 	211
Poverty and inequality (page 35)	<ul style="list-style-type: none"> • “Reduce poverty”, “inequality”, “reduce inequalities” = 58 tagged comments • “Healthy lives”, “healthy diets”, “affordable healthy food” = 90 tagged comments • “Help with budgeting and managing money”, “cost of living crisis” = 18 tagged comments • “Bungalows and accessible housing” = 11 tagged comments • “Warm homes”, “warm hubs” = 21 tagged comments 	198
Outdoor areas and green spaces (page 39)	<ul style="list-style-type: none"> • Parks”, “open spaces”, “green spaces”, “access to quality green spaces” = 174 tagged comments • “Protect green belt” = 23 tagged comments 	197
Festivals and events (page 42)	<ul style="list-style-type: none"> • “Festivals and events” = 65 tagged comments • “Tall Ships” = 31 tagged comments • “Things to do / attractions”, “More things to do” = 27 tagged comments 	123
Support and opportunities for young people (page 44)	<ul style="list-style-type: none"> • “More youth centres”, “support and opportunities for young people”, “listen to young people”, “youth clubs” = 99 tagged comments 	99

Emerging Theme	Tags included	Total number of tags
Town / civic pride (page 47)	<ul style="list-style-type: none"> “Town / civic pride”, “promote sense of pride”, “residents to take more pride” = 97 tagged comments 	97
Diversity and welcoming people from different backgrounds (page 48)	<ul style="list-style-type: none"> “Diverse”, “diversity” = 18 “Racist”, “tackle racism”, “immigration”, “reduce immigrants” = 46 	64
Community Hubs (page 50)	<ul style="list-style-type: none"> “Community hubs”, “warm hub” = 56 tagged comments 	56
Strong Voluntary, Community and Social Enterprise (VCSE) sector (page 52)	<ul style="list-style-type: none"> “Volunteers”, “support local volunteers” = 33 tagged comments “Charities”, “Food Bank”, “Food Partnership” = 22 tagged comments 	55
Roads and footpaths (page 54)	<ul style="list-style-type: none"> “Improve roads, paths and street lighting”, “safer road crossings”, “better roads”, “busy roads”, “better pavements”, “traffic” = 53 tagged comments 	53
Disability, accessibility and inclusion (page 56)	<ul style="list-style-type: none"> “More disabled friendly”, “better support for disabled people”, “accessible”, “make services more accessible” = 50 tagged comments 	50

Emerging Theme	Tags included	Total number of tags
Potential (page 58)	<ul style="list-style-type: none"> • “Potential”, “lots of potential” - 43 tagged comments 	43
Location and size of town (page 59)	<ul style="list-style-type: none"> • “Location” = 20 tagged comments • “Size of town”, “small” = 17 tagged comments 	37

Heritage and natural assets

Respondents talked about a wide variety of heritage and natural assets in Hartlepool. Heritage assets specifically mentioned included the museums, art gallery, churches and the historic Headland. Other heritage comments were more general, such as referencing the history of the town or arts and culture.

“History marina headland gallery museum trincomalee beaches.” Survey respondent (what do you love about Hartlepool)

“Museum of Hartlepool, Art Galley & Cafe - amazing!! Libraries, History.” Postcard respondent (what do you love about Hartlepool)

“The focus on regeneration through culture and protection of Hartlepool's heritage.” Survey respondent (what is going well)

“Museums, Christchurch [art gallery]... Headland.” Survey respondent (what is going well)

Of the natural assets highlighted by respondents, by far the most commonly mentioned was the seaside (including references to coast, beaches, etc.). Others included Summerhill Country Park, and (more generally) the countryside, nice walks, green spaces and parks.

“The coastline is beautiful. We are very blessed” Postcard respondent (what do you love about Hartlepool)

“I love the museums and the libraries and also the parks and the coastline and beaches. It is also a great town for spectator sports with Hartlepool United and a number of rugby union teams.” Survey respondent (what do you love about Hartlepool)

“The access to lots of different types of nature areas, the coast, countryside and woodlands.” Survey respondent (what do you love about Hartlepool)

“Hartlepool is located in a beautiful place near both the countryside and the coast, and there is a lot of potential to enhance these spaces. The history of Hartlepool is something to be proud of.” Survey respondent (what do you love about Hartlepool)

Though some respondents felt we do not make enough of these heritage and natural assets.

“There are plenty places of interest in Hartlepool, but people need to be made more aware of this. We have the Headland, Seaton Carew, museums, art gallery, and so much more. Do we make the most of what we have?” Survey respondent (what do you love about Hartlepool)

“I love the coast Seaton, the Headland and Crimdon but I feel the best isn't being made of these places.” Postcard respondent (what do you love about Hartlepool)

Cleanliness of the town

Cleanliness of the town in general and streets, public places and green spaces in particular was a recurring concern throughout the Big Conversation. Many respondents expressed concerns and frustrations around levels of litter, dog foul, weeds and fly tipping.

“Tidy the place up, the amount of litter in all areas of the town is embarrassing.” Survey respondent (what would make Hartlepool a better place to live)

“Tidy the place up, it looks so run down. There are weeds growing through the pavements and roads everywhere. the streets are rubbish strewn and fly tipping is rife.” Survey respondent (what would make Hartlepool a better place to live)

Some respondents felt that these issues made Hartlepool look bad to tourists and investors; while some felt it prevented them making full use of public spaces.

“Being able to go to the park and not worry about glass and dog mess on the paths.” Survey respondent (what would help your health and wellbeing)

“Be nice to walk with kids without worrying one of my children is going to stand on a needle...” Survey respondent (what would help your health and wellbeing)

Other respondents blamed changes to refuse/recycling collections and difficulties accessing the recycling centre particularly around fly tipping.

“Review the appointment system and charges at the recycling centre - it's restrictive and may stop some of the fly tipping around the town... a number of charges only add to the fly tipping around the town.” Survey respondent (how can we work together to make a difference)

“Go back to the old no appointments system at the skips. Current appointment system is crazy and pointless. No wonder fly-tipping is on the increase.” Survey respondent (how can we work together to make a difference)

"The tip - Get rid of the booking system so people can just drive in and go when needed. Make accessing the tip for people with private vans accessible [sic] and low cost to reduce fly tipping!" Survey respondent (how can we work together to make a difference)

A number felt that lack of enforcement against littering, dog fouling and fly tipping meant that there was no deterrent; while others blamed residents' lack of respect/pride that meant they thought it was ok to make a mess.

"...If irresponsible dog walkers STOPPED their dog from defaecating [sic] on graves. If dog owners threw their dog bags in the bins or took it home rather than throw it in gardens or up trees or leave bags on fences or behind the dog bag bins. We need wardens!!!!..." Survey respondent (what would make Hartlepool a better place to live)

"The refuse/waste department are severely lacking when it comes to policing of fly tipping, prosecuting and preventative measures are completely lacking." Survey respondent (how can we work together to make a difference)

"Residents should come together and take pride in their own little spaces, keep them clean, dog dirt free." Survey respondent (how can we work together to make a difference)

"I think people should take more pride in the town and not litter, which is a big problem in keeping the streets clean." Survey respondent (how can we work together to make a difference)

Some respondents felt that volunteers were being relied on to cover cut-backs in council services and that this was unreasonable.

"There are [sic] no cleaning done in resident areas unless groups do this themselves, but if you work fulltime it is difficult to do this all the time. we reply [sic] on the residents to look after the areas they live in while the council looks after the public spaces, but is this the right way to do things? most residents feel that they pay enough in council tax that they should not do this. many are in rented accommodation that is in poor repair so its difficult for them to clean the streets when their own home is in the state it is." Survey respondent (how can we work together to make a difference)

“A cleaner, more tidy environment that is well maintained and cared for. It is ridiculous that community groups have to do litter picking when we pay our council tax to support this service.” Survey respondent (what would help your health and wellbeing)

Litter pickers and the Big Town Tidy Up group were second and third top consecutively in the list of people, groups or organisations that were identified as doing good things in the area.

Crime and anti-social behaviour

Crime and anti-social behaviour (ASB) were felt to be very bad across Hartlepool and not limited to any particular areas; though the Oxford Road 'ladder streets', Burbank Street area and the area of York Road around the shopping centre access ramp were all mentioned several times. Many respondents felt that drugs were the root of many of these problems, including crimes committed to fund buying drugs, drug dealing and violence. ASB relating to drugs was also mentioned by respondents including begging, noise nuisance and disturbances caused by people taking drugs.

"Dealing with anti-social behaviour within the town, from the youths that now seem to freely ride through the streets on motorbikes to people begging outside shops and in car parks around the town centre. Over the last 10 years the drop in policing / enforcement has been noticeable and will likely get worse with the reduced CCTV staffing proposed." Survey respondent (how can we work together to make a difference)

"...Anti social behaviour in and around Oxford Road area, drug dealing, off road bikes, rubbish, dog dirt etc." Survey respondent (what would improve your health and wellbeing)

"More police on the beat, people don't go out because their [sic] is drug dealing going on, and the town looks like a zombie apocalypse, so people stay home rather than going out in the fresh air." Survey respondent (what would improve your health and wellbeing)

"We need to tackle the drug problem. It is the root of most, if not virtually all the problems in Hartlepool e.g. unemployment, violence, poverty. Drugs are destroying the town, although drugs are a problem everywhere these days. Moving people around is not the solution. They moved people out of other parts of town into the Oxford Road ladder streets and now it is a no-go area." Face to face group response (what would make Hartlepool a better place to live)

"As a older person I tend to feel a frightened when I go out in the dark, or going passed large crowd of youngsters. Being approached to buy stolen items by people wanting to buy drugs. Houses in the area know to sell drugs." Survey respondent (why is this priority important to you)

Respondents also commented that there was a general feeling of lawlessness and an “anything goes” attitude from the criminals. Masked youths riding off road motorbikes were felt to be a particular problem. Lack of visible policing presence was also felt to be an issue.

“Peace of mind that I could go outside without risk of being injured or killed by some masked young law breaker on an off road motorbike or quadbike.” Survey respondent (what would improve your health and wellbeing)

“Cutting down on ASB, especially smoking Cannabis [sic] in our public areas, town and some streets, its getting to a point where these people just don't care.” Survey respondent (what would make Hartlepool a better place to live)

“We allow people to have no respect, walking around in pyjamas, swearing and aggressiveness on display especially when talking on mobile phones.” Survey respondent (how can we work together to make a difference)

“A visible police presence would also improve public perception and perhaps deter some very visible ASB in areas we all know are troublesome.” Survey respondent (what would make Hartlepool a better place to live)

“More needs to be done working with the police to early intervene and stop criminals from committing petty crime around the town, as despite it being a difficult to police nothing gets done to prosecute individuals and this leads to a strong awareness in the town that you can do what you want and get away with it e.g. stealing/vandalising.” Survey respondent (how can we work together to make a difference)

“Crime is on the rise so it would be nice to have a police force that was based in the town and wasn't run from Middlesbrough.” Survey respondent (what would make Hartlepool a better place to live)

Many respondents reported feeling fearful, forgotten by the police and powerless to do anything.

“Feeling safe to go out without fear of drug driven crime.” Survey respondent (what would improve your health and wellbeing)

"I don't feel safe walking many areas of Hartlepool and I definitely wouldn't walk with my child - I think the problem is too large and not enough police presence." Survey respondent (how can we work together to make a difference)

"It feels incredibly unsafe to walk around Hartlepool especially if it's dark or cold as you never know what to expect." Survey respondent (what would improve your health and wellbeing)

Many also reported feeling unsafe going about their business, particularly walking alone.

"I live near Summerhill and the Burn Valley but I never feel safe walking there alone. It is unpleasant walking around the streets and at this time of year it is too dark to walk safely as the street lights are so bad." Survey respondent (what would improve your health and wellbeing)

"Walking the dog so safe places where I can go by myself like the park and the beach, more police pcso about." Survey respondent (what would improve your health and wellbeing)

Business, jobs and prosperity

Respondents felt that more could be done to support for local businesses as well as to attract new businesses and investment to Hartlepool. They also wanted to see more support for start-ups and small businesses; along with more support and opportunities for local people to start their own businesses.

“Need to stop the disappearance of good quality shops and attract a wider range of shops including specialist shops like bookshops.” Survey respondent (why is that priority important to you)

“More job prospects with same wages offered in Middlesbrough. Improvements to shops and wasted factory spaces to allow businesses to have the opportunity to buy these and bring businesses.” Survey respondent (how can we work together to make a difference)

“I think it's about more investment. Leeds and other cities have a lot of private public building works happening. Need to attract some big business.” Survey respondent (how can we work together to make a difference)

“Better job opportunities - not just more jobs but better quality jobs that people want to do and are well paid for. The new industries springing up in the area are a perfect opportunity for this. Provide more support to small businesses and start-ups. A lot of young people are leaving to start businesses elsewhere, we should be encouraging them to stay and set up business here. This will also provide more opportunities for those young people who don't want to go on to further study after school to start a business instead.” Face to face group response (what would make Hartlepool a better place to live)

In terms of jobs, respondents highlighted a need to attract and retain talent within the town. Respondents said that there was a need, not just for more jobs but also better quality jobs with better pay and prospects for the future. They also said there was a need to create future work opportunities for young people. Commonly, respondents linked “good jobs” with improving the prosperity of the town as a whole through increased spending power boosting the local economy.

“More opportunities for people starting work in various professions and more reasons to keep young and talented people in the town. With this would hopefully come better shopping, leisure etc. to lose the tired feel of parts of the town.” Business survey respondent (5 years' time)

"I would also like to see a greater retention of young, skilled people choosing to remain in the town, and this will only be possible if it is a good place to live, which includes good leisure activities, good job opportunities, more modern infrastructure etc." Business survey respondent (5 years' time)

"I believe a growing economy creates more jobs for the residents of the town which could help tackle the benefit culture here. It could also entice more people to move to Hartlepool if they work here, which would help the property market. If more local residents are employed the more money they have to spend in the town which further helps the town's economy. I think this also benefits schools and social care as more spending and more people being paid equals more tax paid." Business survey respondent (5 years' time)

"If the economy is growing it means people are working, there are high skilled jobs that pay well and the town is growing together." Survey respondent (why is this priority important to you)

"Because I don't want to commute 1 hour one way daily because there are no good jobs in Hartlepool, I want to spend this time with my family." Survey respondent (why is this priority important to you)

A number of respondents spoke about the need to raise aspirations amongst the young people of Hartlepool.

"There are lots of training and job opportunities now compared to in the past but it is hard to get people to take these up. We need to change the culture. Some people still think being on benefits is better than getting a job. We need to work on building aspirations... We need to work to develop people's transferrable skills, now it is no good learning one job, they need to be equipped to go into any type of work. We also need to stop people leaving to take up work or training opportunities elsewhere as they don't come back... We need to make Hartlepool an attractive option for them to come back to." Face to face group response (what would make Hartlepool a better place to live)

"There is a lot of extreme poverty in Hartlepool and lack of opportunities for young people, a more diverse economy with a wide range of opportunities would assist in providing the attainment aspirations and address some of the poverty issues with greater access to employment." Survey respondent (why is this priority important to you)

“More industry jobs for young people. From education side we need to raise the standards and expectations of our students to work in these new industries and attend top universities. There are issues with the commissioning of places for our really vulnerable students ... as we need to make sure that they are getting the best deal and the best opportunities ensuring that they are meeting high life expectations to help break the cycle that these families and children are sometimes in.” Face to face group response (5 years' time)

Transport and getting about

Many respondents' comments referenced themes of transport and getting about. Comments regarding public transport were mixed with some saying that it was easy to get around the town and to other places like Newcastle and London by train. A number of respondents highlighted the recent improvements to the train station as being a boost to the town.

"Exciting projects for rejuvenating the town - the train station, new leisure centre." Business survey respondent (what's going well)

"Theres clearly some investment going on e.g. railway station." Business survey respondent (what's going well)

"I get the train to work in Newcastle every day and I am excited to see the works progressing at Hartlepool station." Survey respondent (what's going well)

"The teesflex [bus] is a valuable asset to the village would be sad to loose this lifeline." Survey respondent (what's going well)

However, others were critical of local public transport, particularly bus services. Criticisms include poor bus services, bus services being unreliable, infrequent and finishing too early.

"More bus routes more often for headland seaton residents. transport links to and from Hartlepool from other places more frequently and not to stop after 7pm." Survey respondent (what would make Hartlepool a better place to live)

"Deal with transport issues - for people coming in (connectivity) and for people moving around it - free parking (marina in particular), regular buses late night buses to Headland and Seaton." Survey respondent (5 years' time)

"Transport links aren't great when it comes to after 6pm. I am registered blind and the number 3 is what works best for me however this stops running at a certain time and doesn't run Sundays which is my day with the kids. It means attempting to get down to catcote road for other buses with a toddler which can be a bit of a nightmare. Also, only the number 36 tends to

say the stops out loud. But I guess these are all stagecoach issues.” Survey respondent (what would make Hartlepool a better place to live)

“The buses don’t run on schedule, I would like to solve this problem somehow.” Survey respondent (what would make Hartlepool a better place to live)

“For public transport to be made available for free or less than £2 a ticket, use of bikes and a general reduction of cars etc.” Survey respondent (what would make Hartlepool a better place to live)

“Better buses because places like Leeds, Manchester have electric buses.” Postcard respondent (what would make Hartlepool a better place to live)

A number of respondents highlighted improving sustainable travel options such as cycling facilities and electric car charging infrastructure as something they would like to see.

“...bike loans such as Barclays bikes to connect the marina to Seaton Carew Business survey respondent (is there anything missing from the priorities)

“...I’d also like to see something explicit about transport. Better train connectivity, better provision for cycling and micro-mobility such as e-scooters. Reduced dependence on car ownership & use.” Business survey respondent (is there anything missing from the priorities)

“We need cycle and pedestrian tracks. Going out to other towns and villages. To encourage cycling to work and pleasure.” Survey respondent (what would make Hartlepool a better place to live)

“A better transport plan needs putting in place that encourages walking/cycling, properly linking areas of the town, adding small green spaces with cycle storage. Implement more one way systems with integrated cycle paths and traffic calming measures, look at programmes to offer rewards for giving up parking spaces for community focused space (flower beds, play spaces, benches).” Survey respondent (how can we work together to make a difference)

Specifically, a significant number of respondents mentioned a lack of accessible or disabled-friendly transport options as being a major barrier to them living life in Hartlepool to the full.

“Cater more for disabled people i.e. more taxis or Dial A Ride. This was important in Hartlepool for a lot of people, not just throughout the day but mainly on a evening. A lot of people relied on the service and miss it when it stopped.” Survey respondent (how can we work together to make a difference)

“...ensure there are taxis offering driver support to people with mobility issues.” Survey respondent (how can we work together to make a difference)

“Better transport options for disabled residents. The wheelchair taxi service is particularly poor as there are not enough taxis.” Survey respondent (what would make Hartlepool a better place to live)

“My partner and myself cannot live a 'normal' life because of no access to WAV [wheelchair accessible vehicle] transport for us, examples like no social events, no parks/days out, no meals out, missing funerals, no evenings out (e.g. cinema) trouble accessing doctors, not being able to go shopping out of town (I wouldn't dare even try to go on a train to Newcastle/metro centre) because the 2 carriage old trains are outdated and not suitable (especially for wheelchair travellers). This causes an extreme detrimental affect to our health and wellbeing, it makes life so much more difficult than it should be. I also think that some specific help could be given to elderly/vulnerable/disabled in the form of support workers to help with decorating/gardening this could be offered at a discounted rate maybe? I believe that the council have many support workers for children's/family services but not enough for it's elderly/vulnerable. The current handyman service does not go far enough.” Survey respondent (what would improve your health and wellbeing)

Access to health services

Access to health services was felt to be a major issue by respondents. There was a high level of frustration expressed by many respondents around the difficulties in accessing GPs and NHS dentists. Many said that access to mental health services also needed to be improved.

“Having access to regular health appointments in hartlepool rather than having to travel to north tees or peterlee. Being able to get a GP appointment as and when required rather than having to try and predict an ailment three weeks in advance!”

Survey respondent (what would improve your health and wellbeing)

“Make it easier to get GP appointments. My GPs phone line is always engaged and in order to get a same day appointment you end up having to travel to the surgery to try and get an appointment.”

“If I was able to get a doctors appointment or a dentist appointment, even consults are hard to get now, even sexual health is near impossible to access since it was taken out of the one life.”

“Trying to get a GP's appointment nowadays is a farce. The NHS is on its knees and mental health support in the town and the wider area is woefully inadequate.”

“Better mental health services. A multi-agency one-stop-shop to deal with people with complex needs. Secondary mental health services need to improve.”

Face to face group response (what would make Hartlepool a better place to live)

Respondents also strongly felt the loss of Accident and Emergency services at the hospital with many considering the local hospital to be closed.

“A hospital in hartlepool North tees is not fit for purpose and costly to travel for residents.”

Survey respondent (what would improve your health and wellbeing)

“An A & E so I don't have to worry about an ambulance not making it to my elderly parents in time one day.” Survey respondent (what would improve your health and wellbeing)

“Bring back our hospital. I have received treatment as far afield as Northallerton in recent years, it is not acceptable.” Survey respondent (what would improve your health and wellbeing)

“Open the hospital, you closed it.” Survey respondent (what would improve your health and wellbeing)

“Open the hospital back up, instead of wasting money opening stupid one life centres, we have a big beautiful hospital just standing there, use that money to fix it up, staff it and get it back open” Survey respondent (how can we work together to make a difference)

Shopping / retail facilities

The need for improved shopping facilities was felt strongly by many respondents, including a desire for a greater range of shops, more big name stores and more independent businesses. Many of these comments focussed on Middleton Grange Shopping Centre (often referred to just as “the town centre”), but others commented on the retail parks and local shopping precincts. A number of comments suggested that the shopping centre needs to be made more of a “destination” to attract people in to use it.

“Definitely needs the town centre improved to encourage people to use it again.” Survey respondent (how can we work together to make a difference)

“...more shops are a NECESSITY. the town centre has shops for essentials but it here is a lack of decent clothes stores. maybe primark should be expanded as this is probably the towns most popular clothing store. There is a lot of empty space in the shopping centre.” Survey respondent (how can we work together to make a difference)

“Iv [sic] lived here 16 years..i love it here..but alway have noticed the poor shopping facilities in middleton grange. its not practical for retail shops to be spread out all over for people who dont drive...not everyone can go to sunderland middlesbrough or newcastle for decent shops. lower rates and rents til shops can get on their feet. you might keep them open longer.” Survey respondent (how can we work together to make a difference)

“More shops in the town so people actually feel like they want to shop in our town centre again and not like it is a ghost town. Have things in the town centre to make people want to go in or have community things going on in there.” Survey respondent (what would make Hartlepool a better place to live)

“Better range of shops in the town centre both large brands and local small business.” Survey respondent (what would make Hartlepool a better place to live)

“...The shopping centre also needs to be reduced in size and have a more exciting shopping experience.” Business survey respondent (is there anything missing from the priorities)

Regeneration

Regeneration projects were generally seen as providing benefits to the town.

“The redevelopment work that is attempting to bring about change, improve the economy and regenerate the town.” Survey respondent (what’s going well)

“The amount of money awarded in relation to levelling up etc is great and will help the make some much needed improvements.” Survey respondent (what’s going well)

“Some regeneration opportunities and the newly created film studios that are generating good new stories. Upgrading of the train station.” Business survey respondent (what’s going well)

“I think that the investment in the infrastructure around the Town Centre, Church Street and The Marina has made a difference and is going some way to making the town a nicer place to be...” Business survey respondent (what’s going well)

However, there was a view that much more needed to be done to regenerate run down areas of the town, particularly the town centre area.

“Town area needs regenerating, shops with shutters make it look like a war zone...” Survey respondent (what would make Hartlepool a better place to live)

“Bring empty homes back into use, use enforcement action against landlords that allow properties to fall into disrepair or who allow tenants to be a blight in a street. Redevelop streets in areas that have high numbers of empty homes that are basically rotting away.” Survey respondent (what would make Hartlepool a better place to live)

“Better variety of shops and leisure services in the town centre. Improvements to the areas immediately around the town centre (Raby Rd etc) as they do look very run down.” Survey respondent (what would make Hartlepool a better place to live)

Many respondents felt that tackling the empty and derelict buildings in the town should be a priority.

“Pull all the derelict buildings down, especially the Odeon, the old ambulance station. The list goes on. Church street, once expected to be a buzzing place is also full of derelict looking buildings.” Survey respondent (what would make Hartlepool a better place to live)

“Dealing with shady landlords leaving houses empty in the middle of run down communities. People living accommodation that’s too small. Run down areas be left behind. Tradition [sic] Shops in run down areas that have failed because of the amount of supermarkets. Stood empty & boarded up. As we move in to the online shopping era these shops have no future and we need a plan to demolish them and replace them with something that benefits the community’s [sic] who have suffers [sic] derelict buildings for a decade.” Survey respondent (what would make Hartlepool a better place to live)

“Derelict building fixed or demolished making way for high quality affordable homes.” Survey respondent (5 years’ time)

Some respondents commented that they felt that regeneration projects were often launched with a fanfare but then nothing seems to happen, leaving people wondering what has actually been achieved.

“A regeneration project that delivers an end goal. So many plans have been publicised (the ferris wheel on the marina) but many of these projects never see the light of day.” Survey respondent (5 years’ time)

Sports and leisure activities and facilities

The need for better facilities and a greater range of sport and leisure activities was highlighted by many respondents. Respondents commented that this would promote and enhance their health and wellbeing. Respondents said they wanted both formal sports and leisure activities, as well as informal self-led activities.

“...More activities (bowling, ice skating, swimming).” Survey respondent (what would make Hartlepool a better place to live)

“Better/modern sporting facilities with full size sports hall.” Survey respondent (what would make Hartlepool a better place to live)

“We need a better leisure offer. Mill House is dated and the facilities offered are poor. My child loves swimming and in particular slides and water activities. Sadly we have to travel to Stockton to access these facilities, when I would prefer to stay and spend money in Hartlepool.” Survey respondent (what would make Hartlepool a better place to live)

“Improve the parks and outdoor spaces and provide better access to improved leisure facilities.” Survey respondent (what would make Hartlepool a better place to live)

“Better faculties [sic] like liesure [sic] centre, and more cycling paths and walking routes, maybe outdoor gym equipment.” Survey respondent (what would improve your health and wellbeing)

“Organised walking groups much like Durham Council operate.” Survey respondent (what would improve your health and wellbeing)

“More and better access to classes and sessions at the swimming pool and sauna, and more emphasis on classes for older people.” Survey respondent (what would improve your health and wellbeing)

“Better leisure facilities. Millhouse is out dated, run down, disgusting and expensive. We need somewhere that has something for all the family much like billingham forum.” Survey respondent (what would improve your health and wellbeing)

“...increased leisure activities/facilities that you need to keep revisiting rather than a museum that you go to only once. Safer cycling routes as its scary having to cycle on the main roads.” Business survey respondent (5 years’ time)

Some of these activities requested already exist, which suggests that they could be better publicised. Several respondents also commented that they needed more leisure options which could be accessed on an evening or weekend.

“Late night opening of council ran facilities ie gym and swimming pool.” Survey respondent (what would improve your health and wellbeing)

“Provide further opportunities for wellbeing activities to take place on late afternoons/evenings for residents who work full time.” Survey respondent (what would improve your health and wellbeing)

“Feeling safe when visiting local parks etc. More activities/hobby opportunities made available on an evening/weekend.” Survey respondent (what would improve your health and wellbeing)

“I keep looking for evening classes or social activities where I could meet other people and get out of the house but everything in Hartlepool seems to stop at 5pm.” Survey respondent (what would improve your health and wellbeing)

A number of respondents requested more affordable leisure activities.

“Keeping active is one of the most important things for me personally. Gym membership can be expensive, not all people can afford them. More fitness classes at reasonable prices, on at times suitable to everyone.” Survey respondent (what would improve your health and wellbeing)

“Being able to enjoy my free time in healthy environments without having to pay large sums of money to enjoy a swim in a clean pool.” Survey respondent (what would improve your health and wellbeing)

“Discounted fees for sports clubs, activities, events.....for those that cannot afford but want to take part.” Survey respondent (what would improve your health and wellbeing)

There was also a degree of excitement around the new Highlight leisure centre opening; although there were some complaints about the length of time it is taking.

“New pool will be amazing.” Survey respondent (5 years’ time)

“A new leisure centre and swimming pool would encourage me to go more and get more exercise.” Survey respondent (what would improve your health and wellbeing)

“...The new leisure centre will hopefully make a difference too.” Survey respondent (what would make Hartlepool a better place to live)

“A world class leisure facility that will attract people from outside of the town into Hartlepool that will host events and draw people into the town.” Business survey respondent (5 years’ time)

“Let’s get the new swimming pool up and running ASAP.” Survey respondent (what would improve your health and wellbeing)

Strong sense of community

All the feedback received from the surveys, postcards and the face to face consultation sessions highlighted that the people of Hartlepool have a very strong sense of community. Comments received spoke about how people come together to help each other in times of adversity and how people had received emotional and practical support from others in the community.

“That we are a community where you will always get the help you need. Hartlepool has such loving people living here who go above and beyond to help.” Survey respondent (what do you love about Hartlepool?)

“How the residents in the town always strive to help others in their time of need.” Survey respondent (what do you love about Hartlepool?)

“The genuine people who love our town and go above and beyond to help when people are down on there [sic] luck” Survey respondent (what do you love about Hartlepool?)

“The people. Community spirit is second to none. There's always people willing to help someone in need.” Postcard respondent (what do you love about Hartlepool?)

“Community spirit. Northern, working class and proud. Cares for its most vulnerable” Postcard respondent (what do you love about Hartlepool?)

Linked to this sense of community, the comments also revealed that there is a strong sense of identity. This was most commonly expressed through the themes of home and family; although some felt that this community cohesion was declining and some expressed that some elements made other residents' lives a misery. This was primarily through crime and anti-social behaviour related to drugs, along with a general lack of respect for the town and consideration for others.

“Its home, I still feel a sense of belonging and warmth when returning from trips away - the first time you see Hartlepool on a signpost. The fact we are not a big city.” Survey respondent (what do you love about Hartlepool?)

"It's where I grew up, so when I come to Hartlepool I'm filled with memories of friends and family. I love the sea front, especially Seaton, the smell reminds me of home." Survey respondent (what do you love about Hartlepool?)

"I was born in Hartlepool, all my life and I am very happy with the place" Postcard respondent (what do you love about Hartlepool?)

"I spend 50% of my working life outside of Hartlepool but Hartlepool has always been my home and i have always loved returning whether from Mexico or Middlesbrough" Postcard respondent (what do you love about Hartlepool?)

Housing

As well as comments around the lack of quality, low-cost housing, many respondents also raised concerns about problem landlords (particularly “out of town” landlords) and tenants.

“Action also needs to be taken on private residential lettings. Far too often we are seeing investors from other parts of the country buying up houses but then not looking after them.” Survey respondent (how can we work together to make a difference)

“Take action on nuisance landlords who allow their buildings to stand empty for years to become eyesores of the town. Also private landlords who rent properties to undesirables who wreck streets and make them no go areas due to crime, drug dealing, partying etc.” Survey respondent (how can we work together to make a difference)

Respondents also raised concerns about the apparent rise in visible homelessness in Hartlepool. Though many of these comments were less than sympathetic, considering homeless people to be a nuisance which needed to be removed rather than as people who needed support. Many linked homelessness with drugs and begging, some were even sceptical as to whether people were genuinely homeless.

“Needs to be more affordable housing which is of a good quality - especially for those who are new to the area. We need to improve the quantity [of housing] as there seems to have been an increase in homelessness... There are issues with housing - the quality of some private landlords as well as derelict and burnt out houses.” Face to face group response (what would make Hartlepool a better place to live)

“Better help for the homeless is a must in my eyes. I feel they get left out a lot in this town and there is too much neglect going on.” Survey respondent (how can we work together to make a difference)

“Need to get the homeless people off the streets, stop them begging outside of the shopping centres etc.” Survey respondent (what would make Hartlepool a better place to live)

“People who sit at the bottom of ramp and homeless people have somewhere else to go rather than sitting at end of ramp and in car parks, i sometimes feel intimidated walking up the ramp.” Survey respondent (how can we work together to make a difference)

Respondents also commented that there were not enough amenities on the new-build estates.

“Stop building on out of town greenbelt land! No infrastructure being added eg schools, GP surgeries etc its criminal. The little infrastructure we have is 'creaking' under great stress now, so by adding to it is detrimental to the town.” Survey respondent (what would make Hartlepool a better place to live)

“Wynyard is a growing community with many houses built already and many will be built in the future as the[y] have been granted planning approval. Wynyard Hartlepool is not sustainanle [sic] as despite so much development we have absoulately [sic] no amenities.” Survey respondent (why is this priority important to you)

Poverty and inequality

Respondents raised many concerns around poverty levels. A significant number specifically spoke about worries around heating and keeping their homes warm.

“People often feel like they have little hope [or] opportunities are inaccessible for them which creates inequality and resentment.” Survey respondent (why is this priority important to you)

“Development of our community. need to improve poverty (widest sense) to help improve families who struggle to improve their own children's lives...” Survey respondent (what would make Hartlepool a better place to live)

“Help out the poorest in our community do you know a lot of people like my self are suffering in silence because they are to embarrassed to ask for help I have 3 children but only get money for two I have one meal a day so they can eat !!!!” Survey respondent (how can we work together to make a difference)

“My home is very old and poorly insulated - same for my neighbours who rent on a low income - I worry that they are always cold in winter.” Survey respondent (what would improve your health and wellbeing)

“Being able to put the heating on without having to worry about the cost.” Survey respondent (what would improve your health and wellbeing)

“I work full time, I am primary care giver for both my parents & struggle financially in the current climate to manage the upkeep of my home & to be able to afford heating. I don't have time for myself & this impacts on me mentally & physically...” Survey respondent (what would improve your health and wellbeing)

Some respondents commented that those on low-middle incomes were struggling because the help available was restricted to those already in receipt of benefits or by other means tests.

“We look after the vunerbale [sic] and those at risk well... there are many offering for those on free meals to do activities etc, but these are families who are far better off in some instances for disposable income than many parents of children whom

work full or part time. nothing is done to help these children and these are the ones we are now finding have some issues that cost a lot to manage.” Survey respondent (how can we work together to make a difference)

“More help for low paid workers. There's lots of free child activities for the unemployed but many low income households struggle!” Survey respondent (how can we work together to make a difference)

Respondents also made a number of references to various inequalities, particularly in respect of healthy diets and healthy lifestyles (or lack thereof).

“There are loads of takeaways throughout the town and it is often cheaper to have unhealthy food than healthy. More education about healthy food to children and families. There are a lot of very overweight people in our town.” Survey respondent (what would improve your health and wellbeing)

“Being able to afford to eat healthy food has I have a lot of health problems this is for me personally I just cant afford to eat healthy foods as they so expensive been on benifits [sic] I just cant do it and I know I need to do this because of my health issues but I also need to have my heating on as I feel cold terrible even on warm days I am always cold.” Survey respondent (what would improve your health and wellbeing)

“It's important we can eat healthy and work a job worth working that earns us money to save as well as do the things everyone else does. Equal pay for all no matter because the rich are too rich and the poor are too poor ATM [at the moment].” Survey respondent (why is this priority important to you)

Housing inequality was also commonly mentioned. Particularly respondents felt there was a need for more and better affordable and social housing. Some respondents felt that immigration put pressure on low-cost housing.

“More social housing run by council or housing association, not private landlords.” Survey respondent (how can we work together to make a difference)

"I am a 42 year old woman with a half decent salary, 28,500. cost of living has made it so I work to live, cannot afford to save a deposit for a mortgage. Council housing for a single person is despicable, there's all these lovely houses that are newly built people can apply to rent however as my daughter has recently left home I'm now only entitled to 1 bedroom housing and they're in awful areas. Also single people paying all the bills should get some kind of help. When will I be able to live somewhere nice in an area that isn't surrounded by riff raff and feel like I'm working hard and have created a nice home/life. I'm expected to be part of a couple to be able to afford that." Survey respondent (why is this priority important to you)

"There is lack of affordable housing makes it really hard for our young people to move out and live independently. Private landlords being allowed to charge extortionate rent for low quality rentals." Survey respondent (why is this priority important to you)

"Housing for our homeless ex service people." Survey respondent (how can we work together to make a difference)

"Think about the people who were actually born in Hartlepool who are struggling to get a council house and have to pay a fortune for private landlords." Survey respondent (what would make Hartlepool a better place to live)

"More affordable housing for local people, so Hartlepool doesn't lose [sic] its identity, through illegal immigration." Survey respondent (5 years' time)

Similarly, quite a lot of respondents requested more housing options for elderly and disabled people, including bungalows and adapted properties.

"Better access to pavements for wheelchairs. A bungalow so I didn't have to sleep on a reclining chair." Survey respondent (what would make Hartlepool a better place to live)

"Living in a warm and comfortable home with adaptive disability needs for OUR disabilities." Survey respondent (what would improve your health and wellbeing)

“...New houses seem to be the priority at the moment with estates extending more and more. What about the older generation? Trying to find a bungalow is impossible and none of the new developments offer bungalows as part of their estates. Affordable housing for over 60s needs to be a priority with the numbers in this age category rising...” Survey respondent (how can we work together to make a difference)

“I’ve been on housing list for a year now n had 1 bungalow that was suitable went to view n they took it off market as needed so many repairs ... only me n hubby residing at address now. cant get upstairs at all for both of. us bills r so high n we on pension credit and still had to fight tooth and nail to b allowed a 2 bed bungalow n like i say over a year n still nothing and u say we need to live healthy n prosper n b independent not in this town im afraid” Survey respondent (why is this priority important to you)

Some respondents put forward suggestions as to how some of these inequalities could be reduced. These commonly focussed on education, particularly around food (making healthy choices, learning how to cook, healthy food versus takeaways) and money (help with budgeting).

“Help to live successful lives – learn how to cook a meal, manage money. Need to learn these skills but from the right person. A lot of people are experiencing stress and poor mental health due to money worries but some of this could be helped quite easily if people had access to these kinds of life skills e.g. not understanding that takeaways and junk food are more expensive and less healthy than cooking for yourself and that this needn’t be difficult” Face to face group response (what would make Hartlepool a better place to live)

“The town has a crisis in obesity, drugs, vaping, heart disease...your public health team should already know what to target for the best improvements. Cut the number of takeaways for starters and do more educational work around healthy life choices. It will take years but you have to start somewhere.” Survey respondent (what would improve your health and wellbeing)

“...Let people who know about food help to teach the young generation to cook. You can live on low income if you understand how to cook. I can make meals that are nutritious with three ingredients. You do not need celeb cooks to teach...” Survey respondent (what would improve your health and wellbeing)

Outdoor areas and green spaces

The number and variety of outdoor areas was felt to be a positive.

“Access to outdoor spaces such as Summerhill, Rosemere [sic] and ward Jackson Parks, Hartlepool Marina.” Survey respondent (what do you love about Hartlepool)

“There are lots of green spaces and coastal areas to access around the town which are free of charge - we live in a beautiful place!” Survey respondent (what’s going well)

“Access to the outdoors and nature is going really well. The busy pages for the parks and the activities are great for kids to do! Lots of nature walks to plan and walks with the dog. Hartlepool has lots of offer in terms of parks and outside play areas. Some need updating in terms of play equipment for children, however when in nature you can always find alternatives with the family to play with and the busy pages are great for this.” Survey respondent (what’s going well)

The gardener who looks after all the bowling greens, memorial gardens and open spaces on the Headland also received special mention by several respondents.

“Bob, the Headland’s genius gardener.” Survey respondent (what’s going well)

Respondents also commented on the lack of maintenance (i.e. grass cutting, weeding) and parks and open spaces lacking facilities or where these were provided they were often in poor/worn out condition.

“...I love that we have access to a coast, woodland spaces and lots of parks. However most areas are run down, polluted and or inaccessible. No access to clean useable public toilets in those spaces...” Survey respondent (what’s going well)

“Improve the parks and outdoor spaces and provide better access to improved leisure facilities. The council need to take greater care of the nature and environment in which we live, protect the SSSI sites and nature reserves and encourage residents and visitors to do the same.” Survey respondent (what would make Hartlepool a better place to live)

“...Better kept streets I.e. cleaned more often of weeds and rubbish and green spaces also parks. Parks what [sic] actually have decent play equipment in...” Survey respondent (how can we work together to make a difference)

“Please fix the drainage in Seaton Carew Park so we can walk to school with out getting our feet wet. Age 10.” Postcard respondent (what would make Hartlepool a better place to live)

Respondents also spoke about parks and open spaces being dirty and unkempt (litter, dog foul and fly tipping).

“I'm disgusted at seeing mattresses, sofas, etc. on our green spaces... We need more playgrounds for children with better play equipment. There's practically nothing. It's disappointing.” Survey respondent (what would make Hartlepool a better place to live)

“Bring back LA [local authority] garden centres to bring some bloom back to the town and improve our parks they are awful...” Survey respondent (what would make Hartlepool a better place to live)

“Summerhill, nice place to go except the dog dirt. wj [Ward Jackson] park nice to walk around, except for dogs off the leads and kids pulling the place down...” Survey respondent (feedback on council services)

There were also concerns that green spaces were disappearing or under threat due to housebuilding.

“...Stop building more and more houses on green space. We are going to be built up to the border every village/town around soon while the areas closest to the centre are literally left to rot!...” Survey respondent (what would make Hartlepool a better place to live)

“There is a lot of housing developments going up atm [at the moment] & taking away lots of our green spaces, which is a shame. We need more nicer [sic] green open spaces, not houses!” Survey respondent (what would make Hartlepool a better place to live)

“Greater investment/protection of green spaces, trees and open land. You seem to be approving housing developments on every available plot of land.” Survey respondent (what would improve your health and wellbeing)

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Festivals and events

Festivals and events were generally felt to be positive by raising the profile of the town, giving people things to see and do and encouraging tourism. Respondents commented positively about the range of events and festivals taking place (particularly Tall Ships) and live music.

“...I love how it has grown over the years and can put on big events like the tall ships. I love that leisure and activities are becoming more inclusive and the choice is growing.” Survey respondent (what do you love about Hartlepool)

“Plenty to do with the kids without spending a fortune. Always local festivals & events on that we always go to - Tall Ships, Wintertide etc... Tall Ships was fantastic.” Survey respondent (what do you love about Hartlepool)

“...Free activities and events for people - creates a sense of culture” Survey respondent (what's going well)

“I think its good the events being held lately e.g. Wintertide Festival, Headland Carnival, Tall Ships.” Survey respondent (what's going well)

“...The new music events taking place at Seaton Reach are a fantastic opportunity to bring visitors to the town...” Survey respondent (what's going well)

“Events planned in the town during the summer. Need more things like the tall ships - brought masses of people to the town and an amazing jazz in the town! Proud to be from Hartlepool” Business survey respondent (what's going well)

In contrast, some respondents felt events were not advertised widely enough (especially the smaller ones). A small number felt they were a ‘waste of tax payers money’ suggesting more could be done to help residents appreciate these events are for them as much as for visitors.

“...There are a variety of events but finding information about them can be difficult.” Survey respondent (what's going well)

“The cultural revival - things like the Folk Festival and Wintertide Festival help to show off the best of the town. I think though the latter could stand to be better organised and more advertised.” Postcard respondent (what's going well)

“Advertising events. I went to St. Hilda's Christmas Fair but had no idea the Borough Hall Fair was on. Why was it not in the free paper?” Survey respondent (what would make Hartlepool a better place to live)

“...not wasting money on projects (festivals etc) that have low attendance and very little positive impact on the town.” Survey respondent (working together to make a difference).

Support and opportunities for young people

Many respondents spoke about the need to provide more support and opportunities for young people. These included comments around education, work and social activities. Lots of people felt that anti-social behaviour issues would be reduced if there were more activities for young people to get involved with.

“Investment in children. Facilities, spaces, clubs - less anti social behaviour if children are given more oppourtunities [sic] which will lead to better choices in the community and better life chances.” Survey respondent (what would make Hartlepool a better place to live)

“There isn’t much for teenagers to do, you haven’t got any places for them to go and then you get large groups that are probably not doing anything but it is intimidating to walk past them.” Survey respondent (5 years’ time)

“More things for teens at night instead of hanging around the streets.” Postcard respondent (what would make Hartlepool a better place to live)

“...younger people are struggling to do things without support – accessing services etc. This makes them vulnerable to other things such as drugs, alcohol, violence etc. [It is] Life limiting living in those conditions... how to properly help them, getting them out and about and meeting people?” Face to face group response (what would make Hartlepool a better place to live)

“Places for our younger people to go and engage with things that they are interested in that are free or low cost.” Survey respondent ((what would make Hartlepool a better place to live)

Many respondents were concerned that many young people were leaving for study or work and not returning.

“I would also like to see a greater retention of young, skilled people choosing to remain in the town, and this will only be possible if it is a good place to live, which includes good leisure activities, good job opportunities, more modern infrastructure etc.” Business survey respondent (5 years’ time)

"The prospects of school leavers who want to stay in Hartlepool is grim. There are no good jobs in the town to aim for. Investment is needed to bring business to the town and support jobs for young people. Transport links to colleges and universities are also poor and need to be upgraded." Survey respondent (why is this priority important to you)

"I don't feel there is enough to keep the younger generation in Hartlepool. Not enough opportunities and not enough leisure activities." Survey respondent (why is this priority important to you)

"We need to work on building aspirations. For many people aspiration evaporated in the 1970s with the closure of the steel works and local manufacturing industries. This led to multi-generational unemployment and a culture of giving up. We need to work to develop people's transferrable skills, now it is no good learning one job, they need to be equipped to go into any type of work. We also need to stop people leaving to take up work or training opportunities elsewhere as they don't come back. Even if they only go to university or college elsewhere they don't come back. We need to make Hartlepool an attractive option for them to come back to. We should promote apprenticeships and new opportunities in the new sectors such as the green energy sector to make people aware of these fantastic opportunities. Need to be able to reach kids as many parents don't care so won't take them to careers events or encourage them to look for opportunities." Face to face group response (what would make Hartlepool a better place to live)

Several respondents put forward suggestions as to how conditions can be improved for young people and how they can become more involved in the community in Hartlepool.

"Creating youth programs with taster sessions of what the council does and it's purpose for our town and using this to educate children/young people how to access services so when they come to an age of needing help or advice it's not as daunting." Survey respondent (5 years' time)

"Facilities for young people to boost employment [and] engage the youth of the town in regeneration." Survey respondent (5 years' time)

"More apprenticeships and general investment in young people and their job opportunities." Survey respondent (5 years' time)

“Provide a means for young people to get out of poverty by learning trades and vocational qualifications.” Survey respondent (20 years’ time)

“...Each ward should have budgets for youth clubs and sports clubs that are inclusive and accessible...” Survey respondent (why is this priority important to you)

Others felt that children and young people with special needs or disabilities needed particular attention.

“Support for children with ASD without developmental delay who cannot cope with school but equally can’t cope with the noisy/unpredictable environment often found in the alternative provision. Nothing exists for these children who are often thought to be fine due to their good academic performance except Home Education.” Survey respondent (is there anything missing from priorities)

Some respondents felt that things had got worse for young people.

“I want the younger generation to have what we had in our youth. Playschemes, youth clubs. Safer places for them to be and not cause issues in the town due to lack of available resources and boredom.” Survey respondent (why is this priority important to you)

“I want Hartlepool to be a place I’m proud of to live and work. I’d like to do the job I do here. The opportunities for young people are less than what I had 20 years ago.” Survey respondent (why is this priority important to you)

Town / civic pride

The importance of town or civic pride was mentioned by many respondents. Some of these comments have been included in the previous sections above, including raising aspirations, encouraging residents to take more responsibility for their actions and promoting volunteering and community development. Other comments focussed on the importance of promoting the positives and not talking the town down.

“There is a sense of pride across the community of Hartlepool especially when trying to change services...” Face to face group response (what do you love about Hartlepool)

“Talk more positively about Hartlepool (Hartbeat and Hartlepool Life does focus on positive ...more of this please).” Survey respondent (how can we work together to make a difference)

“With two teenage children, I want Hartlepool to be a place they are proud of and that can offer them a positive future.” Survey respondent (why is this priority important to you)

Diversity and welcoming people from different backgrounds

A number of respondents reported Hartlepool becoming more diverse as being a positive and highlighted the importance of the town being welcoming to people from different backgrounds.

“Getting to know and understand other cultures better so no one feels isolated simply because they are from a different culture.” Survey respondent (how can we work together to make a difference)

“I can see now Hartlepool is getting busy city [with more] people from deferent [sic] backgrounds.” Survey respondent (what’s going well)

“More multicultural events, clubs, where ethnic [sic] minority and local community do things together and interact at that level together.” Survey respondent (what would you like to see in 5 years’ time)

“There's too much negatively about foreign residents & asylum seekers... This town should be the example of a welcoming inclusive community.” Survey respondent (why is this priority important to you)

However, concerns around immigration and integration were also highlighted. A number of respondents commented that immigrants were taking up resources that should be held “for residents”; while others linked immigration with crime.

“Reducing [sic] the aount [sic] of asylum seekers settling in the town. No integration. Locals see them getting housed, free bus passes, free driving lessons, free telephones etc. This is causing tensions. Be warned, make them do charitable work etc.” Survey respondent (how can we work together to make a difference)

“[The Council] should keep [residents] informed about what is going on especially when it comes to housing illegal immigrants, it is alarming at the amount in the town at the moment, so much so that we feel extremely unsafe, wake up council, and start protecting your residents and stop taking notice of the WOKEISM SOCIETY.” Survey respondent (how can we work together to make a difference)

“Stopping uncontrolled placement of asylum seekers into the town. They don't and won't integrate. I know I am mixed race! Ghettos are forming and that can't be good. Let locals have a say on how many they want not just dumped on them for financial gain! If you let in too many immigrants too quickly integration is virtually impossible!” Survey respondent (is there anything missing from the priorities)

Community Hubs

The community hubs received a lot of praise from respondents. The community hubs were felt to be providing an extremely valuable service for residents in lots of different areas. They were seen as being very important for making, maintaining and improving social connections and helping residents to feel less isolated.

"I like living in Hartlepool because of the library hub - gives me some chance to meet new people as I'm isolated." Postcard respondent (what's going well)

"The library (Central Hub) is really welcoming and nice, and a good place for people who are lonely or bored." Postcard respondent (what do you love about Hartlepool)

The friendly staff and warm welcome offered at the hubs were mentioned many times. Respondents said that the community hubs were important for accessing support services and giving advice and signposting.

"Hub - couldn't do without it. Any problems - we get help at the hub e.g. housing, house visits." Postcard respondent (what's going well)

"I think the central library's hub is providing a useful service for the community, affording the opportunity to access reference books and computers and refreshments too. There are activities provided, giving a community feel about the place." Postcard respondent (what's going well)

"Places like the hub - its well used by all walks of life - offers help and support for a variety of services - people benefit - a friendly warm atmosphere. One in particular is the central hub." Postcard respondent (what's going well)

"Excellent provision for under 5s at library [community hub] and food opportunities through the family hubs." Postcard respondent (what's going well)

“Creating hubs where people who need it can go for help and advice. Libraries and hubs welcoming various groups of like-minded people to gather and share experiences - book clubs, craft groups etc. Providing access to computers for those who don't have one.” Postcard respondent (what's going well)

Several respondents said that the community hubs were the only places they weren't “barred out of”, which suggests a positive approach to dealing with people with complex needs and / or chaotic lifestyles. Although, not all users appreciated this open door policy.

“...Community Hub! Lovely atmosphere. Only place I'm not banned out of...” Postcard respondent (what do you love about Hartlepool)

“Certain community users of the hub are dishevelled and smell. Other community users display and present as drug users. Many problems are present for all to see. It has come to my attention staff at the community hub central will be trained to give Naloxone (nasel [sic] and injectable). Is the comunity [sic] hub central used for the needs of the whole community?”
Postcard respondent (what would make Hartlepool a better place to live)

Strong Voluntary, Community and Social Enterprise (VCSE) sector

Respondents felt that there was a strong VCSE sector in Hartlepool, with a charity or support group for every need. Many spoke about how they would not be able to cope without this support; whilst others expressed that they felt a sense of fulfilment or 'giving back' through volunteering. The 'Big Town Tidy Up' volunteer litter pickers were specifically mentioned by a number of respondents.

"Facilities for those who don't have much - community hub, women's hub, baby bank, Art Gallery, Hartlepower." Survey respondent (what's going well?)

"Support services are excellent such as West View Advice and Resource Centre, Advice at Hart, Citizen's Advice, Hartlepool Vision Support, the Support Hubs" Survey respondent (what's going well?)

"Holy Trinity Primary School (Seaton) supporting my son. Voluntary services for children - Scouts, football clubs. The community hubs - various support groups, children's groups. The big town tidy up, regularly seeing people litter picking." Survey respondent (what's going well?)

"Lots of community groups providing support, friendship and practical help to different people..." Postcard respondent (what's going well?)

"Voluntary Sector provision – variation & passion across many areas, childrens & Community Hubs, homeless /refugees /Mental Health. All well promoted, supported & attended." Face to face response (what's going well)

"Residents are already volunteer litter pickers eg Big Town Tidy Up! Residents are volunteer beach cleaners! Local volunteers keep this town going!" Survey respondent (working together to make a difference)

"I think some residents are making their own changes, we have an open water swimming group, wellness walks, pre-loved clothing, knitting groups etc non of which is relying on the council for any funding. The council needs to think smarter and actually have councillors who know what is going on, on the grass routes of issues." Survey respondent (working together to make a difference)

Although some respondents felt that more could be done to support and promote these groups to help residents get more involved in their community.

“Support the good work of community and volunteer groups. This would help residents become more aware of them and also of what they had to offer. This would lead to more people getting involved in their community leading to lots of positive outcomes such as getting to know your neighbours, tackling loneliness and social exclusion / isolation and reducing demand on council services as some of these could be provided by the community e.g. litter picking. This would all help grow community resilience.” Face to face group response (what would make Hartlepool a better place to live)

Roads and footpaths

Respondents commented on a range of issues relating to the condition of roads and footpaths. Particular issues raised included poor street lighting, poor road conditions and potholes. Several respondents commented that the signage in the town could be improved. There were also complaints that roadworks were “taking over the town” and should be better co-ordinated to reduce disruption.

“Improved road network to leave the town. The A689 and A179 are not fit for purpose. It can often take 20 mins to travel from Hart roundabout to the A19 slip road, mornings and evenings... Improve condition of roads and pavements - potholes and uneven paving stones everywhere I go. Improve streetlighting - poorly lit areas exacerbate the problems caused by potholes and uneven paving stones along with feeling unsafe (personal and physical) when walking alone after dark.” Survey respondent (what would make Hartlepool a better place to live)

“Planning of road works be made better instead of digging every road and then also every alternative route up all at the same time.” Survey respondent (what would make Hartlepool a better place to live)

“Fill in the pot holes, Police to stop the boy racers as they speed across the town. Far too many trucks the road system cannot cope with the amount of traffic.” Survey respondent (what would make Hartlepool a better place to live)

Respondents said that poor street lighting, heavy traffic, unsafe road crossings, bad driving and uneven and dirty footpaths all make walking and cycling around town unpleasant.

“LIGHTS! Most of Seaton, the marina and headland is darkness!!! It's dark longer than its light in the winter! So people don't go. The few areas where there is lights are either not working or they're not powerful enough to adequately light up the walkways and public areas.” Survey respondent (how can we work together to make a difference)

“I wrote to the council to tell them that blind people are walking into bushes at traffic lights in Powlett Road and no one ever replied.” Survey respondent (how can we work together to make a difference)

“Improve streetlighting - poorly lit areas exacerbate the problems caused by potholes and uneven paving stones along with feeling unsafe (personal and physical) when walking alone after dark.” Survey respondent (what would make Hartlepool a better place to live)

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Disability, accessibility and inclusion

Around one third of respondents stated that they had a disability, so the fact that many of the comments referenced issues around disability, accessibility and inclusion is not surprising. Comments relating to disability cut across many of the themes covered in this report such as transport and housing. However, the following quotes give a snap-shot of what it is like to be a disabled person living in Hartlepool.

“More accessible access improve kurbing to get to places in a wheelchair because kerbs are shocking in Hartlepool.”

Survey respondent (how can we work together to make a difference)

“A new lift in the central library (the one at present is frequently out of use)” Survey respondent (how can we work together to make a difference)

“Living in a warm and comfortable home with adaptive disability needs for OUR disabilities.” Survey respondent (what would improve your health and wellbeing)

“The journey from west view to town centre is horrendous for wheel chair users the ramps r uneven n have pot holes u get stuck in.” Survey respondent (what would improve your health and wellbeing)

“Being able to be out safely be able to know that my young person with learning needs is safe to use the community semi independently safely something I don’t feel is possible at the moment.” Survey respondent (what would improve your health and wellbeing)

“Improved hospital facilities locally (travelling out of town is difficult and worrying for disabled people) More GP’s and dental services.” Survey respondent (what would improve your health and wellbeing)

“People with autism need more of a voice and a say in how services are planned and delivered... Council staff need more and better autism awareness training, especially on frontline services. Social care support for autism is poor. The forms you need to fill in are intrusive and make you feel rubbish when you fill them in. They are very patronising. They also do not take into account real-life situations. Autistic people want to work but it is difficult because jobs centres and job support services

are not able to handle autism. Also employers need to be more open to employing autistic people, saying you are disability confident is not enough, you need to be welcoming autistic people and the council should encourage other employers to do this... Other local authorities like Peterlee commission the North East Autism Society to provide employment support for autistic people, why is this not available in Hartlepool?" Face to face respondent (what would make Hartlepool a better place to live)

Potential

Some respondents felt that Hartlepool had a lot of potential and that more could be done to tap into this.

“It’s home and has the potential to be a fantastic town.” Survey respondent (what do you love about Hartlepool)

“Hartlepool is a great place with friendly, passionate and proud people. Its on the coast and there is lots of untapped potential.” Survey respondent (what do you love about Hartlepool)

“The development of the town centre, especially the Mill House, old Caesars Palace building. There is a lot of potential to make that a thriving busy main high street.” Survey respondent (5 years’ time)

Location and size of town

Respondents felt that the location of the town was a great asset, particularly the coastal / semi-rural location which allows for a lot of leisure opportunities.

“Well positioned. Close to sea and close to country and easy to go to so many places.” Survey respondent (what do you love about Hartlepool)

“... The location - near the sea but a few minutes and its countryside. There is a direct train service to London.” Survey respondent (what do you love about Hartlepool)

“... The location is unbeatable. Seaside/cities/countryside all within a short distance...” Survey respondent (what do you love about Hartlepool)

“Good place to live to be in reach of interesting places eg Moors, Durhan, Nothallerton etc. Close to the sea - Headland.” Postcard respondent (what do you love about Hartlepool)

Respondents also highlighted its location within a short distance of regional hubs at Newcastle and York. Being on a main train line to London was also felt to be a benefit.

“What brought me here was the beach, clean air, shopping facilities in town and the close proximity to Durham and Newcastle...” Survey respondent (what do you love about Hartlepool)

“How beautiful our town is. That you can hop on a train and be in London within a few hours...” Survey respondent (what do you love about Hartlepool)

“...Living close to York and Newcastle” Postcard respondent (what do you love about Hartlepool)

“The train station having a direct link to London, and the redevelopment of the station...” Survey respondent (what's going well)

The small size was also felt to be a positive meaning it was relatively easy to get around and meant that people knew each other better.

“Small town so people know other people.” Survey respondent (what do you love about Hartlepool)

“It’s a small town with people who care about it.” Survey respondent (what do you love about Hartlepool)

“Everything is close by, good location to get to other places...” Survey respondent (what do you love about Hartlepool)

“Friendly people. Not too big. Easy access to seaside and countryside.” Postcard respondent (what do you love about Hartlepool)

Big Conversation -Data Report

22nd November 2023 – 14th February 2024

Introduction

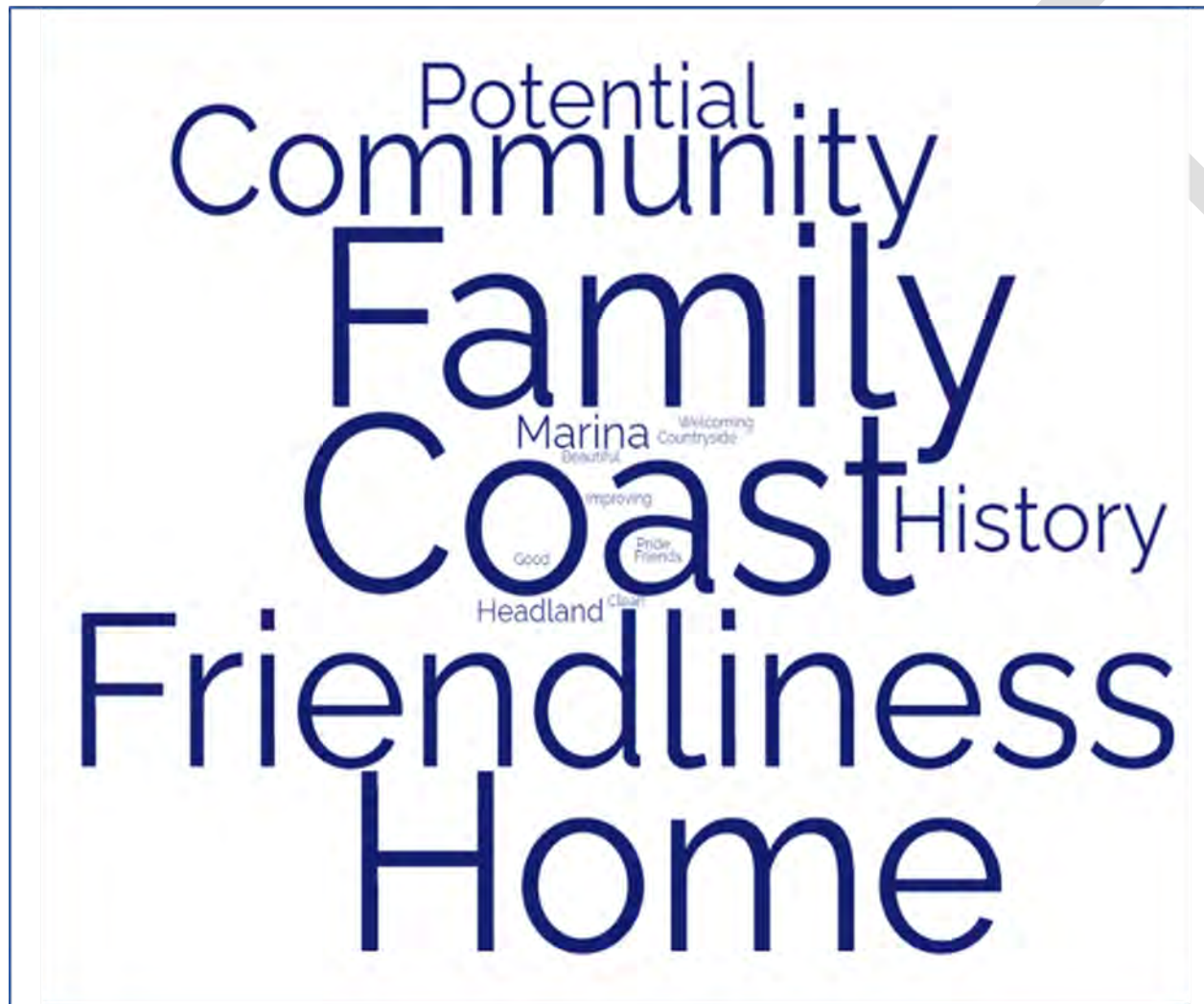
This report provides a question by question summary of the points raised in the Big Conversation. Although all of the questions that follow were included in the survey only a selection of them were used in the other activities that took place during the Big Conversation. This means that for some questions there will only be details on the responses from the survey and for others there will be various sections of responses. Where a question was considered in face to face discussions the name of the group/session is identified.

Question	What are the first three words that spring to mind when you think about Hartlepool?
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Responses from	
Survey	647
Face to face sessions	VCSE session The Annexe Wharton Terrace Let's Connect Hartlepool Lived Experience Session

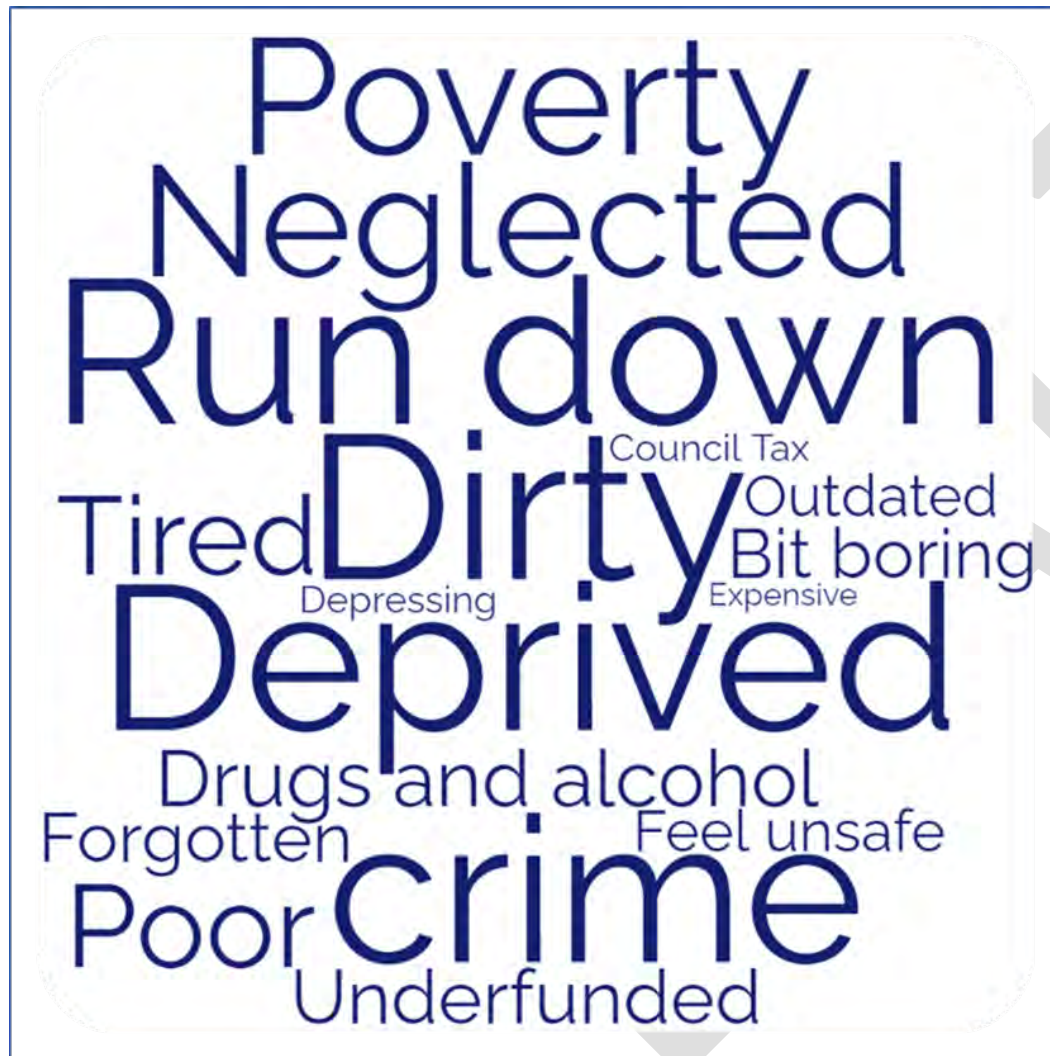
Survey respondents said...

Positive comments



Positive	Count
Coast	144
Home	99
Friendliness	79
Community	54
Potential	34
Marina	33
History	31
Family	17
Headland	12
Welcoming	8
Countryside	7
Beautiful	6
Clean	6
Friends	5
Good	5
Improving	5
Pride	5

Negative comments



Negative	Count
Dirty	108
Deprived	50
Run down	49
Crime	41
Poverty	28
Drugs and alcohol	27
Neglected	27
Poor	20
Tired	19
Council Tax	13
Depressing	13
Underfunded	13
Bit boring	12
Forgotten	12
Expensive	11
Feel unsafe	10
Outdated	10

Face to face respondents said...

As there were not enough responses to split into positive and negative comments the themes in the responses given by the face to face groups are presented in table form:

Tag	Count
Community	5
Friendly	3
Town / civic pride	3
Community development needed	2
Diversity / welcoming people from different backgrounds	2
Coast / beach / seaside	2
Poverty	2
Under funded	1
Festivals and events	1
Sports scene	1
Unhealthy	1
Increased tourism	1
Litter	1
Resilient workforce	1
Lots of partnership working	1
History	1

Question	What do you think is going well in Hartlepool?
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Responses from	
Survey	621
Postcards	133
Business survey	33

Face to face sessions	VCSE session Head teacher session ELT Roadshows x 3 Members Seminar Staff Equality Group Children in Care Council The Annexe Wharton Terrace Hartlepool Lived Experience HBC Managers Forum Let's Connect Central Hub (various age groups)
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Survey respondents said...

Tag	Count
Nothing	99
Regeneration	86
Transport and getting about	70
Access to outdoors	67
Festivals and events	61
schools	60
Coast / beach / seaside	47
Strong VCS sector	44
Housing	37
Parks	35
Community Hubs	32
Leisure facilities	32
Marina	30
Sense of community	29
Community support	28
Seaton	25
Shopping	18
Headland	14
Increase job opportunities	14
Middleton Grange shopping centre	10
People	10
Things to do	10

When asked what was going well in Hartlepool the highest response was 'Nothing'. However the remainder of the responses were more positive such as regeneration which included comments on the Innovation Quarter, the regeneration projects in some run down areas of the town including mentions of the Wesley Chapel development and the refurbishment of the Grand Hotel. Positive comments were also made about transport and getting around the town with various comments on the ongoing improvements to the train station and the increase in services. Access to the outdoors featured consistently in the survey responses and included

the beautiful scenery and varied landscapes from coast to country. Residents said that they had access to various high quality green spaces right across the town include Summerhill Country Park and other formal parks across the town. The presence of a strong voluntary sector feature high in the list with praise for various volunteers across the town and the great work charities, community group and food banks do all across the town.

Quotes from the survey included:

"The redevelopment work that is attempting to bring about change, improve the economy and regenerate the town."

"A genuine desire to make the town a better place by many of its residents. Transport links to neighbouring towns appear to be good. Lots of different educational establishments in the town. Lots of different parks to explore."

'I think it is becoming more attractive to visitors, good events, local shopping areas and shopping parks. Opportunities for young people through colleges and the arts university. Good seaside town with the historic headland and Seaton Carew as well as the marina.'

"Love that the community are trying to improve Hartlepool as a whole."

"Free parking on the Headland. Our weekly refuse collectors are efficient. The chaps at the tip are fantastic. Bob, the Headland's genius gardener."

"The focus on regeneration through culture and protection of Hartlepool's heritage."

Postcard respondents said...

Tag	Count
Community hubs	32
Nice people/community	16
Nothing/Hardly anything	14
Festivals and events	12
Adult Social Care	6
Food banks	6
Community support	6
Transport and getting about	6
Lots to do	6
Libraries	5
Marina	5
Shopping centre	5

Similar responses were received from the postcards but 'nothing' fell to third place with community hubs and nice people/strong communities coming higher. Although most of the points raised were the same Adult Social Care featured in the postcard top 10 although it didn't appear in the survey top 10.

Quotes from postcard responses included:

"Hub - couldn't do without it. Any problems - we get help at the hub e.g. housing, house visits."

"The culture. There seems to be a lot going on. We had the Tall Ships and there is a folk festival every year and a winter festival. The art gallery has some great exhibitions, one that springs to mind was by Jonny Hannah linked to the Tall Ships. The naval museum is marvellous."

"Food banks. Helping the people who need it. Community."

Face to face respondents said...

Tag	Count
Regeneration	11
Attractions / things to do	10
Investment	8
Town / civic pride	8
Community hubs	7
Festivals and events	7
Good schools	7
Coast / beach / seaside	6
Community support	6
Lots of partnership working	5
Sense of community	5
Strong VCS	5
Transport and getting about	5

Face to face discussions had an even more positive response with no negative issues appearing in the top 10. Again similar positive comments were made including regeneration across the, civic pride and the strong sense of community and partnership working across the town.

Business survey respondents said...

Tag	Count
Positive	10
Investment	8
Future plans	7
Exciting projects	6
Regeneration	6
New leisure centre	3
Train station improvements	3
Nothing	3
Events	3
Raised profile	3
Support for start ups and small businesses	2
Opportunities for young people	2
Support	2
Reputation	1
Marina	1
Thriving	1

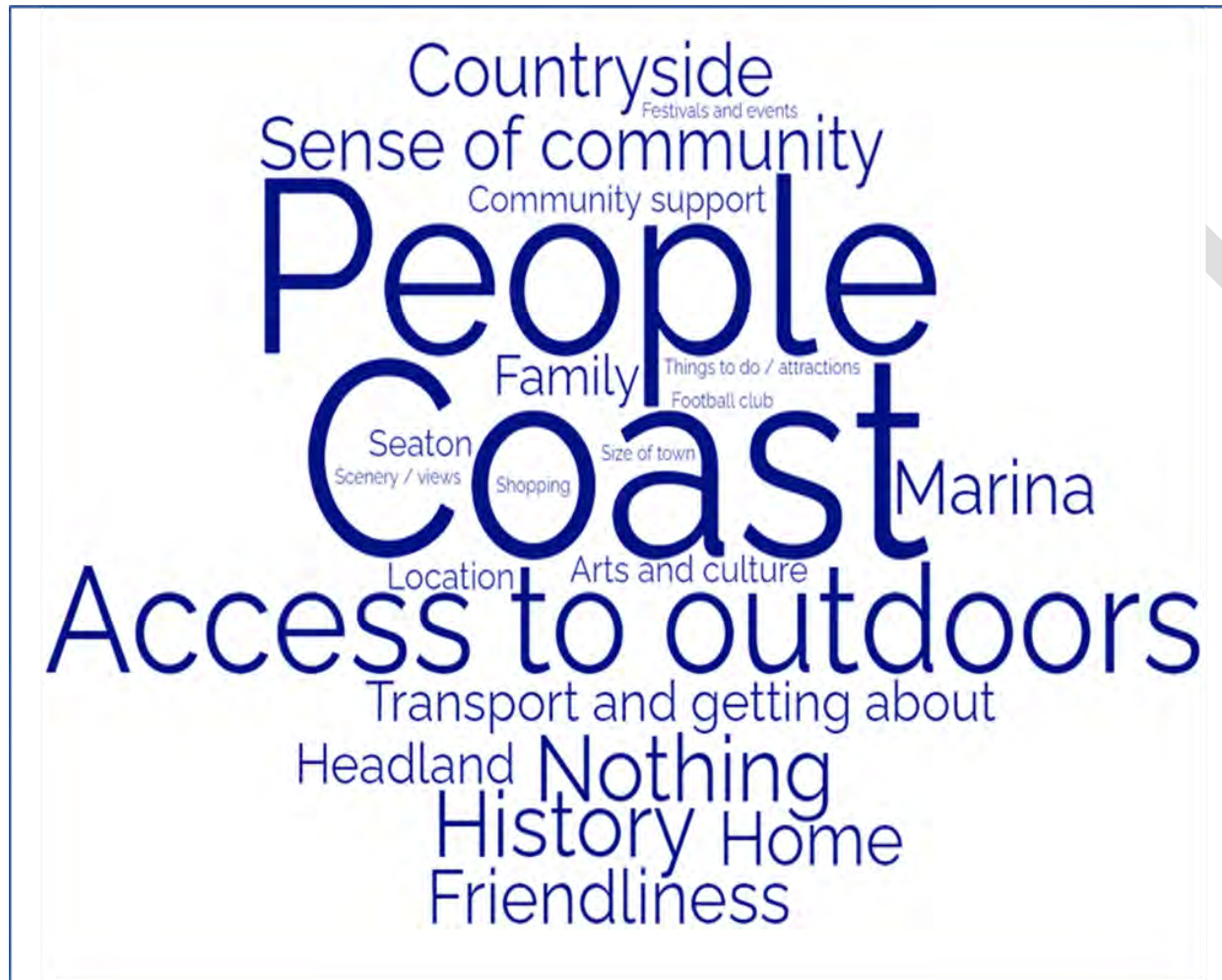
There was a smaller response rate from the business community but they did recognise the positive actions that are happening right across the town. Investment, regeneration, help for new businesses featured unsurprisingly. But the business community also recognised that some issues were longer term and there were exciting projects afoot and future plans were being developed.

Question	What do you love about Hartlepool?
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Responses from	
Survey	627
Postcards	175

Face to face sessions	VCSE session Head teacher session ELT Roadshows x 3 Public Sector Partners Staff Equality Group Children in Care Council The Annexe Wharton Terrace Dyke House School (Key Stage 3) Hartlepool Lived Experience HBC Managers Forum Let's Connect Central Hub (various age groups)
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Survey respondents said...



Tag	Count
Coast	248
People	136
Access to outdoors	84
Nothing	49
History	48
Friendliness	44
Sense of community	43
Marina	43
Countryside	43
Home	40
Transport and getting about	34
Headland	32
Family	29
Arts and culture	25
Seaton	23
Community support	23
Location	20
Shopping	15
Things to do / attractions	13
Size of town	12
Scenery / views	11
Football club	11
Festivals and events	11

The overwhelming thing that people loved about Hartlepool when asked was the coast, our beaches and the seaside with the people of Hartlepool featuring in second place. A large number of residents love the easy access to an outdoor environment and commented on lovely greenspaces, nice walks and venues such as Summerhill and Saltholme. The historical landscape and heritage also featured high on the list. Residents also talked about the feeling of Hartlepool being 'home where they have a sense of belonging and identity with strong family ties and memories. When people talked about arts and culture they made reference to libraries and museums but also Churches and local pubs. Residents also loved the wide range of social events and activities such as the Carnival and the Tall Ships event.

Quotes from the survey included:

"Hartlepool is located in a beautiful place near both the countryside and the coast, and there is a lot of potential to enhance these spaces. The history of Hartlepool is something to be proud of."

"That we are a community where you will always get the help you need. Hartlepool has such loving people living here who go above and beyond to help."

"History, optimism, the people and sense of belonging and community."

"Its home, I still feel a sense of belonging and warmth when returning from trips away - the first time you see Hartlepool on a signpost. The fact we are not a big city."

"I love that you don't have travel far to the seaside and also the countryside around Hartlepool. I love how it has grown over the years and can put on big events like the tall ships. I love that leisure and activities are becoming more inclusive and the choice is growing."

"The fact that many local communities are willing to come together and support their area. Big town tidy ups are a good example."

"I love being beside the seaside besides the sea... We have so much here in The Pool spoilt for choice really. Lovely parks too, Ward Jackson Park, The Burn Valley, Rossmere Park and Summer Hill. Then of course sandy beaches over Seaton and The Town Wall Community Beach. Loads of lovely welcoming local pubs too. I love it here in Hartlepool always have done..."

“Sense of a homely feel when entering the town and the close-nit communities within different areas of the town. Through growing up in Hartlepool there are many ways to support the younger people of Hartlepool to exceed their potential and dreams, from my personal experience and friends there are amazing Dance Schools, Drama Schools, Singing classes, Football and Rugby Clubs.”

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Postcard respondents said...



Tag	Count
Coast	52
People	35
Friendliness	27
Headland	18
Community hubs	17
Sense of community	16
Shopping	13
Attractions	12
Home	12
Parks	12
Seaton	12
Community support	11
Transport and getting about	11
Marina	10
Quiet	9
Restaurants / places to eat	9
Strong VCS sector	9
Arts and culture	8
Countryside	8
Libraries	7
Open spaces	7

Face to face respondents said...



Tag	Count
Community support	19
Coast / beach / sea-side	17
Outdoor spaces	16
Festivals and events	14
Heritage	14
Sense of community	11
Sports scene	9
friendly	6
Restaurants / places to eat	6
Headland	5

Question	What would make Hartlepool a better place to live?
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Responses from	
Survey	644
Postcards	214
Face to face sessions	VCSE sessions Head teacher session ELT Roadshows x 3 Public Sector Partners Staff Equality Group Children in Care Council The Annexe Wharton Terrace Dyke House School (Key Stage 3) Hartlepool Lived Experience HBC Managers Forum Let's Connect Central Hub (various age groups)

Survey respondents said...

Tag	Count
Reduce crime and ASB	181
Better shopping / retail facilities	115
Clean the town	114
Better transport links	83
green clean and safe	67
Increase job opportunities	60
Strong stance on drug issues	56
More enforcement needed	50
Improve roads paths street lighting	50
Improve derelict/rundown buildings	49
Greater range of leisure activities	47
Things to do / attractions	45
Bring back hospital services	44
Lower council tax	41
Better car parking	40
Improve housing	33
Improve town centre	31
Increase investment	31
Effective/better council	27
Better / easier access to health services	23
Regeneration of run down areas	21
Support and opportunities for young people	17
Improve education	16
Improve landlords	16
Festivals and events	16
Improve access to the recycling centre	12
Promote sense of pride	12
Action on begging	11

With regards to making Hartlepool a better place to live the most popular comments related to reducing crime and antisocial behaviour across the town. These comments also included references to improving the police and seeing more police on the streets across the town. 67 comments fell under the 'Green, clean and safe' tag and included issues on access to quality green spaces, improving and protecting the environment and safe and clean places to walk/exercise. Residents also asked for a reduction in road works and this included co-ordinating roadworks across the town. Other issues included safer road crossing, more traffic calming and better roads with less potholes. More family activities was also high up list and included comments about more information about activities and events, more affordable activities and better access to classes at the new leisure centre.

Quotes from the survey included:

"Better public services, less litter, green spaces improved, better bus services especially in evenings, improved roads and pavements, more facilities for children and teenagers. Fewer derelict business premises blighting the centre of town."

"Sort out the ASB, better shopping facilities."

"Development initiatives to improve the look and feel of the town - derelict buildings, litter, having a designated substance misuse support centre to distribute recovery support drugs, private parking companies deterring people from accessing landmarks and businesses."

"The whole town needs investment Crime needs to be dealt with We need to attract business to the town to create jobs."

"Streets being cleaner more police out and about. Work to reduce the level of crime being committed within the town Flowers across the borough. More activities for the children 11 to 17."

"Keep everyone safe, more police on beat. Keep cleaning areas as was done before tall ships. Keep edging grass areas. More street cleaners, central estate need cleaning more often. Give kids something to do in area, swimming, sports areas. Open tip to everyone so fly tipping does not happen. Clean up shops."

"Lower levels of crime and deprivation. Improving green infrastructure across the town and not cutting funding from important green and blue spaces that will improve the environment and benefit local people physically and mentally. More opportunities for a range

of education, or paid internship and apprenticeship opportunities that have a likelihood of leading into local employment. A real targeted focus on improving maintenance on infrastructure throughout the town. Better affordable public transport with links to parts of town that are no longer as easily accessible, such as the Headland. Could a potential future large scale environmental, heritage and tourism focused bid work on re-establishing a tram network from the Headland to the town centre?"

Postcard respondents said...

Tag	Count
Better retail offer	10
Street cleaning	9
Improved transport	8
Attractions / things to do	7
More youth clubs/activities for young people	5
Need more police	6
Better quality housing	6

Quotes from the postcard responses included:

"Less litter. More public transport."

"People taking pride in their environment. The extent of littering, dumping and dog filth in town is a disgrace. Tougher action against these people should be a priority and generate respect from the majority!! Even people tidying their own front doors would be a good start!"

"Improve town centre to encourage people to shop in Hartlepool rather than take their customer to other places."

Face to face respondents said...

Tag	Count
Independent and resilient communities	22
Tackle crime and ASB	22
Better / easier access to health services	17
Housing issues	16
Better shopping / retail offer	16
Clean the streets	14
Increased job opportunities	14
Regeneration of run down areas	9
Things to do / leisure activities	9
Celebrate success	9
Better public transport	8
Better communication	6
Better roads	5
Tackle drug problems	5

Question	Thinking about making Hartlepool a better place to live, what actions do you think that residents, the Council and other organisations could take together to make a difference?
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Responses from	
Survey	620
Face to face sessions	VCSE session ELT Roadshows x 3 Children in Care Council Public Sector Partners The Annexe Wharton Terrace Dyke House School (Key Stage 3) Hartlepool Lived Experience Let's Connect Central Hub (Various age groups)

Survey respondents said...

Tag	Count
Clean the town	134
Reduce crime and ASB	131
Involve public in decision making	72
More police	51
Residents to take more pride	51
Support VCS	43
Better quality housing	41
Attract new businesses	40
Reduce inequalities	39
People need to see action being taken	37
Work collaboratively	35
Support and opportunities for young people	34
Better / easier access to health services	32
Regeneration of run down areas	31
Encourage more recycling	31
Better shopping / retail facilities	29
Improve public transport	24
Tackle drugs and alcohol problems	23
Parking	21
Lower council tax	20
Festivals and events	19
More disabled friendly	16
Better leisure facilities	15
Maintenance programmes needed	14
Better roads	11
Don't know	10
Increase job opportunities	10

The most common response from residents was the need to clean the town. These comments included action on dog fouling and general litter, cutting the grass, business owners taking responsibility for keep their premises clean and using people on community service to help clean up the town. Only a couple of comments behind the top spot was reducing crime and antisocial behaviour which included bringing back the courts with punishments to fit the crimes and more enforcement across the town. Residents also wanted improved CCTV and more Neighbourhood Watch schemes to stop them feeling unsafe. Residents also talked about the public needing to be more involved with decision making with the council listening to people through increased and different types of consultation. Some also said that they would like to be more involved in helping to set the budget of the Council. Resident also highlighted the need for better quality housing including more affordable housing, action on empty homes, and more energy efficient homes. They also talked about tackling problem landlords and tenants as well as improving amenities on new housing developments. They also felt it is important to attract new businesses into the town with more incentives and start up packages for new businesses. Mid table shows that people want to reduce inequalities across our community with increased support for vulnerable people, more community wealth building support for older people and for families. Residents wanted to encourage more recycling across the town and said they needed more information, more bins, improved access to the Household Waste and Recycling centre as well as the removal of the green waste charges.

Quotes from the survey included:

“Open and clear dialogue, people need to see action. Once problems are highlighted solve them. Cut the red tape and do what you say. Do the job and get it right. Look at the reasons people joined their jobs in the first place... to help them. Set strong targets that people are held accountable for.”

“More activities for people to get involved in community projects, pride in your area events. Maybe competitions for cleanest street, nicest garden, best alleyway. Rewards for the litter pickers just little things like a mention in the newsletters or small vouchers for local businesses so they can get involved too.”

“More transparency between local residents and how services are run within the Council. Residents having more pride in their local spaces and a motivation to protect and enhance these spaces. Focus on improving public spaces where people can socialise for free or where paid activities are an option. Collaborative working between organisations on large scale funding bids to benefit the environment and local people.”

"I think some residents are making their own changes, we have an open water swimming group, wellness walks, pre-loved clothing, knitting groups etc. none of which is relying on the council for any funding. The council needs to think smarter and actually have councillors who know what is going on, on the grass roots of issues."

"The council should be running a litter campaign to address this issue. The refuse site should be open more often with a choice of pre-booked and ad-hoc times available. The council should be speaking to schools and colleges about it. Residents should have visibility on how our council tax is being spent. Residents should be able to vote on how the money is spent to improve the town and services."

"We need to fire the imaginations of the young people. Giving them opportunities to be involved in projects that are of interest to the young. They are our future and the future of the town. Perhaps a visit to schools and colleges, encourage their views to be given on anything they think would be of benefit to our town, find out what they would like to see here."

"Talk more positively about Hartlepool (Hartbeat and Hartlepool Life does focus on positive ...more of this please)."

"Publicise more the positive steps organisations such as CAB, local sports clubs, rotary, Roundtable, parish councils to help citizens deal with their lives, leisure, problems and activities."

Face to face respondents said...

Tag	Count
Residents to take responsibility	9
Better communication	9
Listen to people's voices	6
Promote the positives	5
Lots of partnership working	3
Better / easier access to health services	3
Enforcement needed	3
Investment	3
Joined up data sharing	3

Question	Which people, groups or organisations do you think are doing good things in your area? Please tell us a bit about the good things that they are doing.
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Responses from	
Survey	568
Face to face session	VCSE session Children in Care Council The Annexe Wharton Terrace Dyke House School (Key Stage 3) HBC Managers Forum Let's Connect

Survey respondents said...

Organisation	Count
Hartlepool Borough Council	148
Litter pickers	77
Big Town Tidy Up (BTTU)	48
Foodbanks	41
Lilyanne's	41
VCS / Voluntary Organisations	30
Local charities / community groups	27
Poolie Time Exchange	25
Hartlepool Baby Bank	18
Wharton Trust / The Annexe	17
Volunteers	15

Hartlepool Carers	12
Hartlepower	11
Miles for Men	11
Schools / teachers / support staff (Rift House)	11
Hartlepool Re:Loved Clothing	10
Local sports clubs	10
Police	10

Many different Hartlepool Borough Council services were mentioned in the survey responses including the Community Hubs and their navigators, the day service staff at the Centre for Independent Living, refuse collection and street cleaning staff and the parks and Summerhill staff. Residents also highlighted children's and adult social care staff, the economic development team and the BIS, the leisure staff at various locations, customer service staff at the council and the refugee support staff.

Quotes from the survey included:

"The Poolie Pickers are doing an excellent job as the council does not have the staff and funding to clear the streets. There are some excellent charities that seem to really care about the town's people"

"HartlePower is putting loads of effort into helping non-profits, the Community Hubs are fantastic, and Hartlepool Enterprise are very proactive"

"Hartlepool Big Town Tidy Up is a group of residents that volunteer to remove litter from kerbsides, parks and beaches. They have removed over 30,000 bags of litter since they formed in 2019."

"The CIL are doing fantastic things with our vulnerable and older residents."

"The community team in the hubs - do there bit for children and elderly. Charities and other community groups working to improve the local area."

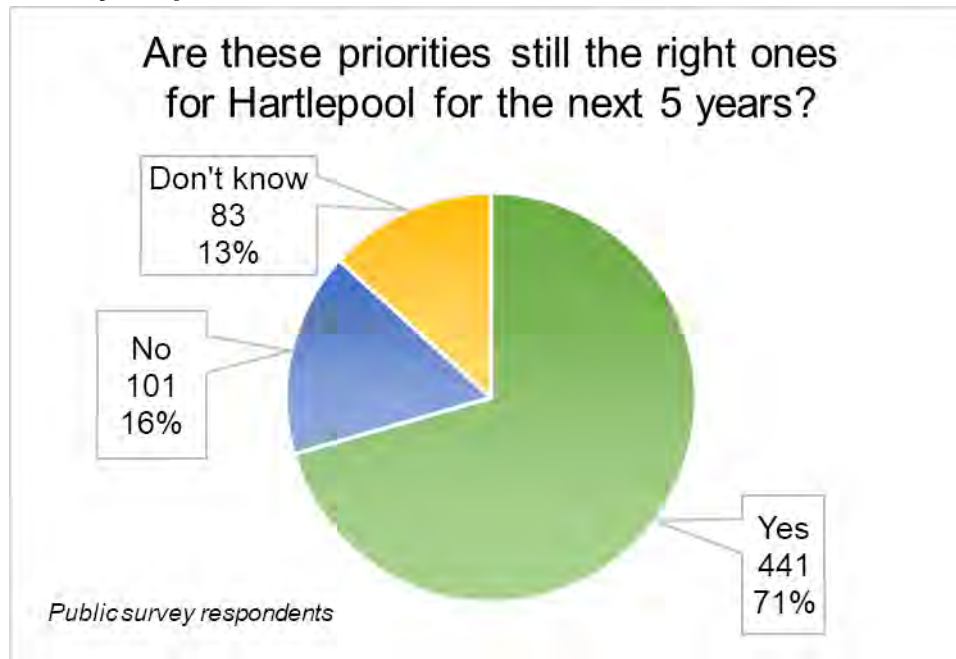
Face to face respondents said...

Tag	Count
Hartlepool Borough Council	3
Wharton Annex	3
Food Banks/Partnerships	3
Lily Ann's	2
Hartlepool Carers	2
Hartlepower	2
Men's Wellbeing Club	2
Women's Wellbeing Club	2
Let's Connect	2
Voluntary Sector	2
Hartlepool Big Town Tidy Up	2

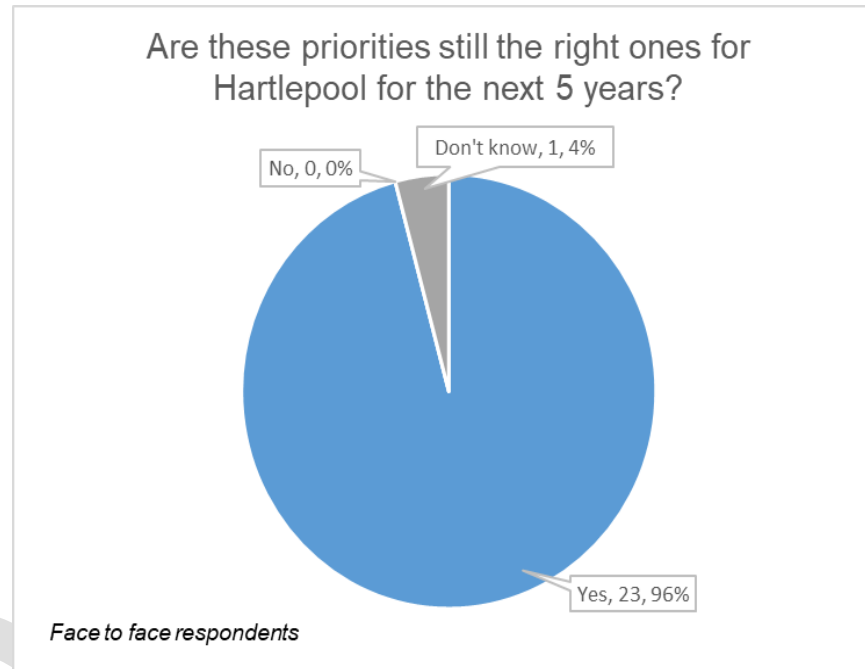
Question	Are these priorities still the right ones for Hartlepool for the next 5 years?
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Responses from	
Survey	638
Business survey	42
Face to face sessions	VCSE session ELT Roadshow x 3 The Annexe Wharton Terrace HBC Managers Forum Let's Connect

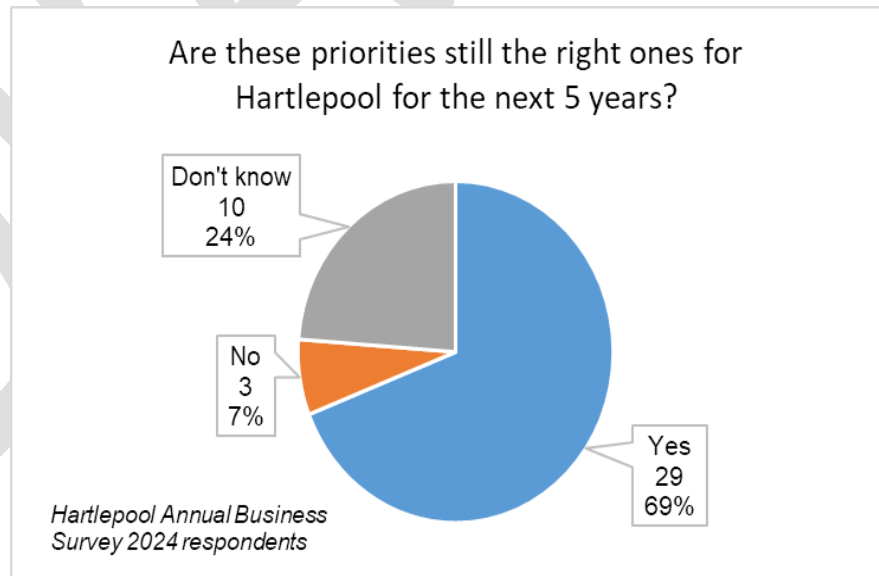
Survey respondents said...



Face to face respondents said...



Business survey respondents said...



Question	If there is anything that you feel is missing from the 6 priorities that should be included in the future please tell us about it here.
-----------------	--

Responses from	
Survey	379
Business survey	18
Face to face sessions	VCSE session ELT Roadshow x 3 Children in Care Council The Annexe Wharton Terrace Dyke House School (Key Stage 3) HBC Managers Forum

Survey respondents said...

Tag	Count
Action not words	34
Reduce crime and ASB	26
Bring back hospital services	17
Everyone should feel safe	17
Jobs and employment opportunities	15
Council Tax	14
Clean the town	14
Facilities, services and opportunities for children and young people	13
Police	12
Transport	12

The most mentioned comments on the survey questioned how the promised actions would be delivered and when as they identified that people needed to see action being taken and also to be aware of what was planned so that they could hold the Council to account. Jobs and opportunities were also highlighted as a priority as people wanted to see better paid and skilled jobs in high growth industries. Residents also felt that a priority should be about having a cleaner and more attractive town with residents looking after the place where they live and possibility encouraging the unemployed to volunteer to help keep the town clean. Hartlepool people were also keen to ensure that children and young people were able to develop their creative potential and interests. That there should be more activities and organised youth clubs for the young and there should be more invest in services for young people. Finally people thought that transport across the town should also be a priorities with suggestions for improved public transport links and a better infrastructure.

Face to face respondents said...

Tag	Count
Independent and resilient communities	20
Collaborative working	14
Priorities need to be more specific	14
Town / civic pride	14
Facilities, services and opportunities for children and young people	12
Investment	9
Action not words	9
Better communication	6
Digital inclusion	6
Resilient workforce	6
Diversity / welcoming people from different backgrounds	5
Housing	5
Increased job opportunities	5

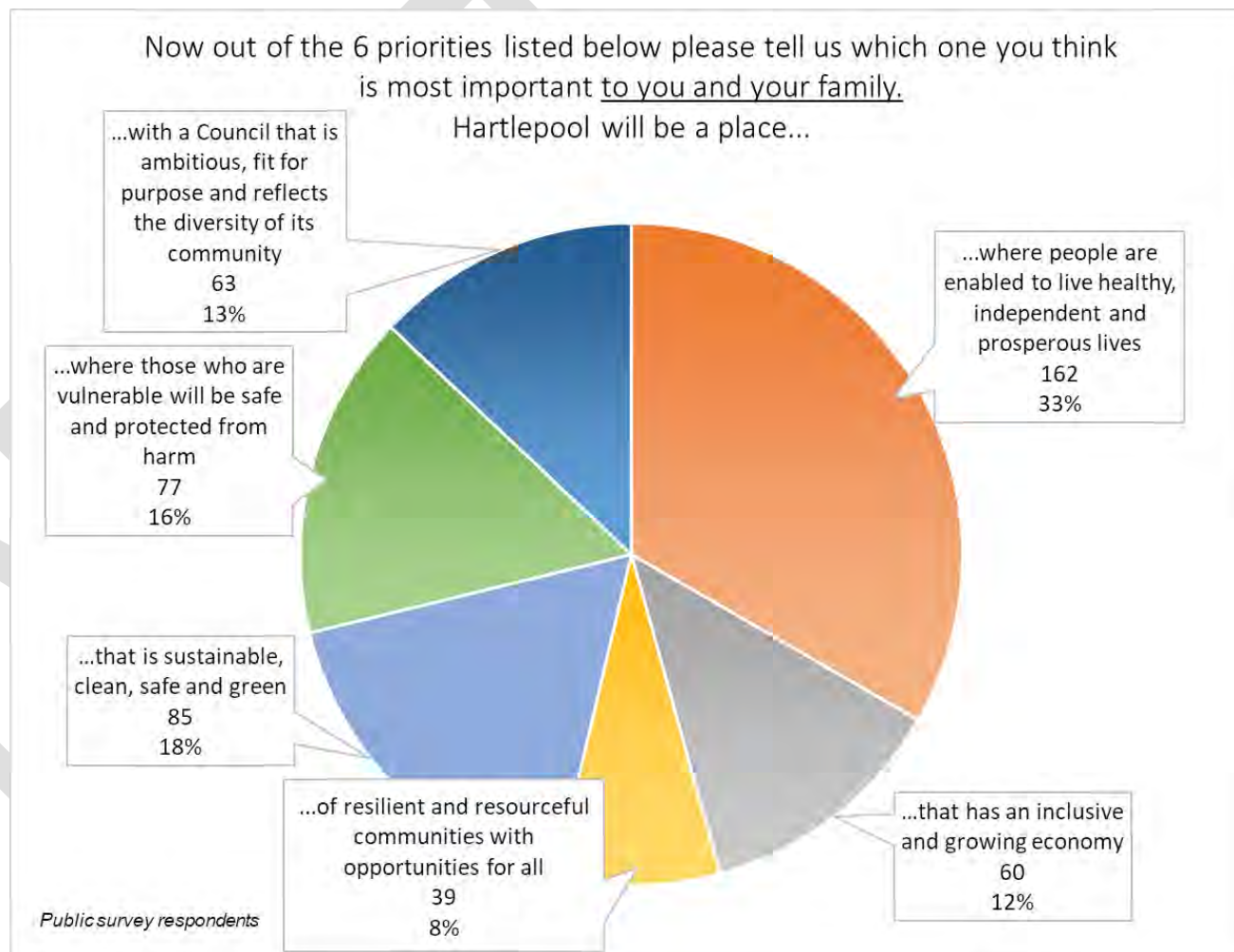
Business survey respondents said...

Tag	Count
Accountability	4
Thriving businesses	3
Connectivity	2
Good jobs	2
Support for start ups and small businesses	2
Public transport	2
Investment	2
Better health provision	2
Attractions	1
Better shopping	1
Encourage tourism	1
Facilitate and welcome conversations	1
Arts and culture	1
Better provision for cycling	1

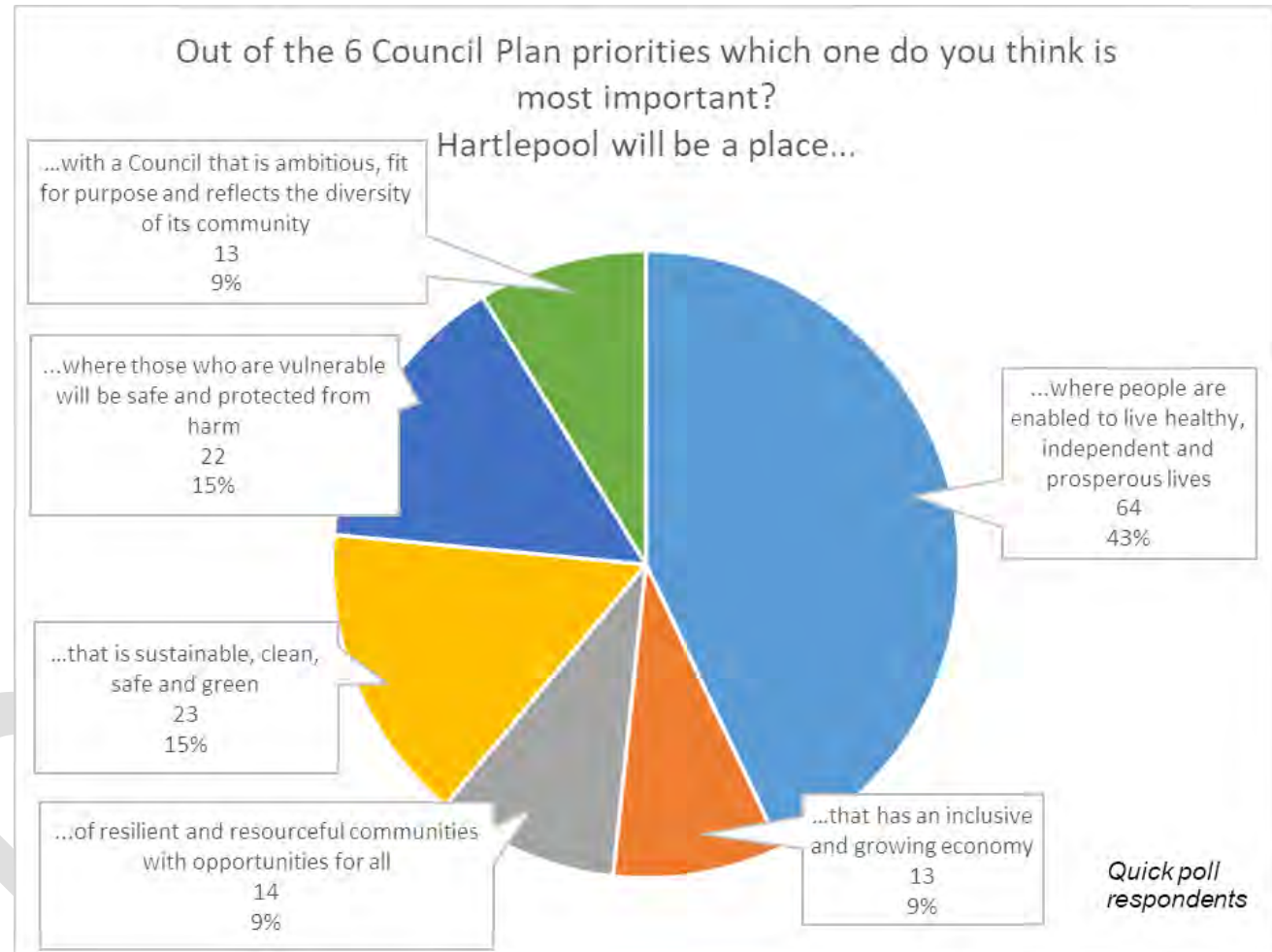
Question	Out of the 6 priorities please tell us which one is the most important for you and your family and for the wider community of Hartlepool.
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Responses from	
Survey	486
Quick poll	149

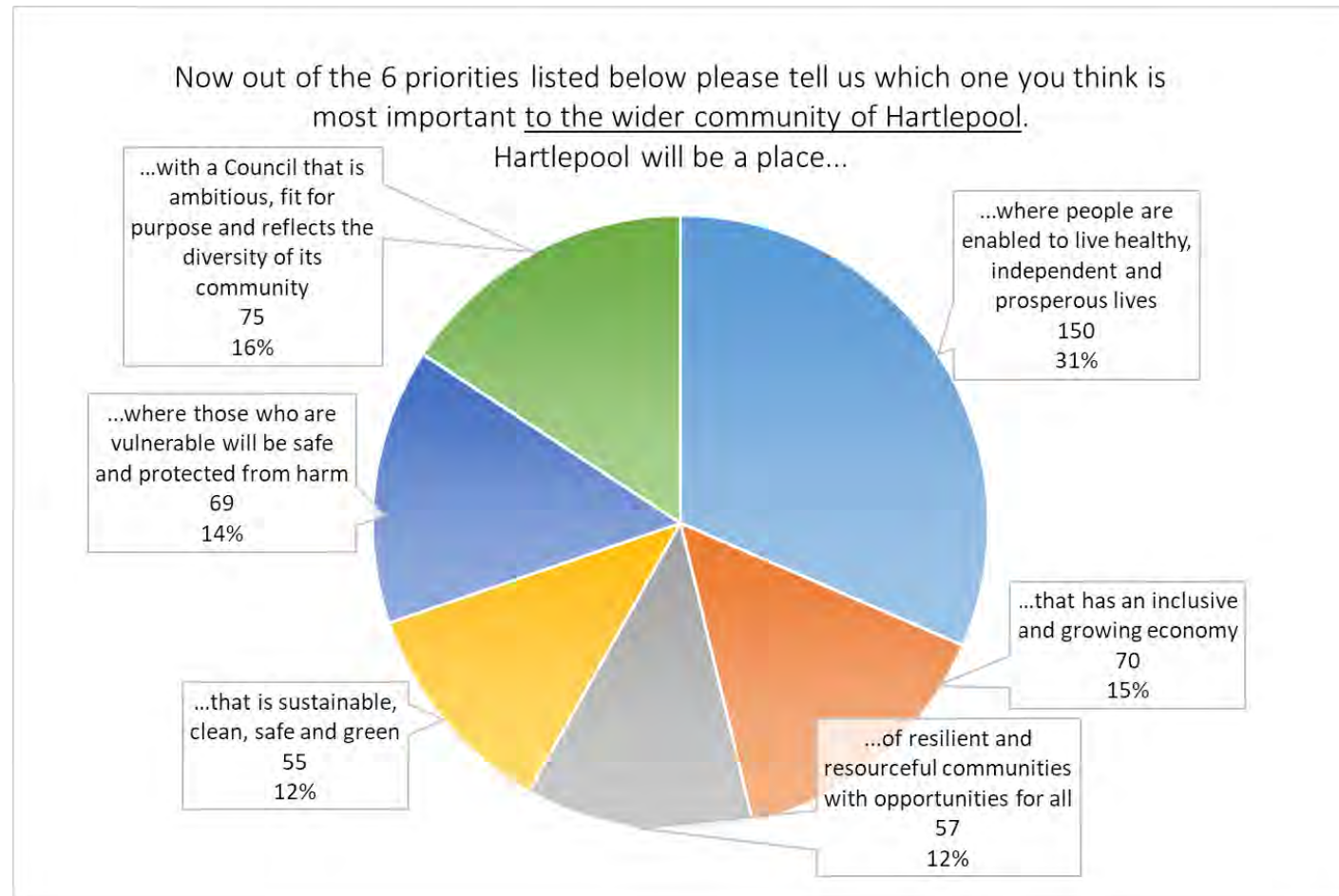
Survey respondents said...



Quick poll respondents said...



Survey respondents said...



Question	Please use this space to tell us a bit more about why that priority (Box ticked in the first column) is the most important to you and your family
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Responses from	
Survey	414

Survey respondents said...

Word cloud content:

- Safe communities
- Healthy lives
- Good jobs
- A better future
- Strong economy
- Clean environment
- Bedrock of all the priorities
- Effective/better council
- Independent lives
- Support and opportunities for young people
- Strong leadership
- Inclusive
- Prosperity
- Fulfilled lives
- Protect the vulnerable
- Good for the town
- Support for disabled people
- Strong communities

Tag	Count.
Safe communities	90
Healthy lives	56
Clean environment	38
Good jobs	35
A better future	35
Strong economy	32
Bedrock of all the priorities	28
Effective/better council	25
Independent lives	23
Environment and climate change	22
Fulfilled lives	22
Prosperity	21
Strong communities	18
Support for disabled people	14
Inclusive	13
Protect the vulnerable	12
Strong leadership	11
Support and opportunities for young people	11
Good for the town	11

Question	We want to understand what is important to the people of Hartlepool. Please use this space to tell us about what would help to improve your personal health and wellbeing.
-----------------	---

Responses from	
Survey	462
Face to face sessions	Dyke House School (Key Stage 3) Children in Care Council

Survey respondents said...

Tag	Count
Greater range of leisure activities	131
Better / easier access to health services	123
Access to quality green spaces	51
Healthy lifestyles	51
Things to do / attractions	50
Reduce crime and ASB	40
Clean the town	39
Cost of living crisis	34
Transport and getting about	27
Feeling safe	24
More disabled friendly	21
Better facilities for cycling	18
Environment and climate change	15
Better roads	13
Free Parking	13
Better quality housing	11
Increase job opportunities	10
Lower council tax	10

When asked what would help improve their health better and more affordable leisure activities came out top alongside safer and cleaner places to exercise outdoors. Also high on the list were access to GP's and dentists, easier access to social care and bringing back hospital services to the town. People would like to live healthier lifestyles with more time for recreation and access to healthy food and diets. They did feel that there are too many takeaways that are too easy to access. People would like more things to do within the town including a spa or an ice rink. It was suggested that there should be more women only activities but it is very important that there is better information and promotion of activities that are available Residents were also keen to see a town that was more disabled friendly with better support both for people with disabilities and for carers.

Quotes from the survey included:

"... More parks would be a major help for getting outside. Summer Hill is nice and Ward Jackson is lovely. The vast majority of the town is built up residential areas with nothing other than grim depressing concrete footpaths through housing areas to walk on. Unless you get in your car and drive to one of the parks mentioned above. The beaches are nice but Seaton is always mega busy and Steetley beach often has off-road bikes tearing up and down it."

"If I was able to get a doctors appointment or a dentist appointment, even consults are hard to get now, even sexual health is near impossible to access since it was taken out of the one life."

"Provide further opportunities for wellbeing activities to take place on late afternoons/evenings for residents who work full time."

"Social gatherings like rambling, walking, socialising anything like crafts, skills to enhance people's wellbeing"

"The town has a crisis in obesity, drugs, vaping, heart disease...your public health team should already know what to target for the best improvements. Cut the number of takeaways for starters and do more educational work around healthy life choices. It will take years but you have to start somewhere."

"Being able to afford to eat healthy food as I have a lot of health problems this is for me personally I just can't afford to eat healthy foods as they so expensive been on benefits I just can't do it and I know I need to do this because of my health issues but I also need to have my heating on as I feel cold terrible even on warm days I am always cold."

“Keeping active is one of the most important things for me personally. Gym membership can be expensive, not all people can afford them. More fitness classes at reasonable prices, on at times suitable to everyone.”

“I work full time, I am primary care giver for both my parents and struggle financially in the current climate to manage the upkeep of my home and to be able to afford heating. I don’t have time for myself and this impacts on me mentally and physically...”

Face to face respondents said...

“Many of [the group] commented on the impact of drugs and crime on the town. More children made these types of comments as opposed to what they would like to see developed in the town. There were a number of children who commented on how they did not feel safe in and around the town centre.”

“Healthy food to be more affordable and accessible. Gym membership cheaper.”

Question	Please use the space below to share any feedback you would like to give us on Council services that you have used over the last 12 months.
-----------------	---

Responses from	
Survey	370

The services which received the most number of comments from survey respondents were as follows:

Tag	Count
Development, Neighbourhoods and Regulatory Services	220
Household Waste Recycling Centre	101
Refuse Collection	95
Adult and Community Based Services	64
Corporate Services	51
Council Tax	22
Highways	23
Community Hubs	18
Leisure Facilities	19
Environmental Services	13
Adult Social Care	12
Children's and Joint Commissioning Services	11
Customer Services	11
Elected members	10

Further analysis of the sentiments expressed in the comments shows that the majority were negative (red - 46.5%), whilst 14.6% were mixed (yellow), 17% were neutral (orange) and 21.9% were positive (green). This is shown in the Sentiment Summary chart below.



Where comments were negative these mainly related to the following...

- Difficulties accessing the household waste recycling centre due to the appointment system (e.g. *"The recycling centre process is a nightmare now. The booking system means that's if you clean your house of clutter or need to get rid of items or tidy your garden when you are not at work you can't book last minute and have spare time ad-hoc you can't just go, and if you clean your garden and we are not in midst of months of rainy season but are not booked at the tip you can't take it by the time you can it is all wet garden waste, making one days work on an unexpected dry day become several days waiting to get in the tip and a very messy / wet waste experience. When you do go to the tip it does flow well, but it is not flexible enough. People are advising others to travel to other towns recycling due to the difficulties getting to ours."*)
- Lack of street cleaning (e.g. *"We have had no street cleaner for around 3yrs."*)
- General lack of action to service requests (e.g. *"they just closed my case without doing anything"; "Reporting untaxed vehicles, no response. Reporting anti-social behaviour, no response, reporting uncollected bins, no response."*)
- The paid-for green waste collections not being carried out (e.g. *"My brown bin was only collected/emptied once, even though I paid for a regular collection."*)
- Increases in council tax but reduction in services (e.g. *"Despite high council taxes, the council withdrew another service in free emptying of compost brown bins. This is a backwards step in being green. Fly tipping is rampant because there is still*

the stupid appointment system in place at the household tip near Tesco's. Free access should be reinstated. If you have stuff to dispose of, you sometimes have to wait over a week before you can have an appointment.")

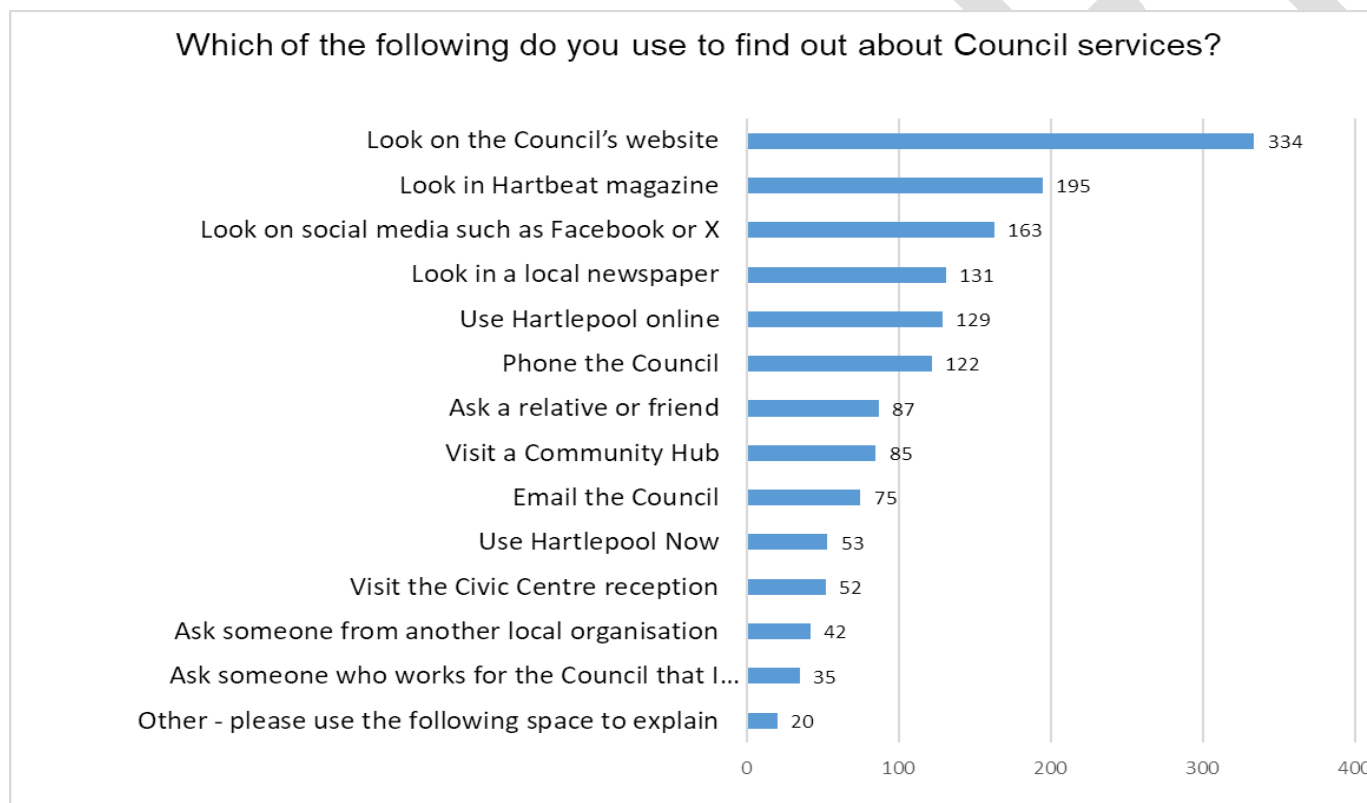
Where comments were positive, these included:

- Building Control - *"Building control - ease of use for online payment and friendly, helpful staff."*
- Tall Ships - *"I attended the Tall Ships event and it was great. Very well organised, and catered for all ages."*
- Adult Social Care - *"Elderly social services - great at helping my grandmother to find a care home that suited her needs and get adaptations she needed."*
- Community Hubs - *"I am enjoying the direction Seaton library is taking as a community hub. It's great it is being used more than just borrowing books. A youth club, creative workshops and more could be on offer. A hot drinks vending machine could be introduced. I am excited by the prospect of using this more in the future as it appeals"*
- Registrars - *"Used registry service to register a death, lady was brilliant, sensitive and pragmatic"*
- Services for children - *"Baby services around the town are fantastic, my family have used a lot of them since our son arrived early in 2023, from the access to health visitors at Rossmere Children's Centre to the sensory room at Community Hub South, to the Sing and Rhyme sessions in the Central Library and finally the weigh stay and play sessions in Middleton Grange."*

Question	Which of the following do you use to find out about Council services?
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Responses from	
Survey	502

Survey respondents said...



Question	So, thinking about what you would like to see for the future of Hartlepool tell us one thing that you think would make Hartlepool a better place to live in <u>5 years' time</u>...
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Responses from	
Survey	489
Business survey	34

Face to face sessions	VCSE sessions Head teachers ELT Roadshow x 3 Members Seminar Public Sector Partners Staff Equality Group Children in Care Council The Annexe Wharton Terrace North East Chamber of Commerce HBC Managers Forum
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Survey respondents said...



Tag	No.
Reduce crime and ASB	95
Better shopping / retail facilities	69
Regeneration of run down areas	69
Increase job opportunities	63
Clean the town	58
Improve public transport	50
Housing	39
Better leisure facilities	38
Better / easier access to health services	35
Support and opportunities for young people	26
Good for business	25
Be more inclusive	24
Tackle drugs and alcohol problems	23
Things to do / attractions	23
Access to quality green spaces	17
Environment and climate change	16
Better roads	13
Council	13
Feel safe	13
Lower council tax	13
Good health	11
Increase investment	10
Parking	10

Survey respondents identified reducing Crime and Anti-Social Behaviour (ASB) at the top of the list of things that would make Hartlepool a better place to live in 5 years' time. This included more police, increased enforcement and action on begging. They also spoke about regenerating rundown areas by tackling derelict and old buildings. With regards to housing they would like to see better amenities on new housing developments, better quality housing but also more affordable housing with strong action on homelessness and tackling problem landlords and tenants. They thought that we should be encouraging new businesses in the town with better incentives and start up help more readily available. They also thought we should have a stronger economy with that would attract new industries into the town. Roads was also a topic they highlighted with requests for better street lighting, repairing potholes and safer/more road crossings.

Quotes from the survey included:

"I think decision makers need to spend some time in the community talking to people and seeing how services work on the ground, then we might get some better decisions... I'd like to see principles such as 10 minute neighbourhoods, make space for girls and crime prevention by design being implemented... Women, elderly people, children and those who don't drive are not catered for at all in the town planning of Hartlepool. There is lots of best practice and evidence-based guidance out there to make neighbourhoods work better for more people, I'd love to see some of these principles start being considered."

"Over the next five years, several large offices will be relocating into the City Centre of Newcastle Upon Tyne, and in addition to this, electric cars may be more acceptable to many more commuters. At present, car parking is expensive in Newcastle and its surrounding areas, however, with the advent of electric cars, and the improvements to our railway station, along with timetable frequency changes, an opportunity has arisen (I believe) to provide provision of the following: The Transport Interchange at Hartlepool Railway Station (off Lynn Street only) should have all spaces with provision for electric car charging points. This will allow workers who work in Newcastle, Sunderland or Teesside, to have access to a high quality charging network and allow workers to charge their cars whilst working in another town or city. This I believe could be very lucrative for the local authority and ensure Hartlepool makes a key difference in providing sustainable transport facilities."

"More facilities for people of all ages. Not just things for young people or children to do. I'm nearly 40 no children and there's nothing for me to do other than drink (and the bars are poor). I'd like to be using my skills working closer to home. Being able to go out on an evening not spend a lot of money but be happy. It would be nice to have exercise classes on a Saturday and Sunday. Use of a pool at reasonable hours with no children. The shopping centre should be heavily invested in. Event spaces things to do"

attract more brands make it a destination. Not a place we're you feel you only want to go because Amazon don't have it in stock. It should be the first choice..."

"Clean, safe, green environment, residents and organisations are educated and involved in maintaining this, the impacts of this are significant. It would make more people want to live in the area, it would bring in greater council taxes, more expenditure in the area, more tourism, a greater sense of community and pride in the area which we love and work. Would attract more businesses, reduce the demand on health services and safeguarding services."

"More multicultural events, clubs, where ethnic minority and local community do things together and interact at that level together."

Face to face respondents said...



Tag	Count
Community support	16
Better quality jobs	15
Regeneration	15
Better public transport	12
Environment / green initiatives	12
Housing	11
Better / easier access to health services	8
Better shopping / retail offer	7
Tackle inequalities	7
Increased tourism	6
Investment	6
Raise aspirations	6
Clean the streets	5

Business survey respondents said...

Tag	Count
More things to do	11
Leisure activities	7
Good jobs	7
Better shopping	5
Tackle crime and ASB	4
Regeneration	3
Cleaner streets	3
Encourage tourism	3
Town pride	3
Public transport	2
Thriving businesses	2
Opportunities for young people	2
Connectivity	1
Bring back hospital services	1
Business	1
Better provision for cycling	1
Action on derelict buildings	1
Parks	1
Free parking	1
Better dining	1

Question	So, thinking about what you would like to see for the future of Hartlepool, now tell us one thing that you think would make Hartlepool a better place to live in <u>20 years' time</u>
-----------------	---

Responses from	
Survey	450
Business survey	33
Face to face sessions	VCSE session ELT Roadshow x 3 North East Chamber of Commerce

Survey respondents said...

Tag	Count
Increase job opportunities	75
green clean and safe	52
Improve housing	37
Better transport links	34
Reduce crime and ASB	32
Better shopping / retail facilities	24
Better leisure facilities	19
Improve education	19
Improve derelict/rundown buildings	18
Increase investment	18
Effective/better council	16
Improve town centre	14
Improved tourism	13
Strong stance on drug issues	10

The responses to the 20 years' time question were fairly similar to the 5 years' time one. The most common comment as to what residents would like to see in 20 years' time was an increase in job opportunities. The second most popular comment was about 'Green, clean and safe' and included issues such as action on litter, protecting the green belt and feeling safe across the town. Reducing crime and ASB also featured high in the list and included comments about improving policing by having more police across the town.

Quotes from the survey included:

"A fully redeveloped town centre, that people are proud of. Sort Church Street out once and for all. All shop fronts clean tidy, well maintained. Everyone working, reduce crime. Healthy happy people."

"Make Hartlepool attractive for visitors/tourists (they would support the hospitality sector and shopping) and investors (maybe create a venue for big call centres or IT Hub or Science Research Hub - intellectual jobs are better paid, more attractive for young people and less harmful for the environment)."

"Having a thriving, commercial town centre offering an excellent shopping experience, supporting a cafe culture, good restaurants and leisure facilities. All these activities will support increased employment for those who want it."

"New investment to allow young individuals to work here and not have to leave to pursue a career."

"A council that is focused with the best intentions of the town, the town will be clean, good housing, schools will be meeting the needs of the children."

"A more inclusive community taking pride in their town."

Not all comments were positive and residents expressed various negative responses including:

'Sorry, I won't be here and have no idea. I dread to think if we keep going the way we are.'

“The way things are going at the moment I would not like to be here in 20 years’ time.”

Face to face respondents said...

Tag	Count
Transport and getting about	5
Improved education (inc SEND)	3
Increased job opportunities	3
Attractions / things to do	3
Healthy lives	6
More open spaces	2
Energy self sufficiency	2
Maintained housing	2

Business survey respondents said...

Tag	Count
Infrastructure	5
Good jobs	5
Public transport	3
Opportunities for young people	3
Investment	3
Encourage tourism	2
Needs a vibrant vision	2
Protect green belt	2
Town pride	2
Connectivity	2
Raised profile	2
Safe communities	1
Inclusion	1
Bring back hospital services	1
Free parking	1
More things to do	1
Better shopping	1
Thriving businesses	1
Action on dog fouling	1
Support for start ups and small businesses	1
History and heritage	1

Question	Are there any other comments you would like to make? Please use this space to tell us about any about issues and concerns you may have about your local area as a place to live.
-----------------	---

Responses from	
Survey	284

Survey respondents said...

Tag	Count
Reduce crime and ASB	43
Tackle drugs and alcohol problems	17
Improve police	15
Untidy / dirty / scruffy	14
Improve council	13
Improve derelict/run-down buildings	13
Action on litter	13
Improve parking	13
Improve roads paths street lighting	13
Better / easier access to health services	12
Better transport links	10
Reduce council tax	10

When asked about any other concerns they might have about their local area reducing crime and ASB came out top with drug issues and improving the people second and third. Parking was another issue on people's minds with concerns about illegal parking and issues when parking at the marina.

Who took part in the Big Conversation Survey?

We were keen to understand who responded to the survey element of the Big Conversation. There were two main reasons for this:

1. To see if those who took part reflected the wider community in Hartlepool.
2. To allow us to undertake further analysis and to see if different groups of people responded in different ways to the questions asked.

In order to do this we asked some details about the people completing the survey. We outlined that the information provided would not be used to identify individuals and wouldn't be shared. However we did allow respondents to choose whether they wanted to respond to these questions and they were free to answer whichever of the questions that they felt comfortable with. In some questions we provided free text boxes so that people could use these if they wished to self-identify.

Where possible we have compared the responses we received with other data that we have access to including the Census or NOMIS (national labour market statistics) from the Office of National Statistics.

Question	Firstly, are you...? (Please tick all that apply)
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658 (99%) of survey respondents answered this question:

	Count	%
A resident of Hartlepool	608	92.4%
Not a resident but working in Hartlepool	37	5.6%
Not a resident but studying in Hartlepool	0	0.0%
Visiting Hartlepool but live elsewhere	5	0.8%
Owner of a business in Hartlepool	7	1.1%
Other (please specify)	10	1.5%

Question	If you live in Hartlepool please tell us your postcode
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598 (90%) survey respondents gave their postcodes. The postcodes provided have been matched to wards in order to identify the number of respondents from each ward as shown on the table below:

	Count	%
Rural West	68	12.7%
Hart	56	10.5%
Throston	54	10.1%
Headland & Harbour	52	9.7%
Seaton	45	8.4%
Foggy Furze	44	8.2%
Burn Valley	41	7.7%
Fens & Greatham	40	7.5%
De Bruce	39	7.3%
Victoria	38	7.1%
Rossmere	30	5.6%
Manor House	27	5.1%

Question	What is your current employment status?
-----------------	--

629 (95%) of survey respondents answered this question:

Status	Count	%
Employed – full time	294	46.70%
Retired	158	25.10%
Employed - part time	68	10.80%
Unable to work	31	4.90%
Self Employed	27	4.30%
Prefer not to say	23	3.70%
Not employed and not currently looking for work	14	2.20%
Not employed but looking for work	10	1.60%
Student	4	0.60%

Employment data on NOMIS is categorised differently to the categories given here so the data is not directly comparable. However, data on NOMIS shows that for the period October 2023 to December 2023, of those who were classed as Economically Active, 69.7% were in Employment, compared to 4.6% who were classed as Unemployed.

Question	Do you provide care and support, unpaid, for a family member, friend or partner who cannot cope without your support?
-----------------	--

643 (97%) of survey respondents answered this question:

Do you provide unpaid care and support?	Count	%
Yes, I care for someone in my household	115	17.90%
Yes, I care for someone outside my household	74	11.50%
No	417	64.90%
Prefer not to say	37	5.80%

The Census 2021 asked a question about providing unpaid care but it is not directly comparable to the one asked in this survey. The Census data shows that:

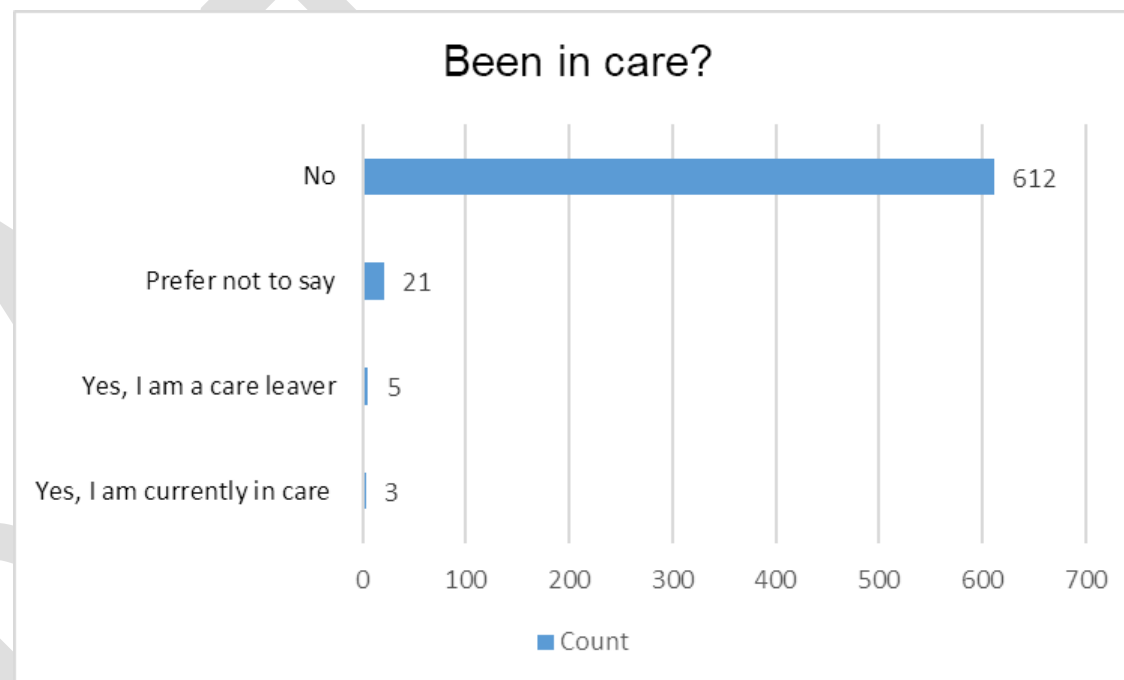
- 89.0% of people aged 5 or over provide No Unpaid Care
- Of those who said that they did provide care, 3.9% provided 50 or more hours unpaid care a week

Please note that the Census data does not differentiate between care provided to someone within or outside the respondents' household.

Question	Are you, or have you been, in the care of the Local Authority as a child or young person?
-----------------	--

641 (97%) of survey respondents answered this question:

Been in care?	Count	%
Yes, I am currently in care	3	0.50%
Yes, I am a care leaver	5	0.80%
Prefer not to say	21	3.30%
No	612	95.20%



Question	Please tell us if you, or your spouse / partner are currently serving or have previously served in the UK armed forces.
-----------------	--

634 (96%) of survey respondents answered this question:






Armed Forces Status	Count	%
My Spouse / partner is currently serving in the Regular, Reserve or Territorial Armed Forces	1	0.10%
I am currently serving in the Regular, Reserve or Territorial Armed Forces	3	0.50%
Prefer not to say	26	4.10%
I have previously served in the Regular or Reserve Armed Forces	34	5.40%
My Spouse / partner has previously served in the Regular or Reserve Armed Forces	36	5.70%
Not applicable	542	85.50%

The Census 2021 asked a question about armed forces status but it is not directly comparable to the one asked in this survey. The Census data shows that:

- 4.1% of the population of Hartlepool have previously served in the regular armed forces
- 0.9% have previously served in the reserve armed forces
- 0.2% have previously served in both the regular and reserve armed forces
- 94.9% have not previously served in any of the UK armed forces

Question	What is your sex?
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645 (97%) of survey respondents answered this question:

Sex	Respondents	Count of respondents	% of respondents	Hartlepool population	Count of Hartlepool population	% Hartlepool population
Female		379	58.80%		48,231	51.40%
Male		227	35.20%		45,630	48.60%
Prefer not to say		39	6%		N/A	N/A

Question	Is the gender you identify with the same as your sex registered at birth?
-----------------	--

633 (96%) of survey respondents answered this question:






















Is the gender you identify with the same as your sex registered at birth?	Count	%	Census
Yes	597	94.30%	94.51%
No	2	0.30%	0.43%
Prefer not to say	34	5.40%	N/A

Question	If you answered 'No' to the previous question, please use this space to write in your gender identity
-----------------	--

Only one response received: "non-binary".

Question	How old are you?
-----------------	-------------------------

647 (98%) of survey respondents answered this question:

Age	Respondents	Count of respondents	% of respondents	Hartlepool Population	Count of population	% Hartlepool Population
Under 16		0	0.0%		17,780	18.9%
16 – 18		2	0.3%		3,468	3.7%
19 – 25		18	2.8%		7,141	7.6%
26 – 35		65	10.0%		11,621	12.4%
36 – 45		117	18.1%		10,807	11.5%
46 – 55		147	22.7%		12,026	12.8%
56 – 65		159	24.6%		13,485	14.4%
66 – 75		83	12.8%		10,185	10.9%
76 – 85		27	4.2%		5,440	5.8%
86+		2	0.3%		1,908	2.0%
Prefer not to say		27	4.2%	N/A	N/A	N/A
Total		627	100.0%		93,861	100.0%

Question	Do you have any physical or mental conditions or illnesses lasting or expected to last 12 months or more?
-----------------	--

646 of survey respondents (98%) answered this question:

Physical or mental health conditions?	Count	%
Yes	203	31.4%
No	394	61.0%
Prefer not to say	49	7.6%

Question	If you have told us that you have a physical or mental condition or illness, does it reduce your ability to carry out day-to-day activities?
-----------------	---

199 of survey respondents answered this question which was dependent on answering “yes” to the previous question:

Does your condition reduce your ability to carry out day-to-day activities?	Count	% of all respondents	Census
Yes, a little	95	14.7%	11.5%
Yes, a lot	71	11.0%	11.3%
No	28	3.9%	77.1%
Prefer not to say	5	0.8%	N/A

Question	If you have told us that you have a physical or mental condition or illness, does it affect you in any of the following areas?
-----------------	---

190 of survey respondents answered this question which was dependent on answering “yes” to the “Do you have any physical or mental health conditions...?” question:

Area	Count	%
Mobility (for example walking short distances or climbing stairs)	96	50.5%
Mental Health	86	45.3%
Stamina or breathing or fatigue	55	28.9%
Dexterity (for example lifting and carrying objects, using a keyboard)	39	20.5%
Memory	35	18.4%
Learning or understanding or concentrating	26	13.7%
Socially or behaviourally (for example associated with autism or attention deficit disorder)	26	13.7%
Hearing (for example deafness or partial hearing)	24	12.6%
Vision (for example blindness or partial sight)	16	8.4%
Prefer not to say	15	7.9%
Other (please specify)	7	3.7%

Question	What is your ethnic group?
-----------------	-----------------------------------

648 (98%) of survey respondents answered this question:

Ethnicity	Count	%	Census
Asian or Asian British	3	0.5%	1.7%
Black African, Caribbean or Black British	5	0.8%	0.5%
Mixed/multiple ethnic groups	12	1.9%	0.7%
White	594	91.7%	96.5%
Prefer not to say	29	4.5%	N/A
Other ethnic group (please specify)	5	0.8%	0.6%

Question	What is your religion?
-----------------	-------------------------------

641 (97%) of survey respondents answered this question:

Religion	Count	%	Census
Buddhist	3	0.5%	0.2%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	339	52.9%	52.5%
Hindu	0	0.0%	0.2%
Jewish	2	0.3%	0.0%
Muslim	4	0.6%	1.3%
No religion / atheist	211	32.9%	40.1%
Sikh	0	0.0%	0.2%
Prefer not to say	66	10.3%	N/A
Other religion (please identify within the free text below)	16	2.5%	0.3%

The 16 respondents who selected “other” gave a selection of responses, some replicated the options given (e.g. Roman Catholic). The other responses given included “agnostic”, “humanist”, “pagan” and “Rastafarian”.

Question	Which of the following best describes your sexual orientation?
-----------------	---

636 (96%) of survey respondents answered this question:

Sexual Orientation	Count	%	Census
Bisexual	18	2.8%	1.1%
Gay or lesbian	14	2.2%	1.5%
Straight / heterosexual	531	83.5%	91.1%
Prefer not to say	66	10.4%	N/A
Self-identify (please write in)	7	1.0%	N/A

Question	If you prefer to self-identify please write this in below:
-----------------	---

7 responses were received covering a variety of terms including “asexual” and “pansexual”.

Big Conversation -Methodology

22nd November 2023 – 14th February 2024

As a Council we launched the Big Conversation to hear how people felt about Hartlepool and to understand what matters to them. We wanted to use the Big Conversation to give people the space to share their thoughts and ideas about the type of place they want Hartlepool to be in the future.

We sought to engage as many people as possible in the Big Conversation. This included our residents, our employees and our partners from the public, private, voluntary, community and social enterprise sectors. The intention of the Big Conversation was to engage with people where they already were so rather than holding events and expecting people to come to us, we aimed to take the Big Conversation to them. Officers from across the Council and partner organisations hosted Big Conversation activities with those that they work with and specific sessions were arranged for target groups. We had a survey and single question postcards available for those who preferred to share their thoughts in that way. The survey was available online and paper copies were made available at a range of Council buildings including the Civic Centre, Community Hubs, branch libraries and sports centres. An easy read version of the survey was also developed to make the Big Conversation more accessible. In addition, we have a 2 week focus on the Big Conversation in the Community Hubs during January where everyone attending the Hubs was given the opportunity to get involved by completing the survey (online or paper) or postcards or by contributing to the ideas board at the Central Hub.

The Big Conversation was launched on 22nd November 2023 and ran for 12 weeks until 14th February 2024. In total there were over 1,600 engagements. This included:

- 662 public survey responses (including paper, online and easy read versions)
- 48 business survey responses
- 149 responses to the quick poll
- 522 postcard responses
- 266 attendances registered at face to face sessions supported by officers from the Council
- 18 face to face sessions held by the Council or other public, voluntary, community and social enterprise partner organisations

Council-led face to face sessions took place as follows:

What	When	Where	Who
Parish Council Liaison	11 th December 2023	In person in the Civic Centre	5 representatives of the Town and Parish Councils in Hartlepool
Hartlepool Borough Council Managers Forum	13 th December 2023	Online using MS Teams	104 Hartlepool Borough Council employees with management responsibility
Voluntary, Community and Social Enterprise (VCSE) Session	11 th January 2024	In person at the Centre for Independent Living	17 representatives of the Voluntary, Community and Social Enterprise Sector
School Head Teachers Session	16 th January 2024	Online using MS Teams	18 Head Teachers from the primary and secondary schools across the Borough.
Hartlepool Borough Council Staff Equality Network	16 th January 2024	Online using MS Teams	3 Hartlepool Borough Council employees
Starfish Health and Wellbeing – Hartlepool Lived Experience Forum	17 th January 2024	In person at Lilyanne's Wellbeing Cafe	7 individuals who are part of the Hartlepool Lived Experience Forum and Forum support workers.

What	When	Where	Who
Public Sector Partners Session	18 th January 2024	Online using MS Teams	<p>15 representatives of public sector partner organisations:</p> <ul style="list-style-type: none"> • Cleveland Fire • Cleveland Police • Hartlepool Sixth Form College • NHS North East and North Cumbria Integrated Care Board • Northern School of Art • North Tees and Hartlepool NHS Trust • Office of the Police and Crime Commissioner • Probation Service • Tees, Esk and Wear Valley NHS Trust • Tees Valley Combined Authority • Thirteen Group
Members Seminar	22 nd January 2024	Online using MS Teams	8 Elected Members

What	When	Where	Who
ELT Roadshows	23 rd January 2024 25 th January 2024 31 st January 2024	Two in person sessions held in the Civic Centre and Centre for Independent Living respectively and one online session held using MS Teams	73 Hartlepool Borough Council employees
Children in Care Council	January 2024	Face to face	Children in care of the local authority
Economic and Business Forum Steering Group	30 th January 2024	Online using MS Teams	The Chair and 1 other representative of the Economic and Business Forum Steering Group
Economic and Business Forum	1 st February 2024	Centre for Independent Living	Local businesses and representatives of partner organisations.
North East Chamber of Commerce – Hartlepool Branch Meeting	6 th February 2024	HCFE	14 Members of the NECC Hartlepool Branch

Partner led face to face sessions took place as follows:

What	When	Where	Who
Residents Drop In Sessions	16 th and 24 th January 2024	The Annexe, Wharton Trust	Local residents
Pupil discussion during tutor time	9 th February 2024	Dyke House School	Students in Key Stage 3 (Years 7, 8 and 9)
Coffee and Chat Group	14 th February 2024	Let's Connect	Health / disability community

Promotional activities included:

What	When	Where	Who
Big Conversation Article	December edition	Hartbeat Magazine	Every household in Hartlepool
Your Say Newsletters	Various	Email	The registered users of the Council's Your Say platform
Posts on various Hartlepool Borough Council social media accounts	Various	Facebook	Hartlepool residents
Promotion to Council employees	Various	Email / posters	All employees
Promotion to Elected Members	Various	Email / posters	Elected Members
Promotion of event and survey to public sector partners organisations	December 2024	Email	Lead Officers for public sector partner organisations, their employees and service users
Promotion of event and survey to VCSE organisations	December 2023 / January 2024	Email	Hartlepower mailing list
Interview with the Managing Director (live)	January 2024	Radio Hartlepool	Hartlepool residents
Interview with the Managing Director (pre-recorded)	January 2024	BBC Tees	Hartlepool and the wider Tees Valley
Paper copies of the survey sent by post	January 2024	N/A	Healthwatch Hartlepool mailing list
Promotion to young people accessing Youth Services	Various	Email / face to face	Young people attending Youth Service activities

What	When	Where	Who
Promotion to the Federation of Small Businesses	26 th January 2024	MS Teams	Development Manager for North East England shared with FSB members
Promotion to parents	Various	Email	Holiday Activities Fund (HAF) parents mailing list
Promotion to refugees and asylum seekers	Various	Face to face at outreach drop in sessions	Refugees and asylum seekers attending outreach drop in sessions
Promotion to parents with young children	Various	Sharing of QR codes for survey	Parents accessing Early Years Services
Paper copies survey supplied	Various	N/A	Pre-school childcare providers to be complete with parents

September 2023

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CONSULTATION REPORT ON TEESSIDE SEXUAL HEALTH SERVICES

1 Introduction

The consultation on Teesside Sexual Health Services was conducted by Insight Now and YPEC CIC on behalf of Teesside Public Health (Hartlepool, Stockton-on-Tees, Middlesbrough, and Redcar & Cleveland).

- **Insight Now (IN):** A research development and analysis company. Company partner with the Market Research Society (MRS), Accredited to ISO27001, DPA registered and GDPR compliant.
- **YPEC CIC:** A community interest company that specialises in delivering community insight and engagement on range of health behaviours and attitudes for local authorities.

This report presents the methodologies, analyses, findings, and recommendations. More detail is provided in the appendices on the research and engagement activities and associated outputs.

1.1 Background

The main objectives were to:

- Support the review of current contraception and sexual health services across Teesside.
- Gather information, views and opinions from the current service provider, current service users, potential service users and stakeholders.

The evaluation requirements included consideration of the following themes / topics, and these will be referenced where relevant in the report:

- a. Successful elements of the current service, e.g., flexibility and responsiveness of service, skilled workforce, outreach etc.
- b. Challenges faced within the current service, e.g., barriers to access, limitations of service, staff training etc.
- c. Opportunities to improve the current service, e.g., better use of technology, more focus on prevention etc.
- d. Choice, e.g., access to services near home/school/college/university/work, choice of times available for appointments/walk-ins, choice of professional seen – male/female etc.
- e. Service users' experience of contraception and sexual health services across Teesside and what is felt is needed to make continuous improvements to those services in the future.
- f. The views of potential service users in terms of their needs and expectations of an integrated sexual health service.
- g. The current service provider's experience of providing contraception and sexual health services across Teesside and what is felt is needed to make continuous improvements to those services in the future.
- h. The way sexual health service provision works in a primary care setting and a community setting, e.g., pharmacy and views on how this can be improved.

The study targeted a range of stakeholder groups, professionals, service providers, services users, community groups including seldom heard, and the general public – across the four locations of Teesside.

1.2 Key Locations

- Hartlepool
- Stockton-on-Tees
- Middlesbrough
- Redcar and Cleveland

2 Methodologies

A mixture of methodologies was used to offer a varied approach to suit different audience preferences and also helping to maximise engagement within the relatively short study timeframe.

2.1 Deep Dive Review

A deep dive review into existing data sets to establish an in-depth insight and understanding of the activity and performance of current providers.

2.2 Surveys

Two surveys were created and accessible online via links, QR codes, mobiles, etc. Paper copies were distributed during events and to community members who didn't have digital access or preferred to complete a hard copy.

2.3 Focus groups / one to one interviews

A range of focus groups / one to one interviews, and team meetings were held with various professionals and community groups across Teesside to gain a deeper understanding of circumstances, backgrounds, opinions, and experiences.

2.4 Site visits / Events

Numerous site visits and events were attended to capture feedback from people in their chosen, more natural surroundings.

2.5 Workshops

Interactive workshops including teaching about sexual health and research and engagement discussions about sexual health services.

3 Service providers and users

The approach was segmented to consult with providers, users, and referrers, e.g., tailored for those:

- Service providers / professionals delivering sexual health services – their location, promotion, services, quality, user numbers and characteristics
- Service users / community groups wanting suitable advice, support, and value from sexual health services

- Expected to be in a knowledgeable position to refer users appropriately.

3.1 Service providers / professionals – engagement methodologies

- Professionals survey (online and paper)
- Team meetings / focus groups (online and face to face)
- One to one interviews / meetings (online and face to face)
- Workshops (online and face to face)
- Site visits to different providers, i.e., sexual health services, pharmacies, abortion clinic, midwifery services, etc.

3.2 Service users / communities – engagement methodologies

- Service user / community survey (online via links, QR codes, & paper)
- Focus groups with community groups, targeting seldom heard community groups (online and face to face)
- Workshops – attending venues facilitating sexual health workshops and research.
- One to one interviews with community members.
- Site visits – discussions with service users.
- Attending community groups / meetings / forums.
- Attending community events.

4 Consultation activities during the review

A total of 80 research and engagement consultations were carried out over the period of 20th July to 9th September 2023.

Engagement Activities	Professionals	Community Groups / Service Users
Initial Meetings	18	0
Interviews / Focus Groups	22	14
Team Discussion /Workshops	5	3
Site Visits / Events	8	10

Appendix G lists all the consultation activities by type and locality, and Appendices C, E and F detail the outputs from each session.

5 Key findings

5.1 Deep dive data review

- Higher proportion of females have accessed sexual health services than males.
- White British are the highest ethnic group accessing sexual health services.
- Low levels of ethnic minority groups accessing sexual health services in all age groups.
- The percentage of women accessing EHC within 3 days of contacting the service halved in Jan 23.
- Low levels of condom distribution by pharmacies (Aug 21-Jul 22). Females are more likely to access condoms than males.
- More females accessed STI postal service than males.

More detail on our deep dive analyses of existing data is provided in Appendix A.

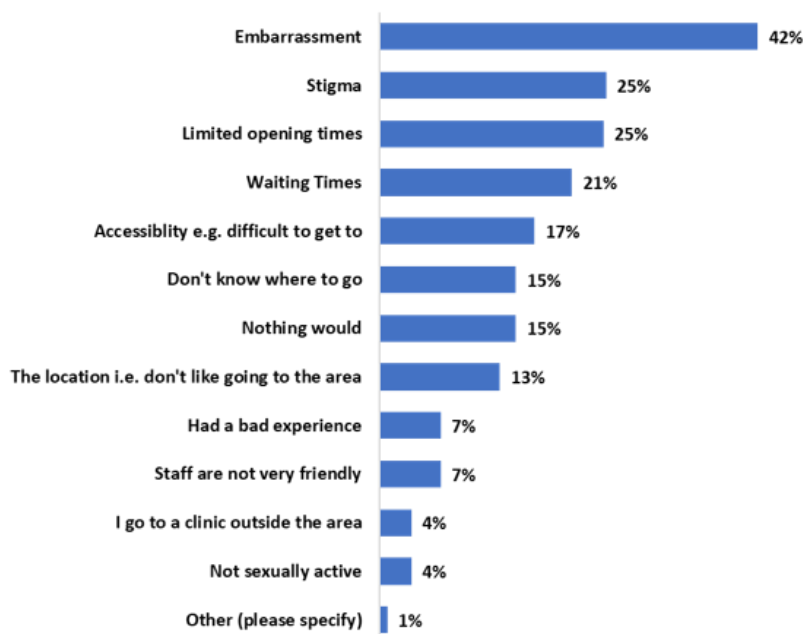
5.2 Survey of service users / community

(e. Service users' experience of contraception and sexual health services across Teesside and what is felt is needed to make continuous improvements to those services in the future)

(f. The views of potential service users in terms of their needs and expectations of an integrated sexual health service)

Over 380 service users completed the user online survey which is reported in detail in Appendix B.

Our analysis of the responses has been taken into account in the later sections on 'Strengths' and 'Areas for Improvement', e.g., the following extract shows that embarrassment and stigma are key barriers to seeking sexual health services.



5.3 Consultation with services users / community

- Improve promotion and awareness of local sexual health services.
- Need for a range of accessible locations and options.
- Reduce stigma and embarrassment of accessing sexual health services.
- Increase in education for young people
- Up to date information on services and sexual health in general.

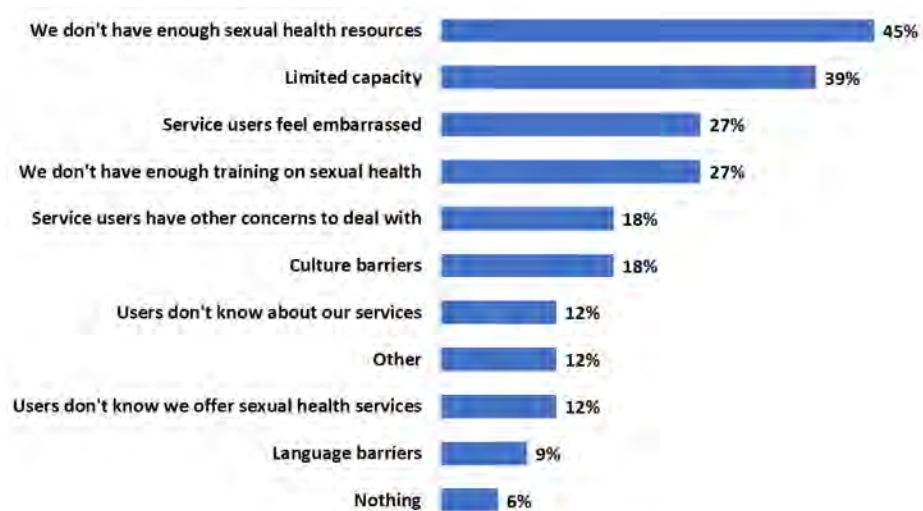
Records of all consultations are provided in Appendix C.

5.4 Survey of professionals / service providers

(h. The way sexual health service provision works in a primary care setting and a community setting, e.g., pharmacy and views on how this can be improved)

Over 122 professionals / service providers completed the professional online survey which is reported in detail in Appendix D.

Our analysis of the responses has been taken into account in the following sections on 'Strengths' and 'Areas for Improvement', e.g., the following extract shows that professionals state a need for more resources to distribute to service users.



5.5 Consultation with professionals

Key findings from consultation with professionals:

- Increase awareness and understanding of local sexual health services.
- Expand training opportunities, e.g., covering C-Card, on STI screenings, and how to have 'difficult conversations around sexual health', etc.
- Make more resources readily available for professionals.
- Increase testing opportunities for syphilis.
- Improve promotion of sexual health services.

- Encourage further partnership working.
- Underpin and enhance the joint approach to sexual health issues.

Records of all consultations are provided in Appendix E.

5.6 Consultation with service providers

(g. The current service provider's experience of providing contraception and sexual health services across Teesside and what is felt is needed to make continuous improvements to those services in the future.)

- Acknowledgement of previous limitations and the impact of the pandemic on service provision, still implementing strategies to reduce backlog of clients.
- There are opportunities for different service providers to offer additional contraception services and STI testing services.
- Need to increase accessibility to community groups, specifically seldom heard communities.
- Improvement of IT systems and online booking processes.

Records of all consultations are provided in Appendix F.

5.7 Strengths

(a. Successful elements of the current service, e.g., flexibility and responsiveness of service, skilled workforce, outreach, etc.)

Teesside Sexual Health Services (including the following services HCRG, Brook, THT, BPAS, Midwifery, NHS / ICB etc)

- Sexual health professionals are passionate about what they do and the service they provide.
- Sexual health professionals are aware of the previous limitations of the service and have developed the service to improve service user experience and are developing strategies to access harder to reach communities, such as an outreach service to increase accessibility.
- The majority of service users found professionals at the sexual health clinics and providers very friendly and helpful. Though several people did mention they felt some of reception staff in the clinics could be impolite and judgemental.
- Many service users rated their actual experiences at sexual health clinics and providers as 'good' or 'very good'.
- Outreach services have developed creative ways to target seldom heard communities, i.e. through apps, social media, etc.
- Good engagement with schools in some areas of Teesside, in particular with 1 to 1 targeted work.
- Professional workforce across all services are highly skilled and willing to offer more services, i.e. additional contraception methods, additional STI testing, etc.

Wider Professional Workforce

- Professionals are keen to have C-Card training and sexual health training and would like to support their service users.
- There are multiple opportunities & organisations to promote sexual health services and provide C-Card.
- The transformation of the family hubs to 0-19 provides opportunities to provide C-Card to young people.
- The consultation has led to professionals thinking about how they could promote sexual health to services users, e.g., include information in assessments, posters, etc.

5.8 Areas for Improvement

(b. Challenges faced within the current service, e.g., barriers to access, limitations of service, staff training etc.)

Raise awareness of the different sexual health services across Teesside

- Many professionals across Teesside organisations and services do not have up to date information or know where to refer. For example, professionals in Hartlepool are still referring to the One Life Centre for sexual health services, when it has moved to the medical centre in The Fens.

Increase provision and awareness of C-Card Service

- Increase accessibility and promotion C-Card services
- Increase number of professionals trained in C-Card.
- Professionals are wanting to be trained but finding that the training dates are limited and often a long time away.
- More resources needed for distribution by trained professionals.

Improve accessibility

- Need to increase provision of sexual health services in rural areas.
- Main barriers for vulnerable groups not accessing sexual health services are location, cost of transport, stigma, and lack of trust in professionals
- People unsure where services are available
- Pharmacies not offering EHC, STI testing, C-Card, pregnancy testing
- Lack of service / adaptations for potential service users with physical disabilities
- THT is accessing the vulnerable groups (mainly MSM) through targeted approach i.e., via dating apps, but needs to extend to wider seldom heard groups
- Many professionals say they signpost young people to the school nurse for condoms, however school nurse services are at limited times, and when young people are asked if their schools have a nurse – they are often not sure or don't know how to access them.

Dispel the stigma and embarrassment

- Stigma and embarrassment were key reasons why people don't access sexual health information and services.

Extend availability and choice

- People unable to book contraception appointments.
- Long waiting times in drop-in clinics, for appointments in general and then to find out results.
- Review contraception assistance via GP practices as in some cases members are struggling to get contraception from GPs instead being referred to sexual health services.
- Some service users find the actual clinic not very inviting and quite basic – reception area, waiting and consulting rooms, etc.,
- Most service users said they could get an appointment at the GP for a smear test, however professionals working with vulnerable, at-risk groups stated many tended not to turn up for appointments – probably due to their relatively chaotic lives.
- Service users find most staff very friendly and helpful, though several people mentioned reception staff being impolite and judgemental.

Improve the Sexual Health Service (HCRG) Website

- Confusing online booking system
- Need more information about and using sexual health services and processes.
- Pages missing / errors.
- Lack of visuals and information about sexual health.
- No options for different languages, visually impaired, or audio / video options.

Postal Kits

Some service users:

- Had difficulty understanding the instructions and using the kits
- Reported information inaccuracies and receiving messages to attend a sexual health service clinic because samples could not be tested
- Found the 'pills by post' abortion instructions difficult to understand and felt there was a lack of aftercare support.

Need more training and education

- Professionals wanting to know more about sexual health and how to have 'those difficult' conversations with service users.
- Professionals not knowing about C-Card training and how to book on a course.
- Big concern by professionals and community members over the lack of education around relationships and sexual health for young people in schools, colleges and universities.
- Parents and carers not knowing how to have 'conversations' with their children about relationships and sexual health.

- Lack of information provided to new parents around contraception.

Join up the approach and partnership working

- Confusing for professionals and potential service users having different strategies / services in the different localities (where to refer or attend.)
- Some professionals felt there was limited / strained partnership working in the different localities and service providers, for example BPAS and Midwifery / James Cook University.

Extend communication and promotion

- Need consistent promotion of services in all localities / across the board.
- Need consistent promotion of key sexual health messages in all localities.
- No leaflets / posters in different languages, for SEN, or visually impaired.
- Lack of leaflets / posters / social media presence.
- No promotion of strategies / plans around sexual health for professionals.

6 Recommendations

(c. Opportunities to improve the current service, e.g., better use of technology, more focus on prevention etc.)

(d. Choice, e.g., access to services near home/school/college/university/work, choice of times available for appointments/walk-ins, choice of professional seen – male/female etc.)

We have considered all the responses and views expressed by professionals delivering sexual health services, by their customers and users, and by people who currently do not use these services for various reasons. There are many common themes and some individual experiences which we have appropriately considered in the formulation of the following recommendations.

6.1 Strengthen the partnership approach

Our suggestions / recommendations would be more easily enabled by enhancing and strengthening the partnership approach across Teesside – involving key stakeholders, e.g., from the constituent local authorities / public health, NHS, relevant organisations, professionals, and also considering:

- Sexual Health providers
- Pharmacies
- Outreach services
- Youth services
- Social services
- Education – schools, colleges, universities
- Voluntary sectors
- Locations across Teesside.

Perhaps a Sexual Health Service Partnership / Board, with appropriate representation as above, could take responsibility for the strategy, guidance and decisions needed to enhance, extend, and promote sexual health services across Teesside, making them easily accessible to everyone.

6.2 Teesside Sexual Health Strategy

A joined-up community strategy to help reduce teenage pregnancy and STI rates, working to a set of Teesside Key Performance Indicators (KPIs). Key enabling objectives would be:

- To improve communication between service providers and local authorities.
- To break down barriers and create transparency.
- To improve working relationships and avoid duplication.
- To share knowledge and information to improve service delivery.

Through the strategy, the Sexual Health Services Partnership would address the following recommendations (6.3 to 6.8), filter, decide and prioritise actions, create the programme of initiatives, plan, be governance for the associated portfolio of projects, and monitor outcomes.

6.3 Communication and Engagement Plan

A Teesside-wide Communication & Engagement Plan would involve several partners promoting and sharing the key messages, signposting, and communicating the referral of services.

The plan might include:

- Targeted campaigns, working with local organisations to develop community awareness of sexual health key messages and services.
- A Teesside social media platform – using Instagram, TikTok to promote sexual health services, key messages and C-Card provision. *(Possible option to be young person led - Youthwatch part of Healthwatch or BMBF youth council groups to engage with, etc.)*
- Regular social media updates – option to follow public health calendar.
- Sexual health services / Icondom app – community members to download to find out their nearest sexual health service and times available. Option to show estimated waiting times for drop ins.
- A sexual health advocate to promote key sexual health services, a role model for young people and members of the community.
- Promotional leaflets and posters for different services, also in different languages, visual, and adapted for visually impaired. Option of having credit sized promotional designs so can be discreet and put away in wallets / bags / phones. QR codes on posters / leaflets to promote services.
- Increased C-Card promotion so young people and professionals know the service is still running.
- Referral pathways for professionals, various ones including teenage pregnancy referral pathway, to show options and services that can support. Also, sexual health referral pathway to show the different services in different locations and what they do.

- Training of sexual health champions / community researchers – either using existing health champions or recruiting volunteers / members of communities who can conduct community research / have conversations around ‘difficult’ topics, to be able to signpost and feedback to Public Health the ongoing issues / barriers, and help reduce stigma, and embarrassment of accessing services.

6.4 A wider Outreach Sexual Health Service

- Develop a wider outreach sexual health service / drop-in clinics in venues to target key seldom heard community groups, groups such as homeless, sex workers, asylum seekers, people in temporary accommodation / young people in supported accommodation, who are much more likely to engage with sexual health services if they are in their location, due to transport links / costs and helps to build trust with professionals.
- Develop an outreach sexual health plan – to target vulnerable / at risk groups, for example, can offer sexual health testing / contraception for asylum seekers by attending housing accommodation sites such as Radio House, Thornaby, etc. Joint working with THT and Brook to establish effective outreach working in the different areas, for example to avoid duplication of services, i.e., THT service within sexual health clinic offering similar testing.
- Increase awareness of services through communication plan, include college and university freshers, festivals, events, etc. So people know about the services and meet the professionals, break down some of the stigma and fear of the services.
- Set up regular drop-in clinics in local Colleges and Universities – reduce the pressure on the drop-in clinics in sexual health clinics and increase accessibility to younger people from rural areas.
- Offer sexual health postal kits with C-Card provision and for services working with seldom heard communities / at risk communities to increase STI testing. Provide training on how to use kits so professionals can support and ensure the STI test is completed there and then. (Professionals working with at risk groups stated they tend to be more likely to test if they have one available when they are discussing about sexual health.)
- When using interpreters for accessing seldom heard groups, such as Asylum Seekers, etc., ensure the participant feels comfortable with the gender of the interpreter as this can act as a barrier, due to cultural or religious reasons.

6.5 Increase Targeted STI Testing Opportunities

For example, commission STI testing by other providers:

- The Alcohol and Substance Misuse Services (CGL, START, etc) test for Blood Borne Viruses (BBV) include testing for syphilis, as this is a particularly at-risk group.
- BPAS – abortion service, need to include more STI testing
- Outreach Nurse working with homeless, probation services, hostels, supported accommodation to offer additional STI testing when offering smear testing
- Pharmacies testing for BBVs also testing for syphilis if person is at-risk.

6.6 C-Card Provision

- All sexual health clinics register / promote C-Card to young people to increase awareness and uptake.

- Offer more flexible training options for C-Card provision, such as bespoke training for family and children support teams, school nursing, social workers, youth workers, supported accommodation providers, offer inhouse or online options to increase numbers of trained professionals.
- Offer refresher C-Card training as and when required rather than professionals having to go on annual training.
- Develop a communication and engagement plan to increase awareness, i.e. create posters / leaflets and social media campaigns to promote the service, get support from young people to help design and develop campaigns so it is people-led.
- Increase uptake of C-Card venues, target Children Centres/ Locality Hubs, youth clubs, pharmacies, GP surgeries, etc. (maps on websites show very limited provision)
- Create posters / leaflets and social media campaigns to promote the service, get support from young people to help design and develop campaigns so it is young person-led.
- Encourage GP surgeries to register / promote C-Card service (this is where the majority of young people said they would go)
- On website include 'closed' and 'open' days and timings so people know where and when services are available.
- Work with Universities, Colleges, nightclubs and bars to promote C-Card services to students – reduce demand for EHC and for STI testing.

6.7 Training

- Develop and deliver a Relationship and Sex Education / sexual health training for all professionals who work with children and young people, e.g., early help, children and family support workers, supported accommodation providers, youth services, schools and colleges, etc., any service that is commissioned by Public Health or works with children and young people should attend.
- The training will increase awareness of services, C-Card provision, explore community issues, dispel embarrassment, and develop confidence to address sexual health with service users. Also increase professional knowledge of Public Health strategies and the importance of their role in helping to improve sexual health statistics in Teesside.
- Increase promotion of training opportunities for professionals e.g., promote via newsletters, intranet, emails, etc.
- Include contraception information in parenting sessions for new parents.

6.8 Education

- Access RSE resources for schools via a portal (RSE Wellbeing Champion / Stockton are looking into this option, could be an opportunity for partnership working)
- Consider an RSE Award for schools (Derbyshire County Council as example) to ensure a county-wide, whole school approach, ensuring that RSE is embedded in schools to a high standard.
- Introduce RSE surveys in schools for both teaching professionals and CYP to investigate perceptions, needs, prevailing levels of RSE provision and what improvements are needed.

- Have flexible RSE training for teaching professionals, e.g., bespoke in team meetings, staff training days, etc.

6.9 Sexual Health Services

- Increase opening times – include Saturdays and evenings.
- Make waiting rooms and reception areas more accessible, inviting and user friendly.
- Enable service users to a 'fast track' service, e.g., there are no symptoms or only want to do a urine / vaginal swab test and not a blood test – so people can use toilets on site without having to see a health professional – provided necessary paperwork has been completed satisfactorily
- Have an option of having a room & use of toilet where service users could do the postal kit / 'express kit' then and there and drop it off.
- Consider having a triage nurse – for initial consultations.
- On the website:
 - Keep opening times for drop ins up to date
 - Improve the booking process for appointments and provide clear explanations and instructions of the processes
 - Provide more information on the different contraception methods, the type of questions asked etc, so people can be prepared before their appointment, etc.
 - Allow service users to complete referral forms online for drop in / appointments and express kits, so don't have to wait (currently the page does not work on the website).
- Develop a wider sexual health outreach service.
- Develop a sexual health champion professional – to ensure services are meeting need.
- Improve IT systems for sexual health professionals, so not opening two programmes at once and asking the same questions as the referral forms.
- Make clinics more accessible and inviting, e.g., less clinical based, add artwork, posters, etc.
- Have condoms available to take at reception areas.
- Have postal kits available to take at reception areas.
- Provide postal kits to services that work with 'at risk' groups, such as alcohol and substance use services, homeless shelters, supported accommodation providers, sex worker charities
- Increase promotion and signposting of services at the actual clinics to make it easier to find at the site. There are still signs in the One Life Centre for sexual health services and a very small sign on the information desk – stating it has moved.
- Develop a social media presence to promote services.
- Develop a network of organisations that can support with STI testing, providing condoms and promoting services.
- Opportunity for 'making every contact count' during consultation, professionals to promote other health information such as Flu vaccinations, Covid boosters etc.
- Posters and leaflets promoting other health awareness messages in clinics.

Appendix A – Deep Dive Review

The deep dive review was an opportunity for us to gain a greater understanding of the services, what they provide and where and the different performance indicators. It also provided the demographics of services users to help build a picture of community behaviours, identifying the community groups that are accessing the services and identifying the community groups that are not accessing the services e.g., through age, ethnic background, gender, sexuality etc, to enable us to target the research and consultation questions etc, to investigate the reasons / barriers, etc,

Observations from Data

- Higher proportion of females have accessed sexual health services than males.
- White British are the highest ethnic group accessing sexual health services.
- Low levels of ethnic minority groups accessing sexual health services in all age groups.
- The percentage of tracing all contacts of index cases of chlamydia partner notification process in the 4 weeks was at its lowest in Jan 23.
- The percentage of under 25 who tested positive for chlamydia offered a re-test 3 months post treatment reduced in Jan 23.
- The percentage of women accessing EHC within 3 days of contacting the service halved in Jan 23.
- Low levels of condom distribution by pharmacies (Aug 21-Jul 22). Females are more likely to access condoms than males.
- More females accessed STI postal service than males.

Recommendations

- Targeted promotion / key messages at males, work with community groups / young males to develop campaigns.
- Work with community groups targeting seldom heard groups, such as BAME, to reach more ethnic groups.
- Develop community researchers to find out barriers.
- Provide sexual health training to health champions, so they can have those conversations with communities.
- The proposed outreach team to support with partner notifications and re-testing notifications.
- Send text reminders of re-testing / send link to postal kit.
- Increase promotion and awareness of C-Card provision in general.

Comparison

Using the data provided and researching demographics and Public Health indicators, e.g., teenage pregnancies, STI rates etc, we compared areas of Teesside such as Middlesbrough with other localities with similar comparisons, one location was Blackpool. Thereby, we have highlighted several strategies that could be adapted to Middlesbrough and the wider Teesside localities.

They include:

- Sexual health commissioners Network
- Care pathway to ensure vulnerable women have access to LARC (aimed at those engaged with services such as mental health, substance misuse and learning disabilities, involved key work and sexual health practitioner carrying out home visits to arrange LARC.)
- Collaborations with sexual health workers and harm reduction staff – co-location of sexual health and substance misuse.
- Increase in self-testing at home.

Source: [Blackpool Council: the benefits of sharing good practice | Local Government Association](#)

Other Local Authority Examples

Derbyshire County Council

- Commitment to section 75 approach.
- Sexual Health Alliance
- RSE Award Programme in schools. ([Portal \(insightnow.co.uk\)](#))

Source: [Derby and Derbyshire: Tackling the fragmentation of the sexual health system | Local Government Association](#)

Bury Council

- Bury Sexual Health Strategy
- HIV Multi-partner task force
- Focus on inequalities in sexual health

Source: [HWB Sexual Health Final.pdf \(bury.gov.uk\)](#)

Birmingham City Council

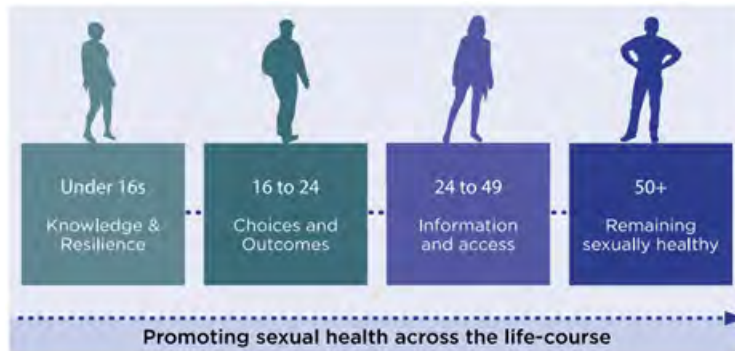
Use the 10 key factors to effective local teenage pregnancy strategies:

- Strategic leadership and accountability
- Relationships and sex education in schools and colleges
- Youth friendly contraceptive and sexual health services
- Targeted prevention for young people at risk
- Support for parents to discuss relationships and sexual health
- Training on relationships and sexual health for health and non- health professionals
- Advice and access to contraception in non-health education and youth settings
- Consistent messages and service publicity to young people, parents and practitioners
- Support for pregnant teenagers and young parents – including prevention of subsequent pregnancies

- Strong use of data for commissioning and monitoring of progress.

Source: [Birmingham and Solihull sexual and reproductive health strategy 2023 to 2030 | Birmingham City Council](#)

London Borough of Merton



Provides a useful visual approach to sexual health and acknowledging 50 plus age range.

Source: [Merton Sexual Health Strategy 2020-2025](#)

Appendix B – Survey of Service Users / Community

(e. Service users' experience of contraception and sexual health services across Teesside and what is felt is needed to make continuous improvements to those services in the future)

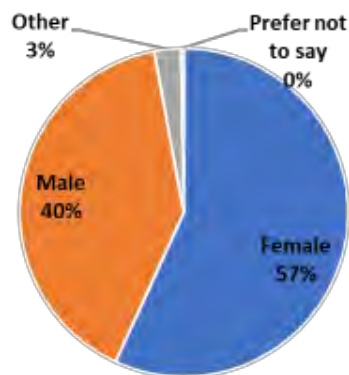
(f. The views of potential service users in terms of their needs and expectations of an integrated sexual health service)

The following data analysis and descriptive summaries and direct quotes (in *Italic*) of the various consultations conducted during the research period provides behavioural insights into service user experience and of the wider community views and opinions of sexual health services.

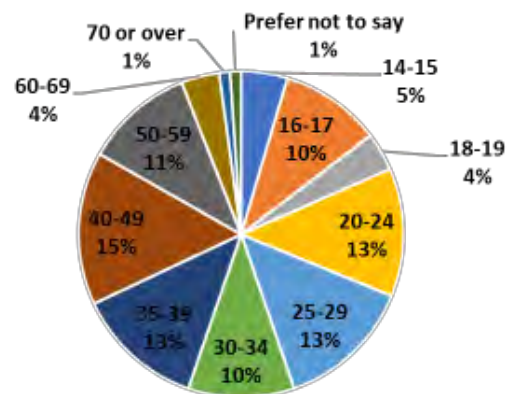
Survey Data:

Demographics:

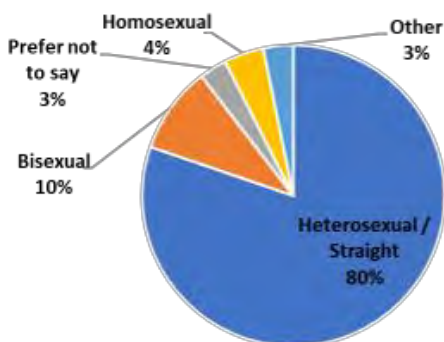
Gender: (n=380)



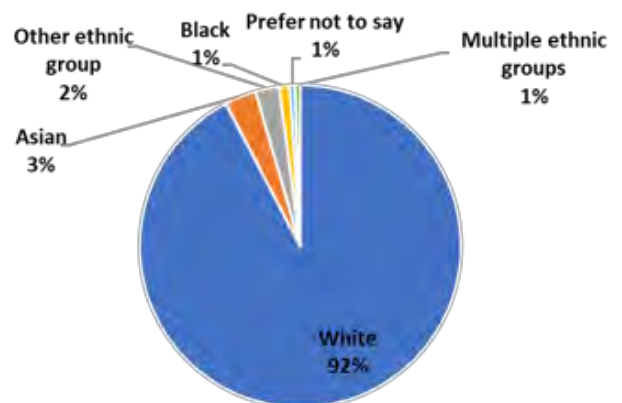
Age: (n = 371)



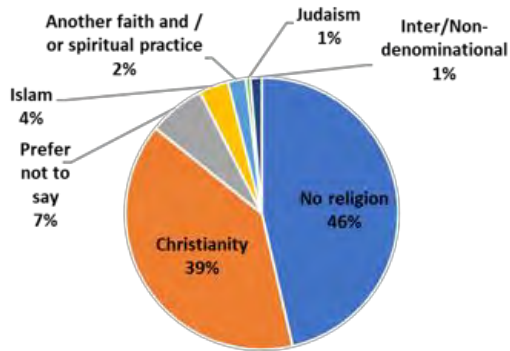
Sexuality: (n = 375)



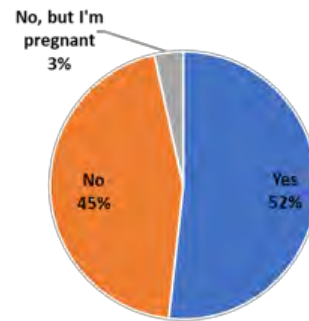
Ethnicity: (n = 380)



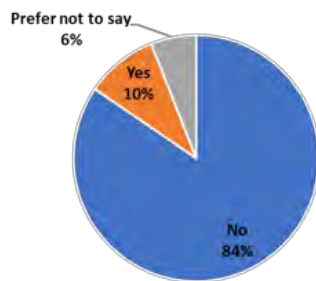
Religion: (n = 374)



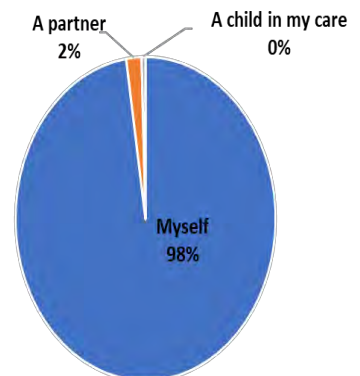
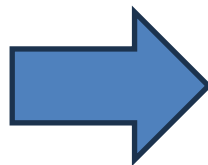
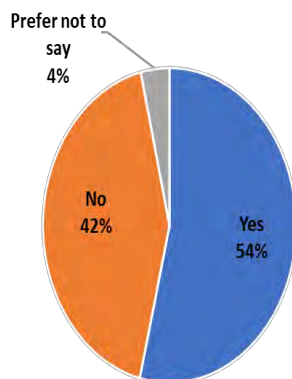
Do you have children: (n = 172)



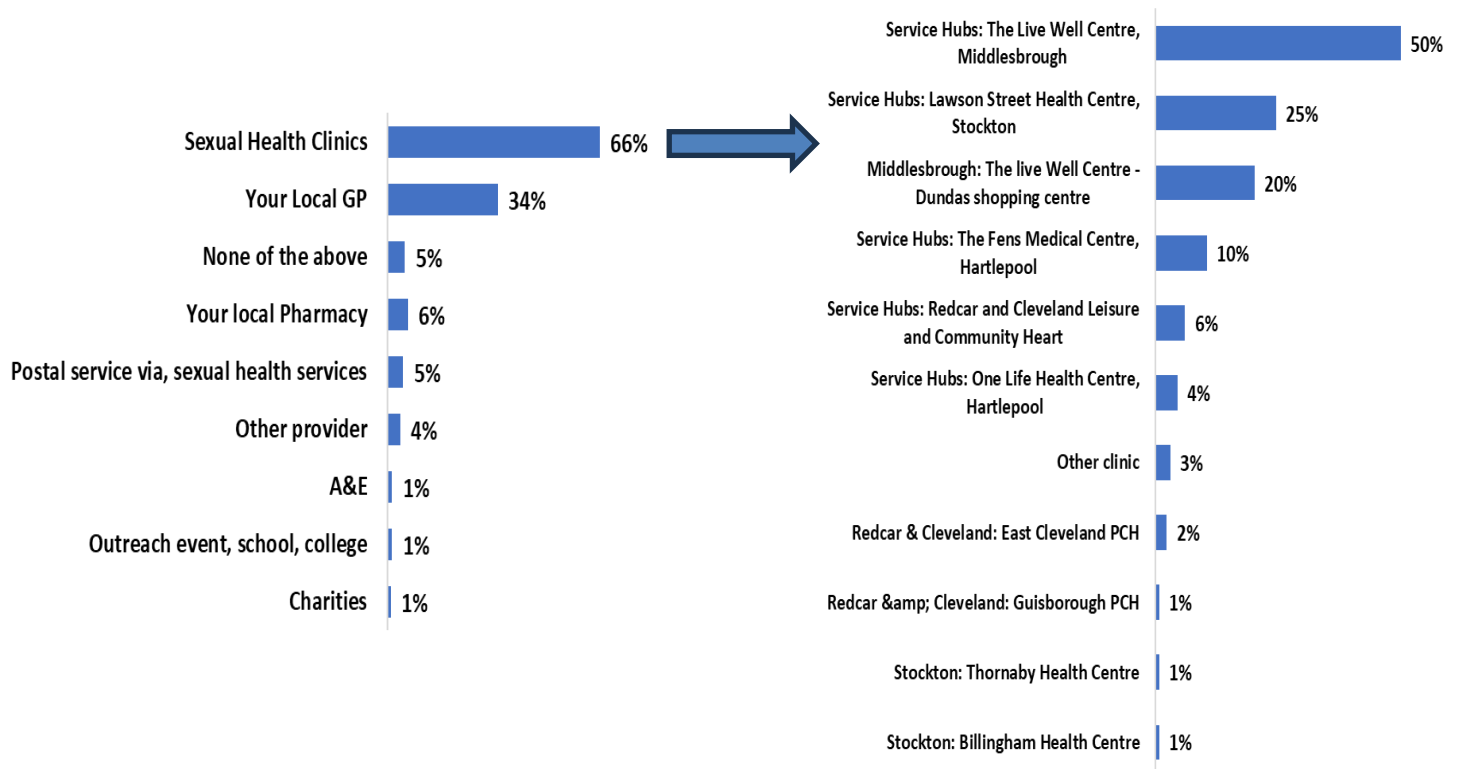
Do you have a disability: (n = 368)



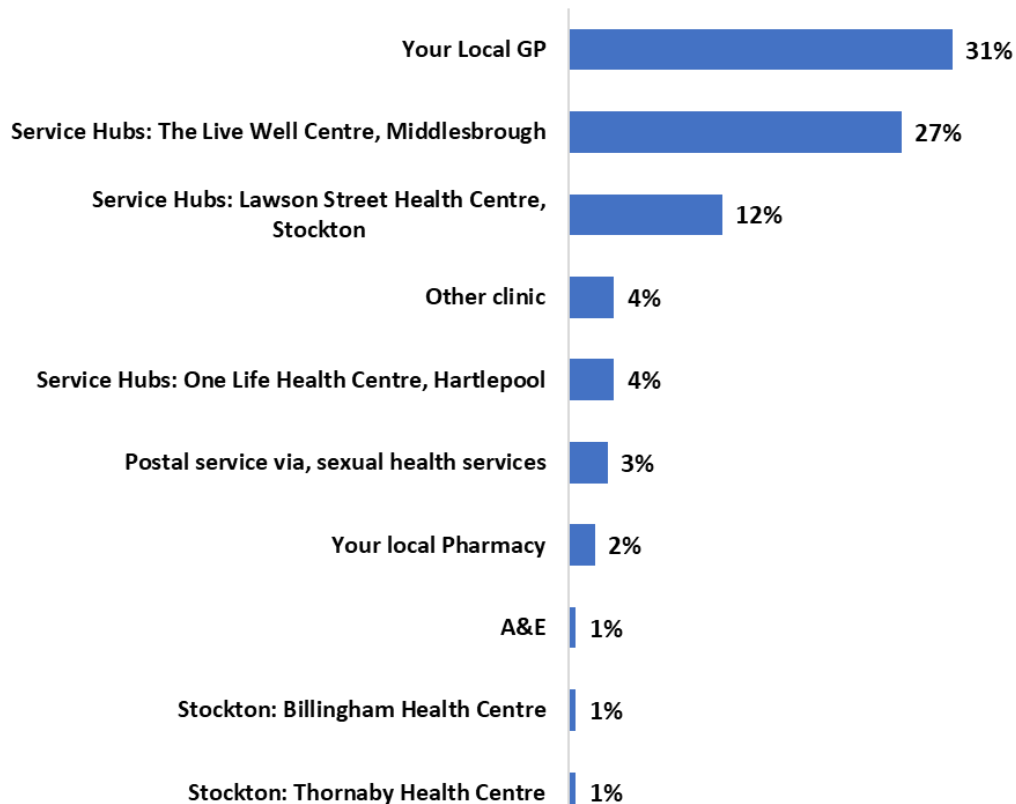
Have you accessed any local services for sexual health provision or information (i.e. contraception, STI screening, pregnancy testing, etc) (n = 380)



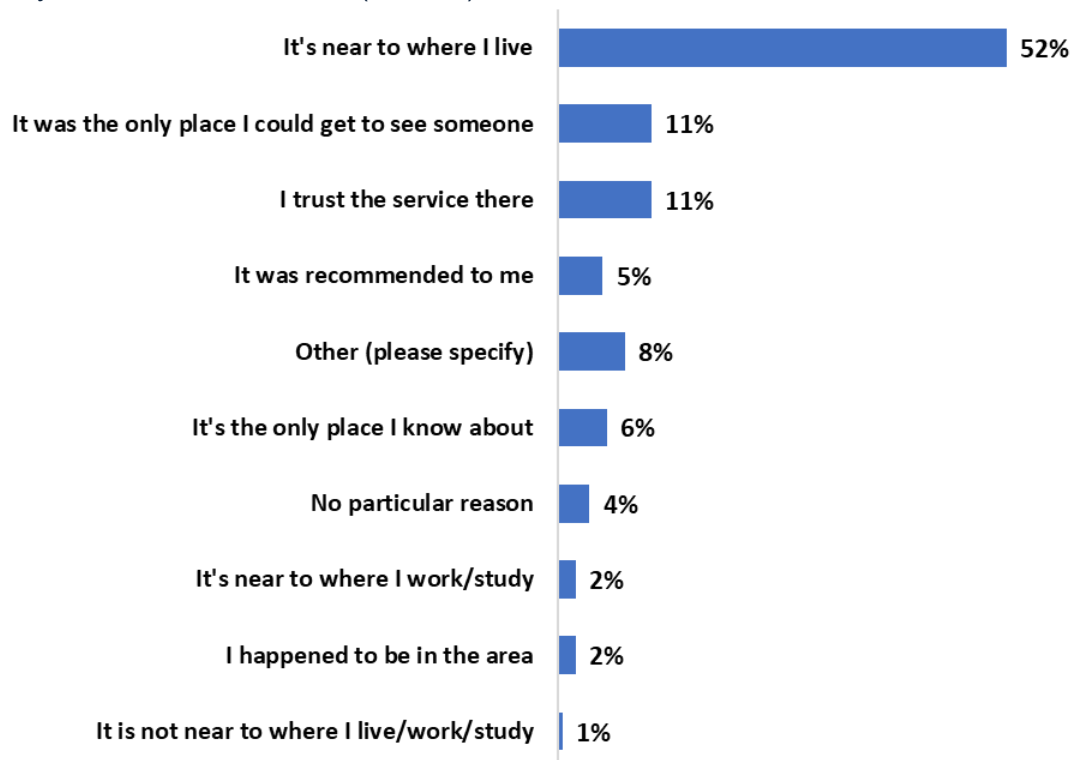
In the last 12 months, which of the following local places have you used for sexual health provision (i.e. contraception, STI screening, pregnancy testing, etc) (n = 204)



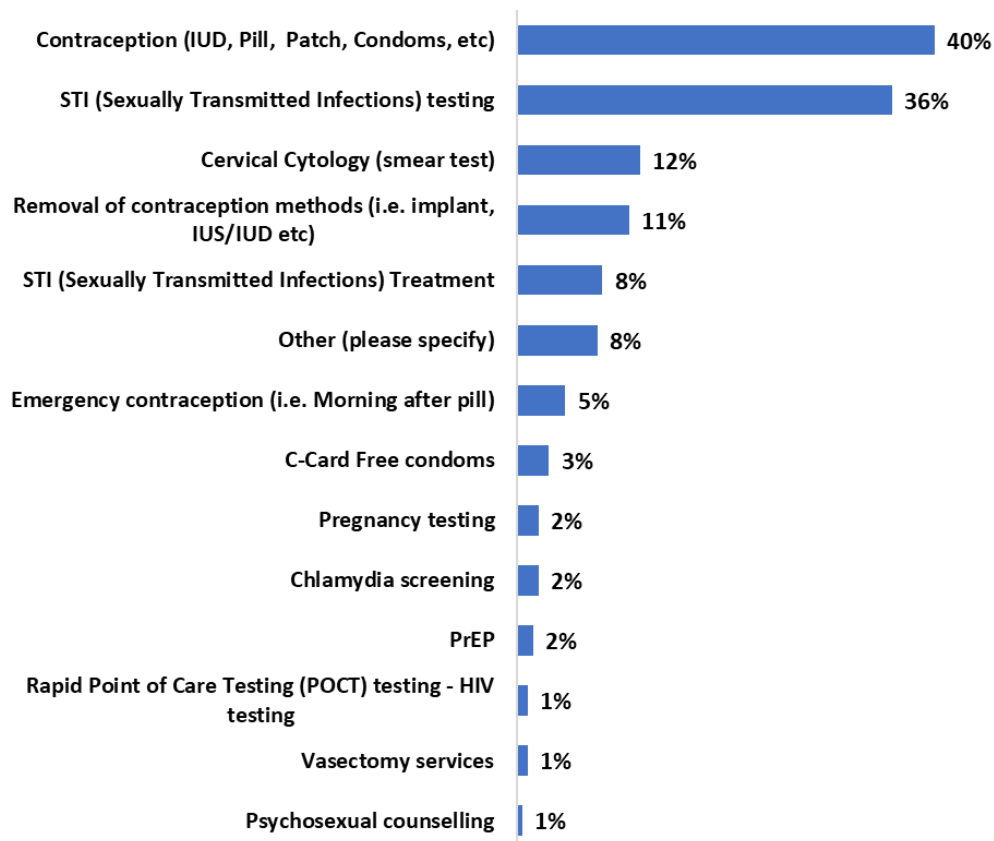
Please indicate which local place you used most recently and why (n = 196)



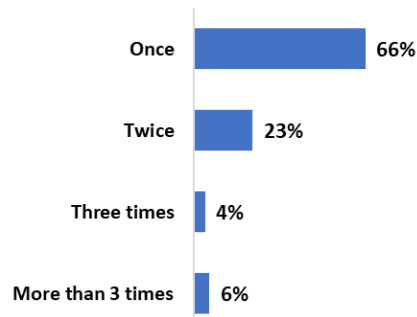
Why did you chose this location? (n = 195)



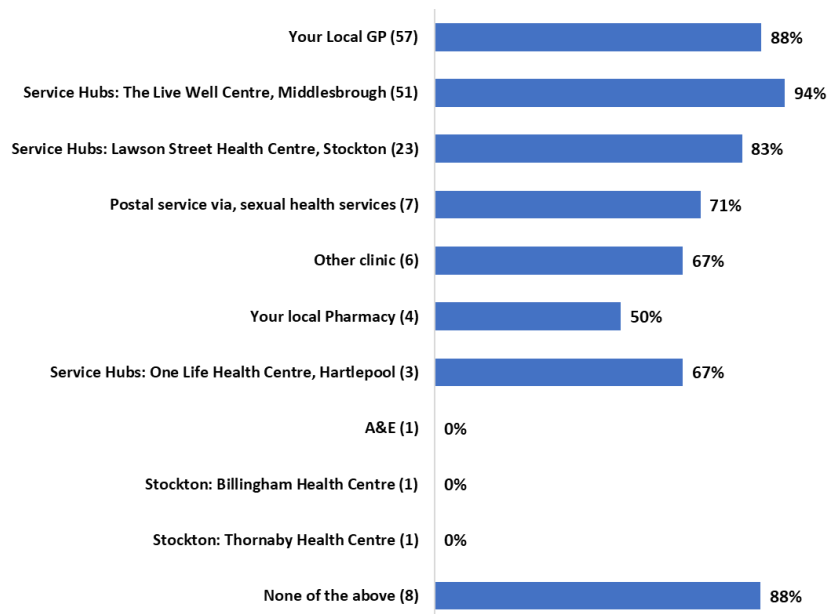
What type of support did you access on your last visit? (n = 197)



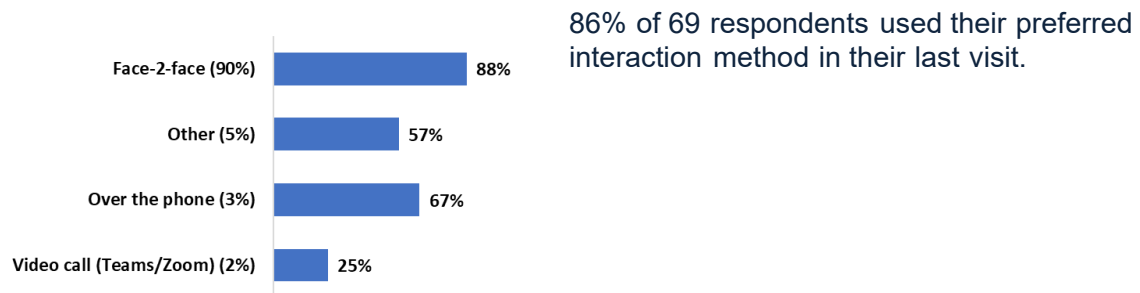
How many times in total did you need to visit / call this place to get the support you need? (n = 197)



Thinking about your most recent visit / consultation. How did you rate your last visit to sexual health services? (Showing the proportion of respondents who rated their last visit as good or very good)



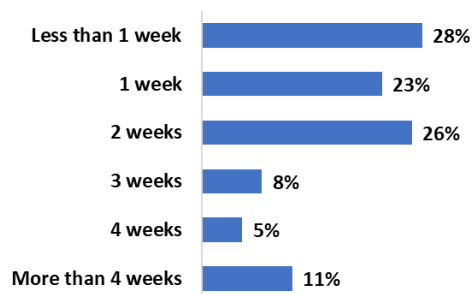
Were you able to see someone face-to-face or was it a remote interaction (e.g. phone call)?
(n = 194)



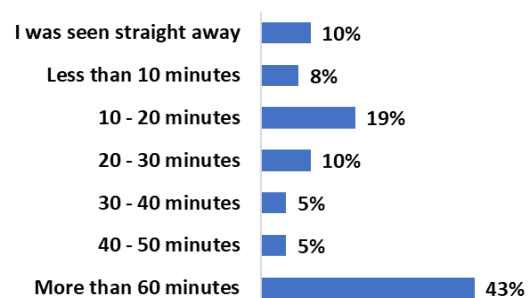
Did you make an appointment beforehand? (n = 166)



I made an appointment. How long did it take to get an appointment? (n = 80)

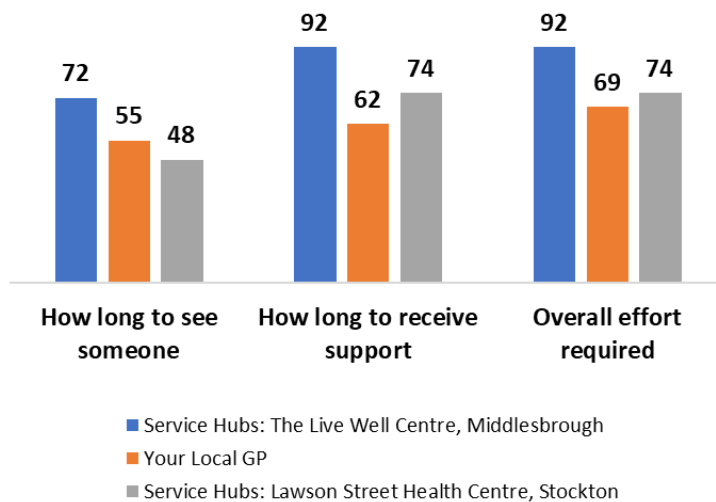


I walked in. How long did It take to get seen by someone? (n = 80)



Please rate your level of satisfaction between 1 and 5 for the following:

- The length of time it initially took to get to see / speak to someone:
- The length of time it took to receive support once you had spoken to someone
- The overall effort required to get the support

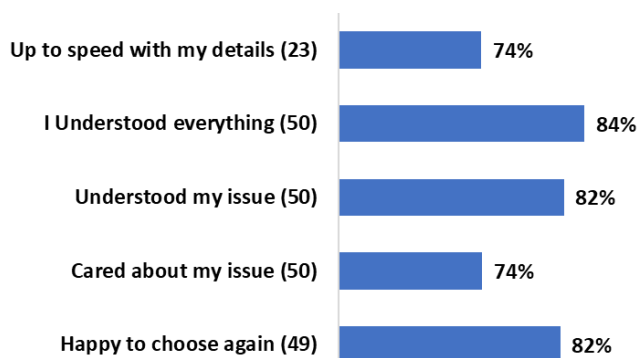


*Showing proportion of respondents who answered satisfied or very satisfied

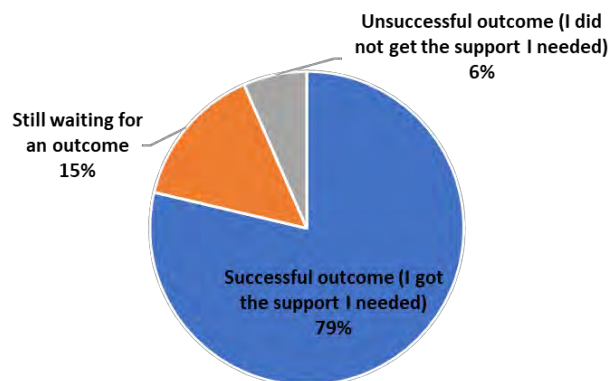
Service users at the Live Well Centre in Middlesbrough are the most satisfied.

To what extent do you agree or disagree with the following? (*Showing the proportion of respondents who agreed or strongly agreed.)

- The last person I dealt with was completely up to speed with my details, without me needing to repeat myself.
- I understood everything the person I dealt with told me
- The person I dealt with understood my issue
- The person I dealt with cared about my issue
- I would be happy to choose the same location for this type of support again in the future



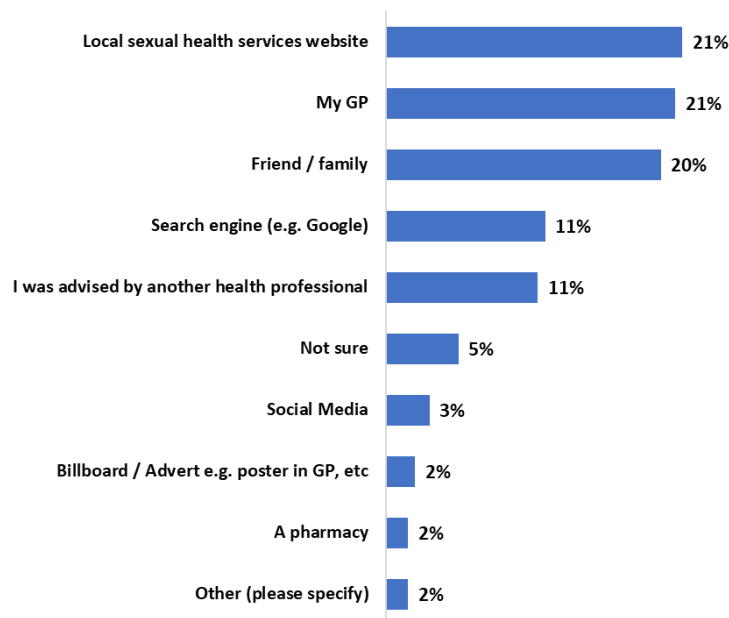
What was the outcome of your visit did you get the support you needed?



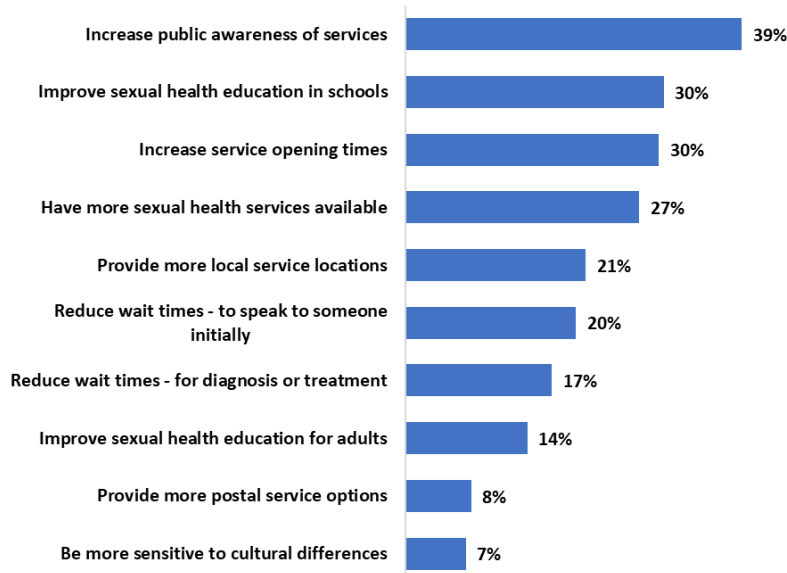
Did the person you spoke to provide any useful advice about other services (e.g. vaccinations, contraception etc.)

51% of 51 respondents remember receiving useful advice about other services.

How did you find out about your local sexual health services? (n = 193)



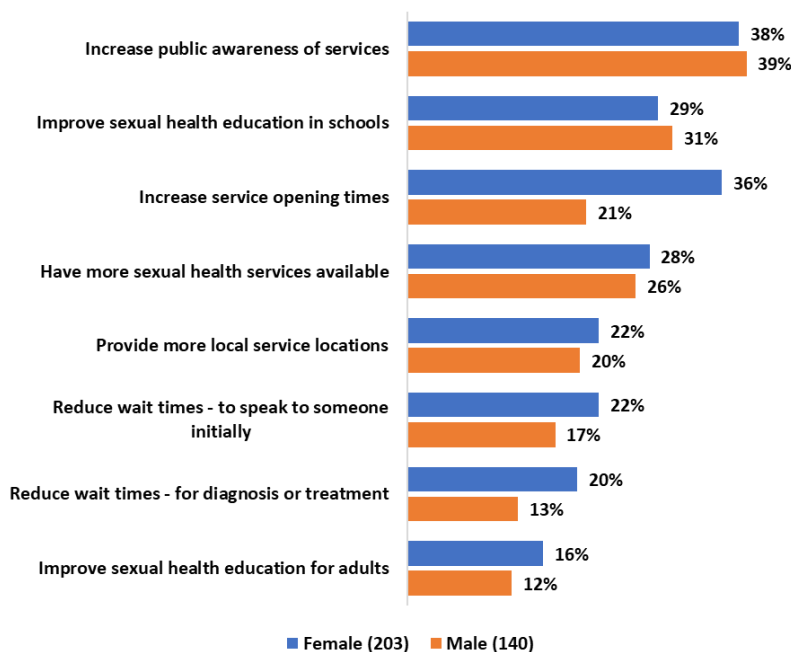
How can Teesside improve their local sexual health services? (n = 352)



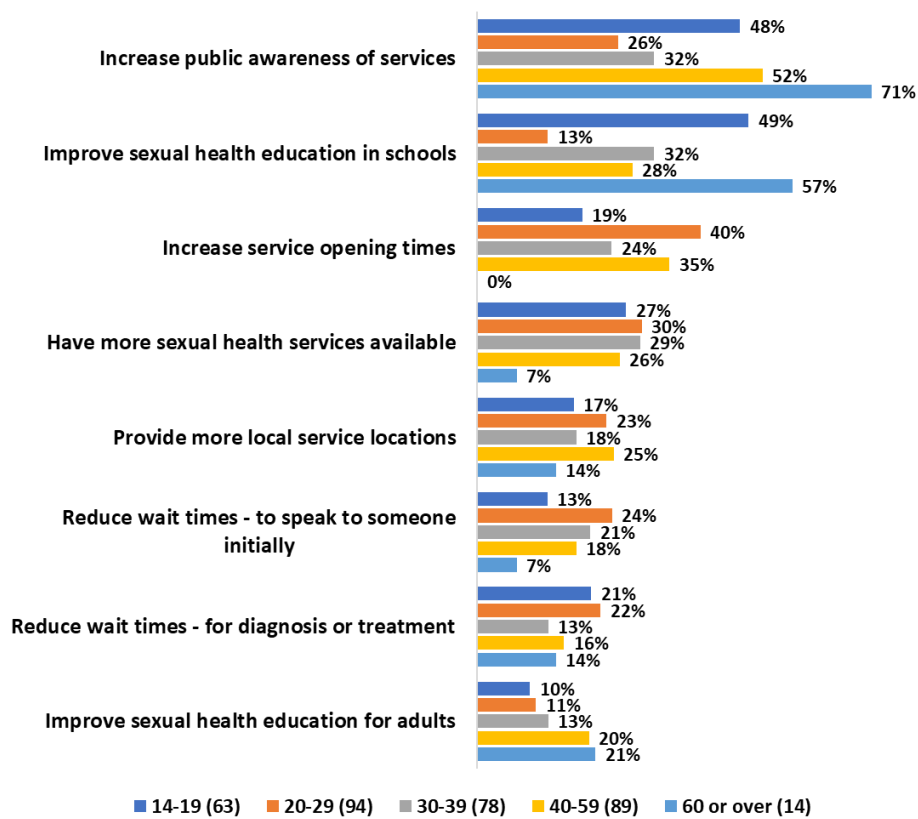
- *Increasing public awareness of services* is the main improvement chosen by both females and males.
- *Increasing service opening times* is more important to females than males (36% vs 21%).
- *Improving sexual health education in schools* was the most selected option by younger respondents 14–19-year-olds (49%).

Improve services: (Broken down into different demographic groups)

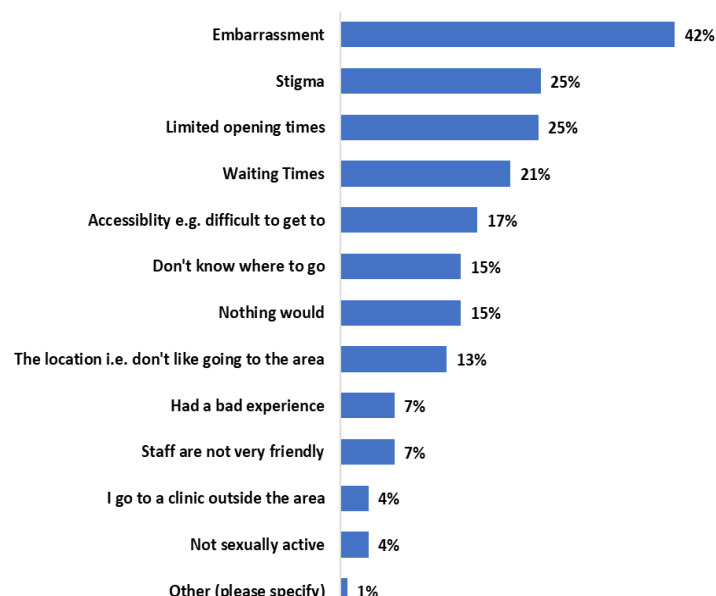
Gender:



Age Group:



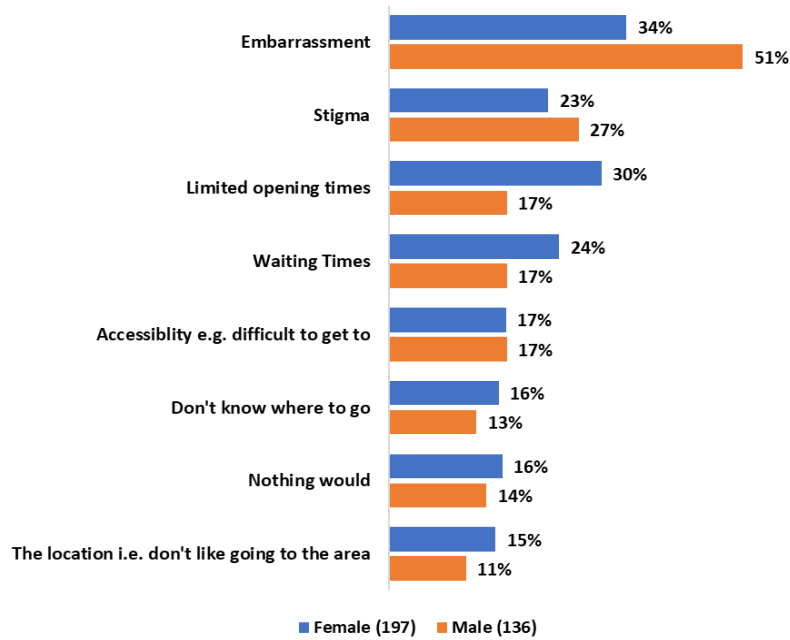
What barriers if any, might stop you from accessing local sexual health services?



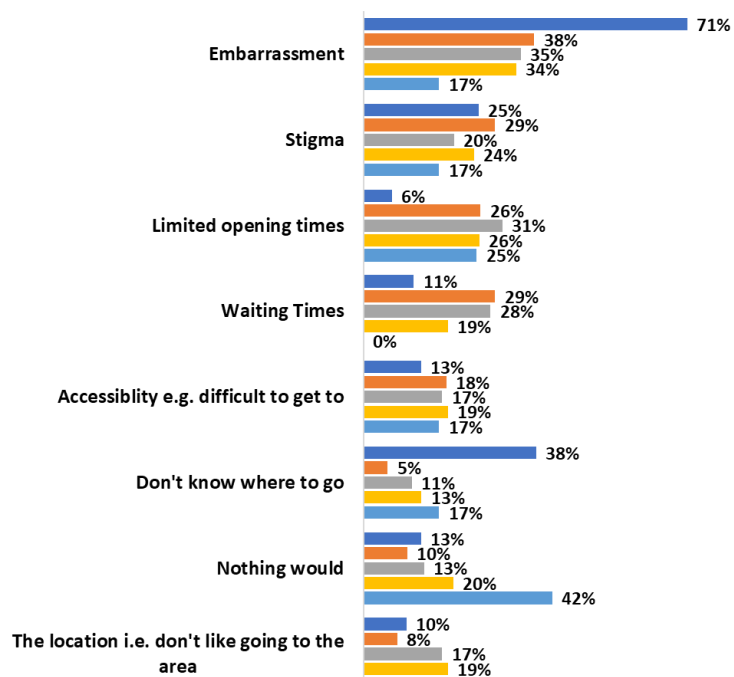
- *Embarrassment and Stigma were the main barriers that would stop males from accessing sexual health services.*
- *For females, Embarrassment was also the main barrier but followed by Limited opening times.*
- *Embarrassment was the main barrier chosen by 14–19-year-olds (71% selected it), followed by Stigma.*

Barriers: (Broken down into different demographic groups)

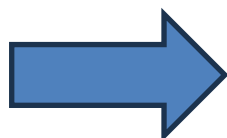
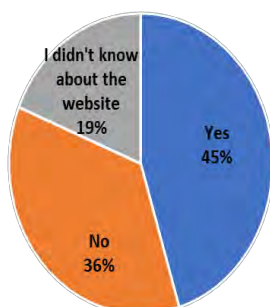
Gender:



Age Group:

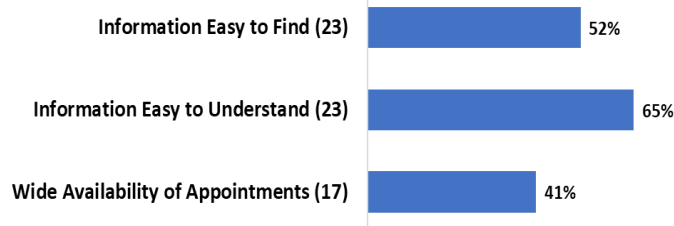


Website: Have you used the sexual health services website before?



Thinking about the website: To what extent do you agree or disagree with the following statements:

The information is easy to find



Have you used the website to book an appointment?

74% of 23 respondents have used the website to book appointments.

Do you have any other comments you want to make about Teesside sexual health services?

Nurse very friendly and felt at ease
Very friendly, out at ease.
No, every visit I've felt comfortable and welcome
Hartlepool sexual health is very limited. There is usually one location which is across the whole of Hartlepool that is open. I find that this is often very difficult for people to get to. As a worker working with young teenagers it is very difficult to encourage them to use safe sex method through difficulties such as not disclosing this to parents or lack of funds to access protection such as condoms. Within early help we are given no funds to distribute condoms despite that as front line staff we are often the ones who are first that the young people will disclose their sexual activities to even before their parents due to our strength based relationship work. If a young person discloses that they are having unprotected sex we then often need to refer to a school nurse who can then complete some safe sex work and then distribute condoms to the young people, I personally find this ineffective. I understand that family support workers need to complete C-Card training which I have completed however myself and many other colleagues were not given any condoms or contraception to give out to our teenagers. From personal experience, I used to take pride in getting myself regularly tested often for my own piece of mind. This sadly, however had to stop once the service moved from the one life in the centre of town over to the Fen's. I have found that since this move the service hasn't been as accessible or welcoming. I have had incidents were I have attempted to phone for a simple appointment only to be told that they no longer offer these

and I have the option of completing a home test kit. Neither of which are helpful. If this were from the perspectives of young people this would cause them embarrassment. As a homosexual man attempting to complete the blood tests was tricky.

I have found sexual health services very useful in my life, especially the at home STD tests which are easy to do at home and in your own time, especially after you have done it once then it is very easy to do again so I think this is a brilliant service to offer. When I have had a positive result, medication has been available either that day or the next day, so the issue has been resolved very easily. A recent issue I had was with trying to get the copper coil inserted. I first went to my GP where they told me that they no longer provide the coil, and that I would have to go through sexual health. I tried to book online but with no luck, had to call up. I was then provided a telephone appointment which I had to do first to then get my coil appointment. I had to wait around 3 months to do this, which is not good to access sexual health services - perhaps contributing to a rise in teenage pregnancy. This is not the fault of sexual health Teesside or the nurses there, they are amazing and made me feel very comfortable, it is the NHS. I found it very frustrating because I have had a lot of issues in the past with hormonal birth control. I tried the implant which gave me month long periods with a 1 week gap in between, and I then tried the pill, which gave me a very low mood and decreased my libido massively, so I felt my only option was non hormonal coil. When I tried to sort this, the wait time was very long and I didn't feel my issues with other birth controls were acknowledged. It is already hard enough that the onus is largely placed on women, with the only real option for men being condoms and a lot complain about using these, so when it is also hard on top of that and on top of all the side effects to not be able to get an appointment, it left me feeling very deflated.

Wait times are too long

Very friendly and helpful staff so far, thank you

Staff are lovely but the wait was 2 hours

very good service

Very good service, very friendly

I had to use them a few days ago and found them very helpful

They are not very inclusive for neurodiverse people, who often find talking to people hard in the first place, never mind discussing embarrassing subjects. Also, the length of time waiting can cause extreme distress.

Was one of the best before the conservative government took over and took the funding away for this

I accessed the hospital as I was unable to get past the doctors receptionist on the phone, no recommendations of services were made other than to do an e-consult. I ended up in hospital for a week having a blood transfusion.

Lady was great

Very reassuring and professional

Need more funding and awareness in this sector of work

They were nice about it.
Asian lady doctor was really helpful - staff really nice and helpful, long waiting time (2hr 30mins)
I would like to see more and more support from NHS to this service because this helped us all and helped us and the community...
I would like to see more and more support from the NHS to this service because this helps us all and build one community here in Teesside. The staff are really friendly, welcoming and very helpful and the useful care and pay attention. The assessment and explaining everything and helped with all my issues - very good and prepared staff.
Amazing service
Really nice and helpful staff - the Asian doctor was really good. Really nice staff. Long waiting time (2 hrs 30)
appointment cancelled unable to re-book
I've only accessed services I need via practice nurse at the GP surgery. I think the closest sexual clinic to Billingham is Stockton, maybe this isn't accessible to everyone due to distance.
Sexual health services are not located in a very nice area in Stockton - unsafe
Very good staff. Very poor waiting times.
Brilliant staff. Thank you
My nurse was not informed that I had just given birth and had my baby with me. I was unable to have my appointment as I was not informed that my baby needed to be supervised following coil fitting.
Found it difficult at first to get seen and phone operatives weren't very helpful or friendly. The nurses at the walk in clinics are absolutely amazing and extremely helpful, I felt like I was listened to and they were knowledgeable and helpful. However I spoke to a doctor on the phone prior to coming in and found it very dismissive and unhelpful which made me feel a little helpless as my own doctor was exactly the same.
More publicity about services available and how to book
I had to go outside the area to get a coil fitted as the waiting times for Middlesbrough/Teesside were over 6 months
Not something I've had to be involved in but a more promiscuous generation needs education about sexual health and pitfalls. Services should be well advertised, and schools regularly visited by health professionals.
It was genuinely ridiculous when I saw them, couldn't make an appointment and everyone gave me different answers, had to complain to get an expired implant removed
The people were understanding.
More promotion of services.

I had an issue and needed a scan, but they didn't explain why or discuss any other options in the meantime. I ended up going to my GP for appointment with the nurse

Individuals should not be left waiting for an appointment without someone following them up. I was given incorrect information and so I waited much longer than necessary for an appointment.

I looked them up with my daughter who wanted to make an appointment for contraception - no appointments available for the next three weeks and no way to book an appointment beyond that. Walk in times are on an afternoon when she's at college - only one evening so if you can't make that evening what do you do? Seems like a poorer service than was available in the 90s when I attended a family planning clinic.

The service is not easily accessible as very hard to get an appointment and there is no awareness on social media that I've seen to promote services and knowledge. I now get my contraception through my GP which I am unhappy about because of their wait times and level of service, but this is only because I haven't been able to get an appointment with sexual health services (I used to attend the walk-in Sexual Health clinic at Lawson Street, but the service changed and is no longer a viable option for me)

Did not know it had moved from the one life centre, not enough advertising as to this move. Local public need to be made aware of new location

Education is key, I think tapping into local community centres and village halls and providing info and products would be good. I would like to see more promotion on where people can get advice and help from.

Service used to be very accessible, has gone downhill compared to how it was.

There needs to be clarity about how people are seen when attending a walk-in. Four people, who walked in after me, were all seen before me.

Good confidential service, made to feel comfortable.

Lots of people coming out, slow to be going to be seen.

The lady who I seen was very good and reassuring.

Great service, lack of information of services from schools.

We used to have local clinics but now very hard to find, I think one is in Redcar. I find smears very uncomfortable and staff at GP are just not as well trained as the ones at clinics

Need more awareness

More regular smear tests

The service has declined since privatisation

More provision for younger people in school and out of school services

I went to doctors' surgery for contraceptives as I was going on holiday and wanted to be protected. I was told that this was not a good enough reason to get contraceptives and refused them from them.

They told me that if I wanted them I could buy them from the chemist! What a total disgrace and an absolute joke! You should be ashamed!

Very important as GP's no longer seem to offer things like insertion/removal of contraceptive implants, insertion/removal of intrauterine devices

I got what I needed but it could of been better. I have found these services through my own research - too few adverts.

Really need to reduce waiting times! And also offer more seating/a larger waiting area. It was that busy I had to stand for almost an hour.

Whilst I marked down the service because it has actually taken YEARS to be able to get an appointment that was convenient my last attempt resulted in a very short waiting time so the previous issues may have been ironed out. My smear test was 9 years out of date and it was only by chance I decided to try again. If I'd been knocked back I probably wouldn't have ever tried again. Just because I'm a woman of child bearing age does not mean I have free time during a school day to visit a practise. I work full time and have never been able to get an appointment for when I'm off work either with months' worth of notice or trying to call on the off chance someone had cancelled.

Wasn't given many options, pushed own agenda. Go implant removed but Dr's were difficult.

Once I found them (i.e. postal service) the system was easy and discreet.

young people are to Blaise

I think there should be more awareness for adults to get themselves checked, as I feel its more aimed at secondary school and college pupils.

I can't remember anything much about the appointment other than being helpful / friendly.

More drop ins.

Drop in at the cornerstone charity.

Used to have a 'johnny' bus where people could get condoms. Young girls feel pressured to have sex and don't accessed services because worried their parents will find out. Access the START service for condoms.

Needs to be a place that is discreet.

If provided drop in at Cornerstone - would attend.

More talks

It was a straight forward process

Cause they helped and supported on next step.

Just making sure more young people are aware of the risks.

I had genuinely no idea that they existed? a) who is the target demographics? b) what does this demographic need?

Target support for older people
Addressing gay / LGBT sexual health education in schools. Teaching all of it!
Stigma attached to using these services.
I did not know this existed - i.e. services, STIs, teenage pregnancy rates etc.
The police got involved when I sent some photos - I don't understand why the age of consent is 16 but sexting is illegal up until the age of 18.
More awareness of where you can get help and reduce stigma
The consultation was very good, all my questions were answered.
Comfortable to talk to and very helpful.
It was excellent. The nurse was lovely
The nurse was really helpful and helped me out with smear, test and pill
Very friendly and professional staff
Great service
Older person turned away at counter, he may not be computer savvy, perhaps exceptions could be made for people in need or confused as he returned again while I waited!
Excellent service, friendly staff at Redcar.C.H G.U.M
Put me at ease
Very helpful
Great friendly service
Really helpful, great nurse.
The staff are experienced and friendly, helpful as well.
Really good service
Took time to listen to my concerns and gave reassurance. Supportive service - personally I was very nervous and didn't expect to need repeated bloods, therefore extra support needed. Nurse I was seen by today was very reassuring and supportive.
Thank you!
Kind, informative and helpful.
Staff are friendly and informative.
very helpful and made me feel comfortable

Quick, supportive, understanding, resolved problem professionally.

I find it difficult to book for blood test for Prep when I called they said they can't book and when I did the walk in no one can prescribe the Prep so I have to come back. I think there should be clear advice over the phone if they can book for blood test for Prep. It isn't just once its happened, several times.

Nurse was lovely but wait was long and issues with cancelled appt prior. Had a appt I told them I did have an appt and she told me there were no appt today. When I showed her my confirmation text she looked on the computer and told me my appt had been cancelled but the cancellation text had not been sent. She told me to attend m'bro walk in again at 1pm and she would call to ensure I was seen. I arrived at M'bro at 1.05 and was seen 1.55. The nurse I saw today was so lovely and helpful. I feel the main issues were system errors and general wait time but that staff largely did their best. It was very difficult to arrange childcare 3 times for this though!

The consultation / test was done in a professional, kind and reassuring manner. All went well, Thank you ever so much.

very helpful and made me feel comfortable

Staff are friendly and informative

What could we do to improve the website? Please tell us in your own words.

Have up to date information, e.g. opening times and locations.

There is nothing for the time being, just a little more fluid is much better.

I was informed I would need to attend a walk in clinic to even have a conversation about contraception. I work full time and don't have the time to sit and wait. I would have preferred a telephone appointment to be able to discuss my options and then I would expect an appointment rather than be told I need to attend a walk in clinic. It meant that I am no further on - I have no contraception and I have no appointment to speak to anybody about it either. When I tried booking an appointment on the website, it said they were fully booked and I could check back for an appointment in 3 weeks. Perhaps the rise in teenage pregnancies and the increase of STI's would be lower if people were able to access the service easier. I know that I worry about these things and I'm in my 30's and am pretty well informed so I cannot imagine what it must be like for younger people.

I don't think it is the website itself but when I tried to book an appointment for the coil it said there was no availability for any of the sexual health services in Teesside for the next x amount of weeks so I simply could not book on the website and had to call up. Perhaps if you could book appointments further into the future on the website then this would be better.

I was unable to book my appointment online.

If you could book online

There was no appointments available but when I spoke to someone they offered me an appointment

You can never book an appointment online, you go to try and there is never any appointments, so you have to ring to get an appointment.

I want to be able to book an appointment on the website - I've never successfully done this and instead had to phone when prompted as no appointments are available either for the same week or in the future

When there is no appointments in the next 4 weeks you just have to try again later
Online booking for ALL appointments
Accessibility: Make the website accessible to users with disabilities by following accessibility standards (e.g., WCAG). Provide alternative text for images and ensure proper colour contrast.
Security: Regularly update and patch the website's software and plugins. Implement strong security measures to protect user data.
Performance Optimization: Optimize images and multimedia elements for faster loading times. Use content delivery networks (CDNs) to distribute content efficiently. Minimize server downtime and ensure high uptime.
Search Functionality: Implement a robust search feature to help users find specific information quickly. Ensure search results are relevant and well-organized.
User Experience (UX) Design: Ensure a clean and intuitive layout. Optimize navigation for easy access to key content. Make sure the website is mobile-responsive for users on different devices. Improve page loading speed for a seamless browsing experience.
Appointment booking system did not show any available appointments.

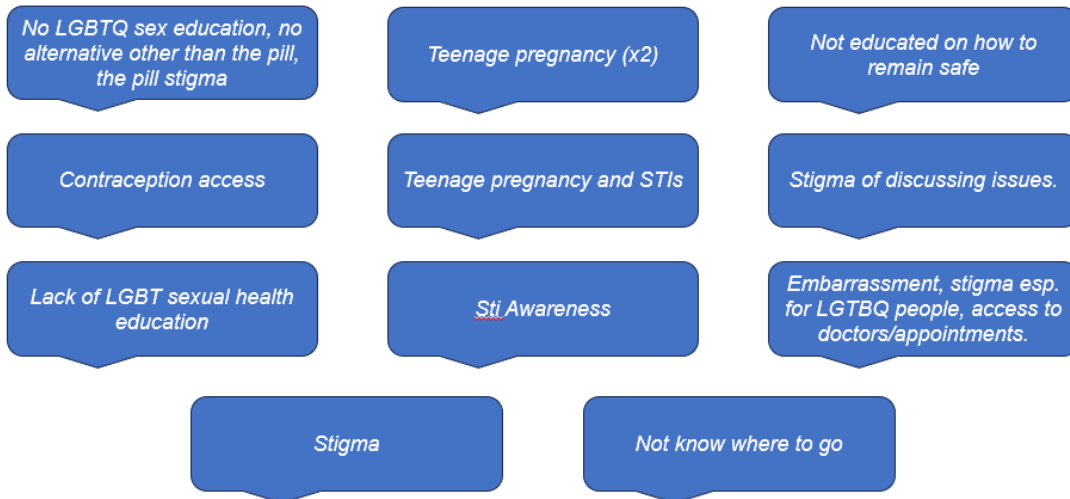
Appendix C – Consultation with Service Users / Community

Consultation: Bright Minds, Bright Future Youth Group, Stockton

Online consultation with approximately 8x members of the group using a mixture of Menti and online discussion.

Questions and Comments:

What sort of sexual health related issues do you think local young people in Teesside are facing today?



What sort of barriers do you think young people are facing when accessing sexual health services?



In your opinion, how important is sexual health to community members?

Not at all, as it's never promoted. Schools for example, keep it very hush. There is also a big difference between boys and girls.

People don't understand how important it is.

Very – everyone should be well informed.

It could help save young people from diseases and life long issues.

Not very, not sure it would be a regular conversation to have even with trusted people.

Hugely, can be detrimental to your wider health if you don't understand it.

Where and when was the last time you saw a local advert / poster / leaflet etc, promoting positive sexual health?

Never (x2)

Can't remember last time in Teesside.

In college promoting a session with sexual health professionals.

The Georgian Theatre

Probably in my doctors waiting room.

What sort of information / key messages do you think young people should be getting around sexual health and where from?

Schools, youth clubs, social media, people talking about their experiences, to get rid of the taboo.

Contraception, STI prevention, consent, healthy relationships, from health care providers and schools.

They should be told the consequences of not being safe, should come from educating bodies, young groups, etc.

Schools and colleges, it's not embarrassing to have conversations about safety, LGBTQ people need protection too.

How to access contraception, from schools primarily as main sources of information from a very young age.

From schools/youth groups. Safe sex, healthy relationships.

What improvements could be made with sexual health provision in Teesside?

More education within schools, weaved into the curriculum. Maybe visits to GPs or clinics where people come in?

More awareness of what's available

Better availability for ways to be safe and more education within educating bodies to try and get key messages across.

More awareness of what services are available, better sex education in schools as it's definitely lacking and from an earlier age.

More comprehensive education in schools.

Educational resources, the services are there but people just don't know about them.

Consultation: Youth Centre Newport Club: Middlesbrough

Face to face consultation, including workshop around sexual health, one to one discussions and a group discussion with approximately 15x members of the club.

Interview: Young Female: 16:

Accessed the GP to get the pill – staff friendly.

Knows lots of girls who are 13-14 and pregnant and announce it on FB.

Would go to social worker for condoms.

Would speak to her sister if wanted information and advice. Sister had a test 2x weeks ago.

The sexual health services are located in the shopping centre 'Live well' but think a lot of young people wouldn't go.

'A lot of pressure to have sex.'

Key Messages:

'School need to talk about it more.'

'Use a condom!'

Interview: Young Male: 18:

'Education should start earlier around sexual health.'

'There is a lot of pressure to have sex and a lot of young people don't know the risks, for example friend who had sex when he was 14/15 got Herpes, and he didn't know what it was or that you could get it from sex.'

He feels sexual health services need to have younger aged people so young people can relate with them and not feel embarrassed. (For example use Health care assistants / students nurses)

That free condoms should be provided.

'Make it known that sexual health services are free.' – cost is a barrier.

General Discussion with Young People:

There is a cultural thing with Eastern Europeans that girls aged 14/15 go out with older guys – 19/20 plus and its seen as normal in their country, but not in the UK.

Need to have direct promotion online – on social media, not Facebook but tik tok and Instagram.

'Young people don't use condoms because it doesn't feel as good.'

'Don't go with a girl who has had lots of boyfriends.'

'Be careful' / 'it's your choice to have sex'

There is a lot of teenage pregnancies

There is peer pressure to have sex.

Need to reduce stigma and embarrassment also have information about 'what sex is' and 'how do they know if it is any good.'

Can be embarrassing in school – people laugh and make fun of others. Teachers also look embarrassed.

Usually look at TikTok videos or google if we want to find out things about sexual health.

Not very young person friendly service – still seems 'dirty' if you have to go.

Consultation: Hartlepool Youth Club:

Face to face consultation including a sexual health workshop and general discussion with approximately 7x young people and 3x professionals.

Young people felt they do not learn much at school around sexual health. Feel embarrassed to talk about it with teachers and other young people just make fun and mess around so disrupts it for the rest of the class who might be interested.

They would go and talk to their youth workers and they are looking into doing C-Card training.

They would visit their GP for sexual health services, not to sure where the services are in Hartlepool at the moment.

Key Messages:

'Wait for the right time and use protection.'

'It's embarrassing, and there is a lot of pressure.'

'My mates do send round naked photos.. I don't always feel comfortable about it when they do.'

Often young people are pressured in to having sex too young.

Improvements:

Changing names of services acts as barriers.

Sexual health training for youth workers.

Consultation: Cornerstone, Hartlepool, (one to one/two interviews)

(Charity helping people who are homeless / living in Hostels / supported accommodation)

8x males (ranging from 24-49 years old)

'It's embarrassing talking about sexual health.'

'People aren't responsible, just think it's fun.'

There is lack of information about sexual health.

Majority of participants had been tested for STIs as part of the assessment in prison.

Some participants have seen people living on the streets having sex out in the public on the streets, but then one participant did say that people didn't have anywhere else to do it and that they are entitled to a sex life as well.

Need to have more drop in / walk in places available – though majority of participants said they got their condoms from START. All participants said they would come to a sexual health drop in a Cornerstone if there was one.

'If can't respect themselves, can't respect others.'

'Parents don't look after their kids – teach them about sex and relationships.'

'It's kids bringing up kids,'

Need more education for young people and adults.

Consultation: Community Links, Hartlepool (Focus Group)

(Charity supporting people with alcohol and substance misuse addictions)

5x Males (23-65 years old)

'People engage in risky behaviour especially when drinking or on drugs, don't think of the consequences.'

Lack of opportunities for people in Hartlepool so turn to drugs and alcohol.

Participants would be interested in a sexual health drop in – manager is looking to organise professionals to come in and do talks about different health topics.

Case Study: 23 year old male, he has been taking drugs from the age of 13. Has been in a toxic relationship, has got a child and wants to come clean so he can see the child again. He is coming to this group because he didn't feel he could get the help he needed from the services, felt let down by them. Been in Prison a number of times due to drugs, stealing and fighting.

None of the participants trust the police and don't feel they not anything to keep the streets safe.

Consultation Focus Group (Hart Gables LGBTQ Young People's Group)

(8x young people – Rossmere Centre, Hartlepool.)

Q. In terms of sexual health what sort of issues do you think young people in particular LGBTQ young people are facing?

- Professionals and lack of their knowledge around LGBTQ communities.

'Professionals think 'neurotypically' of young people, no one understands that there are differences, same with services all aimed at the same 'type' of young person.'

- Sexual health education is around heterosexual sex and not same sex relationships, or transgender relationships.

Q. What sort of barriers are young people facing with accessing sexual health services?

- Accessibility – not knowing where services are.

- Feeling embarrassed to access sexual health. Also rumours start spreading if someone says about sexual health services.

- Not talking about sexual health, in particular at school, there isn't enough LGBTQ content.

- Not told about the body parts / names of body parts. If mention one it is seen as 'dirty'

Q. How can sexual health services be improved?

- More promotion and it needs to be LGBTQ friendly.
- Also have LGBTQ alternative experienced professionals – so young people can relate.
- Education! – Young people need to know more about sexual health, about the risks, also about the pleasure and feelings around sex / intimate relationships.
- Training for youth workers, supervisors around sexual health – as often feel more comfortable talking to them rather than teachers or parents / carers, particularly if haven't spoken to them about their sexuality.

Radio House: (Workshop)

(Supported Accommodation for Asylum Seekers.)

11x Females, mixture of ages

Ran a sexual health workshop as women wanted to know more about contraception methods and STI testing.

Females asked lots of questions about sexual health. Said it was very different in UK, in own countries don't know about sex or sexual health.

'We didn't learn about STIs growing up, didn't talk about sex.'

Some females said they would only feel comfortable talking to a female professional around sexual health due to religious / cultural reasons.

Another barrier is language, some females could speak good English but struggled to read English so weren't sure how to book / where to go to get an appointment.

They all said they would be interested in a drop-in clinic at the location.

Case Study: Female disclosed that she thought she had STI – signposting to Sexual Health clinic.

Manager of the centre would like some training on sexual health and signposting, currently not C-Card trained.

Re-loved Clothing: Hartlepool (Group interview – 2x managers & 1x support worker)

(A charity that provides cheap / free 2nd hand clothing for communities.)

Feel it's a lot to do with aspirations – not much work in Hartlepool so people struggle, also young females see it as a way of getting a house or income if they have a baby.

One of the managers said she struggle to get any contraception from her GP, was told they no longer provided it.

'Education in schools around sexual health, healthy relationships.'

'With the cost of living crisis, sexual health isn't really what people are thinking about... though should be as an unplanned pregnancies would add another cost.'

They would put some posters up in their venue if they had some.

The Women's Hub: Hartlepool, (Group interview – 2x managers, 2x community members)

(Charity - run a children's group and women's support group)

Feel there is a lack of awareness about services and the issues to do with sexual health in the area.

'Don't see any posters / adverts with key safety messages like you used to.'

Don't really discuss contraception in professionals, i.e. health visitor, or midwife.

'Would probably signpost someone to their GP if they were worried about sexual health.'

Worried about the impact of social media on children and young people – seeing inappropriate images online. Need to have more training and awareness about online safety in schools.

YouthWatch

(2x Focus groups – 1x Face to Face / 1x online)

1x Face to Face Focus Group, Middlesbrough – 3x young people)

- Learn about some stuff in school around sexual health, but it's embarrassing.
- Would speak to parents, sister, youth worker if had a question around relationships.
- There is a lot of pressure to have a boyfriend / girlfriend.
- People send stuff on their phones – images, rude stuff about other people.
- Didn't know where to go for sexual health services, one said the GP.

1x Online Focus Group – 12x young people, 15-16 year olds

Q. What sort of sexual health related issues do you think local communities in Teesside are facing today?

Teen pregnancy
chlamydia
aids and teen pregnancy
unsafe sex
aids
Feeling pressure to have sex
pubic lice?
I'm not sure
sti's
sexual assault
not knowing the consequences
sti
feeling scared and embarrassed
afraid to speak up

Q. What sort of barriers do you think different communities are facing when accessing sexual health services?

don't know where to get protection
feeling embarrassed
you can't buy condoms in shops on ur own
embarrassing.....
Not knowing how to take precautions to make sure it's safe
Where to get a condom
condoms might be expensive
definitely our age because people are ashamed and embarrassed to talk about sexual health
might not have proper information on it
fear

Q. In your opinion, how important is sexual health to community members?

i think it depends on which parts
very important as people can die
Very important to always stay safe
most important
very important
very important
deeply
important to make sure everyone is safe.

Q. When and where was the last time you saw an advert / poster / leaflet etc, promoting positive sexual health?

at school
today XD
i never have
not in real life only online
i haven't seen one in forever
i can't remember
can't even remember only negative stuff
YouTube ad for condoms
boots pharmacy
more aimed towards adults

Q. What sort of information / key messages do you think communities should be getting around sexual health and where from?

Where to get protection how to use it properly !!
how to use protection right
people should not have unsafe sex and give chlamydia
everywhere and how to use it or put it in/on
not to be embarrassed about having issues with genitals and or sexual diseases in school anymore
consent
not being shamed for having sex
what to do if you think you have an std

that it is okay and not embarrassing to be sexually active at our age
not much education so a lot more on safety
only a little at school
more education on deformation and stis
no they didn't talk about it just random non related things
I've never had SRE but it has been pulled into science topics
never got a lot of sex ed and when i did it was very brief
yeah we should learn how to put condoms on
idk
i think people with experience should teach in school
a professional instead of our day to day teachers
i think teachers should

Q. Do you feel comfortable using sexual health services?

Yes	4
No	5
Not sure	3

Q. In the last 12 months, (or your last visit) have you visited any of the following for your sexual health?

Sexual Health clinics	0
Your Local GP or pharmacy	0
Charities	0
A&E	0
Abortion services	3
Postal service	1
Outreach event(school/college)	0
Other provider	1
None of the above	6

Q. Why did you choose that location?

It's near to where I live	0
It's near to where I work/study	0
I happened to be in the area	0
It was recommended to me	1
I trust the service there	0
It is NOT near to where i live, work or study	1
Its the only place i know of	1
Its the only place i could get an appointment	1
Not sure	5

Q. What improvements could be made with sexual health provision in Teesside?

more for young people
give out free condoms
promoting safe sex without shaming people for being young
making place more open
Free condoms

free condoms cos people won't buy them out of embarrassment
school
they should tell us how it works
school collage work
boots
Make it a less awkward thing to talk about
promote safe sex but also not shame people
not having to have a long talk or speak to the people just going in and out
tell us it's not embarrassing and it's a normal thing to do instead of being shamed for it
just be straight up instead of making it awkward
be casual about it
talk about it as a normal healthy thing instead of something you don't speak about
overall normalizing it
more clinics about sexual health

Demographics:

Age:

Under 14	0
14-15	4
16-17	8
18-19	0

Gender:

Male	3
Female	6
Other	2
Prefer not to say	1

Ethnic Group:

English / Welsh / Scottish / Northern Irish / British	8
Irish	0
Gypsy or Irish Traveller	1
Any other white background	1
White & Black Caribbean	0
White & Black African	0
White & Asian	1
Any other mixed / multiple ethnic group	0
Indian	0
Pakistani	0
Bangladeshi	0
Chinese	0
Any other Asian background	0
African	0
Caribbean	0
Any other Black / African / Caribbean background	0

Arab	0
Other	1

Sexuality:

Heterosexual / Straight	2
Homosexual	6
Bisexual	3
Other	0
Prefer not to say	0

Religion:

Christianity	2
Judaism	2
Islam	0
Buddhism	1
Hinduism	1
Sikhism	1
Inter / non-denominational	0
Another faith & or spiritual practice	0
No religion	5
Prefer not to say	0

Disability:

Yes	5
No	5
Prefer not to say	2

Post Code:

TS11	3
TS10	9

Cleveland Centre, Middlesbrough

(1x one to one interview)

- 'Teenage pregnancy is seen as the norm in Middlesbrough – lived here for 20 years plus and its still the same. Their mum was a teenage mum, their sister is a teenage mum, so it's what they do.'
- Lack of things to do, jobs, money, work, etc.
- 'Need to have more education about it in Schools.'
- 'It's a cultural thing, doesn't happen in other countries, its about respect and looking after the family, see children been put into care because it is children looking after children.'
- Need to have more awareness and opportunities for young people.

Community Member: (One to One Interview) (Family Support Worker)

Lack of resources in Hartlepool.

One location now is The Fens – don't young people can't access it as it is right across the other side – will need to get 2 or 3 buses on their own. They won't go.

It's difficult to find when you get there as not very well signposted.

Used to be C-Card trained but needs to go on refresher course – can't get on a course until November.

Works with a lot of YP / mainly males on his caseload, but has to refer to the school nurse as they don't have any resources and where never given any from Brook to give out. Issue there is that majority of schools nurses are female and young males don't feel comfortable asking. Plus very limited accessibility.

Lack of awareness across the team – if they don't know how will YP know.

Recommendation: More training in sexual health and signposting.

Recommendation – Referral pathway of contacts and services.

Recommendation: Education is a less formal way

Lack of promotion on social media – not on FB but Instagram, etc.

Difficulty getting appointments at GPs for contraception – get signposted to the Fens.

Don't feel YP would feel comfortable going to a pharmacy for C-Card – rather go to a trusted adult – such as their support worker but can't help because they haven't got the resources to give to the YP.

Lack of education around contraception 'YP asked what is a condom'

A lot of anti-social behaviour and nowhere for young people to go.

Often work with YP who don't necessarily go to school very often so miss out.

Parents don't feel it is their responsibility – ex. mother and son, son 16 said he is sexually active but his mum won't go and get him some condoms.'

Personal experience – thought was going to have bloods done at the sexual health clinic but got sent away with a postal kit and that was very tricky to do.' Feel this would put people off.

Case – YP took nudes and sent it on and it got sent round, don't realise they can get in trouble for sending it.

Community Member: (One to one interview) Support Worker

Works with young people on a one to one basis around behaviours – sees a lot of unhealthy relationships and young people confused about what behaviour is consent and what isn't. The lines are blurred.

Currently waiting for C-Card training – used to be, needs to have a refresher.

Lack of awareness and promotion of positive sexual health and relationship messages.

Young people see if a girl has a had a lot of different boyfriends then she is 'dirty', however challenges that, just because had a lot of partners does that mean she has slept with all of them?

Due to pandemic young people don't have the social skills, constantly on their phones and its changed perceptions of what relationships should be.

'Need more education in schools, colleges and universities – more knowledge about the risks, how to behave in relationships and how to be safe.'

Appendix D – Survey of Professionals

(h. The way sexual health service provision works in a primary care setting and a community setting, e.g., pharmacy and views on how this can be improved)

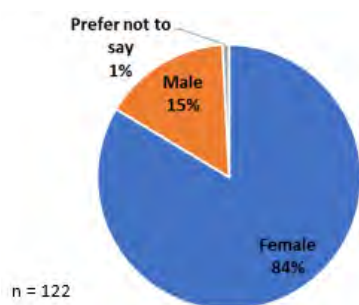
The following data analysis and descriptive summaries of the various consultations conducted during the research period and provides behavioural insights into professionals' views and opinions of sexual health services.

Survey Data:

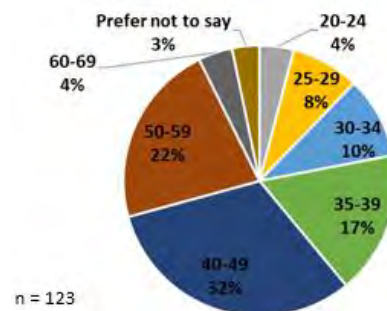
123 professionals completed the online survey.

Demographics:

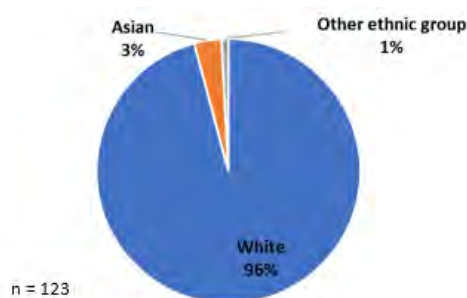
Gender:



Age:



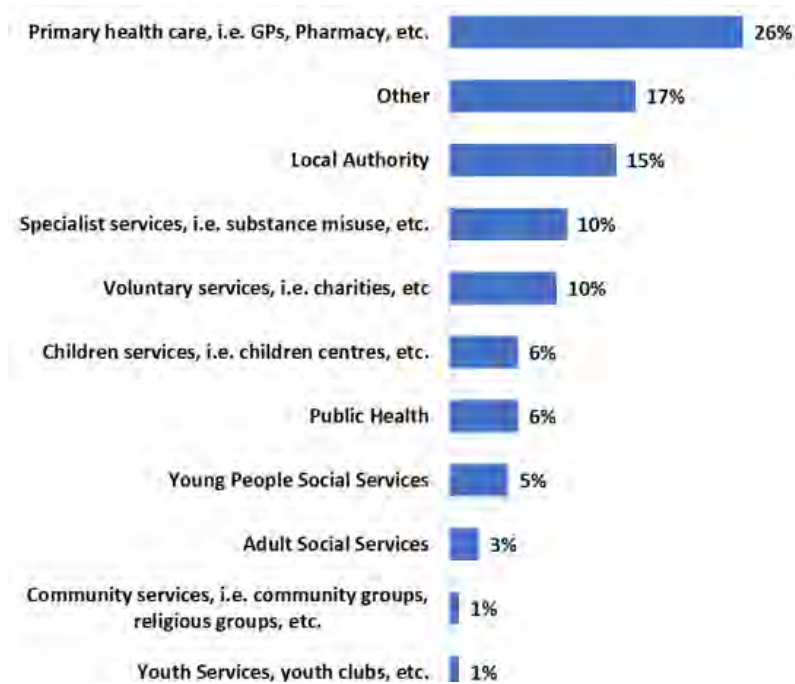
Ethnic Group:



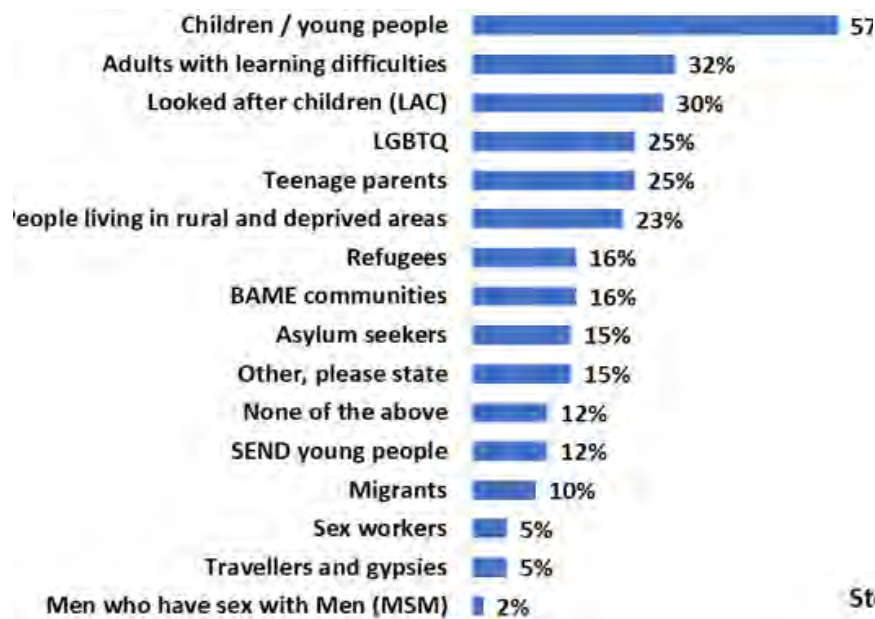
Experience in Role:



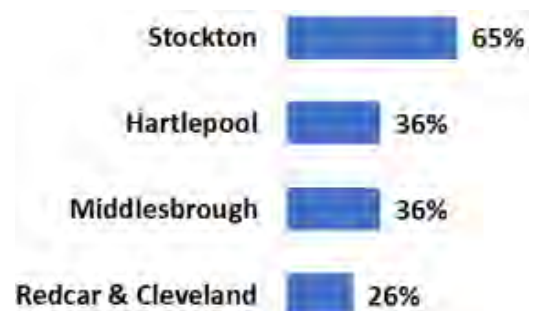
Occupation: (n =115)



Vulnerable groups that professionals work with: (n =111)

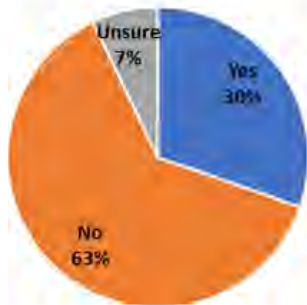


Locations Covered
(n = 113)



Sexual Health Provision

Do you or does any of your team provide any sexual health services directly to your services users (n = 112)

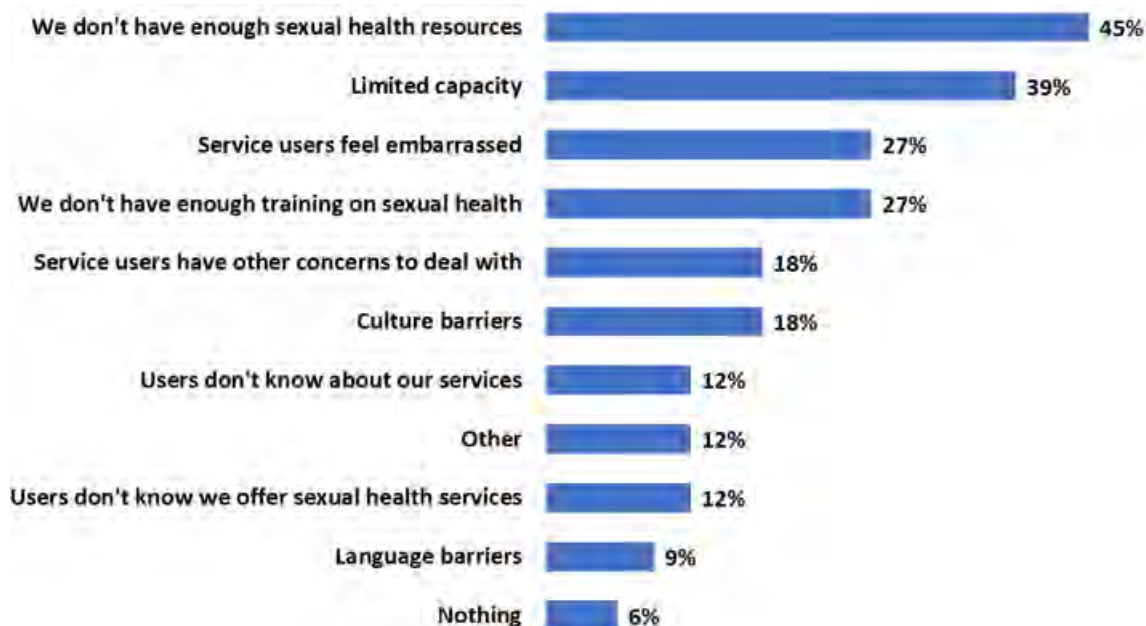


Which of the following sexual services does your team provide?



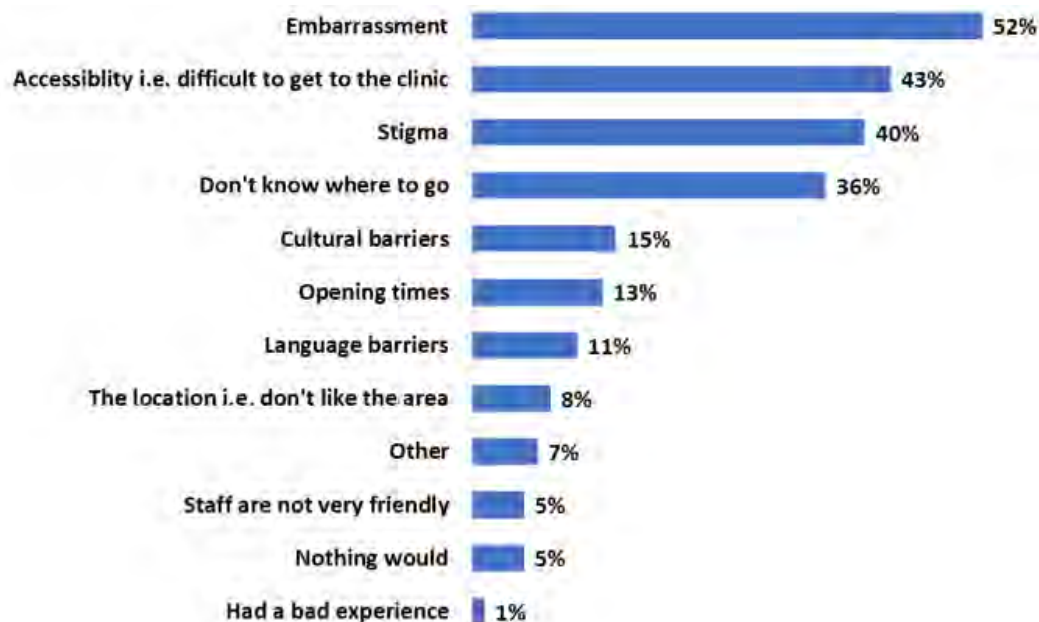
*Showing proportion of respondents who answered often or very often

What barriers do you think are most often preventing users from accessing sexual health provision from your service. (n= 33)



- Training and Funding
- For more staff to be trained in c card etc
- Leaflets, posters to advertise and signpost
- More time and capacity to spend with users and explain in detail testing and treatment
- Being able to deliver Sexual health education classes in school, prevention is always better than cure.
- Better Training and resources to hand out to our young people.
- Community outreach team dedicated for hard to reach target population with confidentiality
- Running sexual health clinics from the surgery.
- Better accessibility and ability to communicate with sexual health professionals.
- More awareness around what we can screen for, eg postal packs that are given out by local sexual health services

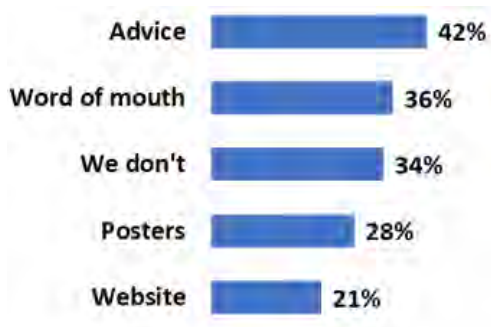
What barriers do you think are most often preventing users from accessing sexual health services in general? (n = 75)



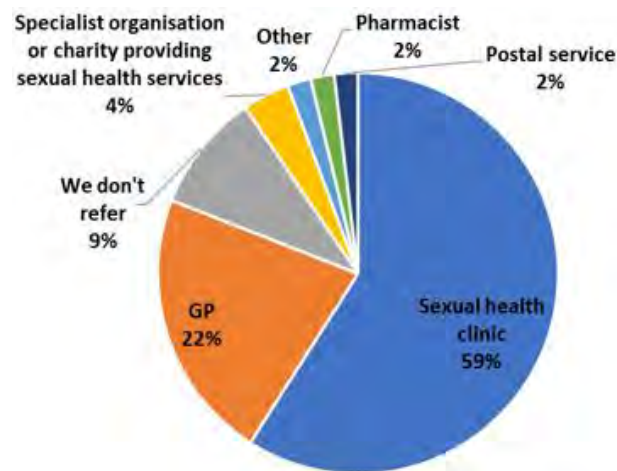
- Making sexual health services more accessible, patients are signposted to local sexual health clinics but may be more embarrassed to go there.
- Better accessibility and location
- More options available in GP surgeries
- More accessibility

- Encouraging patients and reducing the stigma around these services
- More awareness
- More appointments and drop in clinics
- Easy local access to advice, testing and treatment and more education on the prevalence of STIs
- Access to the specialised clinics
- Awareness and easy access

How do you promote sexual health services to the general public? (n = 107)



Who would you refer your services users to in terms of sexual health? (n = 105)

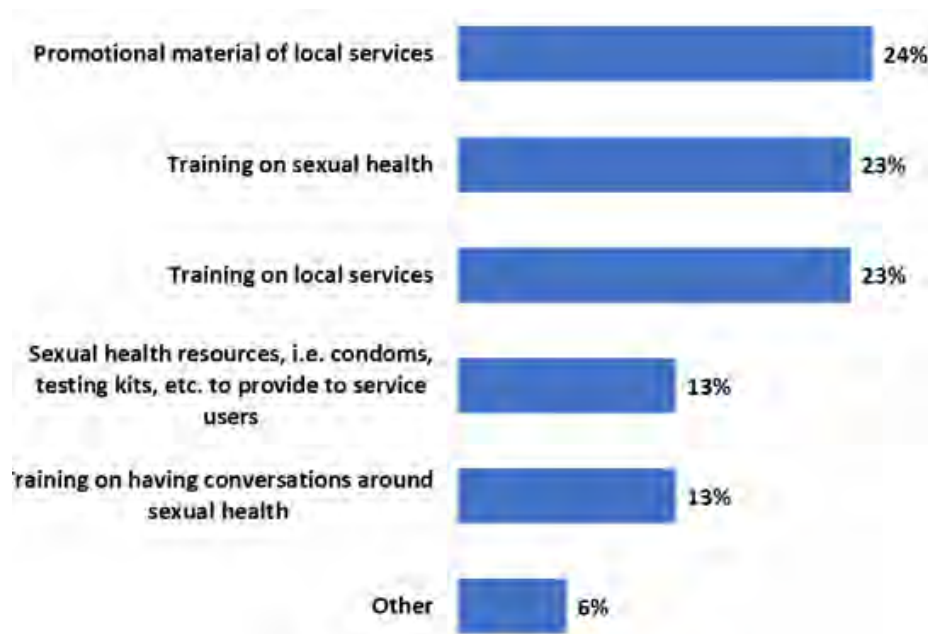


In your opinion, how important would your service users rate looking after their sexual health

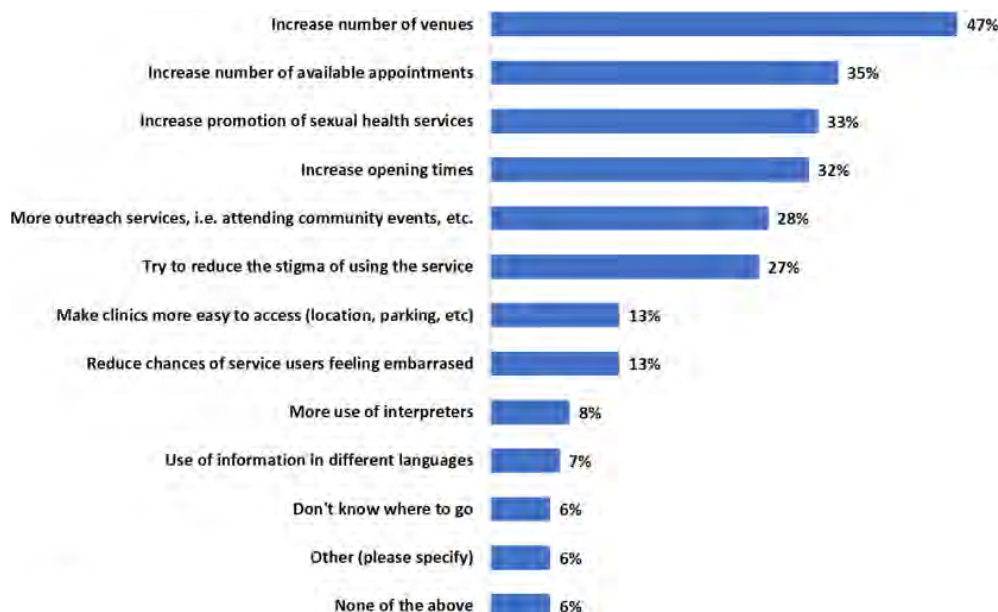


- 38% of sexual health professionals believe their service users would think that looking after their sexual health is important or very important.
- 3 in 4 sexual health professionals are comfortable or very comfortable discussing sexual health with users.
- Only 1 in 2 professionals rate their awareness of sexual health services as good or very good.

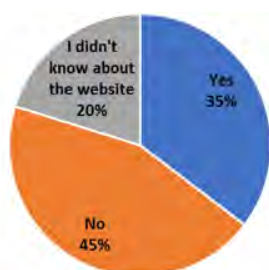
What do you think would best increase your awareness of sexual health services in your local area? (n = 80)



How could local sexual health services better support your service users? (n = 99)



Have you used the sexual health services website before?



Thinking about the website: To what extent do you agree or disagree with the following statements:

The information is easy to find
The information is easy to understand
There is a wide availability of appointments



37% of 38 professionals have used the website to book appointments.

Comments:

- I am happy with the website. I would say it needs to be advertised more. giving more info about types of contraception
- Make it more basic, one button for Hartlepool, one button for adult or child etc.
- The website feels very intrusive to a neuro divergent person and not easy to navigate.
- More appointments made available

- Add in more appointments
- More posters and awareness around service access and services
- Unable to create account to make appointments with service users, called the telephone number which went unanswered. Simplify the booking system please, our tenants would not persist on their own in accessing support if it was not for us prompting/ supporting them on.
- Advertise to service users
- Keep it really basic
- Clear instructions, maps of where the place and how to access.
- If when googled the link could take them straight to the Hartlepool clinic information rather than the Teesside page. To call the Fens clinic the Hartlepool clinic on the list so it is clear. To not have to put the postcode in as although told young people can feel this will stop it from been confidential.
- easy links to book appts. For Teesside it says to ring - you are not able to book online you have to ring for an appt.
- Not having to have an account
- More young person friendly, looks very formal and hard to read at present.
- More appointments to book online
- Booking of appointments - every time logged in there were no appointments available. Had to use telephone to book.
- Easier to navigate

What one thing would improve your own ability to offer a good sexual health service to your service users?
Training and Funding
For more staff to be trained in c card etc
Leaflets, posters to advertise and signpost
More time and capacity to spend with users and explain in detail testing and treatment
Being able to deliver Sexual health education classes in school, prevention is always better than cure.
Better Training and resources to hand out to our young people.
Training for all pharmacy staff AND/OR more information about local services where patients can access resources and expert advice
Improved access to specialised service Better training
More training
Regular refresher training, services drop ins,
Community outreach team dedicated for hard to reach target population with confidentiality
Increased access to appointments
Appropriate funding to do so
More time to provide more opportunities to share health messages within schools and other venues. For example to be able to provide class/ year group sessions in school more often, this would not only promote positive sexual health messages but also our service and others where support is available. Offer awareness in other places such as children's centres and baby clinics, one stop shop and community events.
More capacity better comms to patients more use of social media
I feel we would benefit from running a sexual health clinic from our building once every 2 weeks.
Regular training to our youth workers including access to resources and information
Hopefully we provide a pretty good service for contraception, but are not trained to provide investigation/treatment for STIs
Running sexual health clinics from the surgery
Better accessibility and ability to communicate with sexual health professionals.
Being able to offer IUD insertions and implants.
More up to date training
More availability and further training to health professionals
More visuals
Sexual health update and more time
More awareness around what we can screen for, e.g. postal packs that are given out by local sexual health services
Access to services
Easier to navigate website and more centralised services

What one thing would improve the outcomes of sexual health services for the local general public?
Have more clinics around Teesside. I believe the only one now is Lawson street and not everyone can get there, especially young people from Billingham for example.
more awareness, easier/ quicker for people to access
Knowledge
As Above and also more accessibility for users regarding sexual health services
better access for sexual health support/ advice/treatment and less restricting to access.
Easy local access to advice, testing and treatment and more education on the prevalence of STIs
Access to the specialised clinics
Awareness and easy access
Better/ consistent/ continuous sexual health education in schools, colleges, universities. Advertisement to remove the stigma/ encourage people to get tested regularly, ongoing support with those in need of treatment.
Easy accessibility
Increase availability of sexual health services and in multiple locations
For the sexual health clinic to be more accessible and helpful in managing our patients.
More knowledge - including positive sex messages to help with peer pressure and low self-esteem.
Better availability of local sexual specialist services- its poor at the moment wait times are not good
More clinics in the area
Better advertising of where to receive the information
More and easier access to IUDs and implants. I think many in primary care still think there is an 8 month wait for IUD fittings, so do not consider it as an option and therefore do not refer patients in to HCRG. Letting those in primary care and the general public know the waiting list is not as long would improve options given to women (providing there is capacity to meet the demand). Also better accessibility to HCRG services for people with infections picked up in primary care. A patient recently had a positive swab for gonorrhoea at the practice and neither he or the GP involved could get through to book an appointment with HCRG on the phone. The GP ended up giving some antibiotics that he thought might help.
Making sexual health services more accessible, patients are signposted to local sexual health clinics but may be more embarrassed to go there
Better accessibility and location
More options available in GP surgery's
More accessibility
encouraging patients and reducing the stigma around these services
more awareness
more appointments and drop in clinics
Service is usually provided by sexual health Teesside but appointments seem quite limited, especially for coils/implants
accessibility and promotion of services. use of facilities so patients can access different hubs. EG hash hubs

How do you feel sexual health services could be improved for your service users?

Collaborative working with staff to support the clients to have engagement with both services

Run a one day weekly clinic in our service

Attendance at community events, more outreach, volunteers training as ambassadors to deliver basic knowledge on what is accessible, where they can go, them to make appointments of behalf of a service user were needed, educational/promotional events in schools colleges when trying to contact a sexual health clinic back in Jan 2023 via email, phone and calling in and leaving my details at reception I finally got a response on 15/08/2023. it is not acceptable for those who are in need to have to wait so long before they are responded to. and I don't just mean an acknowledgement email.

need a return to multiple points of access and information, advice and guidance imbedded within practitioner with contact with young people and within services - education and c card/chlamydia screening etc

Currently difficult to get appointments and users are bounced back and forth between clinic and doctors.

Working with young people, especially teen boys around exploitation, they find it difficult to engage with female workers around sexual health. This is why I completed the C-Card and Sexual Health training with Brook so I could deliver it to all of my service users.

Offering a properly funded and advertised scheme

Start educating from 6-form and GCECS target the difficult to reach communities make GP services easier to access

Reducing the stigma and increasing the importance of regular testing

More accessible

More appointments in person, easier to make an appointment, more drop-in appointments, better locations, friendlier staff and better access to condoms.

Having more options available for the individuals.

Easier accessibility of services regarding location, times etc plus a more basic sexual health website, make it child/teen friendly, easier to navigate

Make the service more accessible for neuro diverse people. They find talking to people hard in the first instance, it takes a long time to get to speak to someone on the phone or in person, they find the subject deeply embarrassing, and the wait times are painful for them. Perhaps have an app that neuro diverse people can use to speak to someone and book appointments on, as most neuro diverse people are more comfortable texting, or even sending emails.

More walk-in days. More outreach programs to come and speak about the importance of sexual health and how to have safe sex.

Outreach support

Not particularly relevant. Most of our service users are elderly and are admitted to ourselves for a short stay following hospital admission.

Promoted more in school around the awareness of the risks and what support/treatment is out there for our young people.

More local services that can be accessed for those who do not drive and plenty of appointments plus some late opening for those who work

More clinics and access and we have long waiting lists.

More advice to be given to come to our service and do talks to our service users

Be more accessible for adolescents.

More support in the community such as drop in's.

The availability of appointments is appalling. Ridiculously long waiting times mean that the service is not fit for purpose and is not serving the patients of the Tees Valley at all well.

The availability of appointments is appalling. Ridiculously long waiting times mean that the service is not fit for purpose and is not serving the patients of the Tees Valley at all well.
Not calling it the Virgin sexual health clinic. Bringing more services to GP surgeries will encourage people to use the service especially young adults.
More appointments
Language and cultural barrier in Middlesbrough is a big hinderance where I work.
As above. There is so much wrong with the current provision
Awareness of where they are and how to access. Also what support can be provided.
Increase presence and be consistent
There are long waiting times for sexual health appointments , each team could be trained in C-card and could then offer some sexual health services to service users (where suitable)
Improving sexual health services for ethnic minority and refugee communities with language and cultural barriers requires cultural competence and inclusive practices. Employing multilingual staff and interpreters, along with culturally relevant resources, can bridge communication gaps. Collaboration with community leaders and institutions can foster trust and awareness. Ongoing training for staff in cultural sensitivity is vital. Privacy assurance, flexible service hours, and peer education can enhance accessibility. Integrating mental and emotional well-being into services is essential. Feedback mechanisms and stigma-reducing campaigns aid improvement. Tailored workshops, inclusive marketing, and respectful engagement all contribute to better sexual health services.
More appointment availability, improved accessibility, option of remote access to services to maintain anonymity, community outreach for vulnerable and deprived group.
Increased appt availability More locations Extended opening times - weekends
Better communication between them and GP Actually managing the patient appropriately and not giving false info e.g. GP referral required etc
education on awareness of sexual health
More awareness, walk in service more of a central base.
Less waiting times, more community venues, support from other organisations, have the support in our service.
Weekly/fortnightly drop ins within our service
Coming out of the clinics and working within other services - to where vulnerable clients actually are. multi agency hubs are the way forward. making services more accessible to all.
The distance to the location of the sexual health clinic is not accessible to the young people in the area I work. They would not be able to get to the clinic without someone else to drive them or 2 buses therefore they find this hard to do without sharing with parents which is not always something they want to do. I have had very poor feedback about the website, it's not easy to find out information for the individual clinic, how to contact and where it is. That they say they just didn't go because of this. The STI testing kits are limited to what we can offer. In previous areas our team has had a lot more joined up working with the sexual health services, I feel now we are quite separate and there is room for this to be improved.
better responsive access
Better promotion of services available and how to access them. Better funding of service provision, to encourage more providers to take part.
Maybe more outreach type work? attending different organisations in the community and giving out info/ incentives to be involved
I aren't on the frontline anymore, I work within the quality and practice area so for me i would like up to date information on where services are, how to access and what's on offer please. I can then share this with our workforce within children's and adults services.

Our own clinic with our own nurses who clients feel comfortable with.
By being out in the community, reducing the need to travel especially those in rural areas
Training and development within out school as there is not enough information/knowledge provided to our young people Training via MYDEVELOPMENT Promotion of services - Social media is your best option to get the message out there. Take away the stigma - leaflets
More training to be available around the conversations they could have with children and young people they are looking after
Community events.
Defiantly needs to increase venues and appointments for people to book onto! Could even a sexual health nurse at a PCN level and work at surgery's for a day?
Information within schools at a younger age
More appointments , open access , more venues- some in GP surgeries .Encourage more GPs to fit coils and implants . we stopped as the pay was derisory 4 years ago and was no longer viable from a business point of you , but I had a good rate of attendance in a place patients felt comfortable and familiar n . The coil is the best emergency contraception yet is not really available and the MAP is unaffordable for most OTC. Think you should really encourage GPs to provide this at a PCN level and fund it sufficiently to cover costs -delivery in patients own communities by familiar people will always be more successful . More education is again always useful
Delivered in the community
More outreach services, potentially using the family hubs
More advertising would be great, I am happy to have the conversations but have no real idea where to sign post too.
Our service supports adults of all ages, abilities and backgrounds so we will have service users that are very clued up, and some that aren't. Being able to give out up to date information, and regular updates, drop in information and open days would be very helpful
Young deaf people often have to rely on their parents to communicate for them, they are no aware that services can book BSL interpreters - this is a major barrier to contraception & sexual health clinics so deaf people do not have equal access to treatment. All health information should be translated into British Sign Language and/or display subtitles. Sexual health services should engage with local deaf centres and make connections with the deaf community.
Made more aware of the service
More options available. More accessible!
Just knowing locations times services
More venues in different locations
More locations and better training for staff to sign post patients to the correct service for their needs.
More venues and more advertising of services
Easy read information
easier access to bookable appointments. more clinics available. reduced long waits for coils
I think it is a subject not discussed very often. promotion would be helpful, knowing where to refer etc.
More accessible
work with community i.e. local colleges / senior schools
More appointments
Accessibility
More information in an easy read format for our services
Having not had an example of a service user needing to use a sexual health service. I am sure the in-house GP's would be able to help or refer.
Limited waiting times
Unsure what to suggest
More accessibility and promotion
More support in schools

What could we do to improve the website? Please tell us in your own words.
I am happy with the website. I would say it needs to be advertised more.
Giving more info about types of contraception
Make it more basic, one button for Hartlepool, one button for adult or child etc
The website feels very intrusive to a neuro divergent person and not easy to navigate.
More appointments made available
add in more appointments
Website is quite easy to navigate
More posters and awareness around service access and services
Unable to create account to make appointments with service users, called the telephone number which went unanswered. Simplify the booking system please, our tenants would not persist on their own in accessing support if it was not for us prompting/ supporting them on.
Advertise to service users
Keep it really basic
Clear instructions, maps of where the place and how to access.
If when googled the link could take them straight to the Hartlepool clinic information rather than the Teesside page. To call the Fens clinic the Hartlepool clinic on the list so it is clear. To not have to put the postcode in as although told young people can feel this will stop it from been confidential.
It's not obvious
Easy links to book appts. For Teesside it says to ring - you are not able to book online you have to ring for an appt.
Not having to have an account
More young person friendly, looks very formal and hard to read at present.
More appointments to book online
Booking of appointments - every time logged in there were no appointments available. Had to use telephone to book.
Good as it is
Easier to navigate

Appendix E – Consultation with Professionals

The following information provided below are descriptive summaries of the various consultations conducted during the research period, to highlight the different key themes and trends identified. They have been split by locality and by different services. *

*(*Please note that some of the professionals do work in more than one of the localities but for the purposes of this research document have been allocated the locality where most of the work is carried out or included as Teesside wide provision.)*

Hartlepool

Family Support: (One to one interview)

Lack of resources in Hartlepool.

‘One location now is The Fens – don’t young people can’t access it as it is right across the other side – will need to get 2 or 3 buses on their own. They won’t go.’

It’s difficult to find when you get there as not very well signposted.

Used to be C-Card trained but needs to go on refresher course – can’t get on a course until November.

Works with a lot of YP / mainly males on caseload, but has to refer to the school nurse as they don’t have any resources and where never given any from Brook to give out. Issue there is that majority of schools nurses are female and young males don’t feel comfortable asking. Plus very limited accessibility.

Lack of awareness across the team – if they don’t know how will YP know.

Lack of promotion on social media – not on FB but Instagram, etc.

Difficulty getting appointments at GPs for contraception – get signposted to the Fens.

Don’t feel YP would feel comfortable going to a pharmacy for C-Card – rather go to a trusted adult – such as their support worker but can’t help because they haven’t got the resources to give to the YP.

Lack of education around contraception ‘YP asked what is a condom’

A lot of anti-social behaviour and nowhere for young people to go.

Often work with YP who don’t necessarily go to school very often so miss out.

Parents don’t feel it is their responsibility – ex. mother and son, son 16 said he is sexually active but his mum won’t go and get him some condoms.’

Personal experience – thought was going to have bloods done at the sexual health clinic but got sent away with a postal kit and that was very tricky to do.’ Feel this would put people off.

Youth Services: (One to one interview)

‘CYP have lack of knowledge of services, especially when they keep changing names’

'Don't seem to be as concerned as before, and almost accepting that is going to happen.'

C-Card trained but doesn't have many YP asking for them.

YP ask if that is still a service – referring to C-Card. As haven't heard about it for so long.

START (Alcohol and Substance Misuse Services) (one to one interview)

They would like to see sexual health training for all professionals, so can signpost and refer appropriately. Team members not sure of where to refer to in terms of services and what is the right information to inform service users.

Team members have been on C-Card training but are waiting for resources.

Leaving Care Team / Social Services:

Working with young people who are teenage parents and also young people who are LAC.

There aren't any designated teenage parenting classes. Young parents feel judged to go to parenting classes at Family Hubs etc.

Lack of involvement of young fathers in consultations – young fathers / boyfriends / partners of pregnant females have a lot of influence on behaviour choices, i.e. smoking during pregnancy, drinking during pregnancy, etc.

Lack of pregnancy testing for young people – rather go to Poundland any buy one, but no referral support. Family workers could offer pregnancy testing.

Need a referral pathway of what choices and organisations would work with a young person that is pregnant.

As a service they are looking to develop some leaflets for service users – *'How to look after their sexual health.'* (could be an opportunity for some partnership working) and also a flowchart for young parents about their rights as a parent, because they are scared of social care taking their child/ren away from them and don't know their rights, so are hesitant to engage / trust professionals.

Education – young people lack the knowledge around sexual health.

Young people do not have enough about abortion, what the options are and where to go.

Within the team, some of the support workers will be doing the C-Card training but not until next year, which means the dates are quite away off so can not provide condoms until then.

Feel there is a gap in training for foster carers / adoptive parents who are looking after young people around discussing sexual health with them.

Outreach Nurse: NHS

Working with mainly sex workers, women just out of prison, substance misuse service users, etc. Goes out in to the community to treat them in hostels, homeless shelters, charities and supported housing.

Currently able to offer testing for BBVs as commissioned by CGL and University James Cook – but can't test for syphilis because that test hasn't been commissioned. But would like to offer the test given the client group and high rates in Teesside.

Again, would like to offer Chlamydia and Gonorrhoea but not commissioned, though can do triple swabs as part of a smear test. However, if she had kits she would be able to offer the test. (Also complies with new NICE guidance – targeting females)

She would like to be a 'one stop' access for key groups. Took her awhile to build up trust with service users, now they seek her out for support.

Don't trust other services, some feel embarrassed if they haven't had a wash or bath or turn up late so can't be seen. Also some struggle with reading and writing.

Offers smear tests at the hostels – finds can get them to have a test if its when they are having a conversation about it.

Tried to help females get contraception but struggle to get appointments at sexual health clinic (Both Hartlepool and Stockon)

She does offer some condoms.

Some see getting pregnancy as a way out if they have a boyfriend – but likely the baby will be taken off them if they are classed as 'homeless'

'Group is very impulsive and won't go to clinics / make appointments, etc – need to bring services to them.'

Currently not C-Card trained.

Stockton

Children Services: (LAC / School Support) (Team meeting)

'Stockton is town with city issues – only town to have Crime Reduction Unit.'

Increase in teenage parents – particularly in LAC, children get taken off them – either into the system or looked after by grandparents (parents of the LAC)

A lot of unhealthy relationships / domestic abuse taking place in LAC relationships.

Previously:

Roughly 6 years ago – have Brook Service come in – could call them out and they would come to the venue. Offer sexual health advice.

YP don't want to access local services – fear of being seen by others. They don't want to travel because of cost.

LAC YP live chaotic lives – need to have a service that is flexible and quick.

Location: Only place is Lawson Health Centre – but YP aren't going to go to the GPs, worry will see someone and appointment takes ages.

Young Carers Professional is trained in C-Card but training was limited. Other staff haven't had F2F training but through Brook eLearning modules.

Specialist outreach services that would work with LAC / young carers.

Youth Justice: (One to One interview)

Teams in Youth justice are not currently C-Card trained.

They have a nurse – who does a health assessment. They would signpost to her for any contraception and sexual health information.

Would like to have display boards to show services for teams / supported accommodation / semi-independent living / support their workers.

Would also like to have training in sexual health so would have more knowledge and feel comfortable to have conversations around sexual health.

Healthwatch:

'People aren't aware of where the sexual health services are.'

'There about of myths around sexual health.'

Asylum seekers – wanting support with sexual health but not sure where to go. Used an example of a professional coming to do a talk to females at the Radio House, Thornaby about neck and throat cancer, a female asked about oral sex and the risk of getting throat cancer, unfortunately the professional didn't want to discuss the topic.

There are not any posters, leaflets or information professionals can give out to general public. The service engages in a lot of organisations that they could promote sexual health

services to. The promotional materials need to be easy to read, visual and available in different languages.

Community Champions – might be interested in promoting the surveys and speaking about sexual health provision.

School Improvement Service: (One to One Interview)

There is a need for RSHE training for children and young people with SEND for DSLs in schools, particularly around non-verbal and consent / healthy relationships.

Also training for professionals in general about the law, having difficult conversations and dealing with sexualised behaviours.

Recommended resources for children and young people that are home schooled or going through hospital education.

‘There are a lot of myths that young people hear about sexual health.’

Need to have promotion and signposting on social media platforms that young people go on.

Teaching professionals also need support for sexual health signposting, i.e. posters, referral pathways, information, etc.

Family Support: (One to one interview)

Number of the team are C-Card trained, but unfortunately young people accessing the service from them is minimal. Believes this maybe down to professionals and public perception of family hubs – still thinking they only go to 0-5 years, whereas now go from 0-19

Some of the team are now C-Card trained but unfortunately YP access is currently minimal, however believes this is to do professionals and public perception of Family Hubs – thinking they are only 0-5 whereas now go from 0-19, so hopefully it will change over time.

They have no promotional materials to be able to promote that the venues provides the C-Card service.

Planning to organise and run drop-in clinics from Family Hubs and invite different services including sexual health services. Though they currently don't get much interest from service users wanting to know about sexual health.

Have professionals in the Youth teams and family teams that would be happy to discuss sexual health with service users, though would benefit from some training.

Would refer to school nursing or pharmacies

But as sexual health is not the highest of their priorities – more relationships concerns, DV, family dysfunction etc.

CYP – Alcohol and Substance Misuse Service: (Team Meeting)

All staff would like more information and training on sexual health services, so feel confident to have those conversations and be able to signpost effectively.

When a service user is referred to CGL they are tested for BBVs but not syphilis, feel it is an opportunity missed when the rates are so high. (They have a partnership agreement with some pharmacies where they provide the testing for the BBVs and CGL labs test and CGL deal with the results, could they have something similar?!)

Unfortunately large majority of their service users have the attitude *'of not bothered, unless it is something serious.'*

'Struggle to engage in general health, let alone sexual health – need to get them at the point of contact.'

There are a number of nurses that work within the service doing the assessments i.e. general health, mental health etc, number of professionals proposed could they be trained up in sexual health and could they offer STI testing and contraception as that of that process.

Suggestion of service users using postal kits, however many do not have phones or access to laptops, IT literacy is poor, so unlikely to use this method.

Suggestion of accessing sexual health services, again team did not think service users, in particular homeless wouldn't turn up to appointments because they don't have phones / unable to know what time it is for their appointments. Lack of funds for transport.

Also the worry that people might think that due to limited washing / washing products that they smell so would put people off going to services.

Recommendation of having 'postal kits' in their reception area for service users to take.

CGL CYP Workers – Have in the past been C-Card trained, however need to go on the 'refresher' course and the resources they have are now out of date. They also provide education workshops around drugs, alcohol and risky behaviour – could be an opportunity to promote C-Card and sexual health services.

Discussion about the location of sexual health services in Stockton – professionals felt it was old fashioned, very clinical, and the waiting rooms need to be updated to be more inviting.

'People don't like going to sexual health services if they have had a trauma as its clinical setting, bring back memories.'

Feel there needs to be more information about the process at sexual health services.

Very clinical, white and old fashioned – not changed like drug services – changed waiting rooms made more inviting and modernised.

Need a Teesside sexual health strategy and bring everyone to the table and what can they offer if they are supported by HCRG and the resources.

Need training to feel comfortable giving the right and up to date information.

Some professionals have been on some training that THT offered in the past and said it was really good. Service manager to speak to THT to see if they can offer a clinic – as starting at LGBT clinic Tuesday eves.

Also proposed at the needle exchange they could have some bags of condoms for people to take instead of people having to ask.

CGL – at needle exchange could have some bags of condoms instead of people having to ask.

Also, they could also provide service users with leaflets, if they had some that are easy to read and visual, in different languages.

In a one to one meeting, professional used case study of 17 year old daughter requiring an abortion, had a telephone consultation and a scan (very emotional experience) then got pills in the post but had bad sickness, professional felt how could they do a proper assessment on the phone. A lot there was a lot of information to read with the pills and not easy to read. There also wasn't a follow up consultation to check in.

Locality Team: (One to One Interview)

Provides one to one and group work for young people in the family hubs and also through targeted outreach, i.e. in local parks, etc. They are trained in C-Card and can offer it to young people.

YP are referred through various ways, schools, multi-agency or self-referral.

'YP don't like accessing SH from Lawson street, they don't have the confidence or they feel stigma.' – ask a professional to come with them.

Vulnerable YP – might have C-Card and have condoms – *'Don't use condoms, because they don't know how to use them.'*

They provide community programmes to YP mainly around wellbeing services but could also cover sexual health.

Provide community summer programme – offer wellbeing services so could cover sexual health in programme as well.

They do some workshops in schools, but can struggle to offer C-Card due to religious reasons.

Social Services Stockton Adult Disability Services (One to One Interview)

RSE provision is not tailored to suit needs of young people in particular SEN and non-verbal children and young people who struggle how to communicate consent / express consent.

Social care professionals should have training in RSE to support parents / carers with conversations and signposting.

A number of professionals are C-Card trained but haven't got the resources to provide condoms.

Feels that there should be a support services for young males as there is for young females (Way Out / Blossom Project) as males in particular males with LD struggle to understand consent and what is appropriate behaviour, both in their behaviour but also in other people's behaviour towards them.

Males acting younger even when older and get in trouble if they date females that are younger.

Pandemic has made things worse – more stigma and embarrassment talking about sexual health.

Pharmacist:

‘Only pharmacy that does EHC in the area, and they all signpost to that pharmacy, because they don’t want to do it, isn’t worth their while doing it’

Doesn’t understand why there needs to be yearly training in delivering EHC as it is always much the same. Frustrated that they have to go on different training programmes for the different areas when it is still the same EHC service. Again feels this puts some pharmacists off offering it.

Does offer C-Card in the pharmacy but doesn’t have any promotional materials and does offer Chlamydia screening however have minimal up take of the service.

Even if pharmacies don’t offer C-Card could promote to the nearest venue or the online provision.

Primary Care: GP Practice (One to one interview)

Used to offer more contraception methods, now only offer oral contraceptive, depo injection, used to offer the coil and implant but are not commissioned to do so. Did have the option of still offering it will the surgery would have to pay for the service, so not financially viable.

Have to refer patients to sexual health if they want STI testing. Can offer STI testing when doing a smear test.

Can offer EHC, but not the copper coil (as not commissioned) – find it frustrating as could be only option if patient cannot have EHC and it leads to a further delay.

Would be good to have a direct link to sexual health services so could make appointments for patients when they come in to the clinic rather than sending them away with a number.

Have heard from patients that there can be long waiting times for sexual health services.

They do offer the C-Card at the surgery but have minimal up take at the moment.

Northstar Housing Provider: (Team meeting)

Currently not C-Card trained, but would signpost to sexual health services.

They don’t have any information, or posters but would like to put some up in the accommodation.

‘Young people are not aware of the risks around sexual health and there is a lot of pressure to be in relationships, even if they aren’t good for them.’

Not much for young people to do.

Would like more training and information on sexual health in case a young person does ask them where to go.

Way Out / Blossom: (Team Meeting)

Blossom – young women 13-25 – up to 26 years old depending on vulnerabilities. Roughly 40 girls on their caseloads, 1 to 1 and workshops. No cut off programme – can stay.

Vulnerable women – such as CSE /CE, mental health, wellbeing concerns.

Way out refer to Brook – are C-Card trained. But don't have any condoms or chlamydia screening kits yet. Brook come out once a month – to do sexual health workshop / drop in can provide condoms then. Good relationship with Brook.

(THT used to do a drop in with sex workers – but don't anymore.)

Waiting Times for Blossom -3x months under 16& 1-3 months 16 plus. Additional needs – straight away.

Referrals come from schools, social care, early help –

Barriers to sexual health services:

Takes time to get an initial assessment / appointment.

In particular telephone consultations – long time being put on hold.. – don't have the money, the credit or the patience to wait or to call back another time – want to speak to someone there and then.

Reception – staff not very friendly – put girls off.

Wouldn't go to pharmacy 365 – because they do the drug rehab / replacement so don't want to be seen as a 'druggie' and also scared.

Also don't want to go to 'Lawson street' – again, scared to go in that area, known for being a risky place, drug use / crime / CSE / CE. – need a safety plan.

Stigma / embarrassment and also lack of knowledge of places.

Lack of appointments – can't take out implant (out of date method)

Type of groups of vulnerable girls – forget to take pills.

Recommendations: Sexual Health outreach worker to attend – girls would be interested.

Accessibility – need more clinics and communication about sexual health services.

Pharmacists – believe they would attend.

Gender identity / sexuality – have support from Hart Gables.

Redcar and Cleveland

Education and Employment Services: (Team Meeting)

There needs to be more communication and promotion of sexual health services, in places like youth clubs, family hubs etc.

The team is not C-Card trained but some members would like to be, currently referring any young people to the family hubs and youth clubs for condoms, etc.

The team states accessibility is a big problem for young people using sexual health services. Might have to get three buses just to get to the place.

There also needs to be more education about the impact of pornography and sex in the media.

'Porn is distorting expectations in CYP of what relationships and sex is from an early age.'

Could map out the different sexual health services for children and young people. There needs to be more communication and awareness about what Brook and THT and what they do.

Youth Services: (One to One Interview)

Feels very strongly that young people are being let down by services, there is no teenage pregnancy strategy, in schools teaching about sexual health in PSHE is a 'tick box' attitude.

'Sex education needs to be meaningful – it's worse than before, its gone backwards.'

Needs to be holistic approach, CYP need to have respect for themselves and it's not just about STIs and teenage pregnancies. .

It feels like authorities are looking at the short term and not the long term, i.e. cost of condoms vs the cost of teenage pregnancy.

Needs to be prevention and not intervention.

Brook have no interest to provide any support in Redcar / Cleveland – never approached them / team to be C-Card trained / offer C-Card.

Feels there needs to be an advocate for sexual health in Teesside.

Housing Provider – Thirteen Group: (Team Meeting)

(Professionals working with Asylum seekers, rough sleepers/ living in hostels and with young parents.)

Asylum Seekers – The issues are around culture and language when discussing sexual health. Females wouldn't feel comfortable discussing sexual health with male practitioners or using male interpreters due to culture and religion.

Need to have visual, easy to read, simple leaflets that are available in different languages explaining what sexual health is, how to look after your sexual health and where to go if you need support.

Rough Sleepers – Often neglect their general health, so sexual health is not really thought about. Not registered with a GP so not sure where they would know where to go. Don't have phones / laptops / internet to search. Need to have posters / leaflets, more awareness of services.

Young parents – More education on sexual health, risks and safety. Accessibility and cost is a big barrier, as young people are on benefits, not going to spend money getting transport to sexual health services for contraception, testing etc. Also the stigma of going to sexual health services.

Training for professionals around sexual health so they can signpost and support service users.

Could add sexual health as part of the assessment – cover mental health, general health can include sexual health.

Not advertised enough

Training for staff and referral pathways.

Middlesbrough

Locality Team: (Team Meeting)

Some members of the team are trained up in C-Card but currently haven't got any resources or received login details for online system yet.

School nursing are more likely to provide C-Card rather than health visitors, but the team does try to up to date with information at conferences, school nurses, ICB resources around contraception.

School Nursing are going to start to do drop ins at the youth clubs across Middlesbrough. Starting with Newport Youth Club – will offer C-Card as well.

Team feels there is a lack of information about sexual health services in general. Also changes in names of service providers can make it difficult to know who is delivering what service, etc.

Also lack of education for young people, some schools they work in are more active than others, and it can be difficult to work with more religious schools and are not able to discuss C-Card.

Need to have leaflets available – so team can hand out information, signposting, what they can access, etc.

Youth Services: (Team Meeting)

Young people (YP) are judged on reputation – if they are 'easy' / or known as 'clean'.

Detached youth work – don't provide C-Card as have no resources.

(Have a professional who is C-Card trained but hasn't got any resources.)

YP build up trust with youth worker (YW) as they are out and about and meet them at their locations.

Have education in yr. 6 about puberty, YP then transition to Secondary and are mixing with YP up to five years older so being exposed to older issues.

Youth workers feel they lack aspirations.

Access to house parties – drinking – a lot of young people going to Middlesbrough for parties and to socialise.

'YP don't follow up on their sexual health.'

Learn from Porn and more tech savvy – taking photos and sharing them.

'Lack of education and knowledge of services'

Recommendation: Brook to join on outreach work to access vulnerable YP.

'Most young people don't use condoms'

Lads prefer to use the withdrawal method.

Need to link with youth services on strategies around crime, anti-social behaviour, etc for example there is a safer Stockton partnership but youth services haven't been invited.

Healthwatch: (One to one interview)

Lack of information about sexual health services for communities, not sure where they are and also about the current issues in the area.

Needs to be more leaflets, posters promoting key messages especially for students and also in the centre.

More information online / social media for young people in the area, again particularly targeting the students.

'People struggling to get an appointment with their GP about anything, let alone sexual health.'

Diversity Forum: (Mix of professionals & Community)

Lack of provision for people with physical / visual impairments – no information, leaflets, etc around sexual health.

Need more information in different languages for ethnic diverse groups.

More needs to be done to work with community groups particularly those that are hard to reach or marginalised, i.e. for example use these forum groups / community groups to promote services.

Lack of education in schools.

My Sisters Place: (One to one interview)

Works with young people on a one on one basis around relationships and domestic abuse.

Seen a big increase in domestic abuse and unhealthy relationships in young people. Often young females with older males – having a lot of influence over their partners due to age difference.

Using Life360 app to monitor activities / face time all night so check where they are.

'Young people seem not bothered about their sexual health, trust their partner even though they may have cheated, but because in a controlling relationship don't question it.'

Often if young people have witnessed domestic abuse in the home, they think it's normal and its part of what you do in relationships.

'They normalise the behaviour and don't see it as unhealthy, both if they do it or their partner does it to them.'

More education in schools and more awareness about positive and healthy relationships.

Appendix F – Consultation with Service Providers

(g. The current service provider's experience of providing contraception and sexual health services across Teesside and what is felt is needed to make continuous improvements to those services in the future.)

HCRG:

Aware that there have been limitations to the service after Covid-19 / pandemic but have been implementing strategies to reduce back log / waiting lists for contraception, including increasing staffing levels.

Understand that the geographical location of Teesside can make accessing sexual health services difficult for communities. Key continuous improvement is the proposing of a sexual health outreach service to increase accessibility and target vulnerable groups.

Another key continuous improvement highlighted is the online booking system, make it more user friendly, they are working on improving the online booking system and information provision.

Working on improving IT system in clinic to reduce duplication, admin time, and increase ease of use.

Acknowledged that waiting times can be quite long in drop in clinics.

Middlesbrough sexual health clinic has the best access to service users.

Hartlepool Sexual Health clinic is very small and not very well signposted, looking at developing some signage and improving access.

Looking into providing free condoms at reception areas.

BROOK:

Provides C-Card service, RSE training and workshops on a range of topics and one to one targeted support.

Teesside is an unusual location, as there are lot of rural communities which can be difficult to reach.

Work with a lot of the schools in Stockton, Middlesbrough but struggling with Hartlepool schools.

Don't have a local 'social media' presence but are going to look into developing one. Brook going to do a media push on their national social media platforms for September.

Can be difficult knowing what to offer in the different localities as commission is slightly different.

A lot of the training is still online but are moving back to face to face – though finding because it's free, people don't always turn up and if they do, kept their cameras off so can make it difficult to engage.

Key continuous improvement is developing working partnerships with youth workers, family hubs, schools, colleges, charities etc. to build up the number of C-Card places.

THT:

Commissioned to deliver outreach and works mainly with MSM, and hard to reach communities.

Offers targeted STI testing.

Uses social media / dating apps to contact MSM to promote STI testing and if service user wants a confidential chat with a professional.

Attending Freshers events to promote THT and provide free condoms.

Key continuous improvement is continuing to build links with community groups, such as the Chinese centre in Middlesbrough.

BPAS:

Process at Middlesbrough clinic: Consultation / telephone consultation, scanning (depending on age / circumstances), early medical 10 weeks, surgical 10-13 weeks, 13-16 weeks referral to Doncaster, 20-24 weeks referral to Newcastle.

Vast majority of service users have a telephone consultation / receive pills by post.

They also offer contraception by post though only progesterone only, patch and combined pill if it is on repeat. Can also offer implant, coil during the surgery or afterwards – if they go through with a telephone consultation but a high DNA rate.

No professionals are C-Card trained.

Key Continuous improvement would be though not commissioned to provide Syphilis or HIV testing, would like to offer this service.

James Cook University Hospital used to provide abortion services, but BPAS took over 2017, since then the relationship has been strained both sides...

Increase communication between all main sexual health services and additional organisations such as Universities to improve sexual health provision. (Provided Gateshead / Newcastle as a good example of partnership working and sexual health network.)

Currently don't capture reason for referral – might help to address any issues / barriers.

Could offer EHC – but difficult as isn't really a drop in service – have to book and buzz in to the clinic.

Seen an increase in over 40s having abortions.

They get referrals from Police / SARC, though don't always know details so patients do have to explain again – would be good to make the process easier.

Work with Foundation Medical Practice who deal with the most vulnerable patients.

They have a list of services they refer to.

Midwifery: (2x one to one interviews, site visit, interviews 3x patients)

They can offer some types of contraception to females after giving birth, such as the Pill, Injection, etc, currently cannot offer the implant, but nurses are being trained up to offer it as an option. Had some difficulties getting funding and there are a lot of information requirements, so it is taking a while to sort.

Some confusion around coil fittings and who does what between Midwifery and HCRG, as women who have a baby and a coil fitted straight afterwards need to have a 6x week check. If the threads cannot be seen will have to have a scan at the hospital and the coil may have been moved. If the coil has been moved they will have to visit HCRG to have a new coil re-fitted. But midwifery have the processes to be able to do the re-fit straight after the scan, there are ongoing talks for HCRG to fund department to do it...but so far there have not been any further developments.

Midwifery team / new vulnerabilities team have not been trained in C-Card, they also want to provide condoms but HCRG have not provided any to them.

Key continuous improvement: A referral pathway / directory of services would be really useful for professionals to signpost.

Young people have a lack of aspirations, see their mum / sister / aunty being a teenage parent – intergenerational.

Could provide both in female sterilisation and vasectomy – there some promotional information i.e. a QR code for self-referral for vasectomy on some of the wards.

Clients – 3x women on the maternity wards:

All got asked about contraception – before giving birth, one had the coil fitted but if had known she had lots of trouble with reproductive organs would have asked for a sterilisation.

One patient felt pressured to have the coil but didn't want it – they kept asking right up until the C-Section.

All patients felt some information about contraception after pregnancy would be useful and also information around which contraception methods are safe to have while breast feeding.

All patients did not know they had been tested for any STIs, said they had lots of tests but not sure what for... some clarification around testing required.

Events: Consultation with participants:

Tea and Tonic Event: Stillington, Stockton:

- 'No contraception / sexual health services in the village, used to be able to get it at the GP but can't anymore.'
- 'It's okay for people who can drive but for young people will have to get transport out to bigger towns.'
- Need to have more education for young people around unhealthy relationships and also the risks.
- A lot of villages don't have any facilities or signposting to services.

Recommendation: There is a youth club in the village hall could run sexual health workshops.

Stockton Riverside College Event:

Professional discussed their experiences of accessing sexual health services for their age and gender – being a female in her 40s, now divorced struggled to find any information and services for her age group. Also a lot of her friends that are now single, don't think about the risks around STIs and unplanned pregnancies. Needs to be more promotion and public awareness for the newly single 35 / 40 plus.

Site Visits:

Improve signposting of the actual site.



Hartlepool



Redcar

Appendix G – List of Engagement Activities

	Role	Organisation	Sector	Locality	Engagement	Date
1	General Manager & Service Manager	HCRG Care Group	Health	Teesside	Initial meeting	21/07/23
2	Managers	Youth Support & School Support	Children Services Local Authority	Stockton	Interview	26/07/23
3	Manager	Brook	Charity	Teesside	Interview	27/07/23
4	Manager & Co-ordinator	VCSE / Catalyst	Voluntary	Stockton	Initial Meeting	02/08/23
5	CYP Team Leader	START	Health	Hartlepool	Interview	03/08/23
6	Service Manager	THT	Health	Teesside	Interview	03/08/23
7	Health Improvement Specialist	Public Health	Local Authority	Teesside	Initial Meeting	03/08/23
8	Senior Community Support Officer	CYP, Maternity,	NHS ICB	Teesside	Interview	07/08/23
9	Development Officer	Hartlepool VCS Development Team	Voluntary	Hartlepool	Initial Meeting	07/08/23
10	Training and Quality Manager	Community Pharmacy Tees Valley	NHS	Teesside	Interview	07/08/23
11	Employability and Education Team	Education Services	Local Authority	Redcar and Cleveland	Team Discussion	08/08/23
12	Community Engagement Officer	Adults Services	Local Authority	Stockton	Initial Meeting	08/08/23

13	Community and Engagement Manager	Community Services	Local Authority	Stockton	Initial Meeting	08/08/23
14	Wellbeing Champion	Education Services	Local Authority	Stockton	Interview	08/08/23
15	Lead Practitioner	Youth Justice	Local Authority	Stockton	Interview	08/08/23
16	Project Lead & Engagement Lead	Healthwatch	Statutory	Stockton	Initial Meeting	08/08/23
17	Manager	Linx Youth Project	Youth Services	Teesside	Initial Meeting	08/08/23
18	Team	Brook	Charity	Teesside	Team Discussion	09/08/23
19	Personal Advisor	Child & Adult Services	Local Authority	Hartlepool	Interview	09/08/23
20	Service Lead	School Incl & Vulnerable Team	Local Authority	Stockton	Interview	09/08/23
21	Chief Executive	The Junction Foundation	Youth Services	Redcar & Cleveland	Interview	09/08/23
22	Service Manager	HCRG Care Group	Health	Teesside	Site Visit – Middlesbrough	10/08/23
23	Lead Midwife	South Tees Hospital NHS Foundation Trust	NHS / Health	Teesside	Interview / Site Visit – James Cook Hospital	11/08/23
24	3x Clients	Midwifery	NHS / Health	Teesside	One to one interviews – James Cook Hospital	11/08/23
25	Service Lead	Family Support	NHS	Stockton	Initial Meeting	11/08/23
26	Social Worker	Social Services	Local Authority	Stockton	Interview	14/08/23

27	Service Manager	Health Visiting	NHS / Health	Redcar & Cleveland	Interview	14/08/23
28	Locality Manager	0-19 Service	Local Authority	Stockton	Interview	14/08/23
29	Service Manager	HCRG Care Group	Health	Teesside	Site Visit – Stockton	14/08/23
30	BMBF AGM	Youth Group	Local Authority	Stockton	Focus Group	14/08/23
31	Community Champions Leads	PCP	Voluntary	Stockton	Initial Meeting	15/08/23
32	Pharmacist	Pharmacy	Private	Stockton	Site Visit	15/08/23
33	Manager	BPAS	Voluntary	Teesside	Site Visit	16/08/23
34	Social Prescriber	NHS	NHS / Health	Hartlepool	Initial Meeting	16/08/23
35	Community Event	Healthwatch	Statutory	Stockton	Event	16/08/23
36	Care Co-Ordinator	START	Voluntary	Hartlepool	Interview	16/08/23
37	Manager & Team	Way Out / Blossom	Charity	Stockton	Team Discussion	16/08/23
38	Managers	Re-loved Clothing	Charity	Hartlepool	Team Discussion	17/08/23
39	Managers	The Women's Hub	Charity	Hartlepool	Team Discussion	17/08/23
40	Service Lead	Strategy Quality & Improvement	Local Authority	Stockton	Initial Meeting	17/08/23
41	Service Manager	HCRG Care Group	Health	Hartlepool	Site Visit	17/08/23
42	Youth People	Linx Youth Project	Youth Services	Middlesbrough	Focus Group / One to one interviews	17/08/23
43	Community Event	Childrens Hub	Local Authority	Stockton	Event	18/08/23

44	Manager	The Junction Foundation	Charity	Middlesbrough	Initial Meeting	18/08/23
45	Manager	Adult Nursing	NHS	Hartlepool	Initial Meeting	18/08/23
46	Partnership Coordinator	Bread and Butter Thing	Charity	Hartlepool	Initial Meeting	18/08/23
47	Manager	Community Links	Charity	Hartlepool	Focus Group	18/08/23
48	Officers	The Junction Foundation	Charity	Middlesbrough	Team Discussion	21/08/23
49	Participation Worker	Youth Service	Local Authority	Hartlepool	Interview	21/08/23
50	Family Support Worker	Family Support	Local Authority	Hartlepool	Interview	21/08/23
51	Manager & Teams	CGL	Voluntary	Stockton	Site visit / team discussion	22/08/23
52	Medical Centre	One Life	Health	Hartlepool	Event	22/08/23
53	5-19 Locality Team	NHS ICB	Health	Middlesbrough	Team Discussion	23/08/23
54	Manager	Tees Valley Rural Action	Charity	Teesside	Initial Meeting	23/08/23
55	Advanced PH Practitioner	Public Health	Local Authority	Middlesbrough	Interview	23/08/23
56	Welfare Support Officers	Supported Accommodation	Housing	Stockton	Team Discussion	23/08/23
57	Hartlepool Youth Club	Youth Services	Youth Services	Hartlepool	Focus Group	23/08/23
58	Diversity Forum	Community	Public Health	Middlesbrough	Event	23/08/23
59	Community Event / Foodbank	Bread and Butter Thing	Voluntary	Hartlepool	Event	24/08/23
60	Community Resilience Manager	Thirteen Group	Housing Provider	Hartlepool	Interview	24/08/23

61	Community Event	Middlesbrough Central Library	Public Service	Middlesbrough	Event	25/08/23
62	Officers	Hart Cables LGBT	Charity	Teesside	Initial Meeting	29/08/23
63	Outreach & Youth Support Worker	Family Support	Local Authority	Stockton	Interview	29/08/23
64	Officer	Essential Curve	Charity	Teesside	Interview	30/08/23
65	Officer	Youthwatch	Statutory	Middlesbrough	Initial Meeting	30/08/23
66	Team Manager	NorthStar	Housing Provider	Stockton	Interview	31/08/23
67	Manager	Thirteen Group	Housing Provider	Teesside	Interview	01/09/23
68	Medical Director	Medical Practice	NHS	Stockton	Interview	04/09/23
69	College Event	Stockton Riverside College	Education	Stockton / Teesside	Event	06/09/23
70	Manager	HCRG Care Group	Health	Redcar & Cleveland	Site Visit	06/09/23
71	Officers	Thirteen Group	Housing Provider	Teesside	Team discussion	06/09/23
72	NorthStar Housing	Housing	Housing Provider	Stockton	Focus Group / one to one interviews	06/09/23
73	Youthwatch	Healthwatch	Statutory	Middlesbrough	Focus Group	07/09/23
74	Community Event	Cornerstone	Charity	Hartlepool	One to one interviews	07/09/23
75	College Event	Hartlepool College	Education	Hartlepool / Teesside	Event	08/09/23
76	Officer	My Sisters Place Domestic Abuse Service	Charity	Teesside	Interview	08/09/23

77	Harts Gable Youth Club	Harts Gable	Charity	Hartlepool / Teesside	Focus Group	08/09/23
78	Community Event	The Cleveland Centre	Private	Middlesbrough	Event	09/09/23
79	Community Event	The Cleveland	Private	Middlesbrough	Interview	09/09/23
80	Focus Group	Online	Community	Teesside	Focus Group	14/09/23



A TEES SEXUAL HEALTH NEEDS ASSESSMENT 2023



October 2023

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Introduction

Good sexual and reproductive health is an important part of physical and mental health and wellbeing of individuals and communities. Poor sexual health can be a consequence of and associated with other vulnerabilities, such as drug and alcohol use, coercion, exploitation, and abuse, leading to poor short- and long-term outcomes. Lower socioeconomic status and exclusion are linked to poorer sexual health with a higher burden of disease in populations who live in more deprived areas.

Poor sexual health holds costs for both individuals and society. At individual level, sexually transmitted infections (STIs) are the main cause of preventable infertility. Teenage pregnancy is associated with poverty, low aspirations, and not being in education, employment, or training (1). Unintended pregnancies impact on women from all parts of society, with an estimated annual cost to the NHS in England of £817 million. (2)

There is good evidence to demonstrate that spending on sexual health interventions and services is cost effective. Long-Acting Reversible Contraception (LARC) is the most cost-effective form of contraception (3). Overall, for every £1 spent on contraception, £11 is saved in other healthcare costs. Early testing and diagnosis of HIV reduces annual treatment costs per patient by an average of £12,600.

The impact of the COVID-19 pandemic on sexual health and sexual health services was significant. Lockdowns and other restrictions resulted in disruption to the delivery of sexual health services (SHS) between 2020 and 2021.

However, Sexual Health Services responded by scaling up telephone and internet consultations, online home testing kits, as well as continuing face-to-face appointments. While there has been some recovery in the number of face-to-face consultations compared to 2020, testing numbers remain lower compared to the period before the COVID-19 pandemic.

STI diagnosis declined sharply from 415,056 in 2019 to 309,921 in 2020 and recovered to 311,604 new diagnoses in 2021. In 2021, in the UK, a total of 4,002,827 consultations took place at Sexual Health Services, a 15.7% increase compared to 2020 and an increase of 3.9% since 2019.

Groups at higher risk of poor sexual health generally include young people and young adults, gay, bisexual, and other men who have sex with men (MSM), some black, Asian and minority ethnic (BME) populations and other vulnerable groups such as homeless people or sex workers. Poor sexual health is also associated with deprivation.

Aims and objectives.

Aims

The aim of the sexual health needs assessment is to offer a strategic review of sexual health need, and services to improve sexual health and wellbeing of the population. The findings will inform future service models and commissioning decisions.

Objectives

The objectives of the health needs assessment are to:

- Describe the sexual health of the population in Teesside by looking at key indicators and trends to understand the local burden of disease.
- Describe current provision of sexual health promotion, prevention, and treatment services in Teesside.
- Assess the capacity to meet current and future demand and to identify gaps between sexual health needs and service provision.
- Provide an overview of current services and delivery in Teesside, during and following COVID 19.
- Provide recommendations to address gaps in services and current unmet needs and to help inform any future system and service redesign through the commissioning process.
- Provide a particular focus on access to services by young people and those most at risk.

Background

Sexual Health and Reproductive Health

Sexual health is influenced by the knowledge, attitudes, and behaviours of individuals. Social norms, peer pressure, stigma, discrimination, cultural and religion influence both attitudes and decisions of individuals.

The World Health Organisation (WHO) defines sexual health as

'...health is a state of physical, emotional, mental, and social well-being related sexuality; it is not merely the absence of disease dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled' (4)

The WHO acknowledges that for sexual health to be attained and maintained, the sexual rights of all people must be respected, protected, and fulfilled and has developed a working definition of sexual rights.

The WHO define reproductive health as:

'Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so' (5)

Most adults are sexually active and good sexual and reproductive health matters to individuals and communities. Sexual health needs vary according to factors such as age, gender, sexual orientation, and ethnicity. However, there are certain core needs common to everyone, including access to high-quality information and education enabling people to make informed responsible decisions, and access to high-quality services, treatment and interventions.

The consequences of poor sexual health include unplanned or unwanted pregnancies, including teenage pregnancies, which can lead to abortions, poorer maternity outcomes for mother and baby

and poorer educational and socioeconomic outcomes for teenage parents and their children. Poor sexual health can also manifest in sexually transmitted infections which can result in recurrent infections, pelvic inflammatory disease, ectopic pregnancies, infertility, hepatitis, chronic liver disease, liver cancer, cervical and other genital cancers.

Sexual Health Promotion and Prevention

Sexual health promotion and prevention supports informed decisions through the provision of high quality, accessible information with clear messages, targeted interventions, and programmes and through face-to-face advice and testing. Access to equitable sexual health promotion aims to enable autonomous decisions about sexual activity and to prevent unwanted pregnancies, and transmission of STIs. As part of a holistic approach to health, all health care professionals should consider sexual health and opportunities for sexual health promotion and prevention (6).

Stigma and embarrassment about sexual health are widespread in relation to HIV but also other STIs and contraception. This can result in patients not asking for information or seeking testing and treatment but also in healthcare professionals preferring not to offer advice and testing.

Knowledge and access to information on sexual health and sexual health services e.g. how to prevent or get tested for STIs and unwanted pregnancies, methods of contraception including LARC and how to get and use emergency contraception are crucial. This could be face-to-face advice from health professionals as recommended by NICE or other sources of information such as campaigns, sex and relationship education, leaflets, posters, websites, and social media.

Health promotion aims to influence risk-taking behaviours which impact on decisions concerning relationships, contraception and unprotected sex but also on alcohol and drug consumption and other behaviours. There is strong scientific evidence that comprehensive relationships and sex education (RSE) protects young people from STIs and unplanned pregnancy and mitigates risk taking behaviours. RSE in primary and secondary schools aims to provide children with age-appropriate information, to enable them to explore and develop their attitudes and values and to empower them to make positive decisions about their sexual health related behaviour. Consequently, from September 2020, The Department for Education made Relationships Education compulsory in all primary schools in England and RSE compulsory in all secondary schools, as well as making Health Education compulsory in all state-funded schools. (7)

Sexual health prevention and promotion should be viewed in the context of the increasing role of the internet and social media in the life of most people and, in particular for young people. Young people have extensive access to websites and social media and use them to find and exchange information and advice.

Groups at Higher Risk of Poor Sexual Health

Poor sexual health is associated with deprivation, with higher rates of unwanted and teenage pregnancies and STIs in lower socio-economic groups.

Vulnerable, at risk and hard to reach groups within the population are most likely to experience poor sexual health. Some are more exposed to the risk of unwanted pregnancies or sexual exploitation; others engage in risk taking behaviours such as unprotected sex, multiple partners and injecting drugs and therefore have a higher risk of STIs. Many also experience difficulties in accessing sexual health services or finding appropriate sexual health services.

Young people and young adults, aged 15 to 24 years old, experience the highest burden of disease from the most common STIs in England. 61% of chlamydia diagnoses in 2021 were among young

people. Young women were more likely to be diagnosed with chlamydia than young men, partly due to greater uptake of chlamydia screening through the National Chlamydia Screening Programme (NCSP). A lack of awareness and knowledge of safe sex and prevention is common. Frequent partner change as well as risk taking behaviours including drug and alcohol misuse also contribute to the higher risk of contracting STIs.

Young people who are in or leaving care, who have low educational attainment and who are from disadvantaged backgrounds are particularly vulnerable to poor sexual health including STIs, sexual exploitation and teenage pregnancies.

People from BME groups have, depending on the prevalence in their country of origin, a higher risk of HIV. Women from an African background are more likely to be a victim of female genital mutilation and suffering from the associated consequences and complications.

Gay, bisexual, transgender, queer and men who have sex with men (GBMSM) are at higher risk of contracting STIs, and therefore have a significantly higher incidence and prevalence of most STIs including HIV. MSM have a higher prevalence of syphilis, gonorrhoea and chlamydia diagnoses than the general population. Rates are highest in those that test positive for HIV. Higher prevalence of syphilis, gonorrhoea, and chlamydia diagnoses among MSM is associated with attitudes and behaviours towards partner change and condomless anal intercourse with new or casual partners. For some chemsex (sexual activity engaged in while under the influence of stimulant drugs) and group sex facilitated by geosocial networking applications is also a contributing factor (8). The PrEP Impact Trial (HIV Pre-exposure Prophylaxis) offers a new way for people to reduce their risk of acquiring HIV for those who are at a high risk. Since the introduction of PrEP there has been an increase in detection of syphilis and gonorrhea cases in MSM, which is likely to be due to the increase in access to services. From April 2018, the government introduced a nationwide HPV vaccination program for MSM aged 45 or younger in recognition of the burden of disease from genital warts in MSM.

People with learning difficulties often do not have appropriate access to sex and relationship education and information and consequently are more vulnerable to sexual exploitation, unwanted pregnancies and STIs.

Homeless people as well as sex workers are at a higher risk of poor sexual health and sexual exploitation.

The prison population with a high proportion of people with alcohol and drug misuse problems, people with poor educational attainment and from deprived backgrounds, care leavers and those from BME groups have a higher risk and prevalence of STIs.

Risk taking behaviours such as alcohol and substance misuse is strongly associated with poor sexual health. Both drug and alcohol consumption influences judgements and risk-taking behaviours and is associated with an increased likelihood of sex at a younger age, a greater number of partners, more regretted or coerced sex, risk of sexual aggression and violence and teenage pregnancy.

Sexually Transmitted Infections

Sexually transmitted infections are preventable and disproportionately affect vulnerable groups of the population. However rapid and early diagnosis and management of STIs minimises associated complications and can break the chain of transmission and spread of the disease. Late diagnoses and treatment of STIs however can lead to significant illness and complications such as ectopic pregnancies, infertility, systemic infections, long term illness and cancer.

A number of risk-taking behaviours and other factors that increase the risk of contracting STIs have been identified. These include alcohol and drug misuse, early onset of sexual activity, unprotected sex, condomless sex with casual or multiple partners and poor contraceptive use. Other risk factors include low self-esteem and lack of practical and negotiation skills as well as poor knowledge about the risk of different sexual behaviours. Young people are at increased risk of STIs if they have poor access to sexual health services and resources such as condoms and receive poor sex and relationship education. Peer pressure and attitudes of society also impact on poor access to services and contribute to risk of STIs.

The sexually transmitted infections with the highest diagnosis rate in England in 2021 were:

- Chlamydia (159,448 cases, 51.2% of all new STI diagnoses)
- Gonorrhoea (51,074 cases, 16.4% of all new STI diagnoses)
- Genital warts (28,280 cases, 9.1% of all new STI diagnoses)
- Genital herpes (21,649 cases, 7.0% of all new STI diagnoses)

Whilst Chlamydia remains a concern, especially in young people aged 15 -24 years old, data shows that the total number of gonorrhoea diagnoses from January to September 2022 (56,327) was 21% higher when compared to the same period in 2019 (46,541), the year when the previous highest number of diagnoses of gonorrhoea was reported (9).

Mpox infections have also been linked to STIs. Mpox is a zoonotic infection, caused by the monkeypox virus, which can spread between people through close skin contact or droplets, but mostly through sexual contact. The first recent cases of MPox infection, acquired within the UK, were confirmed in England from 6 May 2022. Subsequently an outbreak was declared in the UK. This predominately affected gay, bisexual, and other men who have sex with men without documented history of travel to endemic countries.

Up to 31 December 2022 there were 3,553 confirmed and highly probable MPox cases reported in England, concentrated in cities and in particular the London region. There were a further 20 cases in England in 2023 (to May 2023). Prior to 2022 only a small number of travel related cases of Mpox had been identified in the UK.

Conception and Teenage Conceptions

The number and rate of conceptions in England and Wales varied considerably over the last decades. Since 1990, conceptions were at their lowest in 2001, at a rate of 70.3 conceptions per 1,000 women (aged 15-44 years) and at their highest in 2010/11 at 80.5 per 1,000. Following an increase in the early 2000s, the number and rate of conceptions has declined from 2012. In 2021 there was a slightly higher number of conceptions than the previous two years.

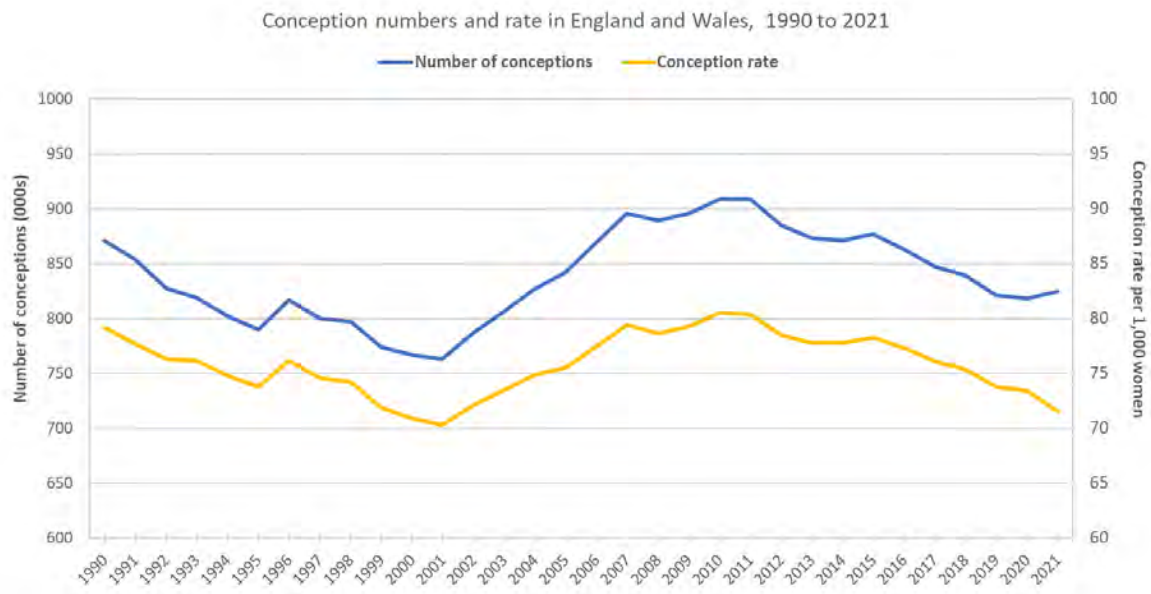


Figure 1 - Conception numbers and rates in England and Wales, 1990 to 2021, ONS Conception Statistics

The conception rate for women under 20 years reduced significantly since 2007, from 68 per 1000 in this age group to 26 per 1000 in 2021. Conceptions in the 20-24 age group also reduced in this period while conceptions in other age group increased since 1990. A more recent decline was seen in the 30-34 (89.7 in 1990 and 116.2 in 2021) and 35-39 (33.6 to 65.1 respectively) age groups. Currently, the highest conception rate is in the 30-34 age group.

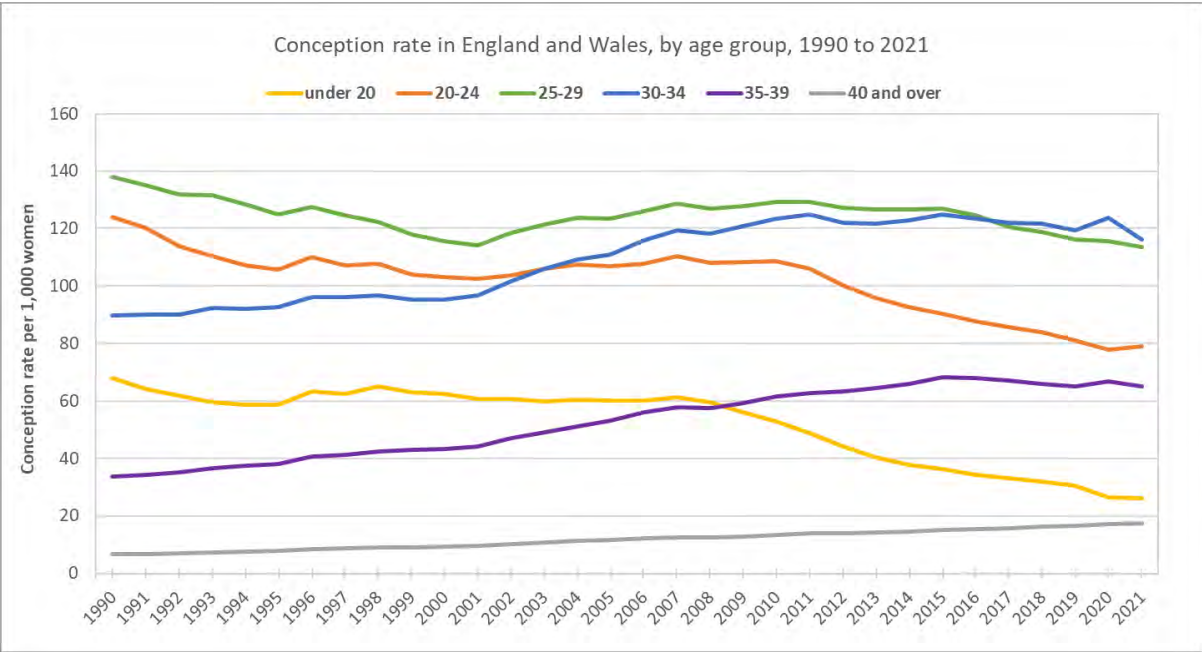


Figure 2 - Conception rates in England and Wales, by age group, 1990 to 2021, ONS Conception Statistics

Whilst the number of teenage conceptions dropped in England and Wales, the proportion of teenage pregnancies resulting in abortions increased from 40.1% in 2004 to 50.1% in 2020, making this the age group with the highest proportion of abortions. (10)

Teenage parenthood is associated with considerable health and social risks. Teenage mothers are more likely to smoke during pregnancy and less likely to breastfeed which results in poorer health for their babies. Stillbirth rates are 30% higher for children born to women under 20. The incidence of low birth weight of term babies is 30% higher for babies born to women under 20 and the infant mortality rate is 60% higher rate for babies born to women under 20. (11)

Young people in England still experience higher teenage birth rates than their peers in Western European countries. Young girls and women remain at highest risk of unplanned pregnancy with significant variation and inequalities between and within local authorities. (12)

The Teenage Pregnancy Framework set out a whole systems approach to reducing unplanned teenage pregnancy. The aim of the framework is to build the knowledge, skills, resilience, and aspirations of young people and providing easy access to welcoming services. This enables young people to delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy. (11)



Figure 3 -teenage pregnancy whole systems approach, Teenage Pregnancy Framework, PHE, May 2018

Sexual Violence

Sexual and domestic violence, sexual exploitation and abuse can affect anyone. More than a third of rapes reported to police are against children under 16 years of age. Sexual violence is defined as any unwanted behaviour perceived to be of a sexual nature or sexual contact that takes place without consent or mutual understanding. The Sexual Violence Research Initiative defines sexual violence as:

“Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”.

Sexual violence has been classified into four types and five categories as follows:

- Completed sex act without the victim's consent, or involving a victim who is unable to consent or refuse.
- An attempted (non-completed) sex act without the victim's consent or involving a victim who is unable to consent or refuse.
- Abusive sexual contact.
- Non-contact sexual abuse.
- Sexual violence, type unspecified – Inadequate information available to categorize into one of the other 4 categories. (13)

Serious sexual crime including rapes, sexual assaults, and sexual activity with children; other sexual offences including soliciting, exploitation of prostitution, and other unlawful sexual activity between consenting adults.

Summary
<ul style="list-style-type: none">• Poor sexual health is linked to age, gender, sexual orientation, ethnicity and deprivation, with higher rates in young people and young adults, MSM, other vulnerable groups, and in areas of higher deprivation.• The most common STI is Chlamydia, accounting for 50% of all STI diagnoses, followed by gonorrhoea.• The all-age conception rate has decreased continuously during the last decade.• Teenage conceptions decreased significantly from 68/1000 in 2007 to 26/1000 in 2021.• Half of all teenage conceptions resulted in an abortion in 2020.

National, Regional and Local Policy Context

National Policy

The national sexual health strategy **A Framework for Sexual Health Improvement in England** aims to improve the sexual health of the whole population, to reduce inequalities and to improve sexual health outcomes (14). The policy calls to build an open and honest culture where everyone can make informed and responsible choices about relationships and sex and to recognise that sexual ill health can affect all parts of society. The building stones to achieve this are the development of knowledge and resilience among young people, prevention, and rapid access to high quality services for all leading to reduced rates and transmission of STIs, unwanted pregnancies and teenage pregnancies and people remaining healthy as they age (15).

In 2021 an action plan was released working towards ending **HIV Transmission, AIDS and HIV related deaths in England 2022 to 2025**.

The **Public Health Outcomes Framework** sets out a vision for public health which is to 'Improve and protect the nation's health and improve the health of the poorest fastest'. It provides a key set of indicators against which progress is made (16). There are four main overarching categories which are categorised as wider determinants, health improvement, health protection and healthcare and premature mortality. The Public Health Outcomes Framework for England outlined sexual health improvement targets for Chlamydia diagnostic rates, under 18 conceptions and people presenting with HIV at a late stage of infection.

The Office for Health Improvement and Disparities (OHID) have developed **Sexual and Reproductive Health Profiles** to support local authorities and others to monitor the health of their populations and the contribution of local public health related systems (17). The profiles provide useful benchmarking information to indicate where the local authority stands in comparison to national and regional averages and nearest geographical and statistical neighbours. The specific indicators which are measured are

- Syphilis diagnostic rate, Gonorrhoea diagnostic rate, Chlamydia detection rate, Chlamydia proportion (aged 15-24) screened, new STI diagnosis.
- HIV testing coverage, HIV late diagnosis in people first diagnosed in the UK, HIV late diagnosis, HIV diagnosis prevalence rate per 1000 aged 25-59
- Population vaccination coverage: HPV vaccination coverage for one dose.
- Under 25 repeat abortion, abortions under 10 weeks
- Total prescribed LARC (excluding injections)
- Under 18 conception rate, under 18 conception leading to abortion
- Violent crime – sexual offences per 1000 population

National guidance published in 2022 on **Sexual and Reproductive Health and HIV: Applying All Our Health** refers to the **Framework for Sexual Health Improvement** in England to help local areas to understand what is working well, identify any gaps, and maximise the assets of all services to strengthen the prevention pathway for all young people. It is being used in a variety of ways: to review actions across a whole area, to focus on high-rate wards or to strengthen a specific aspect of

prevention. A self-assessment checklist is provided for councils to collate a summary of the current local situation and identify gaps and actions.

Young people should be supported to make informed decisions about their sexual health leading to a reduction in teenage pregnancies, STIs and better outcomes for teenage parents. To achieve this the policy calls for strong and accountable leadership, high quality sex and relationship education in schools and colleges, youth friendly services, targeted programmes, education and advice for at risk groups as well as support and education for parents and practitioners working with young people at risk. The policy makes explicit reference to the '**You're Welcome**' initiative which sets out quality standards for sexual health services to improve services for young people. In 2023 the 'You're welcome' scheme guidelines were refreshed through consultation with young people to reflect the changing landscape of access to services. Core principles were streamlined and a consideration for digital services was included (18).

Local Policy

The Health and Wellbeing Strategies of the four local authorities across Teesside are informed by the Joint Strategic Needs Assessments which regularly update key information and analysis on sexual health and victims of domestic and sexual violence. Health and Wellbeing strategies are closely linked to other local health and local authority strategies. Currently there are no standalone sexual health strategies or teenage pregnancy strategies in place.

National Standards, Guidance and Plans

The national policy on **Integrated Sexual Health Commissioning** supports local authorities in commissioning high quality services according to local need and national requirements. The development of Integrated Care Boards (ICBs) through the revised **Health and Social Care Act (2022)** shifted some of the commissioning functions from NHS England to the ICBs. (19)

Integrated care partnerships (ICPs) formed as statutory committees that bring together a broad set of system partners (including local government, voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.

Working through the local ICB and ICPs four key aims have been identified as:

- improving outcomes in population health and health care
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

The North East and North Cumbria ICB (NENC ICB) produces the '**Better Health and Wellbeing Strategy**' which provides a strategic direction and agreed key commitments to improve the health and care of people in the North East and North Cumbria. The key commitment areas are based on the understanding of health and care needs across 23 local authority areas. The high-level commitment areas focus on health inequalities, longer and healthier life expectancy, fairer health outcomes, best start in life for our children and young people, improving health and care services, protecting health and well-being, long term conditions, mental health, learning disability and substance misuse, adult social care and NHS services (20). The strategy will influence areas of reproductive and sexual health for the populations in Teesside under many of these key commitment areas but will also consider digital and physical resources for improving sexual and reproductive health outcomes.

The national guidance '**Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV**' supports a whole system approach to commissioning sexual health services and focuses on the impact of commissioning in terms of outcomes defined in the Public Health and NHS Outcomes Frameworks and the benefits to service users as well as the wider population. Collaboration is essential to developing local commissioning strategies, assessing the implications of decisions across the whole system and agreeing shared pathways that ensures secure seamless SH, RH and HIV Services. It states:

'Sexual health, reproductive health and HIV services make an important contribution to the health of the individuals and communities they serve. Their success depends on the whole system - commissioners, providers and wider stakeholders - working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public's health' (21)

Standards and guidance for sexual health services have been developed by several organisations. The British Association for Sexual Health and HIV (BASHH) has published **Standards for the Management of Sexually Transmitted Infections**. (22) The Medical Foundation for HIV and Sexual Health (MEDFASH) developed **Recommended Standards for Sexual Health Services and Recommended Standards for NHS HIV Services**. (23) (24) **New Service Standards for Sexual and Reproductive Healthcare** have been published Faculty of Sexual and Reproductive Healthcare. (25) The British HIV Association (BHIVA) issued UK **Guidelines for the Management of Sexual and Reproductive Health of People Living with HIV Infection**. (26)

NICE clinical guidance on **Long Acting Reversible Contraception (LARC)** from 2005, updated in 2019, offers best practice advice on the provision of information and care for women who consider using LARC (27).

NICE offers clinical guidance on **HIV testing**: increasing uptake among people who may have undiagnosed HIV, which offers guidance to increase testing uptake in primary and secondary care settings, specialist sexual health settings and community settings (28). More general guidance for **reducing STIs** has recently been updated to cover interventions to prevent STIs in people aged over 16, which includes HIV. The guidance outlines ways to increase the uptake of testing and vaccination for human papillomavirus (HPV) and hepatitis A and B (29).

In support of wider sexual ill health prevention schemes, which are commissioned locally, to reduce STIs, NICE provides some clinical guidance to support **condom distribution schemes**. The guidance offers an insight into broader sexual and reproductive health services designed for young people, in particular to prevent unplanned pregnancies (30). To complement condom distributions there is specific public health guidance on contraceptive services for under 25s which has a focus on tailored support to meet the needs, and choices, of those who are socially disadvantaged or may find it difficult to access services (31).

NICE public health guidance on Hepatitis B and C specifically recommends the development of local care pathways including testing of high-risk individuals in sexual health settings.

The report '**Progress towards ending the HIV epidemic in the United Kingdom**' and the NICE standard '**HIV Testing: encouraging uptake**' recommends actions to improve the availability and accessibility of HIV testing through community engagement, outreach, and targeted services especially to gay, bisexual, other men who have sex with men, black African men and women.

Methodology

Health needs assessments (HNA) are best described as:

“A systematic process used by NHS organisations and local authorities to assess the health problems facing a population. This includes determining whether certain groups appear more prone to illness than others and pinpointing any inequalities in terms of service provision. It results in an agreed list of priorities to improve healthcare in a particular area.” (32)

A health needs assessment reviews needs and maps current service provision to identify any gaps in service provision as well as barriers to access services. The results of the health needs assessment will help to priorities the allocation of finite resources to best meet local needs.

The chosen approach for this HNA is a rapid HNA and due to both time constraints and capacity will be based on routinely available epidemiological information, service provision and performance data. Stakeholder, service user and public consultation will also take place alongside this HNA and will be reported elsewhere.

Data on demographic information was obtained from the Office of National Statistics and local authority sources. Information on the incidence and prevalence of sexually transmitted infections was mainly provided through publicly available data from UKHSA and the Office for Inequalities and Disparities (OHID), the Department of Health and Social Care and other national bodies such as FSRH. Statistics on conceptions and contraception were obtained from the Office of National Statistics. HCRG Care Group and local authorities have provided local service information for service mapping.

Homeless people, sex workers and the prison population are known to have an increased risk of STIs. There is however no routinely available local sexual health data for these groups.

There are a range of STIs and viruses such as Trichomoniasis, Hepatitis B, Hepatitis C and HPV which are not specifically addressed in this HNA.

Data Quality

Data included in this report was accurate and correct at the time of writing and may be subject to change beyond the control of this data collation.

It was not possible to collate all data in the same time period format. This was partially due to the way data is recorded and published nationally, with some indicators in calendar year and others in financial year. Service level data was not consistently provided in the same reporting period, resulting in limitations to its use and understanding. The reporting period is indicated throughout the report, generally unless otherwise stated a mixed year, i.e. 2021/22, refers to financial year. Sexual health service attendance data is reported by contract year (August-July).

It is of particular note that this needs assessment was conducted following the COVID-19 pandemic and the implementation of a new service in August 2021. Data reported in 2020 and 2021 is impacted by the reconfiguration of sexual health services in 2021 and response to COVID-19 due to restrictions on access and availability of services. Data should therefore be interpreted in this context.

Deprivation data is derived from the Index of Multiple Deprivation (IMD) 2019 and refers to the population estimates of that time. Due to this, it will not fully reflect the current population of Teesside.

It is important to note the new data on sexual orientation gained from the 2021 Census, indicating all Teesside authorities apart from Middlesbrough have a lower proportion of residents identifying as non-heterosexual/straight than regional and national averages.

For data derived from the OHID Fingertips site, care should be taken when comparing annual data from before and after 2021 due to the source of population estimates being different. The source of population estimates before 2021 is based on the 2011 Census and the source after 2021 is based on the 2021 Census. Publication of 2021 Census data has meant mid-year estimates are being rebased in due course, and as such recent population trends are not included in this needs assessment.

Some demographic data for STIs, sexual violence and sexual health service activity is not recorded or available and therefore will not total the sum of all new cases, appointments, or attendances. Where demographic information is missing or incomplete, data will be presented as a proportion of known characteristics rather than the total overall, unless otherwise stated. Incomplete demographic information in service activity is a key area that needs more consideration.

Some diagnosis, case and attendance numbers are very small and as such any values of less than 5 have been redacted. Due to the very low numbers across the board, the number of HIV diagnoses have been rounded to the nearest 5 and percentages calculated on the rounded total for Teesside. The number of people diagnosed with HIV at local authority level is very small, meaning the percentage of late diagnosis appears amplified and therefore has not been included in this needs assessment.

Limitations

There are a number of limitations associated with this health needs assessment. Routinely available data, information and reports are frequently updated and newer data sets might be available by the time the report has been published. The authors have always endeavoured to use the most recent information available at the time of conducting the needs assessment.

Emergency Hormone Contraception (EHC) and condoms are distributed by the core service and through community pharmacies. The data provided by community pharmacies and their datasets provided are not always clear in terms of coding and determining whether the individual was issued a c-card registration or distributed condoms. Therefore, this data should be used as an estimated reference.

A full stakeholder involvement for a comprehensive health needs assessment has not been undertaken as part of this needs assessment. A review of expenditure is not part of the remit of this assessment. The report focuses on sexual health services provided and commissioned by local authorities and provides only limited information on sexual health services commissioned by ICBs and NHS England due to lack of available data and information.

Demographics

Population

According to the Census, 2021, the four local authorities in Teesside have a combined population of 569,386. Stockton is the largest of the local authorities with a population of 196,594, accounting for 34.5% Teesside population, followed by Middlesbrough with a population of 143,922, Redcar and Cleveland with 136,536 and Hartlepool with 92,334.

Gender

The proportion of male and female residents in Teesside is similar to the regional and national figures. There are more females than males across all Teesside local authorities, 51.1% overall compared to 48.9% males.

Local authority	Females (N)	% females	Males (N)	% males
Hartlepool	47,656	51.6%	44,691	48.4%
Middlesbrough	73,035	50.7%	70,887	49.3%
Redcar and Cleveland	70,448	51.6%	66,090	48.4%
Stockton-on-Tees	100,070	50.9%	96,517	49.1%
Teesside	291,209	51.1%	278,185	48.9%

Figure 4 – Proportion of population by gender split by local authority

Age

Across Teesside, there are an estimated 63,037 (11.1%) residents aged 15-24 years and 72,444 (12.7%) residents aged 25-34 years. Middlesbrough has a slightly younger age profile than the other local authorities, with almost a quarter (23.3%) of the town's population under the age of 18, compared to 22% in Stockton, 21.5% in Hartlepool and 20% in Redcar and Cleveland. Middlesbrough also has the largest proportion of its population in the young adult age bracket of 18-24 (9.4%). Redcar and Cleveland have a slightly older age profile, with 23.3% aged 65 years and over.

Local authority	Age band (% of local authority)									
	0-4	5-9	10-14	15-17	18-24	25-34	35-44	45-54	55-64	65+
Stockton-on-Tees	5.5%	6.3%	6.6%	3.6%	6.7%	12.7%	12.7%	13.3%	13.6%	18.9%
Middlesbrough	6.2%	6.8%	6.6%	3.7%	9.4%	14.3%	12.1%	11.6%	12.6%	16.8%
Hartlepool	5.4%	6.0%	6.4%	3.6%	7.5%	12.3%	11.4%	13.0%	14.5%	19.7%
Redcar & Cleveland	5.0%	5.8%	5.9%	3.4%	6.7%	11.3%	10.9%	13.2%	14.8%	23.3%
Teesside	5.5%	6.2%	6.4%	3.6%	7.4%	12.7%	12.0%	12.9%	13.8%	19.7%

Figure 5 – Percentage of residents in age bands, by local authority, Teesside, ONS 2021 Census

Ethnicity

The North East region is less ethnically diverse than all other regions of England. In the region, 90.6% of the population are White British (including English, Welsh, Scottish, Northern Irish, and British) compared to 74.4% England and Wales population. Hartlepool and Redcar and Cleveland have a higher proportion of White British residents than the North East average, at 95% and 96.5%, while Stockton is similar to the regional average (90.3%).

Middlesbrough has a higher non-White British population than other areas in Teesside, 20.4% from ethnic minority groups, mainly accounted for by larger Asian or Asian British populations (10.4%). This

is significantly higher than the regional average. Stockton also has a higher Asian or Asian British population than the North East average (*see appendix 1*).

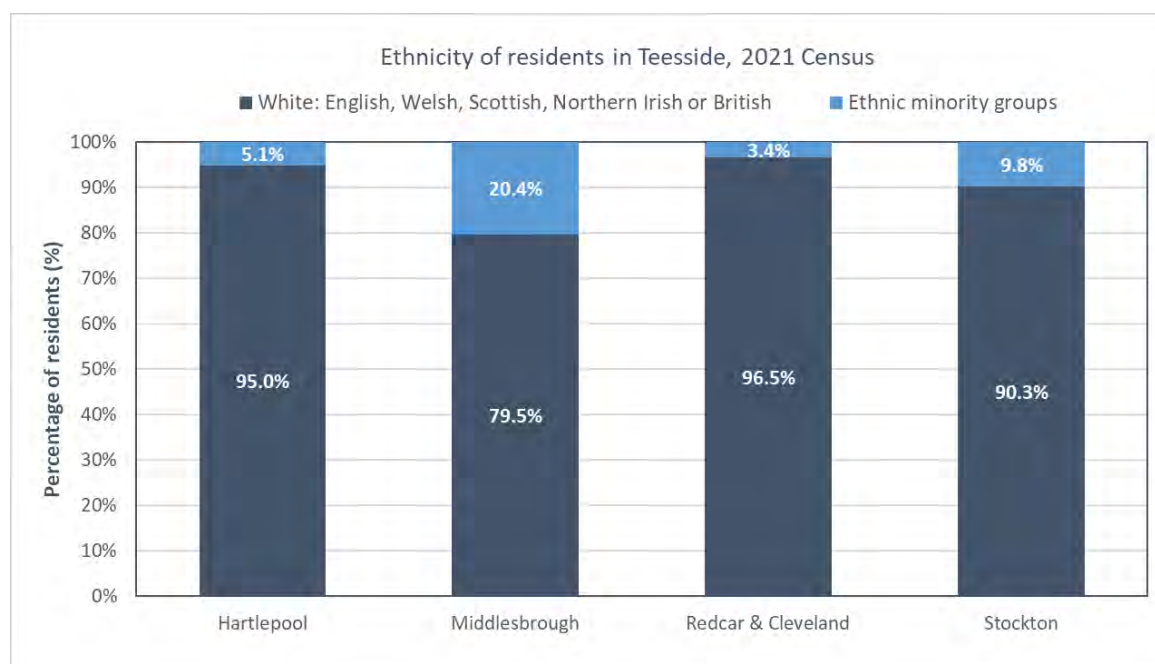


Figure 6 – Ethnicity by Teesside local authority, ONS 2021 Census

Sexual Orientation

For the first year in its history, information on sexual orientation was included in the 2021 Census. A higher proportion of Middlesbrough residents identify as gay or lesbian, bisexual, pansexual or another sexual orientation beside heterosexuality (LGB+), at 3.2%. This figure is at 2.8% for Hartlepool, 2.6% in Stockton and 2.5% in Redcar and Cleveland. The proportion of LGB+ population in Teesside local authorities are lower than England, at 4.2%.

Area name	Sexual Orientation (Broad), Teesside local authorities, 2021 Census (% only)					
	Straight or Heterosexual	Gay or Lesbian	Bisexual	Pansexual	All other sexual orientations (incl. Asexual and Queer)	Not answered
Hartlepool	91.1%	1.5%	1.1%	0.2%	0.1%	6.1%
Middlesbrough	89.6%	1.6%	1.2%	0.3%	0.1%	7.3%
Redcar and Cleveland	91.3%	1.3%	0.9%	0.2%	0.1%	6.3%
Stockton-on-Tees	91.6%	1.4%	0.9%	0.2%	0.1%	5.9%
North East	91.0%	1.6%	1.2%	0.2%	0.1%	5.9%
England & Wales	89.4%	1.5%	1.3%	0.2%	1.1%	6.5%

Figure 7 - Sexual orientation by Teesside local authority. ONS 2021 Census

Deprivation

The North East has the highest proportion of deprived households of all regions in England. Local authorities in Teesside generally have high levels of deprivation. Middlesbrough is the local authority in England with the highest level of deprivation, with almost half (49%) of its lower super output areas (LSOAs) in the 10% most deprived in the country. Over one-third of Hartlepool LSOAs are in the 10% most deprived at 36%, followed by Redcar and Cleveland at 24% and Stockton at 21%.

In terms of actual numbers of residents, this equates to an estimated 180,504 residents across Teesside living in the most deprived areas of the country. Middlesbrough has the highest number of residents in the most deprived areas at 70,145, followed by Stockton with 43,749.

Proportion and number of residents in the most deprived areas by local authority (IMD 2019)			
Local authority	Proportion of LSOAs in the 10% most deprived areas	Rank of proportion of 10% most deprived (out of 317)	Number of residents in 10% most deprived areas
Hartlepool	36%	10	34,619
Middlesbrough	49%	1	70,145
Redcar and Cleveland	24%	29	31,991
Stockton	21%	39	43,749

Figure 8 – Proportion, rank and number of residents in the most deprived LSOAs, by Teesside local authority. IMD 2019

Summary: Demographics
<ul style="list-style-type: none"> The four local authorities in Teesside have a combined population of 569,386, with 63,037 (11.1%) residents aged 15-24 years and 72,444 (12.7%) residents aged 25-34 years. Teesside has a lower than average BAME population. However, Middlesbrough has the highest proportion ethnic minority groups with 20.4%. Between 2.5% and 3.2% Teesside population identify as non-heterosexual (LGB+), slightly lower than the national average. Teesside local authorities have higher levels of deprivation than other areas in the region, with an estimated 180,504 residents living in the most deprived areas of the country. Middlesbrough has the highest proportion of its geography in the most 10% deprived of all local authorities in England (49%).

Conceptions

In 2021, conception rates in all Teesside local authorities were above both the regional and national averages of 69.0 and 71.5 per 1,000 respectively. Middlesbrough has the highest rate at 92.4, followed by Redcar and Cleveland at 78.9, Stockton at 73.1 and Hartlepool at 73.0. The rate of conceptions in Middlesbrough have been consistently higher than the other Tees authorities for several years. Conception rates across Teesside have remained relatively stable for the last 5 years.

Of the Teesside local authorities, Middlesbrough had the highest proportion of conceptions leading to abortion, at 32.8%, followed by Hartlepool at 29.0, Redcar and Cleveland 28.5% and Stockton at 26.3% (2021). In the latest year, Middlesbrough, Hartlepool and Redcar and Cleveland have a higher proportion of conceptions leading to abortion than the North East and national averages, while Stockton is similar to these comparators (*see appendix 2*).



Figure 9 – Conception rate (all ages) of women, Teesside local authorities, 2017-2021. ONS Conception Statistics 2021

Teenage Pregnancy

In 2021, Middlesbrough had the highest under 18 conception rate of all Tees local authorities at 31.5 per 1,000 population, followed by Redcar and Cleveland at 27.3, and Hartlepool and Stockton at 19.9 and 17.4 per 1,000 respectively. The under 18 conception rate remains higher in the North East at 19.8 compared to 13.1 per 1,000 nationally.

In the last three years, the under 18 conception rate has reduced across all local authorities in Teesside.

Under 18 years	2019			2020			2021		
	Number of conceptions	Rate of conceptions (per 1,000)	% Conceptions leading to abortion	Number of conceptions	Rate of conceptions (per 1,000)	% Conceptions leading to abortion	Number of conceptions	Rate of conceptions (per 1,000)	% Conceptions leading to abortion
Hartlepool	40	27.0	57.5	32	20.4	46.9	34	19.9	44.1
Middlesbrough	83	37.1	39.8	71	30.4	40.8	83	31.5	48.2
Redcar & Cleveland	62	30.0	45.2	57	27.5	40.4	60	27.3	45.0
Stockton-on-Tees	70	22.0	42.9	73	22.0	41.1	61	17.4	39.3
North East	872	21.8	47.2	766	18.6	40.3	840	19.8	45.0
England	14,019	15.7	54.7	11,878	13.0	53.0	12,361	13.1	53.4

Figure 10 -Conception numbers and rates, and the percentage of conceptions leading to abortion in under 18s, 2019-2021, ONS Conception Statistics

The under-18 conception rate in England has steadily decreased since 2007 until the last two years where it has remained almost the same at 13.0 and 13.1. In the North East, the under 18 conception rate decreased between 2007 and 2020. Between these years Hartlepool decreased from 64.5 to 20.4, Middlesbrough from 70.7 to 30.4, Stockton 52.5 to 22.0 and Redcar and Cleveland from 49.0 to 27.5 per 1,000.

In the last two decades, the only Tees local authority to drop below the national rate was Stockton in 2000 and 2001. Stockton has been very similar to the North East figure since 2003, while Middlesbrough has been typically higher than the North East. The rate in Hartlepool reduced sharply between 2018 and 2021, currently similar to the North East rate.

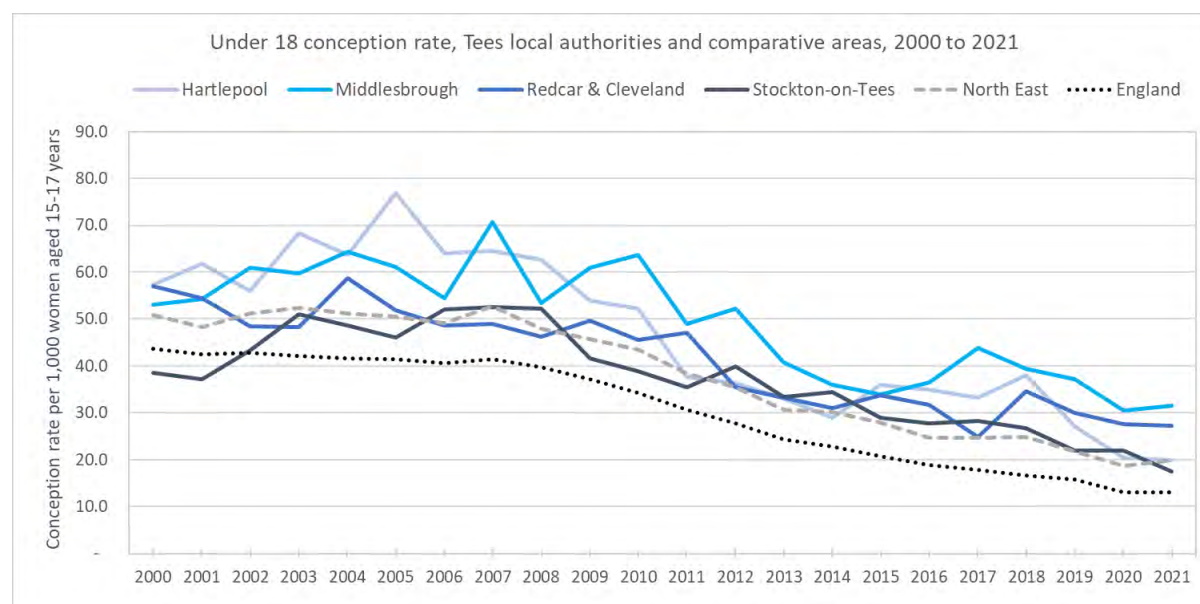


Figure 11 -Under 18 conception rates, 2000-2021. ONS Conception Statistics

Generally, the proportion of conceptions leading to abortions in the Tees local authorities have been similar to the North East. Middlesbrough has tended to be lower than the regional average but in recent years this has increased and the 2021 figure indicates a higher proportion of conceptions leading to abortion than the North East.

Under 18 Conceptions and Deprivation

The under-18 conception rate is closely related to the level of deprivation across England but to a greater extent in the North East. Generally, a higher level of deprivation in a local authority correlates with a higher under _18 conception rate.

Middlesbrough is one of the most deprived local authorities in England and had the highest conception rate in under-18s at 31.5 in 2021. Teenage pregnancy rates in Middlesbrough and Redcar & Cleveland are above the average when benchmarked against other local authorities with a similar level of deprivation. In 2021 Middlesbrough was the 5th most deprived area nationally and had the highest conception rate in England. The under_ 18 conception rates_ in Hartlepool and Stockton are similar to other local authorities with a comparable level of deprivation.

2021 conception rate (U18s) and IMD 2019	IMD (rank of average score)	Under 18 conception rate
Hartlepool	9	19.9
Middlesbrough	5	31.5
Redcar & Cleveland	31	27.3
Stockton-on-Tees	56	17.4

Figure 12- Under 18 conception rate and deprivation rank in Teesside, ONS Conception Statistics and IMD 2019

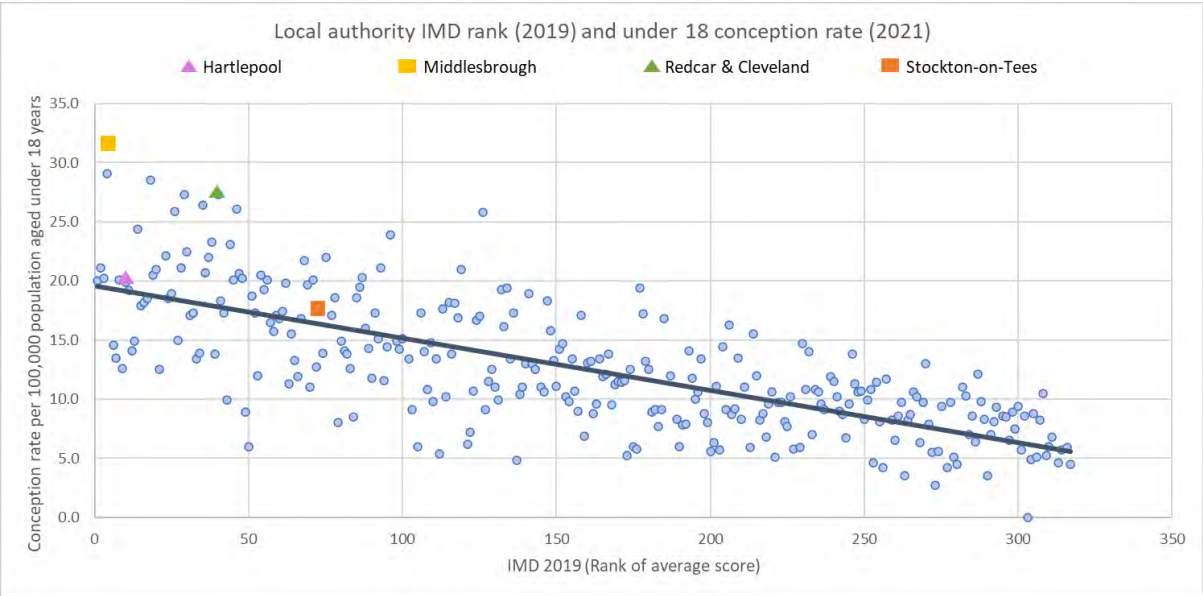


Figure 13 - IMD rank and under 18 conception rates in England, by local authority, ONS Conception Statistics (2021) and IMD 2019

Summary: Conceptions

- Middlesbrough has consistently higher conception rates than other local authorities in Tees.
- Under-18 conceptions in Teesside declined significantly over the last decades but remain consistently above the national average. In 2021 Middlesbrough had the highest under 18 conception rates in England.
- Under-18 conceptions correlate with deprivation and in 2021 were higher than expected in Middlesbrough and Redcar and Cleveland.

Contraception

Contraceptive Services for Young People

In 2021/22, 1,696 persons aged under 20 years attended the service and received contraception in Teesside. Hartlepool accounted for over a third (37.1%) of contraception issued, significantly higher than Middlesbrough (21.9%), Stockton (21.5%) and Redcar and Cleveland (19.5%). The most common method of contraception issued was the implant, at 34.3% across Teesside. This was followed by male condoms (24.8%) and the hormonal contraception pill (22.6%). The least used contraception method issued by the service was intrauterine system (IUS)/intrauterine device (IUD), at 3.2% and other methods (2.3%). In total, 636 attendances were for LARC (not including Depo injections).

A higher proportion of under 20s in Stockton were issued the implant (46.8%) than other areas in Teesside, with only a small number opting for the depo injection. Hartlepool and Middlesbrough issued a higher proportion of their service users with condoms than Redcar and Cleveland and Stockton, while Redcar and Cleveland were more likely than other areas to issue other methods of contraception.

Local authority	Depo injection	Implant	IUD/IUS	hormonal contraception (pill)	condoms	other	2021/22 total	2021/22 total (%)
Hartlepool	100	159	11	172	184	3	629	37.1%
Middlesbrough	37	131	10	75	114	5	372	21.9%
Redcar & Cleveland	51	120	22	57	53	27	330	19.5%
Stockton	28	171	12	80	70	4	365	21.5%
Teesside Total	216	581	55	384	421	39	1696	
Teesside Total (%)	12.7%	34.3%	3.2%	22.6%	24.8%	2.3%		

Figure 14- Contraception in Teesside, by local authority and contraception method, under 20 years only. SHS, 2021/22

In 2021/22, 7,847 persons aged 20 and over attended the service and received contraception in Teesside. Of these, 4,872 (62.1%) attendances were for LARC (not including Depo injections or IUS for menorrhagia).

Local authority	Depo injection	Implant	IUD/IUS	IUS for menorrhagia	hormonal contraception (pill)	condoms	other	2021/22 total	2021/22 total (%)
Hartlepool	229	740	464	7	542	221	47	2250	28.7%
Middlesbrough	100	556	501	9	292	184	44	1686	21.5%
Redcar & Cleveland	108	550	561	7	225	212	127	1790	22.8%
Stockton	96	880	620	18	346	70	91	2121	27.0%
Total	533	2726	2146	41	1405	687	309	7847	
Teesside Total (%)	6.8%	34.7%	27.3%	0.5%	17.9%	8.8%	3.9%		

Figure 15- Contraception in Teesside, by local authority and contraception method, 20 years and over. SHS, 2021/22

As with the younger age group, the most common contraception method in persons aged 20 years and over were implants (34.7%), almost exactly the same proportion as under 20s. This age group were however more likely to be issued IUS/IUD methods, accounting for over a quarter (27.3%) of contraception issued in Teesside, and slightly less likely to opt for hormonal contraception (17.9%) or condoms (8.8%) from the service. A small number of women were issued IUS for menorrhagia.

Again, the implant was used by a higher proportion of Stockton service users than other areas of Teesside (41.5%), while only a relatively small proportion opted for condoms (3.3%). A higher proportion of Hartlepool service users were issued the hormonal contraception pill. Despite Hartlepool having the smallest population in Teesside, service use is highest in this area (28.7%).

Condom Distribution Scheme

The local condom distribution scheme was mainly delivered through community pharmacies. There has been a reduction in the number of individuals accessing pharmacies to receive condoms either through an existing c-card or to obtain one in the last 3 years. In 2021 there were 161 individuals from across Teesside issued condoms via pharmacies compared to 222 in 2020 and 518 in 2019. The sharpest reduction was in Stockton residents, decreasing each year. In the other Teesside local authorities, the numbers accessing pharmacies for condoms were similar between 2020 and 2021.

In 2021, over two-thirds of individuals accessing condoms through pharmacies were Stockton (35.4%) and Redcar and Cleveland (33.5%) residents, while 21.7% were Middlesbrough residents and just 9.3% Hartlepool residents. Excluding persons aged 25 and over, this equates to an estimated rate of 3.2 per 1,000 population of Redcar and Cleveland, 2.3 in Stockton, 1.6 in Middlesbrough and 1.2 in Hartlepool.

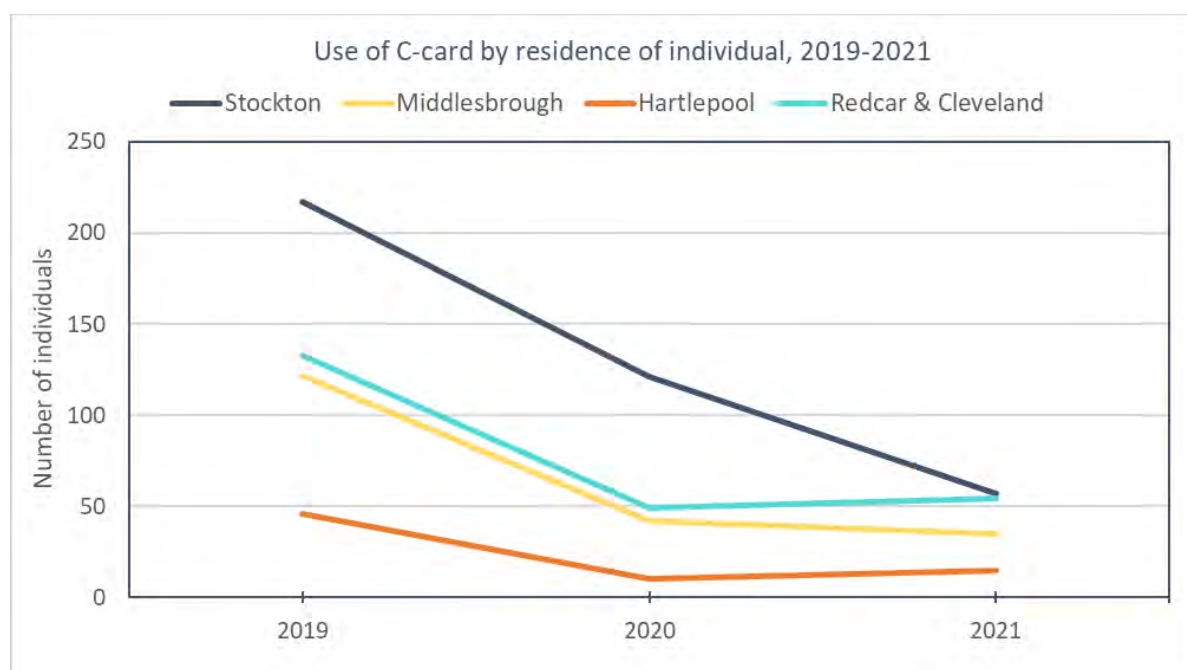


Figure 16 – Individuals using c-cards to obtain condoms through pharmacies, by local authority 2019-2021, Pharmacy data 2023

Across Teesside and over the last three years, slightly more females than males accessed condoms via pharmacies (52.4%), more pronounced in the latest year (60%). In 2021, 7.5% of those accessing condoms had a BME background. In the last three years, a similar number of 16-17 year-olds and 18-24 year-olds accessed pharmacies for condoms, accounting for 38.5% and 37% respectively. In 2022 this equates to an estimated 4.4 per 1,000 Teesside population aged 16-17 accessing the service, compared to a rate of 1.7 aged 13-15 and 1.2 aged 18-24 years.

Long-Acting Reversible Contraception

Nationally, there has been an increase in the use of Long-Acting Reversible Contraception (LARC) in the last decade, with 56% of females in contact with SH services for contraception using a LARC method in 2021/22. Over the last ten years, LARC uptake increased, and uptake of user dependent methods decreased. The pause in this increase seen in 2020/21 was likely due to more restricted access to LARCs during the Covid-related lockdowns. In 2021/22, LARC uptake at SH services was above user dependent uptake for the first time. The large change seen in 2021/22 was driven by a sharp decrease in women seen by the sexual health service using contraceptive pills as their main

method. This was likely impacted by changes in service provision and progesterone only pills becoming available to purchase over the counter at pharmacies without prescription.

In 2021, LARC (excluding injections) were prescribed from GPs and the SHS at a rate of 41.8 per 1,000 female population aged 15-44 years in England. The North East rate is significantly lower than the national figure at 37.8 per 1,000. Local authorities in Tyneside have a significantly higher LARC prescription rate than England, while all Teesside local authorities have a significantly lower rate.

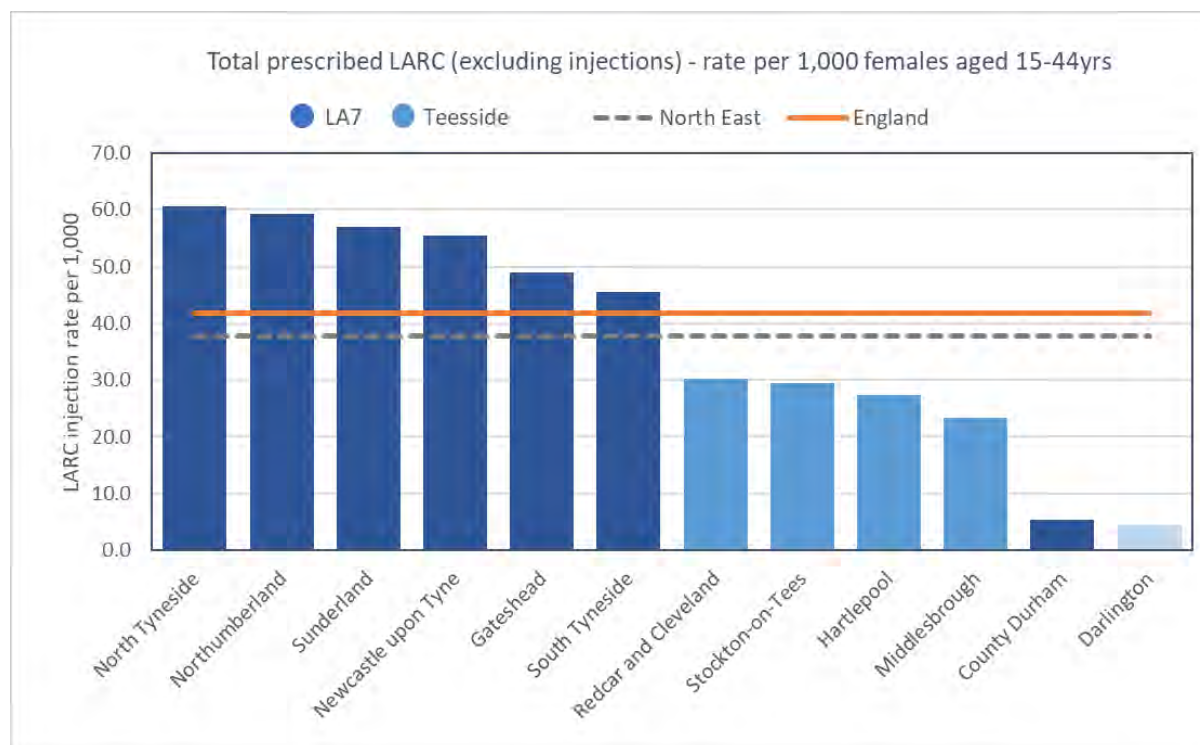


Figure 17 - Total prescribed LARC from GPs and the SHS, North East comparison, 2021. Fingertips OHID

Within Teesside, has the highest LARC uptake is in Redcar and Cleveland at 30.2, followed by Stockton at 29.4, Hartlepool at 27.3, and Middlesbrough with the lowest rate of 23.4 per 1,000.

Although the LARC rate has been increasing across all Teesside local authorities in recent years, they remain significantly below the national average. Note that the part of the increase seen between 2019 and 2020 is due to improved reporting of subcontracted activity.

Due to service access restriction during and after the pandemic there has been a significant waiting list for LARC in 2021/22 and 2022/23.

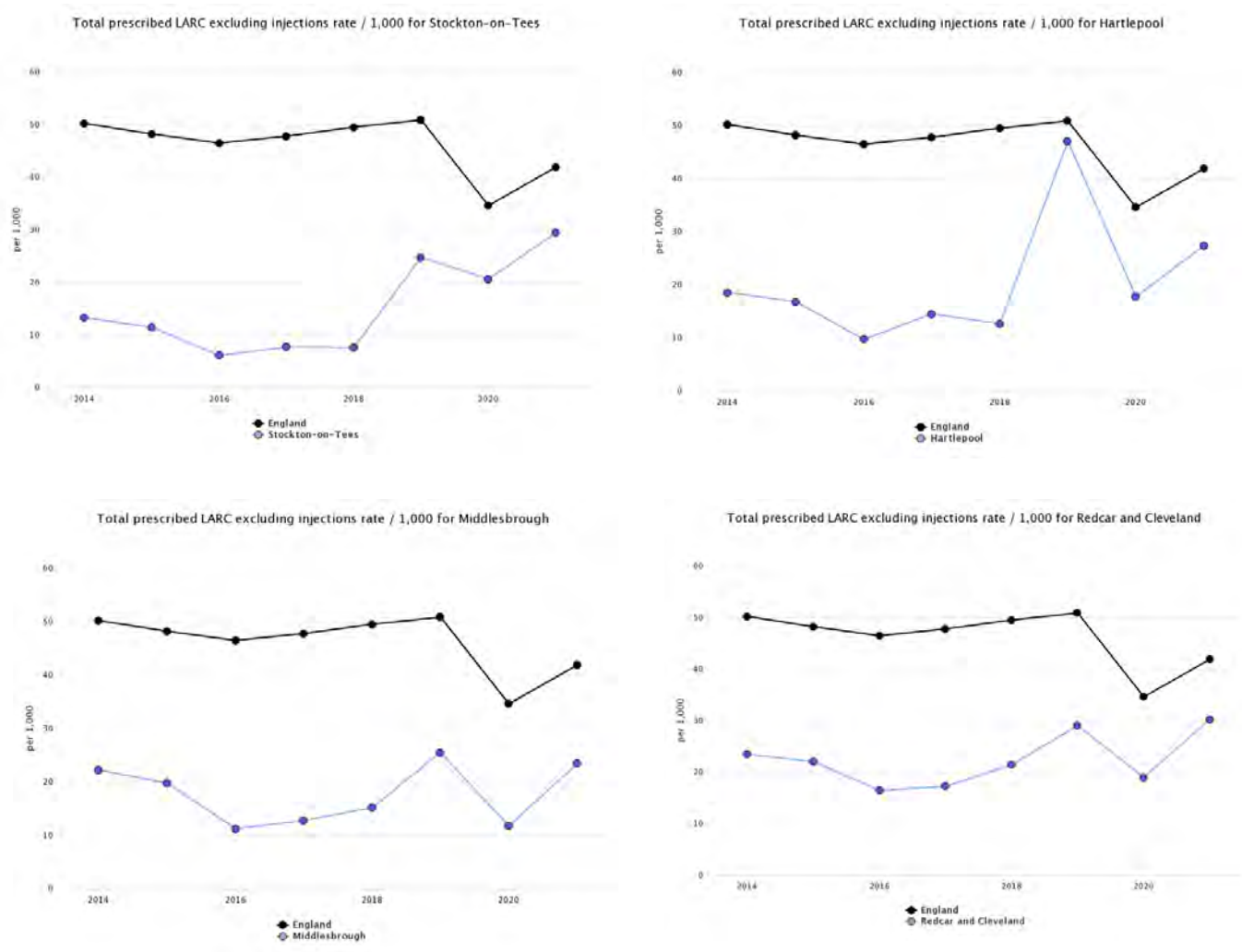


Figure 18 - Rate of prescribing of LARC (excluding injection) in population aged 15- 44 per 1000 , by local authority 2014 - 2021

LARC were used by 65.8% women (all ages) attending contraception clinics across Teesside in 2021/22(FY). These forms of contraception were opted for by a higher proportion of women in Stockton than other areas of Teesside, at 73.2%. Both Redcar and Cleveland (66.8%) and Middlesbrough (65.2%) had a similar take-up, while LARC usage was slightly lower in Hartlepool, at 59.3%.

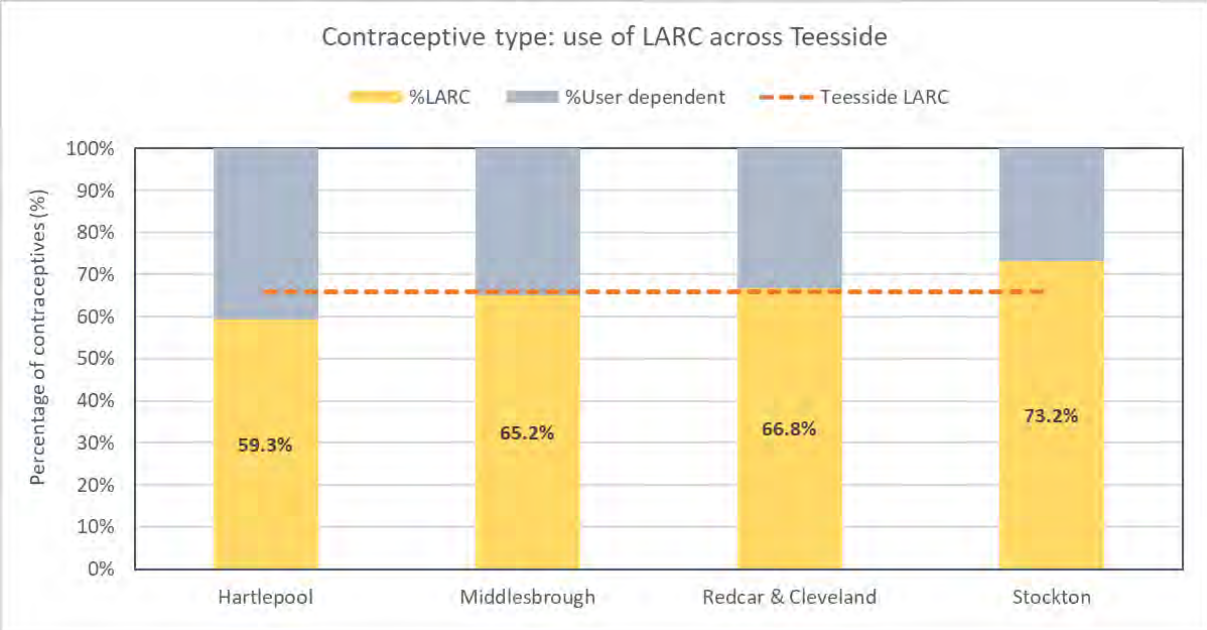


Figure 19 -Use of LARC in Teesside, by local authorities and Teesside comparison, 2021/22. Sexual Health Teesside (HCRG)

For all Teesside local authorities, the most common form of LARC is the implant, over half (52.9%) of all Teesside users of LARC (3,307 women) using this contraception. This is followed by IUD/IUS contraceptives, 2,201 (35.2%) women opting for this method. For all local authorities, the Depo Injection was the least used form of LARC (12% across Teesside). There is less variation in LARC method between local authorities than previous years, although Hartlepool had a higher proportion of LARC users opting for the Depo injection than other methods.

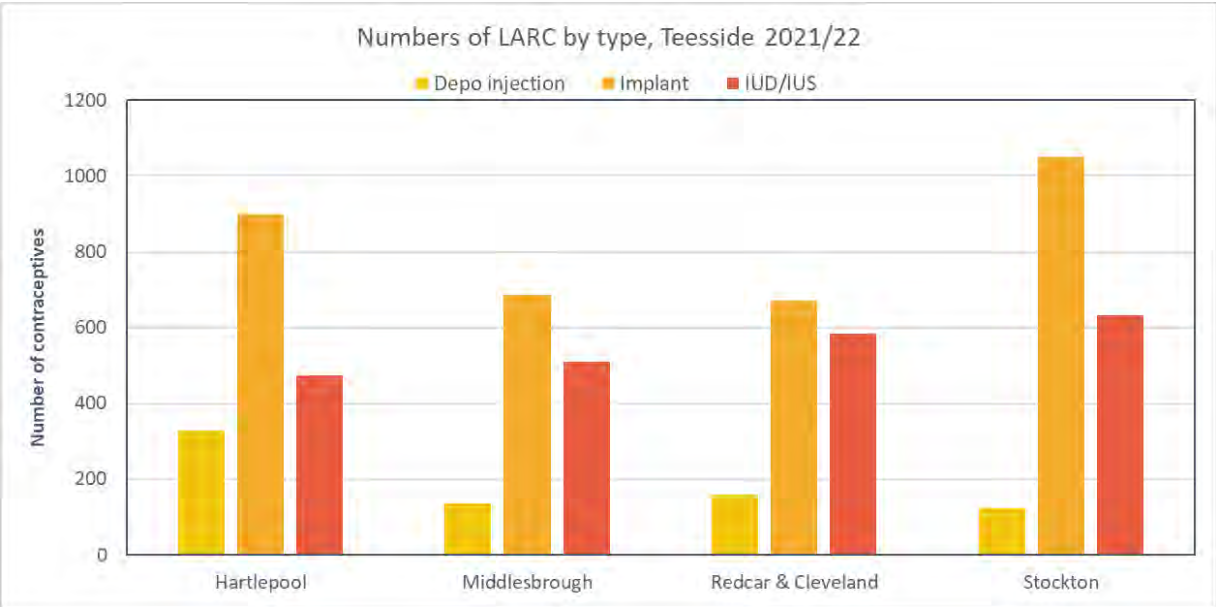


Figure 20- Number of users of LARC by type and local authority, Teesside 2021/22. Sexual Health Teesside (HCRG)

Emergency Hormonal Contraception

Emergency hormonal contraception (EHC) is provided free of charge from all sexual health clinics and subcontracted community pharmacies across Tees from the age of 13 years. The vast majority of EHC are issued from pharmacies (96.8% in 2021/22). A slightly higher proportion of EHC were issued from

clinics in Redcar and Cleveland than other areas, although this still accounts for a very small number of EHC (6.1%).

At clinics, a third of EHC (33.5%) were issued in Stockton, 28.6% in Hartlepool, 28.1% in Middlesbrough and just 9.7% in Redcar and Cleveland. The majority of EHC in 2021/22 were among persons aged 20 years and over (77.8%), one in five (19.5%) aged 16-19 years and a very small number aged 13-15 years (<10). With clinic data accounting for a small proportion of all EHC across Teesside, and only one year of data currently available, the below information relates exclusively to EHC issued from pharmacies.

Overall, there were 6,243 EHC issued by Teesside pharmacies in 2019/20, 4,368 in 2020/21 and 5,783 in 2021/22. All areas experienced a reduction of EHC issued in 2020/21, due to the impact of COVID-19 but saw a significant increase in 2021/22 with higher than pre-pandemic numbers in Hartlepool and Redcar and Cleveland, whilst numbers in Middlesbrough and Stockton remained below pre-pandemic figures.

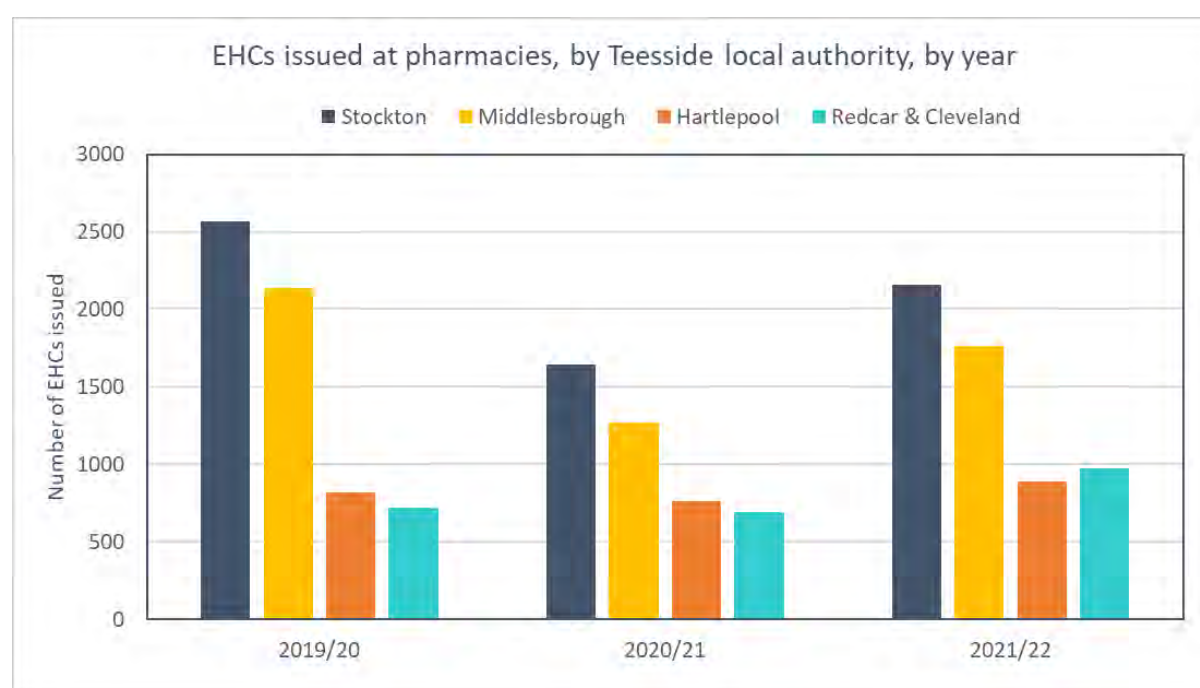


Figure 21- Number of EHC issued across Teesside, by location of pharmacy, 2019/20 to 2021/22. Pharmacy data 2023

Stockton is the largest of the local authorities in Teesside, having the highest number of EHC issued at pharmacies for the last three financial years. Of the 5,783 EHC issued in pharmacies in 2021/22, 37.3% of distributions were from pharmacies located in Stockton and 30.5% in Middlesbrough, with smaller distribution numbers in Redcar and Cleveland and Hartlepool. This translates to a rate of 62.2 EHCs per 1,000 females in Middlesbrough, 60.9 in Stockton, 53.2 in Hartlepool and 43.2 per 1,000 in Redcar and Cleveland.

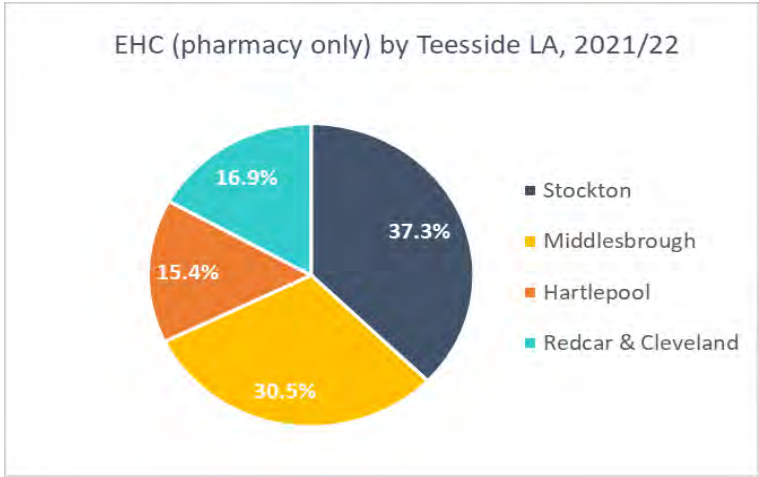


Figure 22- EHC issued by pharmacy location, Teesside local authorities. Pharmacy data 2023

In terms of EHC according to the residency of the individual rather than the location of the pharmacy, there were 5,402 dispenses of EHC to Teesside residents from subcontracted pharmacies in 2021/22. This indicates 6.6% EHCs issued from Teesside pharmacies were females from outside of the area. Stockton residents accounted for the largest proportion of EHCs in Teesside (33.5%), followed by Middlesbrough (31.1%), Redcar and Cleveland (20%) and Hartlepool (15.4%) residents.

Hartlepool and Stockton residents were more likely to access EHC from pharmacies within their own borough, 93.3% and 90.7% doing so. Just over one in five (21.7%) residents in both Middlesbrough and Redcar and Cleveland obtained EHC from a pharmacy outside their locality. Of the Redcar and Cleveland residents that didn't access EHC from within the borough, most opted to use a pharmacy in Middlesbrough, while Middlesbrough residents opted to travel to Stockton.

The amount of EHC distributed in each month varied over the year. The lowest numbers of EHC issued across Teesside overall were in the fourth quarter of the year, 412 in January, 416 in February and 396 in March. The month of June had the highest number of EHC dispensed to Teesside residents (502), followed by May (494) and October (495). Stockton had the single highest number at 172 EHC issued by pharmacies in August.

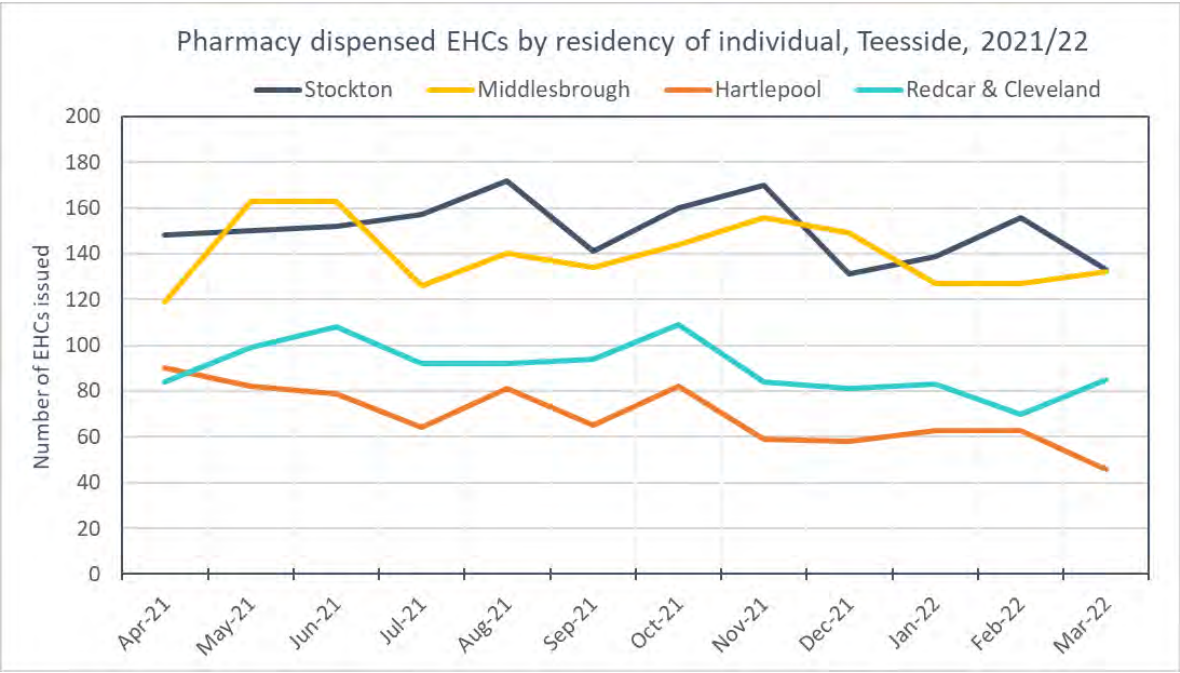


Figure 23 - EHC issued to Teesside residents, by local authority of residence, by month, 2021/22. Pharmacy data 2023

Almost three quarters (72.4%) Teesside residents accessing EHC in 2021/22 were aged 18-34 years, with slightly more in the 25-34 cohort (37%) than 18-24 (35.4%). A further 14.5% were aged 35-44 years, 11.6% in the youngest age band of 13-17 and a small number aged over 45 years (1.5%).

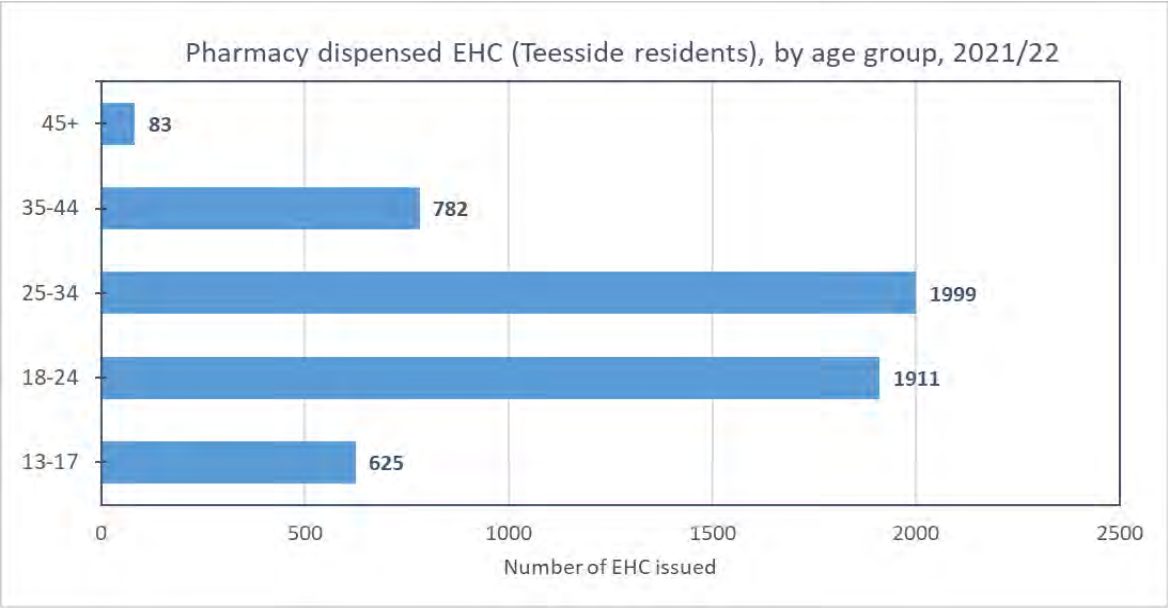


Figure 24- EHC issued to Teesside residents, by age band of resident, 2021/22. Pharmacy data 2023

In 2021/22 subcontracted pharmacies dispensed both types of EHC, Ulipristal acetate (EllaOne) 3,497 and Levonorgestrel (Levonelle) 1,623. Ulipristal acetate accounted for 64.8% of EHC.

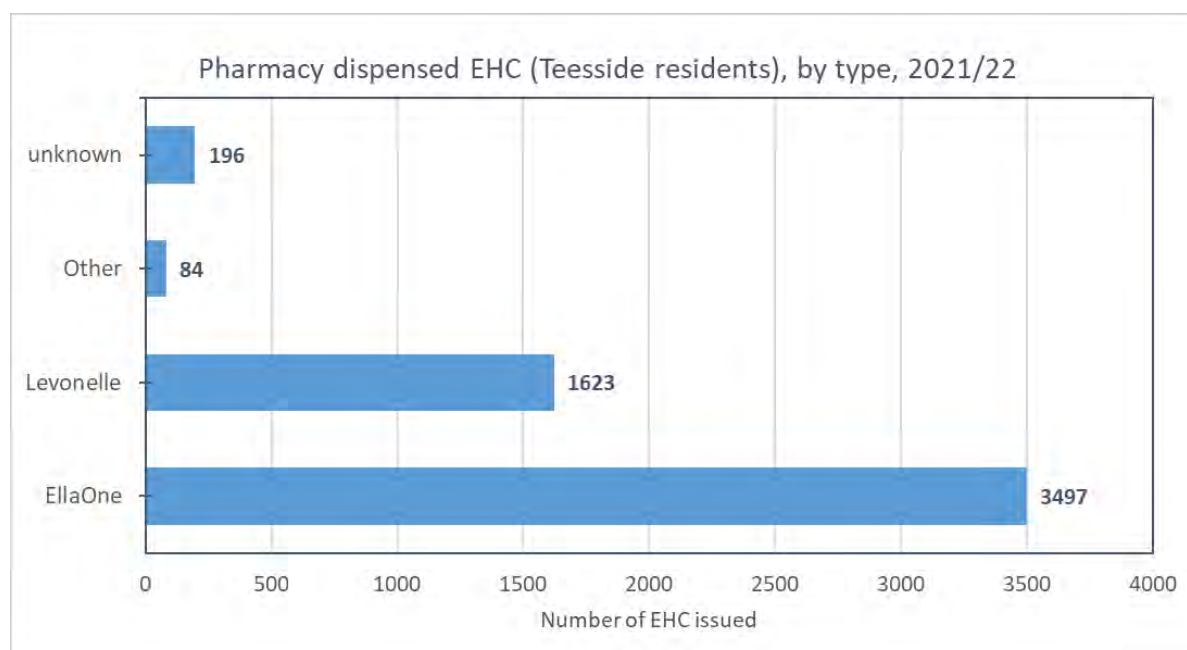


Figure 25- EHC issued to Teesside residents, by contraceptive pill supplied, 2021/22. Pharmacy data 2023

Abortions

Abortion rates can be an indicator of the effective use and access to contraception in an area. The age-standardised abortion rate (ASR) in England and Wales has increased each year since 2016, to 18.6 per 1,000 women, the highest ASR since the Abortion Act was introduced in 1967. However, the abortion rate for women aged under 18 has continued to decrease from 15.0 in 2011 to 6.5 per 1,000 in 2021.

In 2021, there were 2,375 legal abortions in Teesside. The age-standardised abortion rate was higher in all Teesside local authorities than the North East, and England average. Middlesbrough has the highest rate in Teesside at 29 per 1,000 women, the fourth highest rate of all local authorities in England, as well as the highest national abortion rate in women aged under 18 years, at 14.6 per 1,000. ASR are highest in the 20-24 age group in all areas.

Area of residence	ASR per 1,000 women (15 to 44)	Crude rate per 1,000 women in age group					
		Under 18	18 to 19	20 to 24	25 to 29	30 to 34	35 and over
Hartlepool	20.0	9.6	30.7	35.0	28.0	23.8	10.0
Middlesbrough	29.0	14.6	30.0	46.8	41.6	39.1	15.6
Redcar and Cleveland	21.7	12.0	35.2	43.9	28.1	24.8	8.8
Stockton-on-Tees	20.0	7.8	28.1	45.8	26.7	19.5	9.1
North East	16.8	8.5	22.1	28.5	24.2	19.5	8.7
England	18.7	6.5	22.4	30.9	27.3	22.5	10.7

Figure 26 -Age-standardised abortion rate and crude abortion rates by age band, by local authority, Teesside, 2021. Abortion Statistics [revised tables 2023]

The earlier abortions are performed the lower the risk of complications. In 2021, the majority of abortions carried out nationally are under 10 weeks, at 88.6% in England. The proportion of abortions carried out in this earlier gestation period has been increasing locally, regionally, and nationally in

recent years. In 2021, all Teesside authorities were similar to the national and above the regional average for abortions under 10 weeks' gestation.

Area name	Abortion by gestation period (%)		
	Under 10 weeks	10 to 12 weeks	13 weeks and over
Hartlepool	90.4	4.4	5.2
Middlesbrough	89.6	5.4	5.0
Redcar and Cleveland	89.7	4.8	5.5
Stockton-on-Tees	87.6	6.6	5.8
North East	86.1	7.5	6.4
England	88.6	5.0	6.4

Figure 27- Percentage of abortion by gestation period, by local authority, Teesside, 2021, Abortion Statistics [revised tables 2023]

Nationally 42.6% of all women and 29.7% of women under 25 years undergoing an abortion have had a previous abortion. In Middlesbrough and Stockton, the proportion of repeat abortions in all ages were higher than regional and national figures. In 2021, repeat abortions among women aged 25 and under in Hartlepool were lowest in the North East at 22.5%, while Stockton had the highest at 36.4%. Hartlepool, Middlesbrough, and Stockton are above the regional and national averages for repeat abortions in women aged over 25 years. It is important to note that the numbers of repeat abortions particularly in women aged under 25 years are relatively small, a total of 291 repeat abortions in this age group across Teesside.

Area of residence	Repeat abortions (%)		
	All ages	25 years and under	Over 25 years
Hartlepool	43.9	22.5	56.7
Middlesbrough	46.7	32.1	55.3
Redcar and Cleveland	39.2	30.1	46
Stockton-on-Tees	46.8	36.4	53.4
North East	41.6	29.2	49.7
England	42.6	29.7	49.6

Figure 28 -Percentage of repeat abortions, by local authority, Teesside, 2021. Abortion Statistics [revised tables 2023]

A significant proportion of conceptions in the under 18 age group lead to abortion. Nationally, more than half of conceptions (53.4%) lead to abortion in 2021. Middlesbrough has the highest proportion leading to abortions in Teesside, at 48.2%, followed by Redcar and Cleveland at 45%, Hartlepool at 44.1% and Stockton at 39.3%. Figure 13 indicates the percentage of conceptions leading to abortion in under 18s has decreased in Hartlepool and Stockton in the last 3 years, while this figure has increased in Middlesbrough. Over the last two decades, the proportion of conceptions leading to abortions in this age group has increased nationally and regionally to a lesser degree.

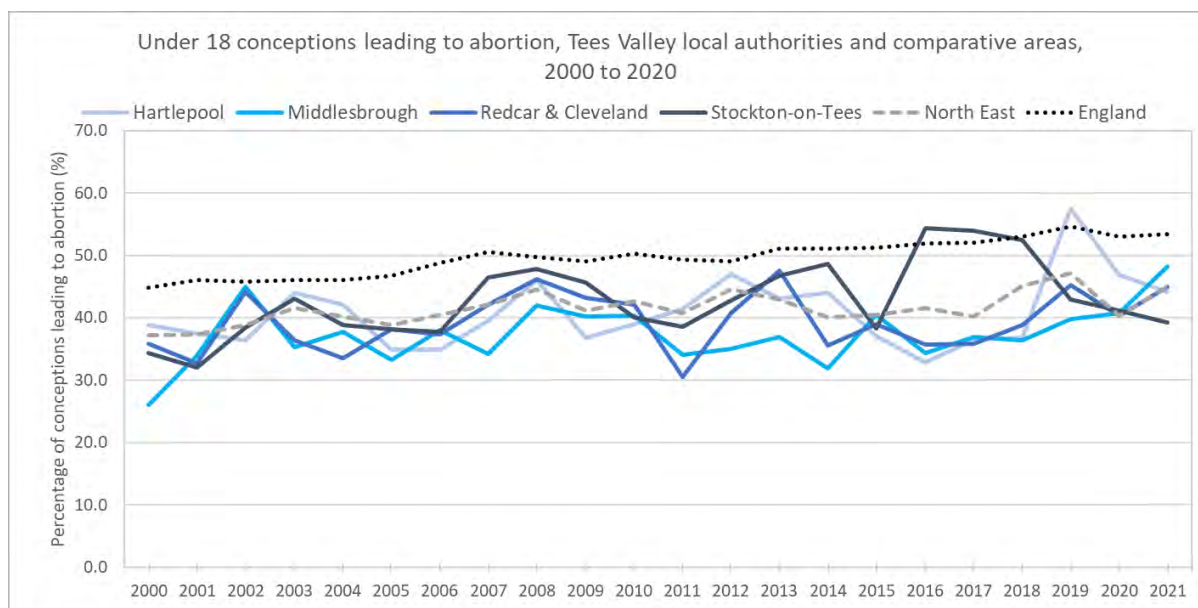


Figure 29 - Proportion of under 18 conceptions leading to abortion, 2020-2021, ONS Conception Statistics

Summary: Contraception & Abortion

- Repeat abortions LARC rates in Teesside have increased since 2018 but remain significantly lower than the national and regional average.
- At total of 5724 attendances were for LARC (implant and coil) in 2021/22. There was a significant waiting list for LARC following the pandemic.
- LARC was the preferred method of contraception in contraception clinics in Teesside.
- Implants the most common method followed by hormonal contraception in the younger and coils in the >20 age group.
- Condom distribution through the pharmacy C card scheme declined significantly since 2019 from 518 to only 161 condom distributions in Teesside in 2021.
- Emergency contraception was mainly accessed through pharmacies with 5783 EHC issued in 2021/22. Utilisation rates recovered but remain below pre pandemic rates.
- Emergency contraception distribution was highest in the 25-35 age group followed by 18-25 age groups, Ulipristal was most commonly used EHC (64%).
- Abortion rates in Teesside (20-29%) are higher than the regional and national average (17-19%) with 2,375 abortions in 2021.
- The highest abortion rates are in the 20-24 and 25-29 age groups.
- Between 39% and 58% of all teenage conceptions in Teesside (2019-21) resulted in an abortion. This was similar to regional but below the national average.
- Repeat abortions are common with 39% - 47% of women undergoing an abortion having had a previous abortion.

Sexually Transmitted Infections

In the last five years the rate of new STI diagnoses declined steeply during the pandemic and has since then returned to pre-pandemic rates in Hartlepool, Stockton, and Redcar and Cleveland and higher rates in Middlesbrough.

The reduction in new STI diagnoses is widely attributed to a lack of testing opportunities during the pandemic and a higher proportion of undiagnosed disease.

Middlesbrough had the highest rate of new STI diagnoses in Teesside for the last 8 years, with a rate of 491.9 per 100,000 population in 2022. This is higher than the regional average but similar to the national figure. Generally, Redcar and Cleveland had lower STI diagnoses than other areas of Teesside, the latest rate of 334.5. STI diagnosis rates in Hartlepool and Stockton have been very similar to the North East average for the last 3 years. These figures exclude diagnoses of chlamydia in the age group targeted by the National Chlamydia Screening Programme (NCSP).

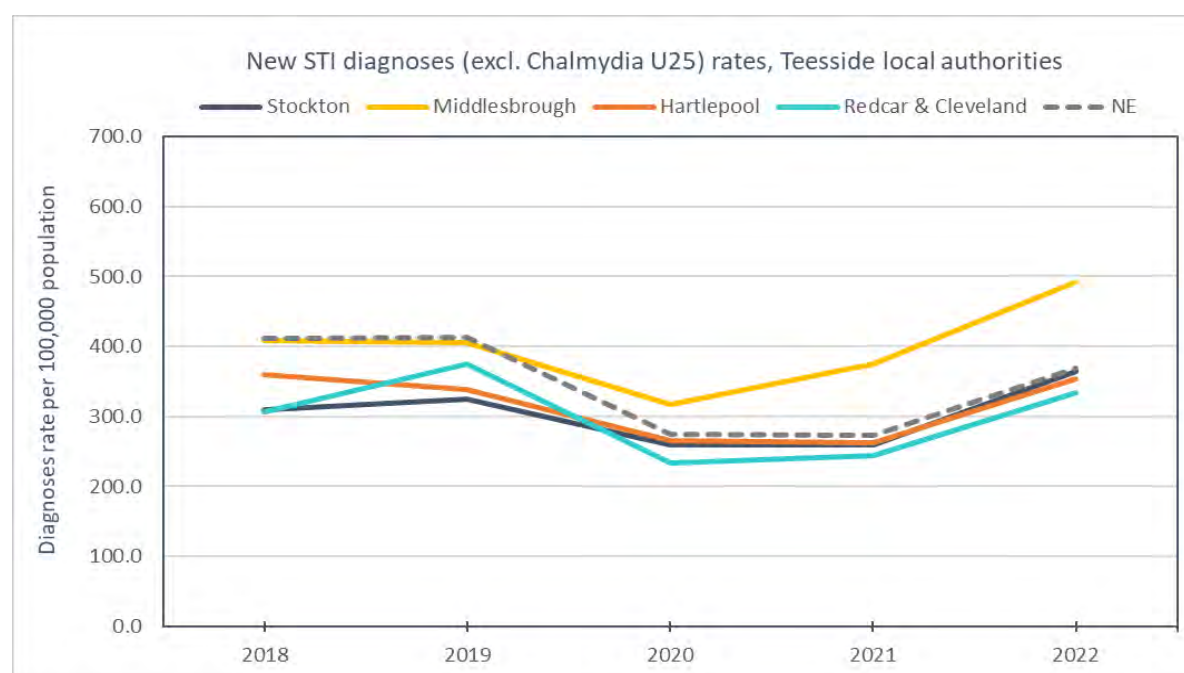


Figure 30 - New STI diagnoses rates (excluding chlamydia in under 25s) by Teesside local authority, 2018-2022, OHID Fingertips

Gonorrhoea

The rate of gonorrhoea diagnoses in the North East reduced by around a third (30.9%) between 2017 and 2021. This was very similar for Stockton and Hartlepool with 31.5% and 30.4% reductions, while both Middlesbrough and Redcar and Cleveland rates increased between these years. Figures for 2022 show a sharp increase in gonorrhoea rates. While nationally the 2022 figure is higher than pre-Covid figures, the increase has been greater regionally and locally, with Hartlepool, Stockton and the North East more than doubling in rate between 2021 and 2022.

Middlesbrough currently has the highest rate of Gonorrhoea in Teesside, at 141.2 per 100,000, compared to the regional average of 117.5 per 100,000. Hartlepool currently has the lowest diagnostic rate and has generally done so for a number of years, at 88.6 per 100,000, though this is still notably higher than the previous year. In Redcar and Cleveland the diagnostic rate has increased almost threefold since 2018, from 37.3 to 107.6 per 100,000 in 2022.

Area	Number and rate of Gonorrhoea diagnoses, all ages, Teesside local authorities, 2020-2022					
	2020		2021		2022	
	Number of diagnoses	Rate per 100,000	Number of diagnoses	Rate per 100,000	Number of diagnoses	Rate per 100,000
Hartlepool	45	38.4	36	38.9	82	88.6
Middlesbrough	84	59.5	112	77.9	203	141.2
Redcar & Cleveland	72	52.5	77	56.4	147	107.6
Stockton-on-Tees	94	47.6	81	41.1	232	117.7
North East	-	48.8	-	46.5	-	117.5
England	50,678	89.6	54,961	96.4	82,592	146.1

Figure 31-Number and rate of gonorrhoea diagnoses, Teesside local authorities, 2020-2022, OHID Fingertips

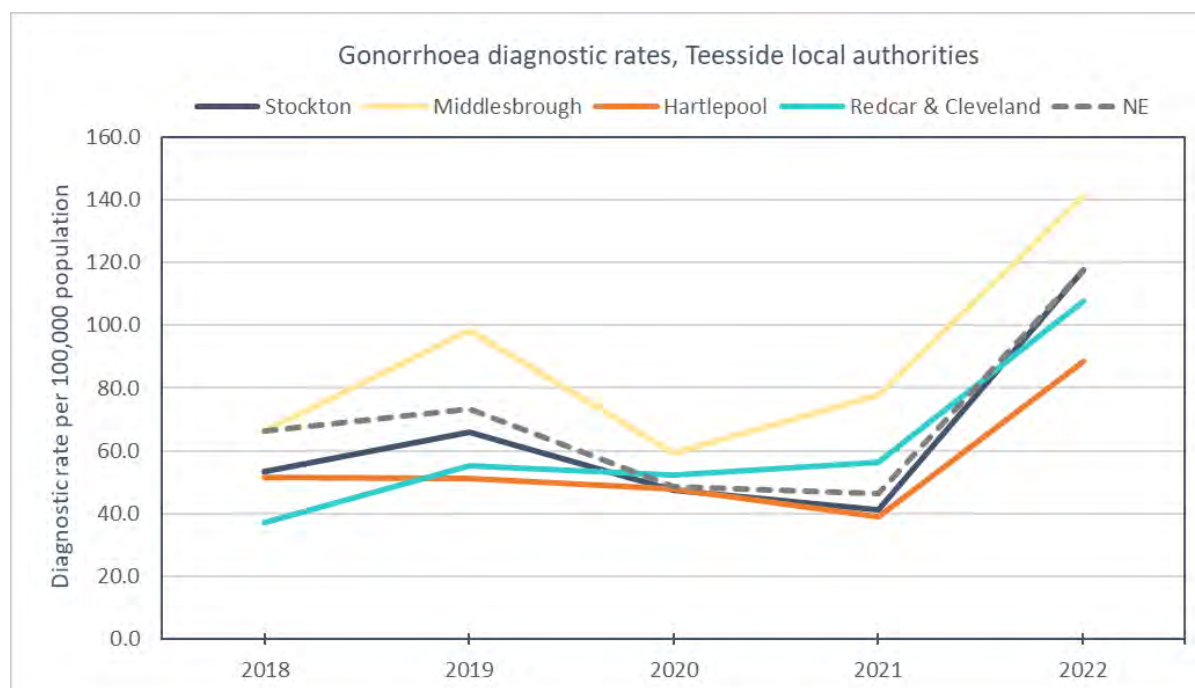


Figure 32- Gonorrhoea diagnosis rates by Teesside local authority, 2018-2022, Fingertips

There has been an increase gonorrhoea cases in 2022, the chart below illustrates the quarterly increase in the year across Teesside. Excluding Q3, Stockton has consistently had the highest number of diagnoses in 2022 while Hartlepool has had the lowest. In the final quarter of 2022 there were 193 gonorrhoea diagnoses in Teesside, compared to 101 in the same quarter of 2021, and 76 in Q4 2020.

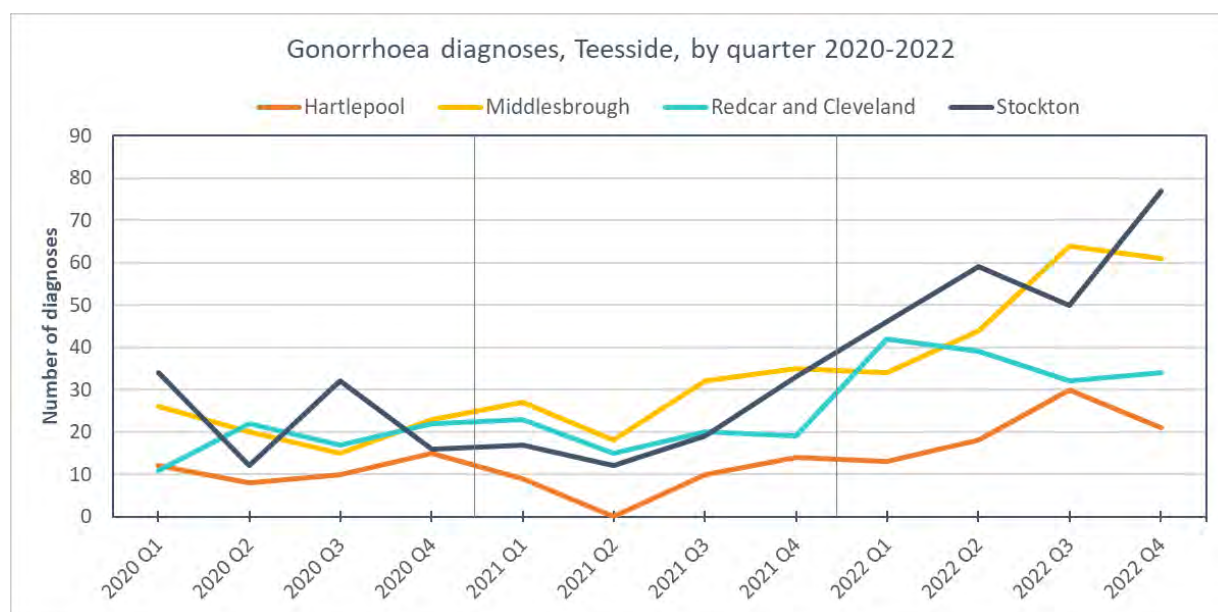


Figure 33 – Gonorrhoea diagnoses by local authority by quarter, Teesside, 2020-2022. UKSHA GUMCAD Report

Chlamydia

Testing and positivity

Chlamydia infections are widespread and often asymptomatic. The number of diagnoses reflect the level of testing as well as prevalence in an area. National guidance recommends focussing chlamydia testing on 16 to 24 year-old females. In 2022, there were 10,685 chlamydia tests in 16-24 year-olds in Teesside. This is higher than the previous two years but similar to pre-pandemic figures. Hartlepool tested the largest proportion of the 15-24 population, at 18.6%, while Middlesbrough had the lowest in Teesside at 15.1%, similar to the national screening figure (15.2%).

Higher testing often links to higher detection rates of chlamydia. However high positivity rates in Teesside also indicate a high prevalence in the population tested. The detection rates for chlamydia and percentage of tests that were positive for 15-24 year-olds are higher across Teesside than the North East and England. As well as the highest percentage of the population tested, Hartlepool had the highest detection rate of the Tees local authorities at 2,943 per 100,000. This was followed by Stockton at 2,673, Redcar and Cleveland at 2,264 and Middlesbrough at 2,048 per 100,000.

Chlamydia testing and diagnosis in 15-24 year olds, Teesside local authorities, 2022					
Area	Total Tests	Percent of population tested	Total Positive	Percent of tests positive	Detection rate per 100,000
Hartlepool	1,943	18.6%	307	15.8%	2,943
Middlesbrough	2,810	15.1%	380	13.5%	2,048
Redcar & Cleveland	2,367	17.2%	312	13.2%	2,264
Stockton-on-Tees	3,565	17.4%	547	15.3%	2,673
North East	48,179	15.5%	5,899	12.2%	1,897
England	983,924	15.2%	108,290	11.0%	1,680

Figure 34 - Chlamydia tests, diagnoses and diagnosis rate in 2022 in young people aged 15-24. OHID Fingertips

In 2022, there were 27,914 chlamydia tests in Teesside (all ages). Almost three-quarters of these tests were among females (65.1%), 31.3% among males and 3.6% unknown. A slightly higher proportion of

tests in Stockton were taken by males than the Teesside average (35%). Across Teesside, 38.1% tests were taken by 25-34 year-olds, around a quarter (26.7%) in 20-24 year-olds and 23.2% aged over 35 years, smaller numbers in people aged under 25. In Hartlepool, 16.1% people tested were aged under 20 years, higher than other Teesside local authorities.

	Age groups						
Local authority	<20		20-34		35+		Total tests
	Count	%LA	Count	%LA	Count	%LA	
Hartlepool	685	16.1%	2,807	65.9%	770	18.1%	4,262
Middlesbrough	851	10.5%	5,339	65.9%	1,908	23.6%	8,098
Redcar and Cleveland	730	11.0%	4,107	62.0%	1,786	27.0%	6,623
Stockton	1,088	12.2%	5,841	65.4%	2,002	22.4%	8,931
Teesside	3,354	12.0%	18,094	64.8%	6,466	23.2%	27,914

Figure 35 - Chlamydia tests by age group, count and percentage of each local authority in 2022. CTAD service, HIV & STI portal

Positivity rates for chlamydia in Teesside were higher (13.2-15.8%) than the regional (12.2%) and national average (11%). This can indicate a targeted testing approach as well as a high prevalence in the population and possibly a high proportion of undetected disease.

On a large proportion of chlamydia tests ethnicity is not known (42.1%), with 5.7% tests in Teesside among ethnic minority groups. Distribution by ethnic groups follows a similar pattern to the population of the areas within Teesside.

Diagnosis rate

In 2022, Hartlepool and Middlesbrough had among the highest rates of chlamydia diagnoses in the North East, at 480.7 and 479.4 per 100,000, significantly higher than both the North East and England averages. The rate in Stockton is also higher than the latest regional and national figures however Redcar and Cleveland are similar. In 2022, there was a total of 2,444 cases of chlamydia in Teesside.

Chlamydia diagnoses in the North East decreased between 2019 and 2021. This may be due to national lockdowns and limited sexual health services available during the COVID pandemic. The diagnosis rates in all Teesside local authorities except for Middlesbrough, which has increased, have not significantly changed in the last 5 years. Despite this, the 2022 rates in Teesside, the North East and England all increased from 2021. The largest increases in the latest year were in Stockton (51.9%) and Hartlepool (41.9%). In the last five years, chlamydia diagnosis rates increased from 390.6 to 479.0 per 100,000.

In 2022 in Teesside, one in five chlamydia tests among 16-19 year-olds were positive (20.2%), higher than other ages. Only 3.6% of tests among persons aged 35 years and over were positive for chlamydia. Males were more likely than females to test positive across Teesside, 10.6% compared to 8%. There was also a higher proportion of tests among persons from ethnic minority groups (any ethnicity except White British) to test positive, at 12.9% positive tests in 2022 compared to 8.7% in White British people. This could be attributed to targeted testing. The number of tests are too small to breakdown into different ethnic groups.

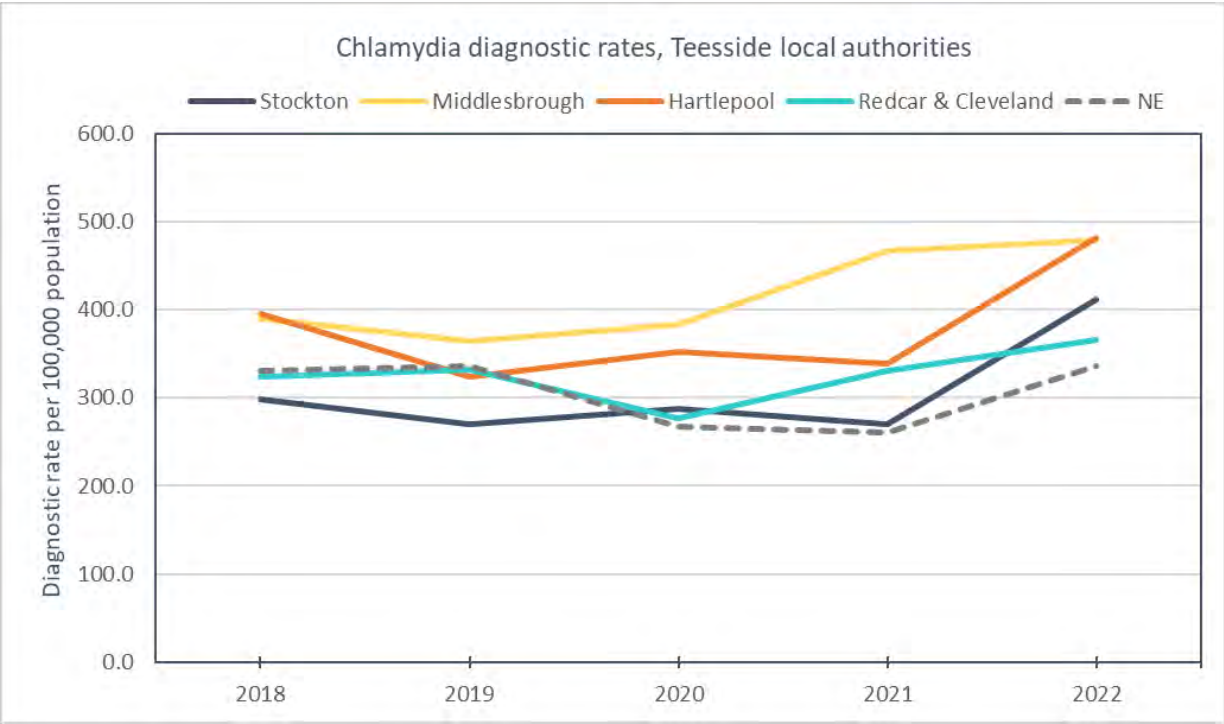


Figure 36 - Chlamydia diagnosis rates by Teesside local authority, 2018-2022, OHID Fingertips

Syphilis

For many years, syphilis testing rates were lower in Teesside than other areas of the region. Between 2018 and the start of 2021 syphilis testing rates in Teesside were significantly lower than the North East average. Syphilis testing rates across the North East dropped sharply in 2020 because of the pandemic/ Testing rates in Teesside remained very low until 2021 whilst testing rates in other areas recovered more quickly. Teesside testing rates have consistently increased since Q1 2021 and were the highest in the North East at the end of 2022 and also higher than pre-pandemic testing rates in Teesside.

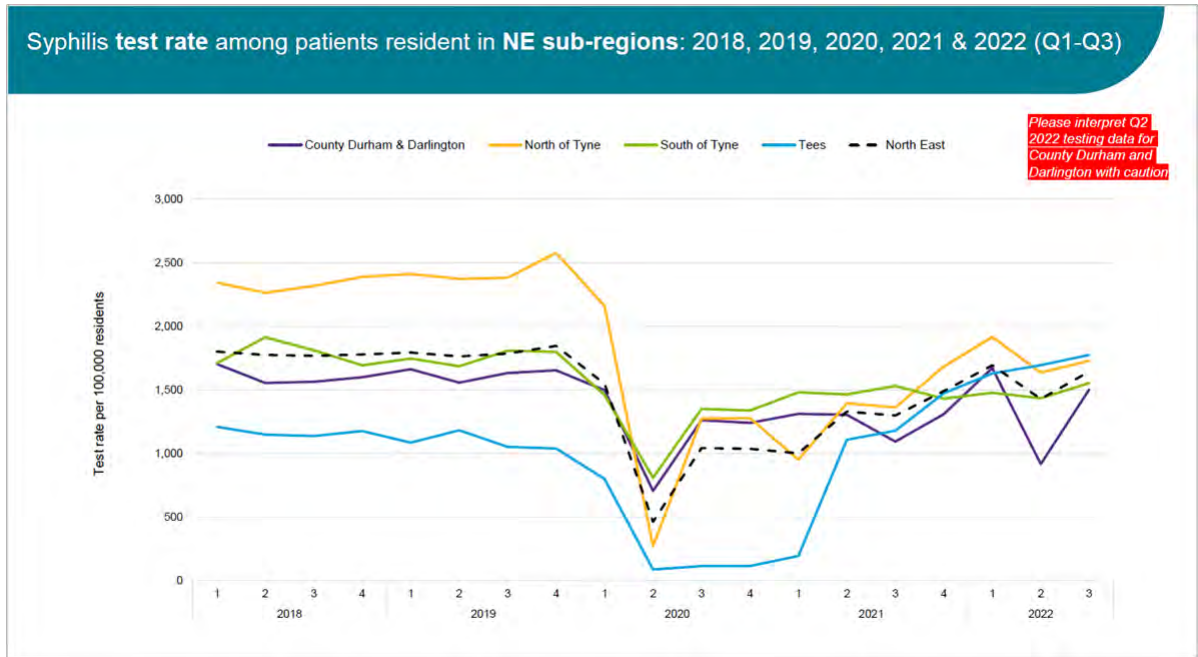


Figure 37- Syphilis testing rates in sub-regions of the North East, 2018-2022(Q3), by quarter

Syphilis testing rates in Teesside link to the ongoing syphilis outbreak in the area. Testing rates in Teesside varied substantially with the highest syphilis testing rate pre-pandemic in Hartlepool. Since Q1 2021 Middlesbrough superseded Hartlepool, with a testing rate circa 2,200 per 100,000 residents. Redcar and Cleveland generally had the lowest testing rate. Testing in all local authorities in Teesside increased sharply since Q1 2021, with higher testing rates than pre-pandemic.

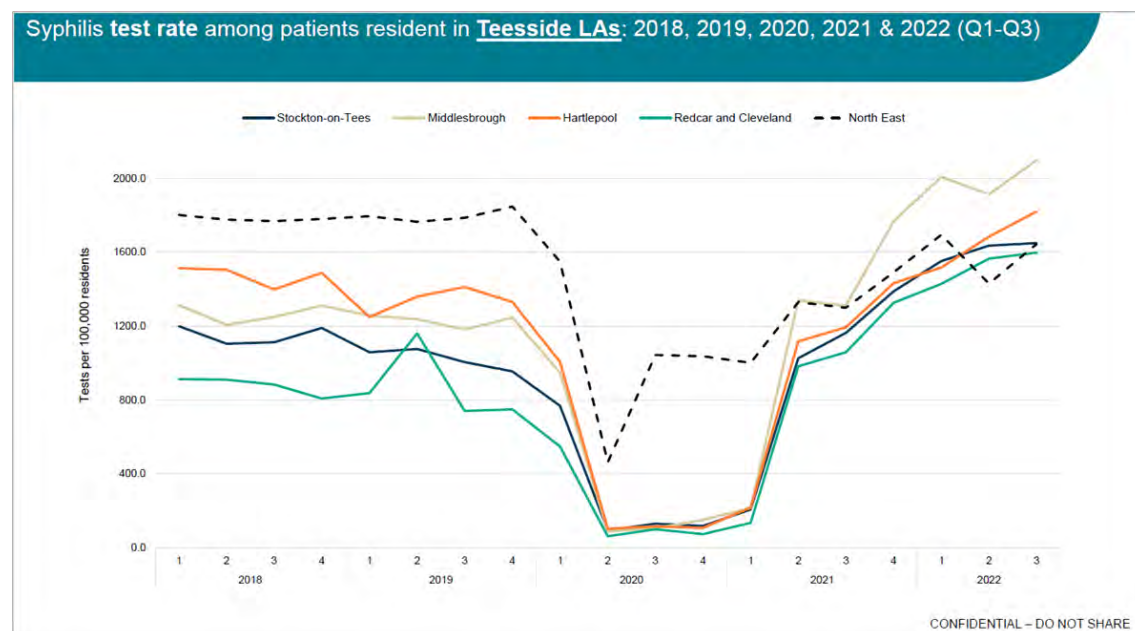


Figure 38 - Syphilis testing rates across Teesside, 2018-2022(Q3), by quarter

In recent years there has been a local increase in syphilis diagnoses. This was particularly notable in Stockton in 2019 and since 2020 in Middlesbrough. This was followed by an increase in Hartlepool and Redcar and Cleveland in 2021. The total number of new diagnoses remained stable 2022 but rates declined in three out of four local authorities at the end of 2022.

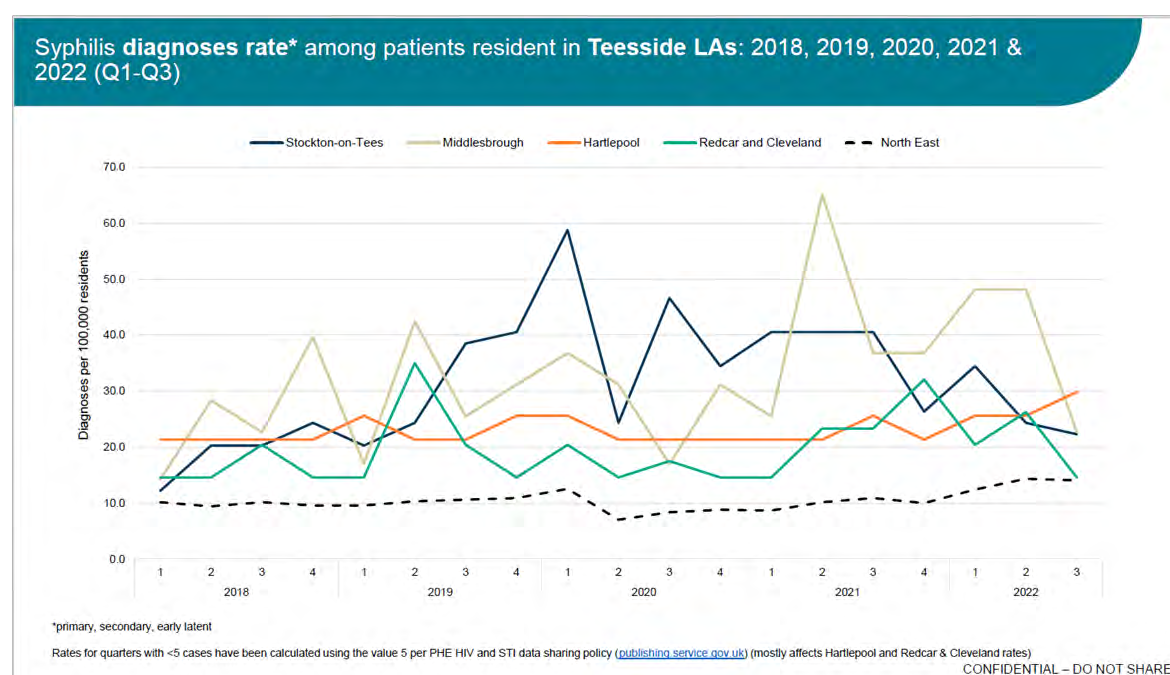


Figure 39 - Syphilis diagnosis rates across Teesside, by LA, 2018-2022(Q3), by quarter

Testing for syphilis increased sharply from Q2 2021 and particularly in women. Testing also increased in MSM but not in heterosexual men where testing rates remain below pre-pandemic numbers. All women are routinely tested for syphilis in early pregnancy and recommended to retest later in pregnancy if there are any concerns. Retesting has been promoted with maternity and sexual health services and might explain some of the increase in testing in women.

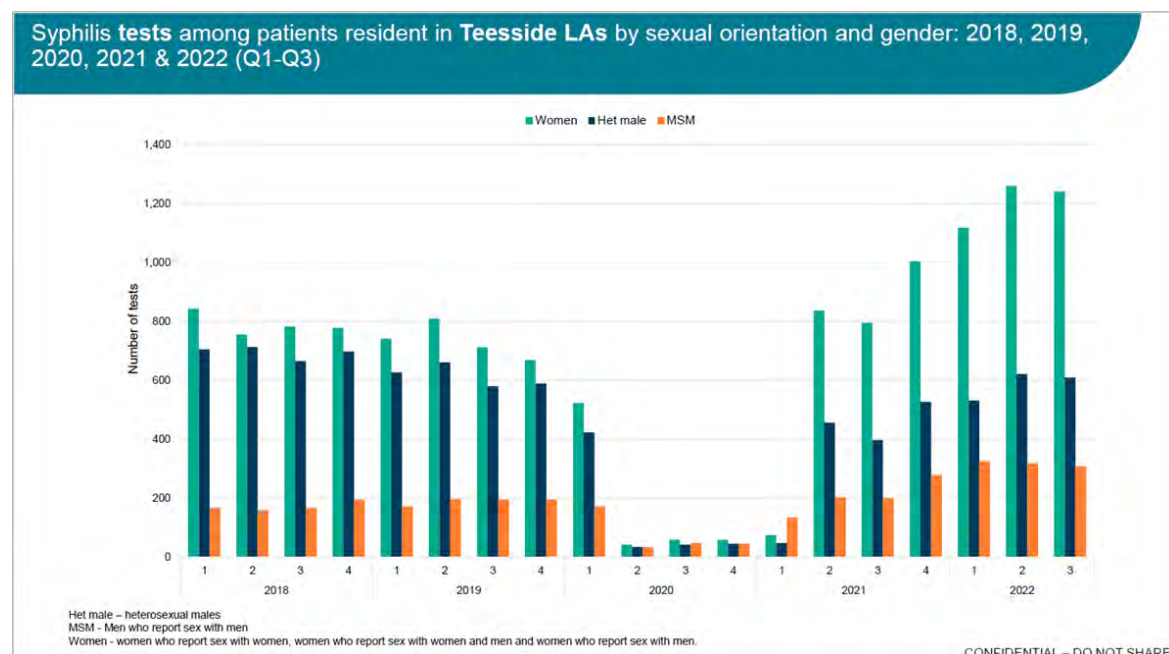


Figure 40 - Number of syphilis tests in Teesside, split by women, heterosexual men and MSM, quarterly, 2018-2022(Q3)

Before 2019 syphilis diagnoses were highest in the MSM group. This has changed with much higher numbers of syphilis diagnoses in women and heterosexual males since Q3 2019. A syphilis outbreak has been declared in September 2021. Increased testing in women at risk will account for an increase in diagnoses. However, testing has not increased in the same way in heterosexual males although diagnosis numbers have. This suggests that there is a cohort of undiagnosed individuals in the heterosexual male population.

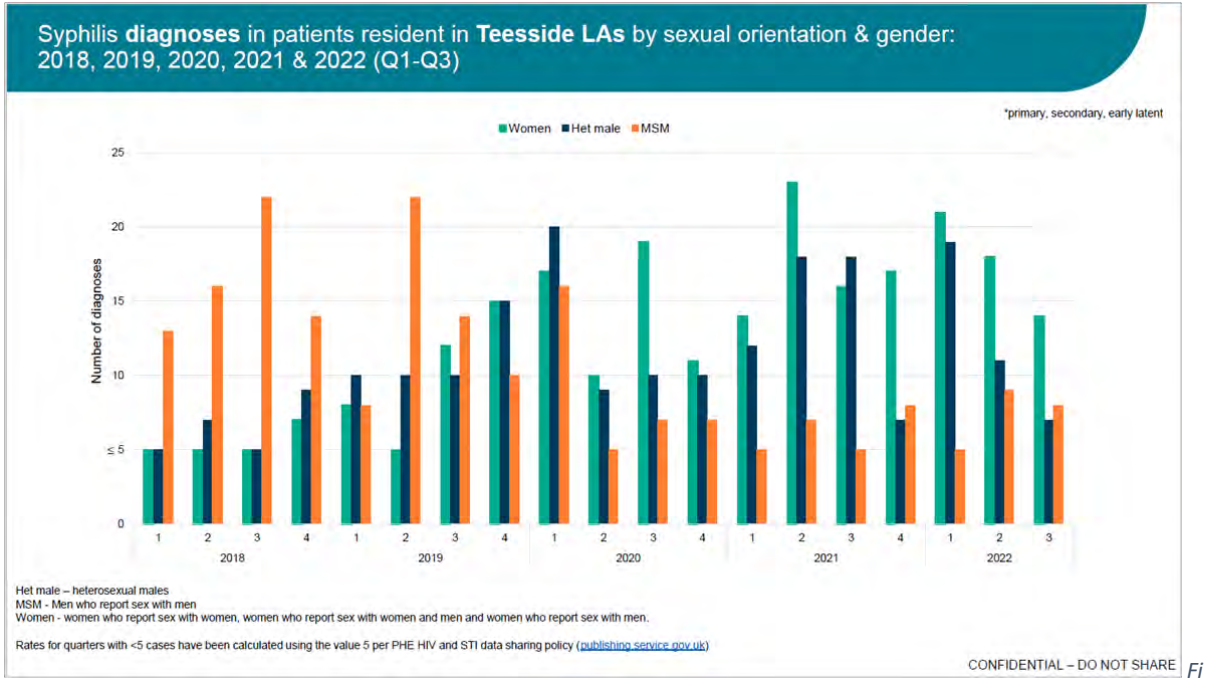


Figure 41 - Number of syphilis diagnoses in Teesside, split by women, heterosexual men and MSM, quarterly, 2018-2022(Q3)

Genital Warts and Genital Herpes

There has been a recent decline in the rate of genital warts across England, the North East and Teesside local authorities. The largest reduction was between 2019 and 2020, with the number of cases more than halving in this period in Hartlepool, Redcar and Cleveland and Stockton. In 2022, there were 145 cases of genital warts in Teesside. Hartlepool had a higher rate of genital warts at 35.6 per 100,000, and Redcar and Cleveland had the lowest at 20.5. The rates in Middlesbrough and Stockton have been consistently lower than the England average for several years.

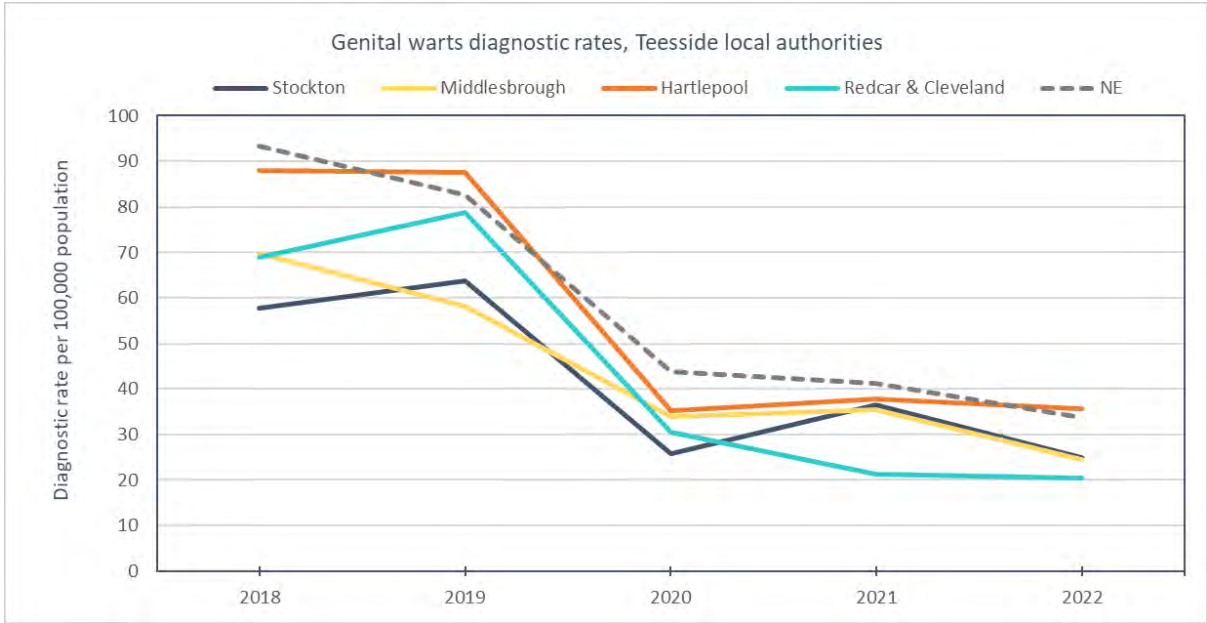


Figure 42 -- Genital warts diagnosis rate by Teesside local authority, 2020-2022, OHID Fingertips

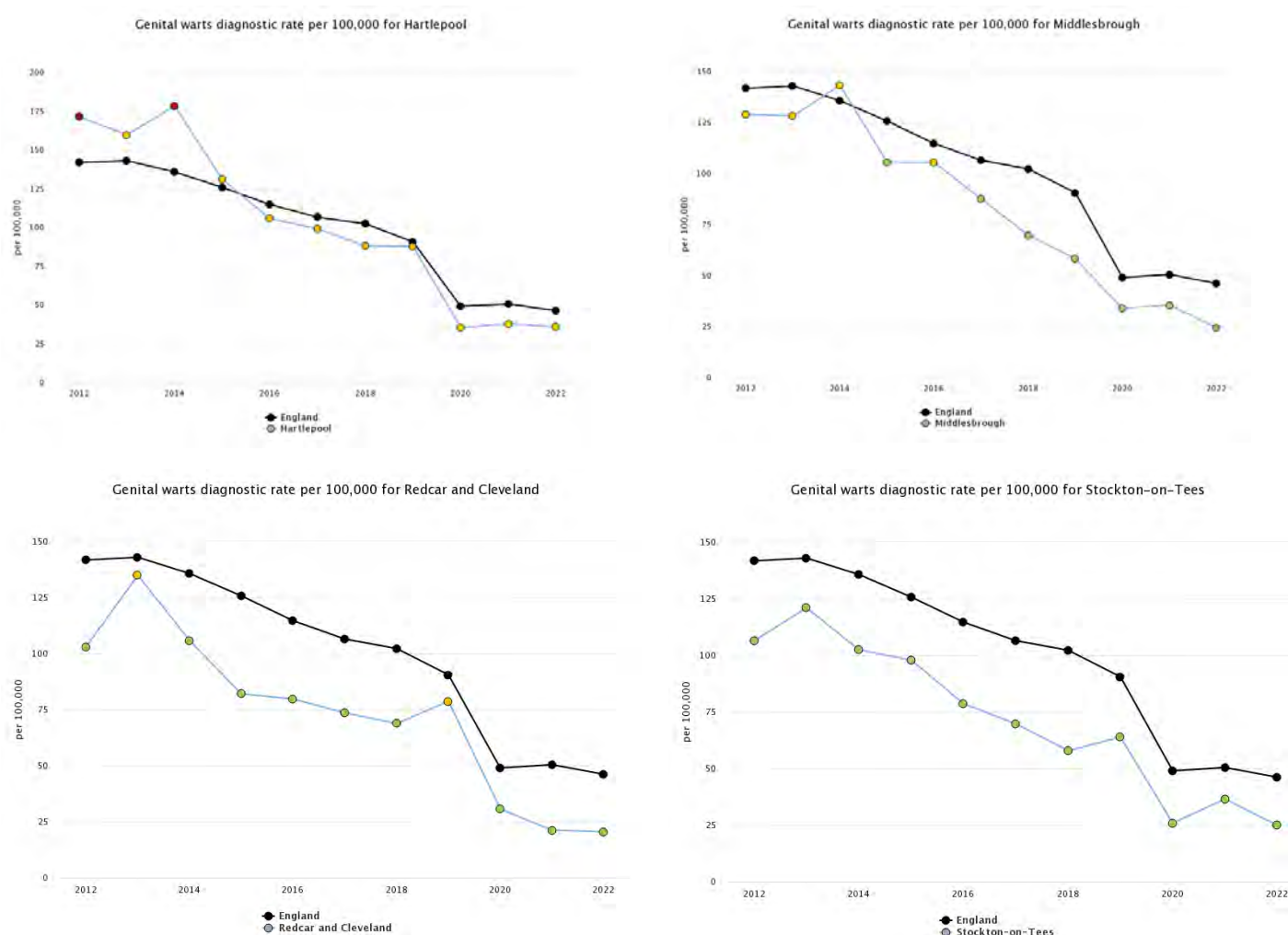


Figure 43 - Genital warts diagnostic rate per 100,00 from 2012 – 2022, by local authority

In total there were 257 cases of genital herpes in Teesside in 2022, slightly higher than the previous year of 215 cases. All Teesside local authorities except Hartlepool had a higher diagnosis rate in 2022 compared to 2021, with Middlesbrough the highest at 54.3 per 100,000. This is followed by Stockton at 45.7, Redcar and Cleveland at 40.3 and Hartlepool at 36.7 per 100,000. Hartlepool does not follow a similar trend to the other local authorities, with a significantly higher diagnosis rate in 2021. Unlike genital warts, genital herpes has not significantly changed in recent years. Redcar and Cleveland had the lowest rate of 30.6 per 100,000.

Area	Number and rate of Genital Warts diagnoses						Number and rate of Genital Herpes diagnoses					
	2020		2021		2022		2020		2021		2022	
	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000
Hartlepool	33	35.2	35	37.8	33	35.6	41	43.7	57	60.7	34	36.7
Middlesbrough	48	34.0	51	35.5	35	24.4	44	31.1	53	36.9	78	54.3
Redcar & Cleveland	42	30.6	29	21.2	28	20.5	48	35.0	42	30.7	55	40.3
Stockton-on-Tees	51	25.8	72	36.5	49	24.9	87	44.1	63	32.0	90	45.7
North East	-	43.8	-	41.3	-	33.7	-	39.9	-	40.2	-	38.7
England	-	48.5	-	50.4	-	46.1	-	36.3	-	38.7	-	44.1

Figure 44 - Numbers and rates of genital warts and genital herpes diagnoses in Teesside, 2020-2022, OHID Fingertips

At a regional level, females show a higher rate of genital warts than males, although this difference has reduced significantly since 2019. The 2021 rate of genital warts in the North East for the 15-19 age group is at 21.1 per 100,000 for females and 11.9 per 100,000 for males. There has been a large reduction in genital warts since 2017 for both females and males. The introduction of the HPV vaccine could be attributed to declining rates, whilst the numbers remain small for uptake, this may be offering a contribution to the lowering numbers in genital warts cases (33).

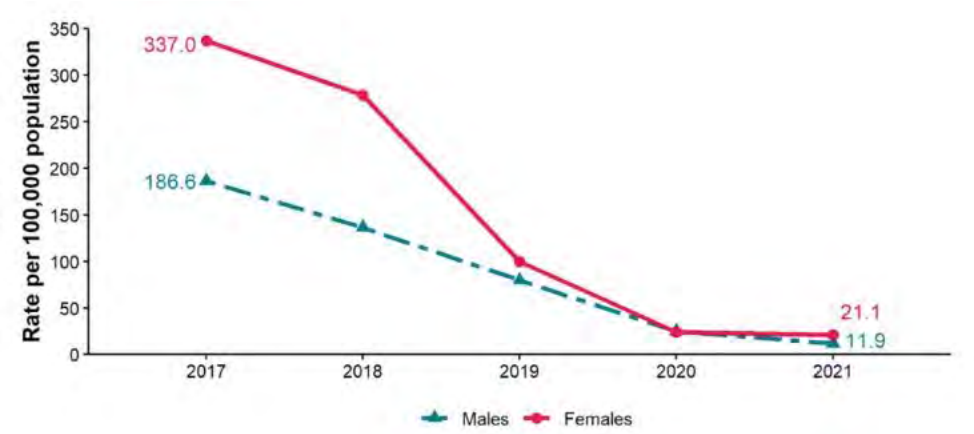
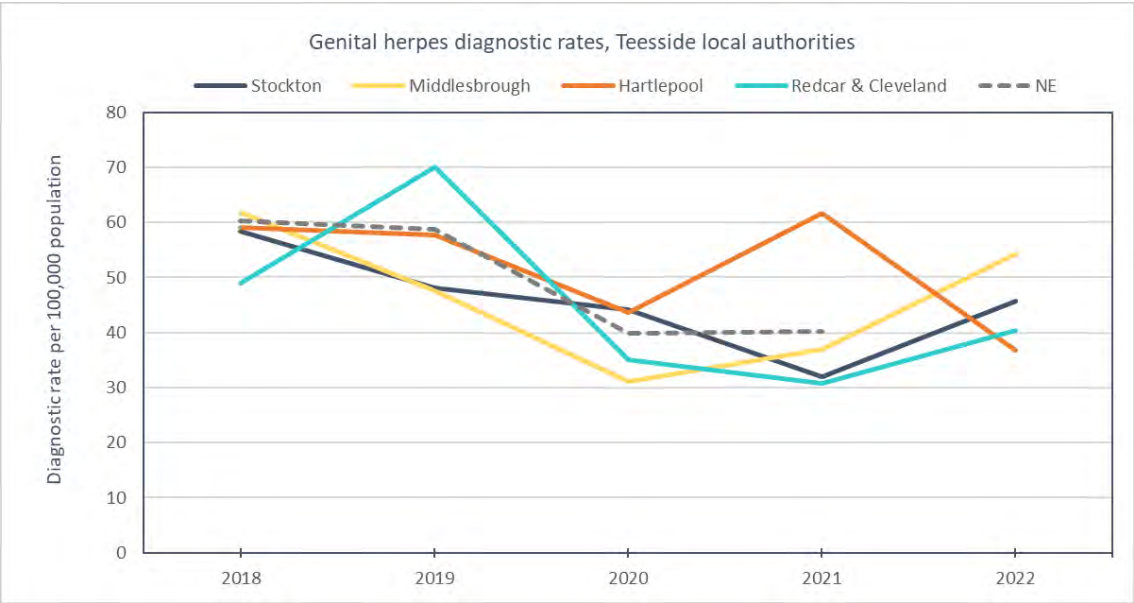


Figure 45 – Rates of genital warts in the North East, by gender, 2017-2021. UKHSA 2023

Genital herpes diagnostic rates in Teesside varied with the highest pre-pandemic rate in 2019 in Redcar and Cleveland. Similar to the North East average, rates dropped in all local authorities in 2020 and except for Hartlepool remained low in 2021. Diagnostic rates for general herpes increased in 2022 but remained below pre-pandemic levels.



46 - Genital herpes diagnosis rate by Teesside local authority, 2020-2022, OHID Fingertips

Figure

HIV

New Diagnoses

Nationally, new HIV infections in England decreased steadily since 2014, from 5,788 to 2,692 in 2021. The number of new diagnoses of HIV in Teesside and the North East remains comparatively low. In the five years from 2017 to 2021 a total of 120 new cases of HIV were diagnosed in Teesside. In 2021 there were 23 new diagnoses in Teesside and a total of 85 new cases across the North East region. The latest rate of new diagnoses is very similar between three of the four Tees local authorities (between 3.2 and 3.6/100,000), with Middlesbrough slightly higher at 5.7/100,000. However, all local authorities in the area are statistically similar to the national average of 4.8/100,000.

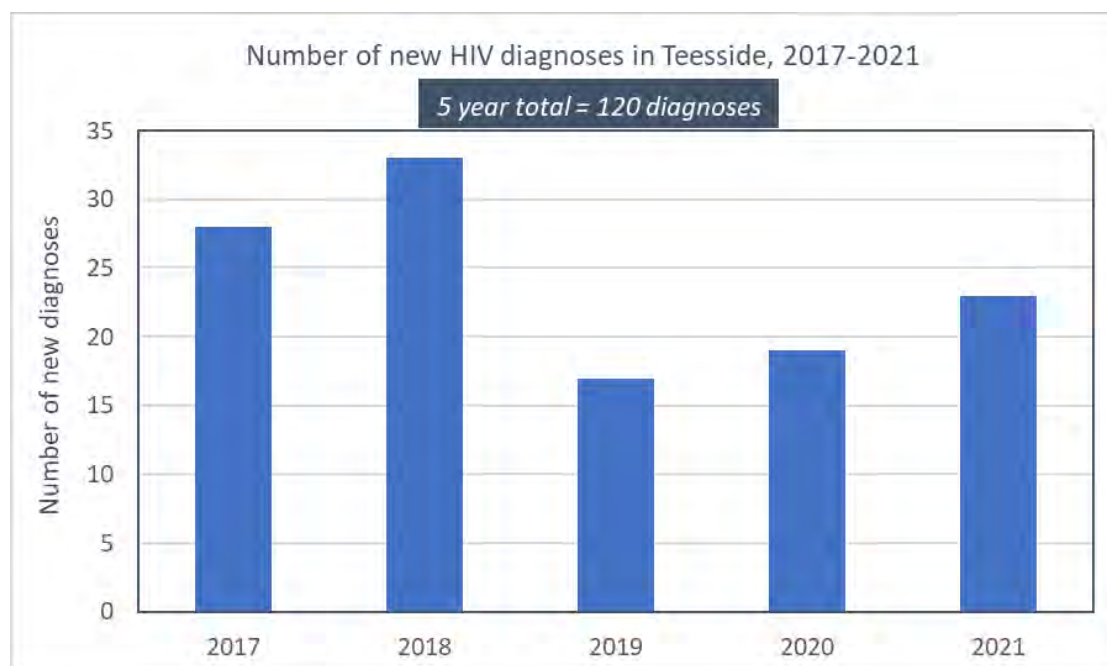


Figure 47 – Number of new HIV diagnoses in Teesside, 2017-2021. OHID, Fingertips

Three-quarters (75.2%) of new HIV diagnoses in the North East (2016-2020) were among males. Most diagnoses (69%) were among the 25-49 age cohort, with 19% aged 50 years and over and 12.2% aged 15-24 years. 49% of new diagnoses were in gay, bisexual and other men who have sex with men (GBMSM). 20% of new diagnoses were in Black. Demographic breakdown for new diagnoses is not available at local authority level.

HIV Prevalence

The number of people living with HIV in England has increased from 67,618 in 2011 to 91,432 in 2021, because fewer people with HIV are living with and dying from AIDS. The prevalence of HIV in Teesside and the North East remains comparatively low with 2018 people across the North East and 320 in Teesside in 2021. The prevalence of HIV in England is 2.3 compared to 1.1 in the North East. All local authorities in Teesside are below the England rate and are considered areas of low prevalence. In 2021, Middlesbrough had the highest rate at 1.3. In Teesside, 53.8% of people living with HIV in 2020 were White, 29.5% were Black and 9% of Other ethnic group.

Area	Prevalence number and rate of HIV diagnoses, 15-59yrs, Teesside local authorities, 2019-2021					
	2019		2020		2021	
	Number of diagnoses	Rate per 1,000	Number of diagnoses	Rate per 1,000	Number of diagnoses	Rate per 1,000
Hartlepool	46	0.9	42	0.8	49	0.9
Middlesbrough	125	1.5	106	1.3	109	1.3
Redcar & Cleveland	46	0.6	39	0.5	43	0.6
Stockton-on-Tees	142	1.3	107	1.0	119	1.1
North East	-	1.2	-	1.1	-	1.1
England	-	2.4	-	2.3	-	2.3

Figure 48 - Number and rate of HIV diagnosis, Teesside local authorities, 15-59 years, 2019-2021. OHID Fingertips

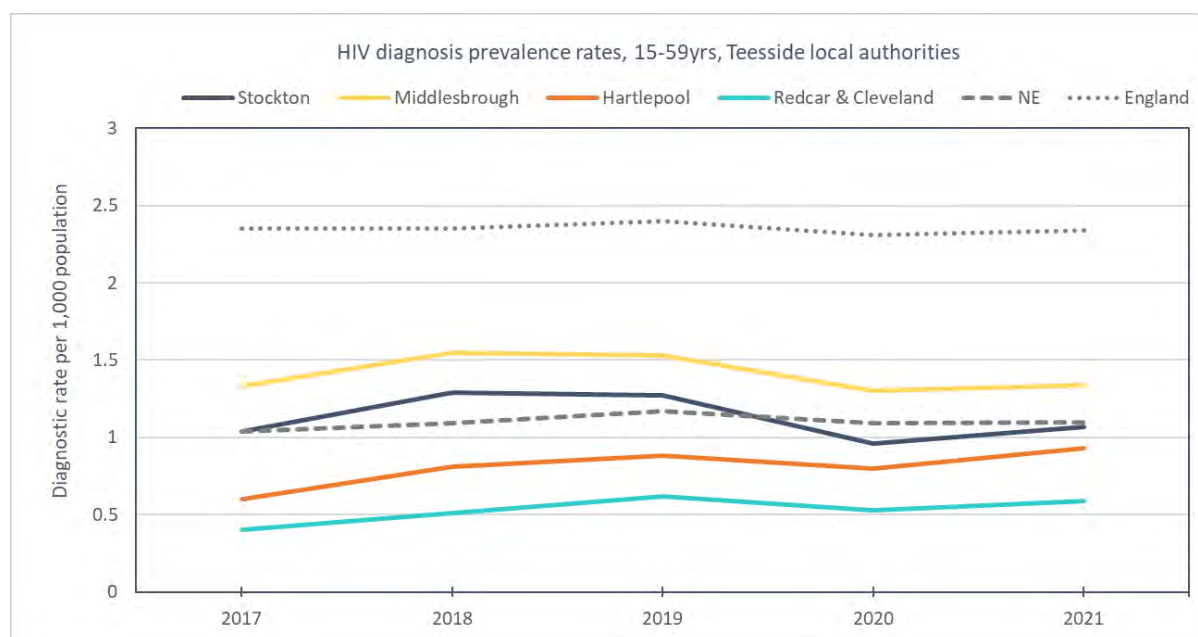


Figure 49 - HIV diagnosis prevalence rate, 15-59yrs, by Teesside local authority, 2017-2021, OHID Fingertips

Late diagnosis is the most important predictor of morbidity and mortality for HIV patients. A late diagnosis of HIV is defined as persons (15+) newly diagnosed with HIV with a CD4 count less than 350 cells per mm³ within 91 days of diagnosis. 43.3% of diagnoses in England and 40% in the North East were identified as late diagnoses between 2019 and 2021. The proportion of late diagnosis is highest in heterosexual men (58.1%) followed by heterosexual and bisexual women (49.5%) and MSM (31.4%).

MPox

Between 15 May and 21 November 2022 there were 48 confirmed cases of Mpox in the North East, with 6 confirmed cases across Teesside. In 2022/23, a total of 89 higher risk individuals received the first dose of the MPox vaccine, 55 people received the second dose. 93% of vaccines were issued to males.

Vulnerable groups

Young People

Young people carry the burden of STIs and are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. Younger females, aged under 25 years, are more likely than males to be diagnosed with an STI across Teesside. This is particularly notable in 15-19 year olds in Hartlepool and Stockton. A notably higher proportion of females aged 20-24 years in Redcar and Cleveland are diagnosed with new STIs than the England average. Generally, Teesside has a higher concentration of new STI diagnoses in the under 25 age groups and lower male diagnoses in older ages than England.

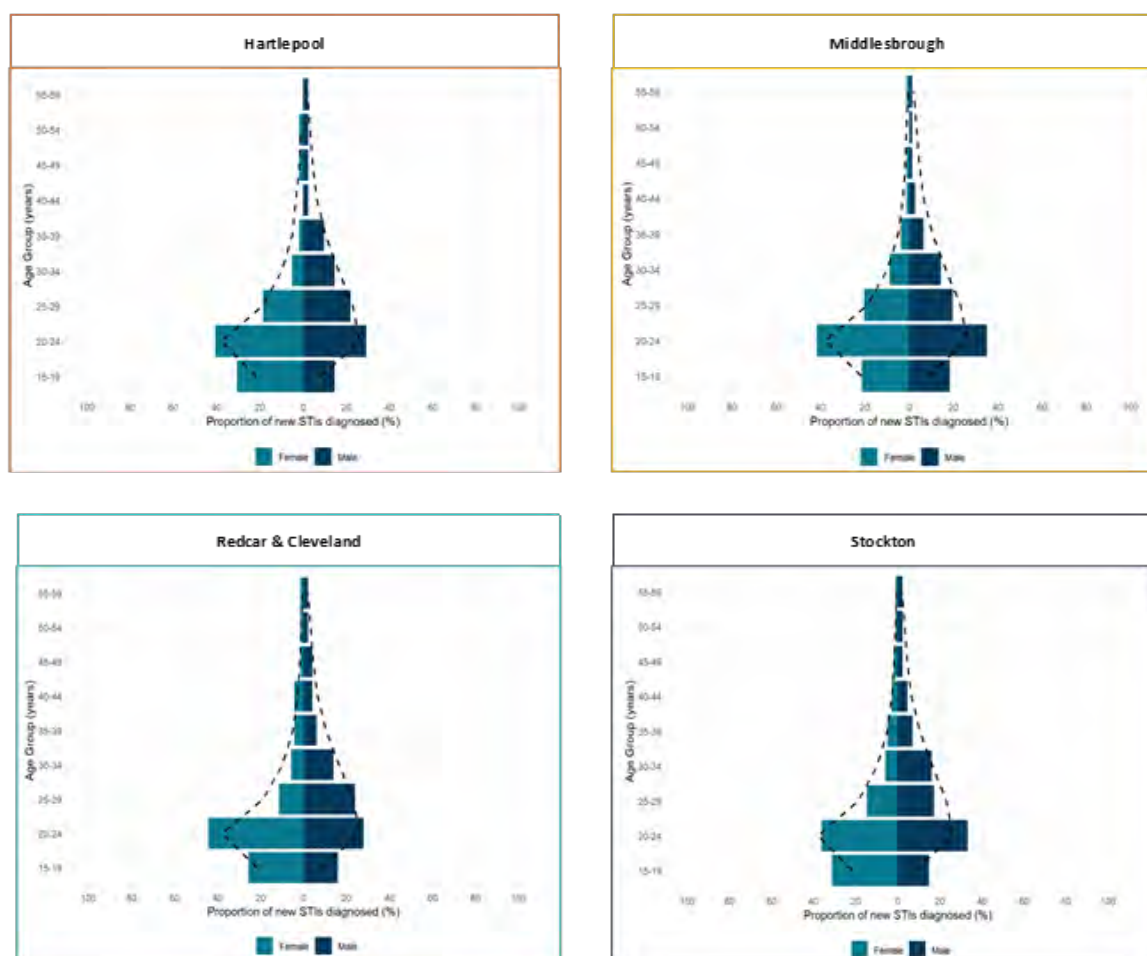


Figure 50 - Proportion of new STIs by age group and gender in Teesside local authorities compared to England (lines), SPLASH 2020.

Ethnic Minority Groups

In Teesside (2020) 91.2% of new STI diagnoses were among people of White, 3.1% Mixed, 2.3% Asian, 1.6% Black and 1% Other ethnicity. This is similar to the average population in Teesside.

Deprivation

There is a strong socio-economic gradient for STI diagnoses. More than half (57.5%) of STI diagnoses in Teesside were in people living in the 20% most deprived areas. This has increased since 2018 when

49.8% of patients were from the most deprived areas. This is illustrated in Figure 52 below which compares STI rates and deprivation at ward level.

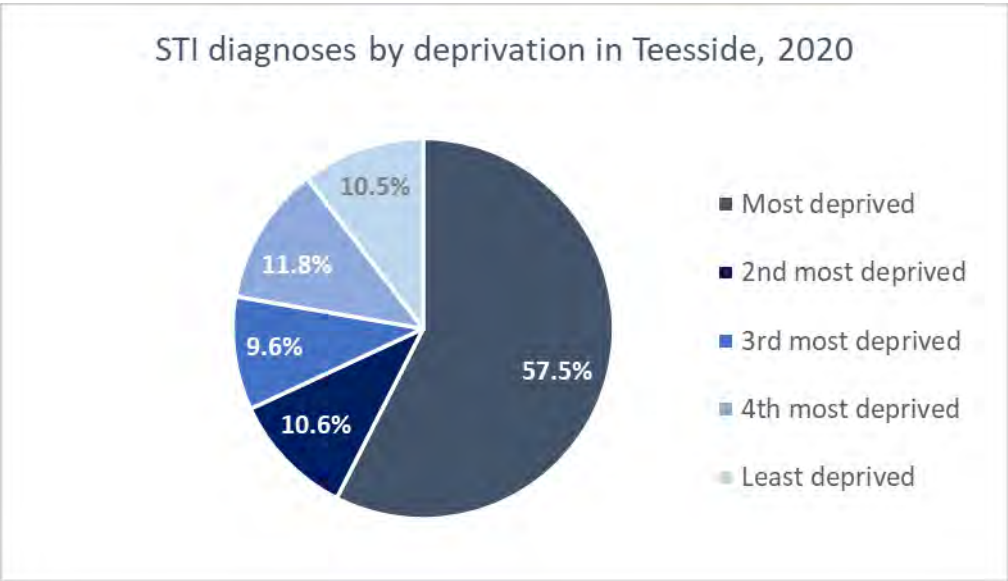
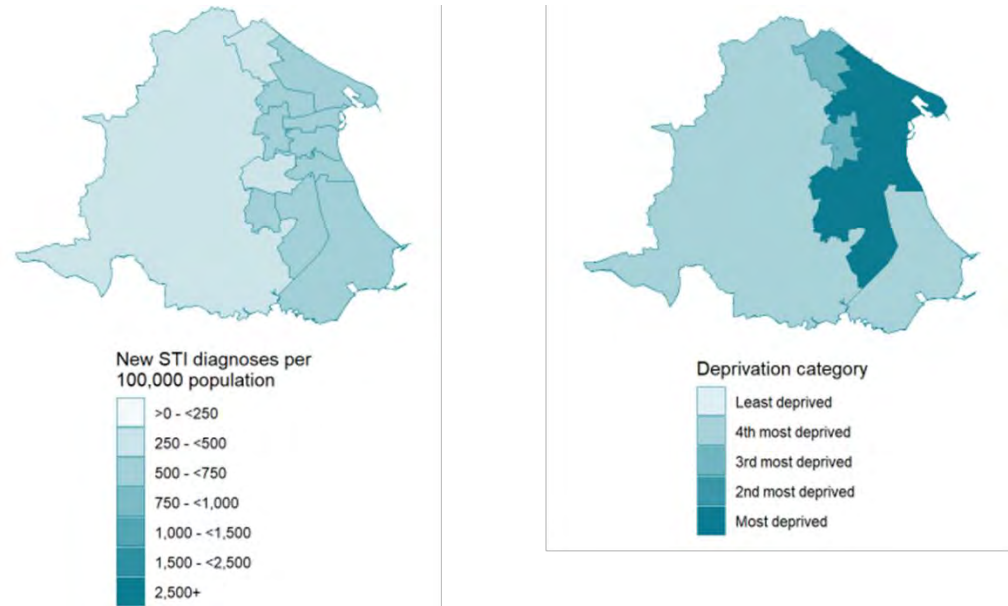


Figure 51- STI diagnosis by deprivation quintile (IMD 2019), Teesside, SPLASH Report 2020

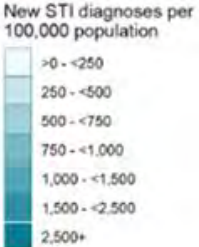
Hartlepool



Middlesbrough



Redcar and Cleveland



Stockton

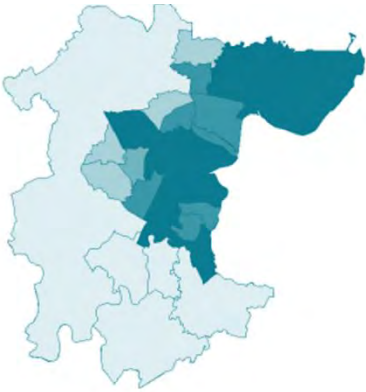


Figure 52 – STI diagnosis rates and deprivation deciles by ward and local authority, SPLASH Report 2020

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Sexual Orientation

Men who have sex with men (MSM) are generally at higher risk of STIs. MSM account for 12.3% new STIs in Redcar and Cleveland, 11.4% in Stockton, 10.3% in Middlesbrough and just 7.8% new STIs in Hartlepool compared to 23.7% in England (2020). 25% syphilis diagnoses in Teesside in 2020 were among MSM. The graphs below show that syphilis used to be the most common STI in MSM followed Gonorrhoea. Gonorrhoea has become much more common in MSM since 2018/19 and has become the most common STI in MSM in Middlesbrough in 2020.

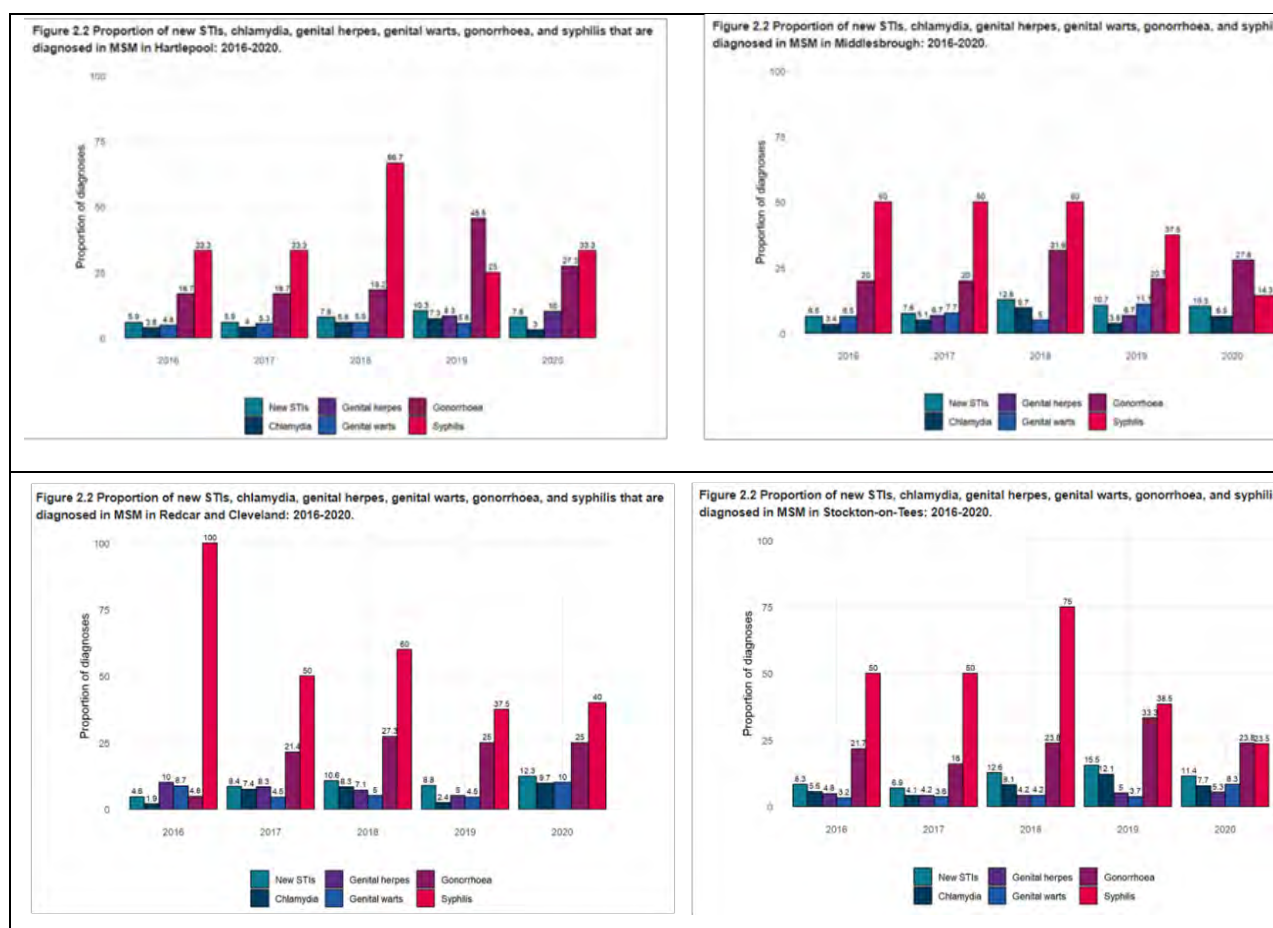


Figure 53 – STI diagnosis in MSM by STI type and local authority in Teesside, SPLASH Report 2020

Summary: STIs

- New STI diagnosis rates decreased significantly during the pandemic and are now similar to pre-pandemic rates expect for Middlesbrough where new STI diagnose rate is above the pre pandemic rate and above the regional average.
- In 2022 there has been a significant increase in Gonorrhoea cases in all areas with the highest rate in Middlesbrough.
- The chlamydia detection rate in Middlesbrough, Hartlepool and Stockton is above the pre-pandemic rate and for all four local authorities above the national rate.
- Chlamydia testing rates were above the regional and national average, except for Middlesbrough where the testing rate was just below the national average. The positivity rate for chlamydia in Teesside remains above average and was highest in the 16-19 age group.
- STI testing rates including syphilis testing fell sharply during the pandemic. In Teesside testing rates declined further and stayed low for longer than elsewhere in the North East and compared to the nation average.
- STI and syphilis testing rates in Teesside increased significantly from 2021 particularly in Middlesbrough and are now the highest in the region.
- Syphilis cases increased significantly since 2019 first in Stockton, followed by Middlesbrough and to a lesser extend in Hartlepool and Redcar and Cleveland. An outbreak was declared in 2021.

- Syphilis rates were typically highest in GBMSM, but since the start of the outbreak rates have specifically increased and are now higher in heterosexual men and women.
- Genital wart diagnoses reduced locally, regionally and nationally. in Teesside have halved between 2019 and 2022.
- HIV diagnosis (prevalence) rates in Teesside are below the England average. There were 23 new diagnoses in 2021.
- 89 patients received at least one Mpox vaccination, 93% were male patients.
- STIs are most prevalent in young people, with a higher rate of STI diagnoses in under 25 in Teesside compared to England.
- STI diagnoses are linked to deprivation with 58% of new STI diagnoses in Teesside in Q1 (20% most deprived areas) in 2021, an increase from 50% in 2018.

Sexual violence

In 2021/22 there were 2,510 sexual offences recorded by Cleveland Police in the Crime Survey for England and Wales (CSEW). This was an increase of 30% compared to 2020/21 (1,928 offences), with a rate of 4.4 sexual offences per 1,000 population in 2021/22. The rate in Teesside was higher than both the England and North East rates at 3.0 and 3.6 per 1,000. After the City of London, the Cleveland Police area (Teesside) has the highest rate of sexual offences in the country.

By local authority, Middlesbrough has the highest rate of sexual offences of all local authorities in the North East at 5.6 per 1,000 (2021/22). Stockton and Hartlepool also have a higher rate than the national average, at 4.1 and 3.8 per 1,000 respectively, whilst Redcar and Cleveland was just above the national average with 2.6 per 1000. In recent years, the rate of sexual offences has been increasing in all areas at national, regional and local level.

Area	Sexual offences in Teesside, number of offences and rate per 1,000 population					
	2019/20		2020/21		2021/22	
	Number of offences	Rate per 1,000	Number of offences	Rate per 1,000	Number of offences	Rate per 1,000
Hartlepool	304	3.3	322	3.4	358	3.8
Middlesbrough	570	4.1	549	3.9	797	5.6
Redcar & Cleveland	357	2.6	350	2.6	457	3.3
Stockton-on-Tees	565	2.9	612	3.1	800	4.1
North East	-	3.1	-	2.8	9,537	3.6
England	-	2.5	-	2.3	171,621	3.0

Figure 54- Sexual Offences in Teesside, OHID Fingertips- Home Office crime data and ONS population data

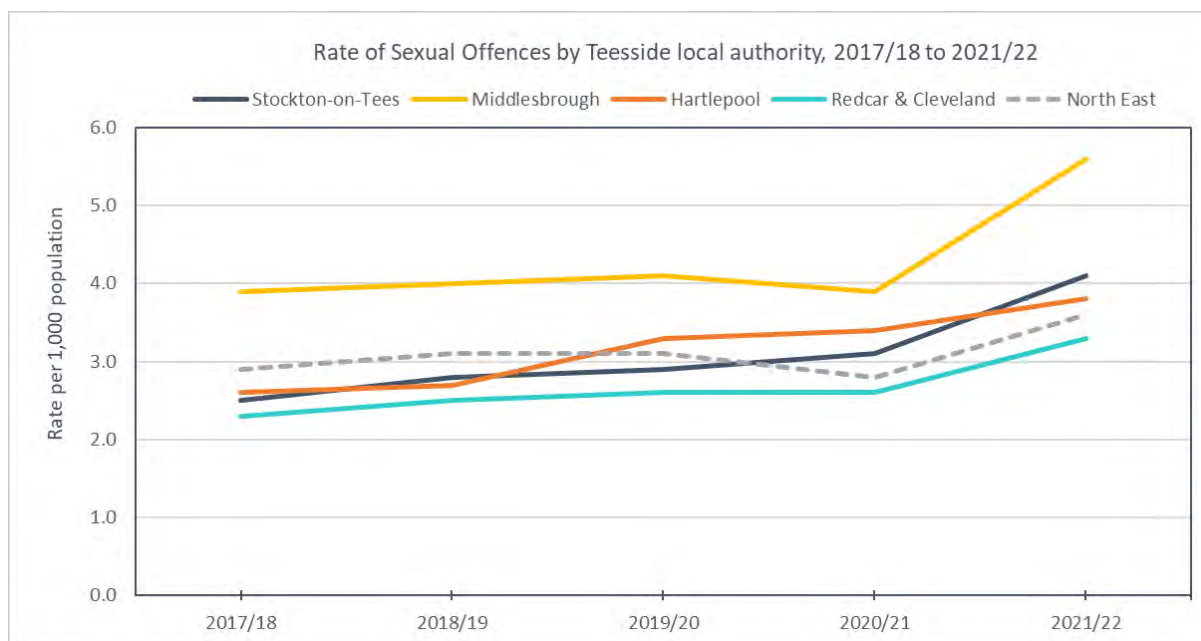
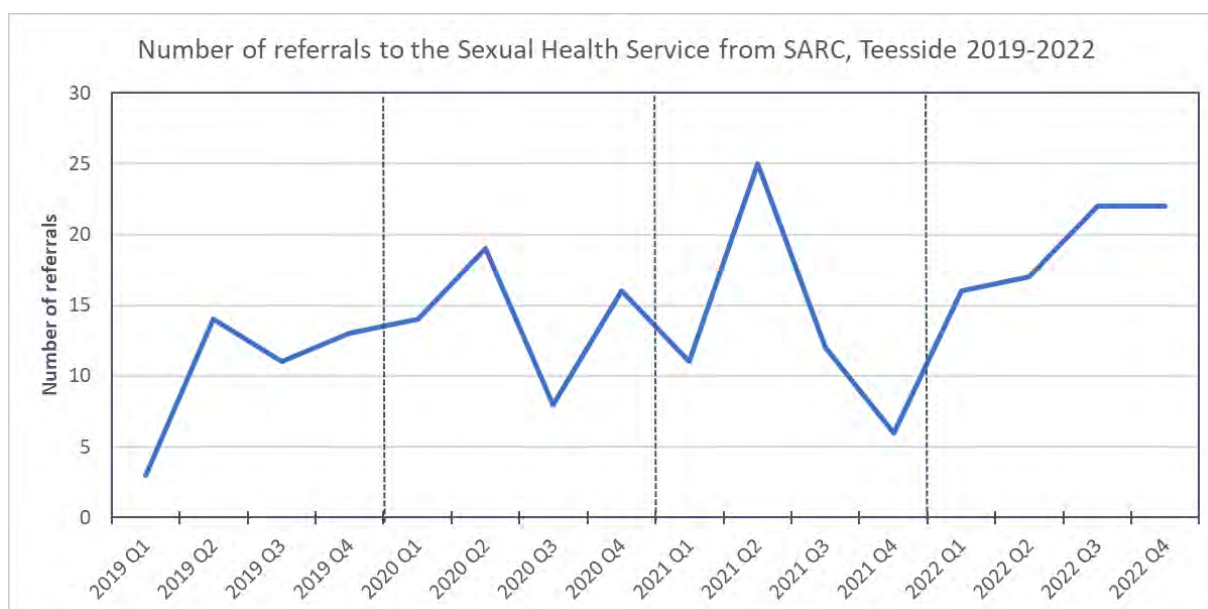


Figure 55 - Rate of sexual offences per 1,000 population by Teesside local authority, 2017/18-2021/22. OHID Fingertips

Over the last four years there have been 229 referrals to the Teesside Sexual Health Service from the Sexual Assault Referral Centre (SARC). There were more referrals from SARC in 2022 than any of the previous three years, with 77 referrals. Contrary to the decline in other aspects of utilisation of the sexual health service during and following the pandemic, referrals following sexual assault have increased and are higher than before the pandemic.



	Calendar year			
	2019	2020	2021	2022
Number of referrals from SARC	41	57	54	77

Figure 56 -Referrals to the Sexual Health Service from SARC, by quarter, 2019-2022. Sexual Health Teesside (HCRG)

Summary – Sexual Violence

- Sexual offences have increased in all areas over recent years.
- The rate of sexual offences in the Cleveland police area is above regional and national averages.
- Middlesbrough has the highest rate of sexual offences in Cleveland.
- The number of referrals to the sexual health service following sexual assault has increased during the pandemic and is now significantly higher than in 2019.

Sexual health service

The Tees Sexual Health Service is jointly commissioned by the four local authorities in Teesside, the ICB and NHS England as an integrated, community-based service. The service is delivered by a single provider who offers Genito Urinary Medicine (GUM) and Contraception and Sexual health (CASH) services across the four local authority areas in Teesside. The service also offers vasectomy, menorrhagia care, psychosexual counselling, cervical screening, and vaccinations for Mpox and HPV as well as a range of digital services through their website. The shift to a stronger digital offer was part of the new service configuration from August 2021. The digital offer includes advice and information through the website and chat function and online order of STI home testing kits, condoms, pregnancy tests, hormonal and emergency contraception. The services offer booked appointments and walk-in clinics through their hubs based in each of the four localities in Teesside as well as through their subcontracted services in GP practices, community pharmacies and by Marie Stopes International. GP practices are signed up to offer chlamydia testing and/or LARC. Community pharmacies across Teesside offer emergency contraception and chlamydia testing kits. The service also offers pre and post exposure prophylaxis for HIV and since 2022 assessment, testing, treatment, and vaccination for Mpox.

The provision of sexual health and HIV prevention services for young people and vulnerable groups which was subcontracted to Brook and Terence Higgins is no longer part of the integrated service from 2022/23.

The service hubs are located in Fens Medical Centre in Hartlepool, Lawson Street Health Centre in Stockton, the Live Well Centre in Middlesbrough and the Redcar and Cleveland Community Heart. All hubs offer extended opening times on some days during the week and there is also an offer on Saturday mornings between 9am and 1pm, alternating between the Hartlepool and Middlesbrough sites. Walk in clinics have been reintroduced since January 2023 and are provided weekly in all local authority areas. The hubs offer the full range of community contraceptive and GUM services, provided by nursing and medical staff.

Service Hub locations	Mon	Tue	Wed	Thu	Fri	Sat
Fens Medical Centre, Hartlepool	09:00 - 17:00	09:00 - 20:00	09:00 - 17:00	08:00 - 19:00	09:00 - 17:00	09:00 - 13:00
Lawson Street, Stockton on Tees	09:00 - 20:00	09:00 - 17:00	08:00 - 19:00	09:00 - 17:00	09:00 - 17:00	
Live Well Centre, Middlesbrough	09:00 - 17:00	08:00 - 19:00	09:00 - 17:00	09:00 - 20:00	09:00 - 17:00	09:00 - 13:00
Redcar Heart, Redcar	09:00 - 20:00	09:00 - 17:00	08:00 - 19:00	09:00 - 17:00	09:00 - 17:00	

Figure 57- Service Hub opening times, Teesside, by day and time. Sexual Health Teesside (HCRG)

18 GP practices across Teesside were subcontracted to provide more specialised sexual health services such as LARCs as well as chlamydia testing for 15 -24 year olds.

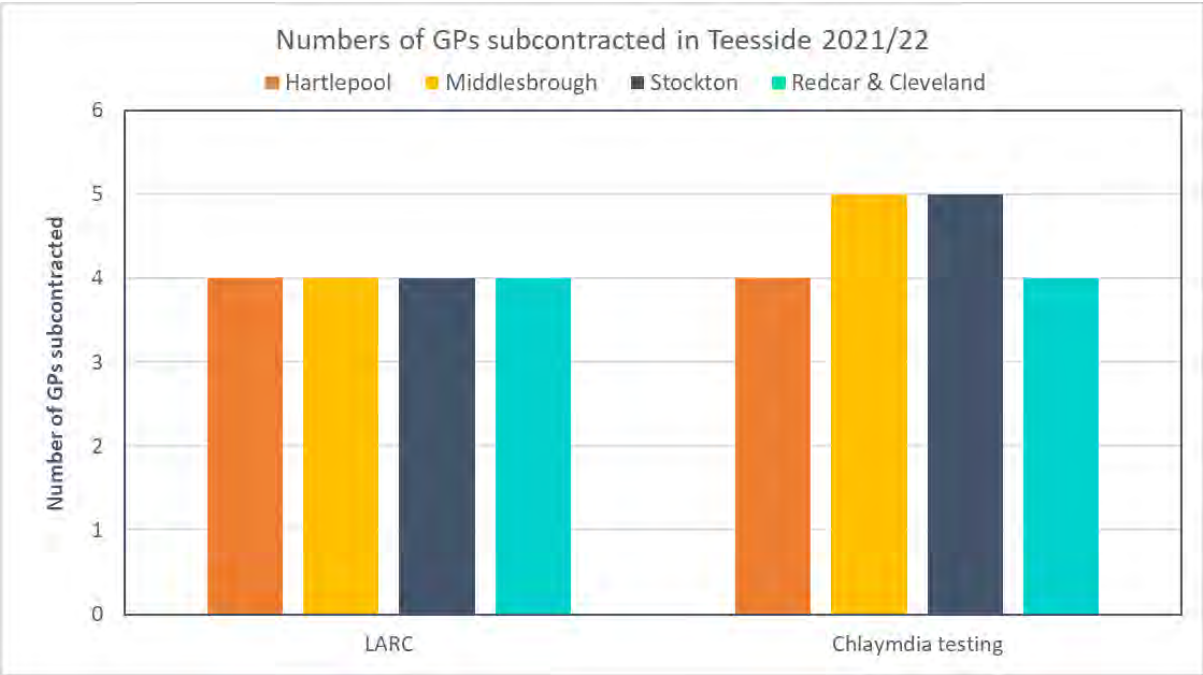


Figure 58 -Subcontracted GPs in Teesside and service offered. Sexual Health Teesside (HCRG)

Utilisation of Sexual and Reproductive Health Services

In 2021/22, there were 1.62 million contacts with sexual and reproductive health services (SRH) for contraception and STI’s made by circa 860,000 individuals in England. This was an increase of 3% from 2020/21 (1.58 million contacts) after a significant decline in 2019/20 as a result of the pandemic. There has been a general reduction in the number of SRH contacts since 2011/12, a 34% overall reduction. Changes over time may be affected by variation in the way services record the non-contraception related activity included in this measure, as well as the increased use of long-acting reversible contraception (LARC) which does not require regular contact with services, relatively low STI rates and the impact of the COVID-19 pandemic.



Figure 59- Contacts at sexual and reproductive health services (SRH) in England, 2011/12-2021/22. NHS Digital

The COVID-19 pandemic led to an increased number of non-face to face contacts with SRH services across England including email, telephone, SMS and talk type appointments. Nationally, 77% of all contacts with SRH services were by females, at 1.24 million contacts (2021/22). In this period, 9% of female contacts involved the provision of a new main method of contraception, 14% a change of main method and 33% the maintenance of an existing main method. This is a total of 56% of contacts where a main method was supplied or maintained with 77% attending a sexual health service for other most GUM related concerns (Figure 39).

In this period, 20% of all contacts with SRH services were by males (318,000 contacts). The majority of contacts by males was for other, mostly GUM services whether with or without a contraception-related service.

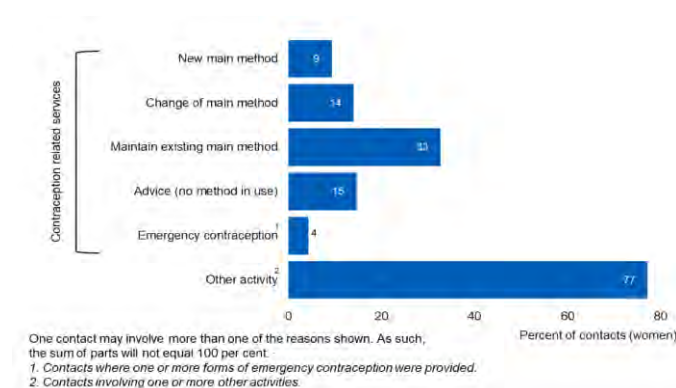


Figure 60- Reasons for contacting SRH services in England (female only), 2021/22. NHS Digital

Sexual Health Service Utilisation in Teesside

In Teesside, there were over 13,400 contacts with SH services for contraceptive purposes in 2021/22. Circa 3,800 were Stockton residents, 3,500 Middlesbrough residents, 3,200 Redcar and Cleveland residents and 2,800 were Hartlepool residents. By population aged 13 years and over, Hartlepool has the highest utilisation rate in Teesside with 35.8 per 1,000 population, compared to 29.3 in Middlesbrough, 27.3 in Redcar and Cleveland and 23 per 1,000 in Stockton.

In 2021/22 there were 40,322 attendances, face to face and virtual, at sexual health services across Teesside, with a further 1,935 booked appointments that were not attended (did not attend/DNA). Booked appointments were most utilised, accounting for 37.2% attendances, followed by use of sub-contracted services (30.4%). Residents of Middlesbrough and Stockton were more likely to book appointments and use subcontracted services than Hartlepool and Redcar and Cleveland residents. Hartlepool residents were slightly more likely to not attend pre-booked appointments, at 15.8% compared to 11.4% across Teesside.

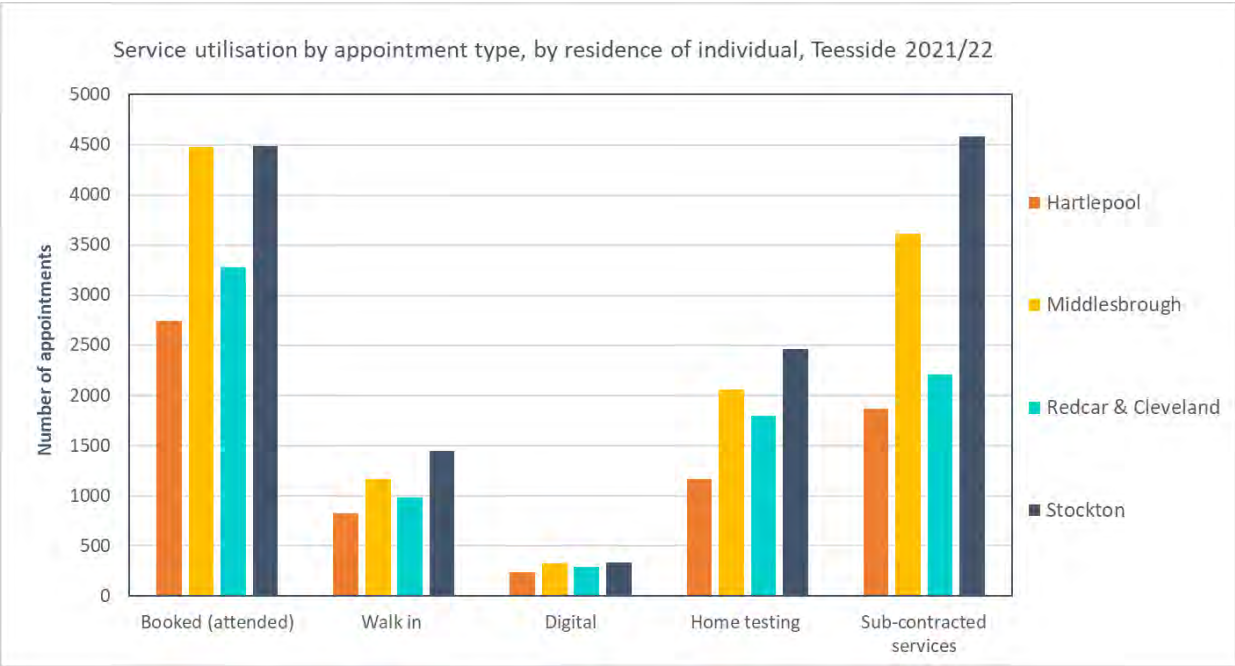


Figure 61 – Sexual health service utilisation by type of appointment, Teesside local authorities 2021/22. HCRG 2023

In the last years there has been significant variation in service utilisation. In 2018/19 there were 44,377 attendances, in 2019/20 there were 48,738 appointments across Teesside (including DNA), 46,480 in 2020/21 and 42,257 in 2021/22. The reduction in 2020/21 is largely accounted for by the COVID-19 pandemic impacting on service provision, accessibility, and availability. However, this continues to decrease into the following year for each of the Tees local authorities. Hartlepool had the largest reduction in appointments in the last three years, a decrease of 26.1%, mostly accounted for by the 21.5% drop between 2020/21 and 2021/22. In this period, Middlesbrough reduced by just 3.1%, Redcar and Cleveland by 5.4% and Stockton had an 8.7% reduction.

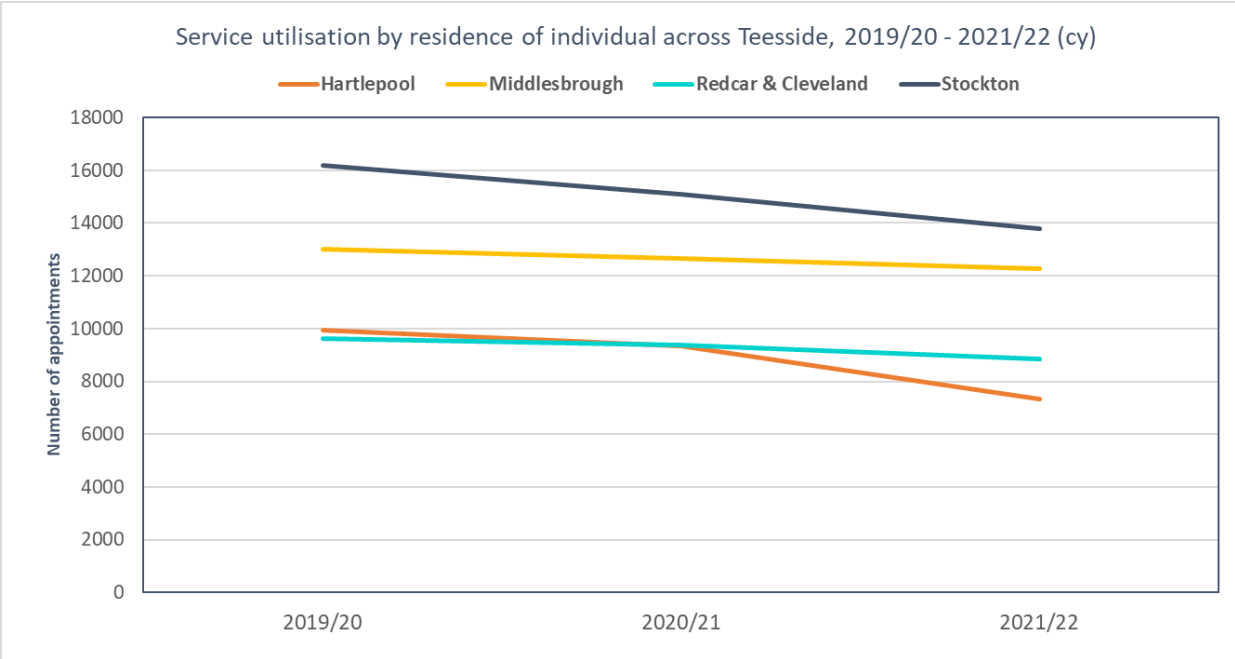


Figure 62 – Sexual health service utilisation by Teesside local authority, 2019/20 to 2021/22. HCRG 2023

Pharmacies accounted for almost half (46.8%) of sub-contracted service use in Teesside (2021/22), and GPs for 17.3%.

Across Teesside, the majority of service users are aged 16 years and over, at 98% in 2021/22. This has increased in the last three years, previously a slightly higher proportion aged under 16 years (3.9% in 2019/20). Persons aged 16-34 years accounted for 71.8% service appointments in 2021/22, 16.7% aged 35-44 and smaller numbers either side of these age bands.

Applying this to the general population (2021 Census), 16-24 year-olds have the highest rate of sexual health service attendance in Teesside, at 178.4 per 1,000 population in 2021/22, a reduction from the previous contract year of 201.7 per 1,000. The attendance rates in the youngest and oldest age groups have consistently been below 2.6 per 1,000 population in the last three years, while the 14-15 age group has more than halved in the last two years, 74.7 in 2019/20 to 34.6 in 2021/22.

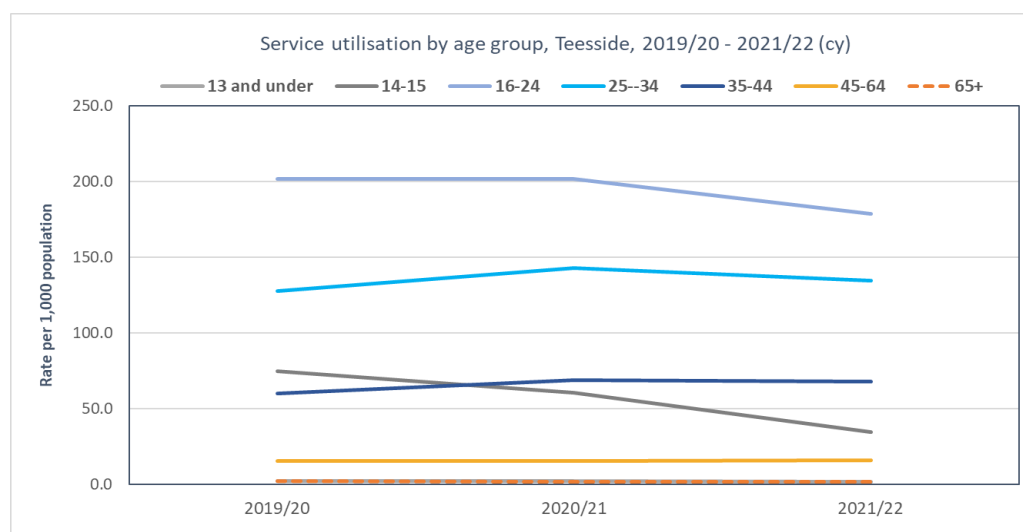


Figure 63 – Sexual health service utilisation by age group, Teesside, 2019/20-2021/22. HCRG 2023

In 2021/22, the service use rate in children aged 13 and under was highest in Redcar and Cleveland, at 3.3 per 1,000 population, and lowest in Stockton, at 0.8. Stockton also had the lowest rate in Teesside among persons aged 65 and over. Hartlepool had the highest rate of attendance in 14-15 year-olds, at 49.9 per 1,000, notably higher than the Teesside rate of 34.6.

2021/22	Sexual health service use rate per 1,000 population in age band (2021 Census)						
	13yrs and under	14-15 yrs	16-24 yrs	25-34 yrs	35-44 yrs	45-64 yrs	65 yrs and over
Hartlepool	2.1	49.9	215.0	147.4	64.6	16.2	2.2
Middlesbrough	2.0	35.2	167.9	144.5	78.3	18.1	2.6
Redcar and Cleveland	3.3	27.0	183.2	137.7	63.3	15.7	2.1
Stockton	0.8	31.9	166.4	118.7	64.6	14.5	1.0
Teesside	1.8	34.6	178.4	134.6	67.9	15.9	1.9

Figure 64 – Sexual health service utilisation by age group, by Teesside local authority, 2021/22. HCRG 2023

A higher proportion of attendances in Teesside were among females, 60.7% in 2021/22. This is similar for Middlesbrough, Redcar and Cleveland and Stockton but Hartlepool has a higher proportion of female attendees, at 70.1%. Corresponding to this, Hartlepool has a lower proportion of MSM attendees than the other areas of Teesside, at 5.6% compared to 8% in Teesside overall.

The majority of sexual health attendances were among people of White British ethnicity (91.3%) in 2021/22. White Other accounted for 3.1% attendances, Asian ethnicities at 3% attendances. There were only a small proportion of Black (1.4%) and Other (0.5%) ethnic groups. Less than 1% ethnicities were unrecorded or not provided*. Reflecting its more ethnically diverse population, Middlesbrough had a higher proportion of attendees from Asian (6%) and Black (3%) and White Other (5.7%) ethnic groups.

Pre- and Post Exposure Prophylaxis for HIV

Pre-exposure prophylaxis (PrEP) was introduced firstly as pilot and since 2021/22 as a mainstream service for individuals at higher risk for HIV. In 2021/22 there were 161 new PrEP appointments and 210 PrEP follow ups in Teesside. This an increase from 2019/20 and 2020/21. Middlesbrough and Stockton had a higher number of appointments/follow ups for PrEP in 2021/22.

Post-exposure prophylaxis (PEP) is a combination of drugs taken within 72 hours sexual activity with risk of HIV transmission. There were 36 new cases and follow ups (combined figure) for PEP in Teesside in 2021/22, similar to the previous year but lower than 2019/20.

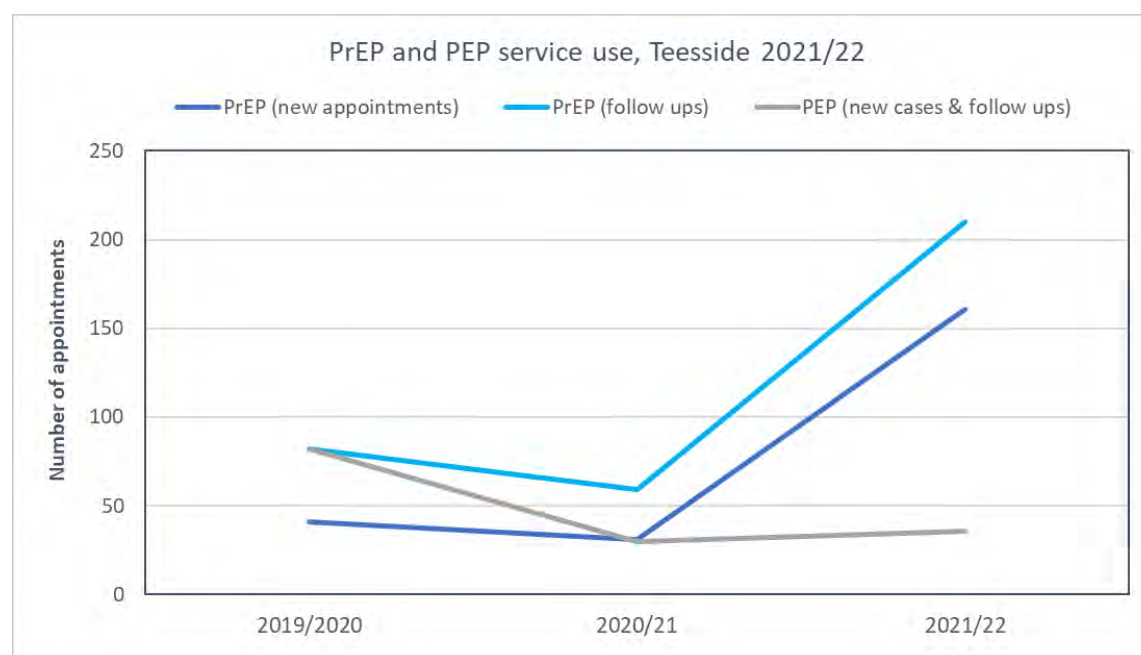


Figure 65 –PrEP and PEP utilisation by the sexual health service in Teesside, 2019/20-2021/22. HCRG 2023

Vasectomy

At the end of the contract year (July 2022), the total number of vasectomies carried out the Tees integrated sexual service area was 633, below the contracted number of 700 annually.

The number of vasectomies carried out by Marie Stopes across Teesside reduced during the peak of the COVID-19 pandemic (Q1 2020 to Q2 2021), however it has generally increased since this time. It has not completely returned to 2019 levels, which were a total of 718 (calendar year).

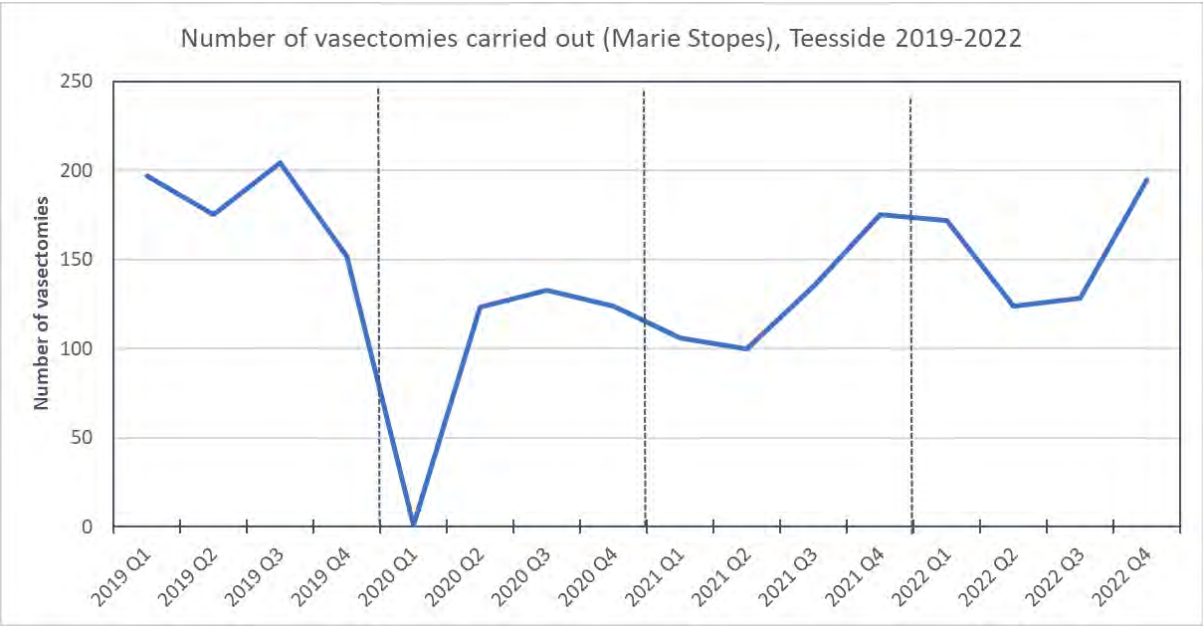


Figure 66 -Number of vasectomies carried out by Marie Stopes International by calendar year quarter, Teesside, 2019-2022. Sexual Health Teesside (HCRG)

Cervical Screening

Cervical Screening is offered within the service for those who are unable to, or choose not to, access it via primary care. At the end of the contract year (July 2022) the total number of cervical screens carried out across Tees was 257. Activity during 2022/23 remains similar with around 20 individuals per month receiving cervical screening In 2019 (calendar year), activity was significantly higher with 734 cervical screens carried out across Teesside, and a peak of 241 in Q1 2019. Overall there has been a downward trend in the number of cervical screens carried out by the sexual health service. The sharp decrease in numbers is partly attributed to the COVID-19 pandemic as services were unable to offer face to face appointments. Whilst activity has increased in 2022, it has not returned to pre pandemic levels.

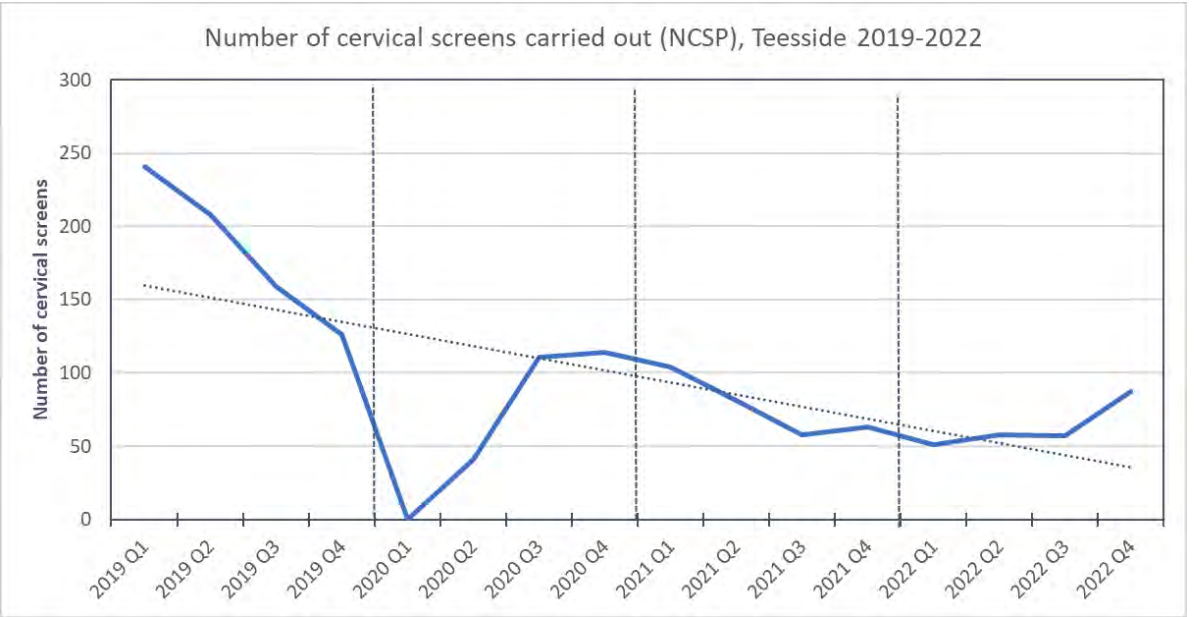


Figure 67 -Cervical Screening carried out by NCSP, Teesside 2019-2022. Sexual Health Teesside (HCRG) 2023

Psychosexual Counselling

333 patients were seen by the psychosexual service in Teesside in 2022. This is lower than the previous three years, including 2020 most notably impacted by the pandemic. There has been a general reduction in service use since Q2 2021.

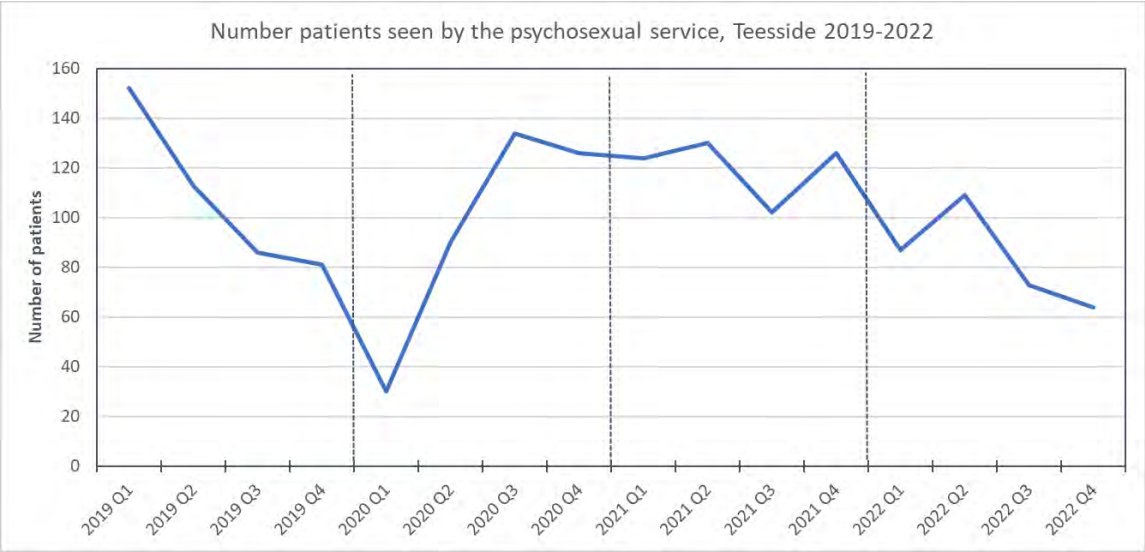


Figure 57 – Patients seen by the psychosexual service in Teesside, 2019-2022. Sexual Health Teesside 2023 (HCRG)

Interpretation Service

For all local authorities in Teesside, interpretation services for sexual health services were used more frequently in 2019 than any subsequent year. Across Teesside, interpretation services were used 380 times in 2019 compared to 242 in 2022. Use of interpretation services have remained stable for the last two years across local authorities. Middlesbrough has consistently used interpretation services more than other Teesside local authorities. In 2022 Middlesbrough used the service 118 times, compared to a significantly lower 68 in Stockton, 39 in Hartlepool and 17 in Redcar and Cleveland. This reflects the population in that Middlesbrough has a lower proportion of residents with English as their main language than the other areas in Teesside.

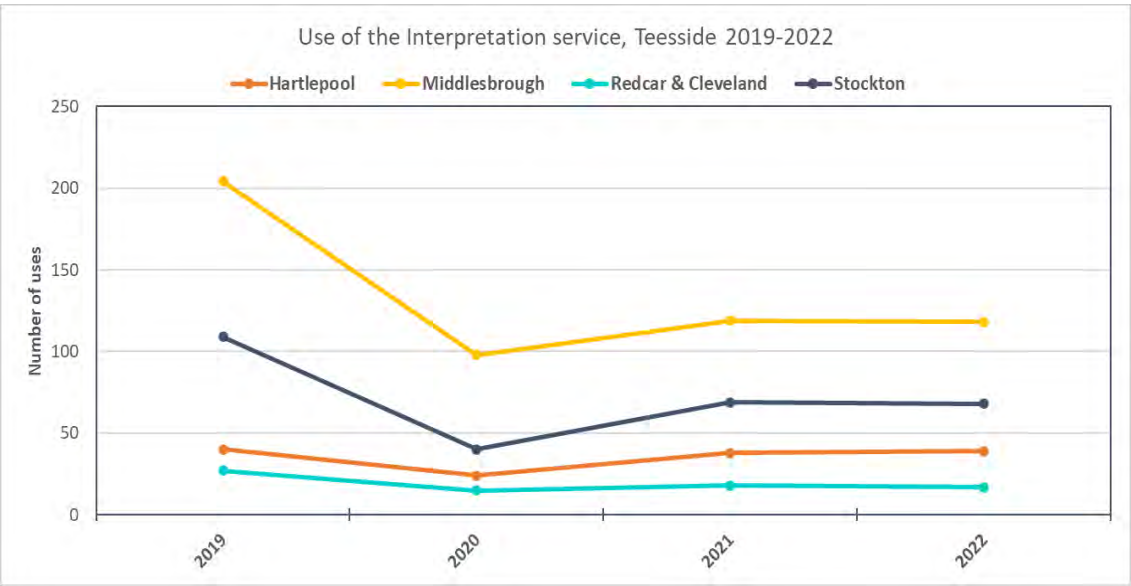


Figure 68 – Use of the interpretation service by the sexual health service in Teesside, 2019-2022. Sexual Health Teesside 2023 (HCRG)

Summary – Sexual health service

- The sexual health service is a fully integrated service across Teesside. The service offer face – to- face, virtual, online appointments and services, through service hubs in each local authority and subcontracted providers such as GP practices and community pharmacies.
- In 2021/22 18 out of over 80 general practices across Teesside were subcontracted to provide sexual health services with 16 practices offering LARC.
- Utilisation of sexual health services declined at national and local level over the past decade with a sharper drop because of the restrictions during the pandemic. Service utilisation declined more in Hartlepool and Stockton.
- Booked appointments were the most frequently used appointment type followed by appointments/activity in subcontracted services (mostly pharmacies) and home testing.
- The highest service utilisation in all areas was by young people and adults aged 16 to 24 years, followed by 25-34 year-olds.
- 60.7% of attendances were by females, with the highest proportion in Hartlepool with 70%.
- Utilisation by BAME groups was almost 9% and corresponded to proportion of BAME population with the highest proportion in Middlesbrough.
- Vasectomies were stood down during the pandemic but remained slightly below pre-pandemic levels in 2022 with 633 vasectomies.
- Cervical screening activity declined sharply in 2019/20 and has remained lower than at pre-pandemic levels with 257 cervical screenings in 2022.
- Psychosexual counselling also declined because of the pandemic and has declined again after an initial recovery with 333 patients seen in 2022.
- The use of interpretation services has also declined and recovered to below pre-pandemic levels.
- The utilisation of pre-exposure prophylaxis increased steeply between 2020/21 and 2021/22 with 161 new patients accessing the service in 2021/22. Post exposure prophylaxis utilisation declined during the pandemic and remained at low levels.

Conclusions

1. Overall, the needs assessment identified both significant sexual health needs as well as areas of improving or good outcomes. A local syphilis outbreak, rising gonorrhoea cases, the increasing burden of disease in lower socio-economic groups, high rates of unwanted pregnancies and abortions and the lack of access to and provision of contraception are specific concerns. On the other hand, there are good or improving outcomes such as a continuing low HIV prevalence, good chlamydia screening rates and a significant increase in STI testing over the past year as well as a substantial reduction in genital wart rates.
2. Poor sexual health is linked to age, gender, sexual orientation, ethnicity, and deprivation with higher rates in young people and young adults, MSM and other vulnerable groups as well as in areas of higher deprivation. This is supported by local data showing a particular high burden of disease in young people and young adults, MSM and people living in the most deprived areas in Teesside. Inequalities have increased since 2018 with over half of the burden of STIs in people living in the most deprived areas.
3. Utilisation of the sexual health service reduced because of the pandemic and recovery was slower compared to other sexual services regionally and nationally. This has been particularly evident for STI testing and LARC, but also reflected in lower overall utilisation of the service. Other service activity such as cervical screening, vasectomy, psychosexual counselling, and use of interpretation services also remains below the pandemic levels. Waiting lists for LARC and high detection and positivity rates in STIs indicate a high need and a back log of activity.
4. The way of how sexual health services are used has also changed through the provision of more virtual and online offers.
5. Conception rates in Teesside were above the regional and national average resulting in high abortion and repeat abortion rates, which indicates a high proportion of unwanted pregnancies and need for contraception.
6. Teenage conceptions declined significantly over the last decades but remain above the national average in Teesside with higher than expected rates in Middlesbrough and Redcar & Cleveland. The rate of terminations in <18 conceptions was similar to the regional but below the national average of 53%.
7. Good contraceptive care at population level relies on prevention, accessibility of services and high utilisation of long-acting methods. LARC rates in Teesside remained below the national average, although waiting lists have decreased and LARC has become the most commonly used method for contraception in patients accessing the sexual health service. Access through GP services is limited with less than 25% of GP practices signed up to provide LARC.
8. Access to emergency contraception remains good and is mainly provided through community pharmacies, with the highest EHC use in young adults. The most frequently used EHC was Ullipristal, which indicates that access might be delayed. Although utilisation of EHC has not yet recovered to pre-pandemic rates, the number of EHC distributed was far higher than condom distributions and similar to the number of LARC provided. This indicates a need for better contraceptive care particularly in young adults as well as faster information and access to EHC.
9. Prevention of STIs and unwanted pregnancies through free condom-distribution schemes for young people was poor. Condom distribution through the Tees wide C-card scheme declined continuously with only 161 condom distributions across Teesside in 2022/23.

10. STI testing and new diagnoses reduced significantly during the pandemic for most STIs. STI testing recovered only slowly at first but is now above pre-pandemic levels and the highest in the region. The increase is most likely because of interventions required in response to the syphilis outbreak. Increased testing rates will have contributed to increased diagnostic rates for most STIs and a reduction in previously undiagnosed disease.
11. Since 2019 Syphilis cases increased particularly in Stockton and Middlesborough and gonorrhoea cases since 2022. Typically, MSM had higher positive syphilis rates, however in this outbreak heterosexual men and women are more affected.
12. Gonorrhoea rates increased steeply since 2021 which is similar to increases at national and regional level. Chlamydia screening rates have improved across all local authorities with high positivity rates indicating that prevalence in the population is high and testing is targeted at the right groups. Genital wart rates decreased significantly at national, regional and local level most likely as a result of the HPV vaccination in young people and at-risk groups.
13. All areas in Teesside remain a low prevalence area for HIV with a continuing low rate of new diagnoses. The utilisation of pre-exposure prophylaxis increased in 2021/22 which offers additional protection for high-risk groups.
14. Sexual violence rates are high in Teesside. This is reflected in the number of referrals to the sexual health service following sexual assault which has increased during the pandemic and is now significantly higher than in 2019.

Recommendations

Based on this assessment it is recommended to

1. Address the sexual health needs highlighted in this needs assessment, with a focus on reducing inequalities, improving contraceptive care for young people and young adults, and improving STI prevention, testing and further transmission.
2. Reduce sexual health inequalities by understanding the drivers for poorer sexual health in the most deprived areas, in young people and at-risk groups. Develop and Implement evidence-based and co-produced interventions including condom distribution schemes, walk-in clinics, targeted clinics and good information and access to contraceptive care at local level and through trusted organisations.
3. Continue to improve overall service utilisation rates and review the utilisation of online and virtual sexual health services in the light of learning from the pandemic and ongoing changing needs and demand. Ensure that residents are aware of local services and that young people, at risk groups and those who are digitally excluded have good access to face-to-face services.
4. Work with partners to improve access, capacity and delivery of contraceptive care starting from user depended to long-acting methods to reduce reliance on emergency contraception and unwanted pregnancies.
5. Review utilisation emergency contraception pathways to ensure appropriate and timely access to EHC in service and pharmacies.
6. Strengthen the prevention of STIs and unwanted pregnancies through improved information and locally accessible condom distribution schemes for young people and at-risk groups.
7. Continue to improve access to STI services with in-service and online/ home-testing STI testing, treatment and partners notification to detect and treat disease, reduce unmet need and reduce onward transmission in response to the increase of syphilis and gonorrhoea cases.
8. Conduct further in-depth analysis to understand the reasons for the continued decline in cervical screening, vasectomy, psychosexual counselling provided by the sexual health service.
9. Collaborate with system partners to improve the sexual health and productive care of the local population and prevent and respond to sexual health needs and challenges such as the STI outbreaks, high abortion and repeat abortion rates and sexual health violence.
10. Review the results of this assessment in conjunction with the results from a population and stakeholder consultation to further understand sexual health needs, attitudes and behaviours. The consultation will provide useful information on perceived need and demand and show views and concerns about sexual health services.
11. Establish systems to involve local communities, especially those who are at highest risk, to co-design and develop pathways and service improvements to increase local access and equality, e.g. review of translation services.
12. Improve data systems and reporting of key information to monitor and benchmark sexual health needs and service provision at local level.

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Appendices

Appendix 1

Ethnic Group (Broad), Teesside local authorities, 2021 Census												
Area name	White British*		Asian or Asian British		White Other		Mixed or Multiple		Black or Black British		Other ethnic group	
	N	%	N	%	N	%	N	%	N	%	N	%
Hartlepool	87,761	95.0%	1,600	1.7%	1,307	1.4%	671	0.8%	445	0.6%	554	0.6%
Middlesbrough	114,421	79.5%	15,090	10.4%	4,126	2.8%	3,001	2.2%	3,816	2.6%	3,468	2.4%
Redcar & Cleveland	131,789	96.5%	1,160	0.8%	1,599	1.2%	1,185	0.9%	265	0.1%	532	0.4%
Stockton	177,526	90.3%	9,052	4.6%	3,411	1.8%	2,737	1.4%	2,203	1.1%	1,664	0.9%
North East		90.6%		3.7%		2.5%		1.3%		1.0%		1.0%
England & Wales		74.4%		9.2%		7.4%		2.9%		4.0%		2.2%

Number and percentage split of ethnicity in Teesside, by local authority [ONS 2021 Census]

Appendix 2

	2019			2020			2021		
	Number of conceptions	Rate of conceptions (per 1,000)	% leading to abortion	Number of conceptions	Rate of conceptions (per 1,000)	% leading to abortion	Number of conceptions	Rate of conceptions (per 1,000)	% leading to abortion
All ages									
Hartlepool	1,236	74.5	25.4	1,234	74.1	25.2	1,229	73	29.0
Middlesbrough	2,454	90.0	29.3	2,435	89.0	30.5	2,610	92.4	32.8
Redcar & Cleveland	1,633	71.8	25.4	1,692	74.4	27.5	1,788	78.9	28.5
Stockton-on-Tees	2,539	72.6	24.0	2,528	72.9	27.5	2,602	73.1	26.3
North East	32,341	66.6	24.1	32,664	66.8	24.4	33,425	69.0	26.3
England	782,858	74.1	25.2	780,013	73.7	25.3	785,656	71.5	26.5

Conception numbers, rates and percentage of conceptions leading to abortion in Teesside, 2019-2021 [ONS Conception Statistics 2021]