

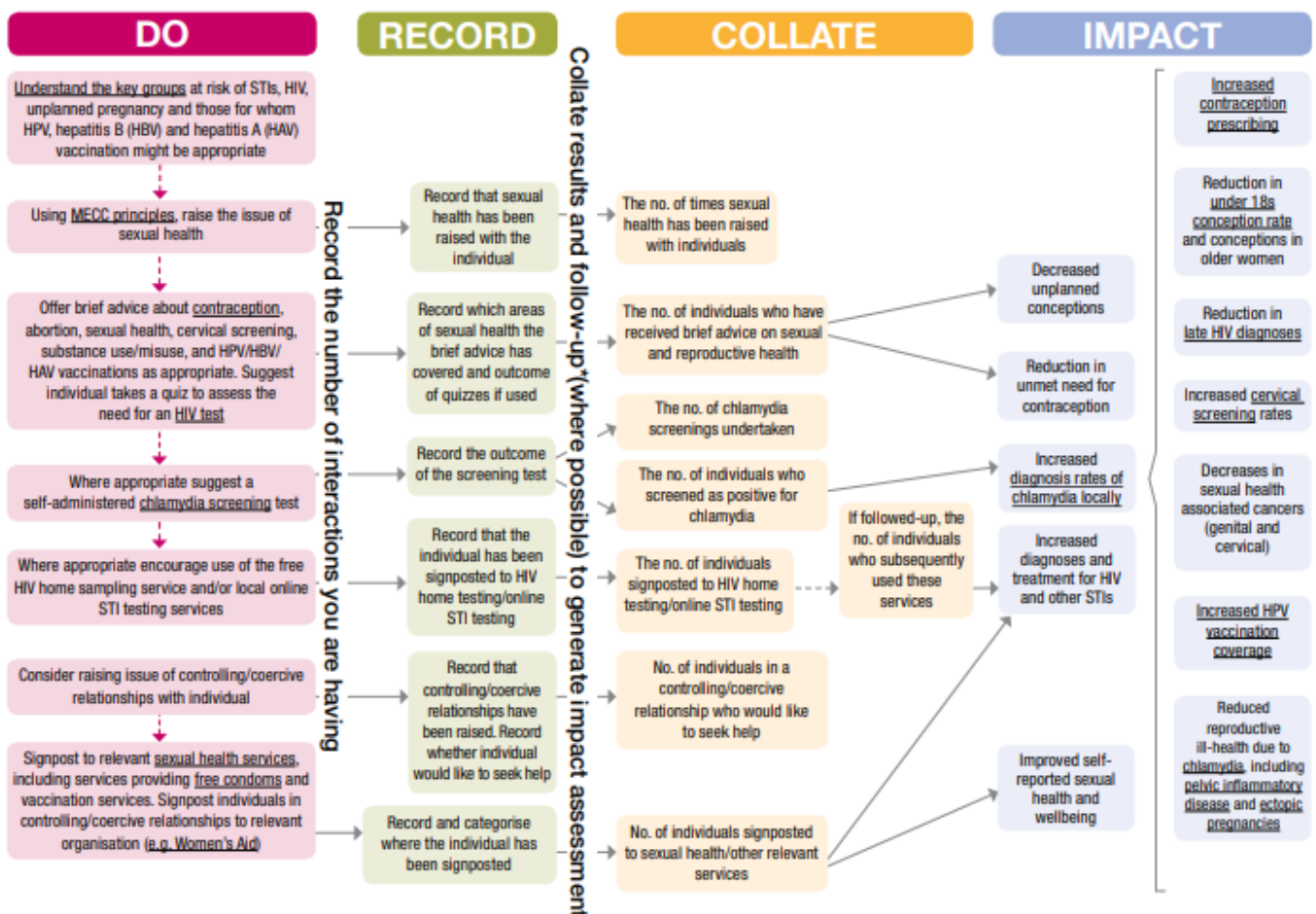
Questions and answers:

Could more detail please be provided on the evaluation and measurement of this, and how impact in particular will be evidenced at the end of the trial?

We know that demonstrating impact on public health priorities is important to improving the public's health, reducing health inequalities, and ultimately, preventing premature deaths from causes that public health interventions can, and should, prevent. Therefore, our evaluation and measurement of this project will be guided by the Public Health Impact Pathways – Sexual Health (please see image below – flow chart)

The impact pathways will be used to support the team to record what they 'do' in their interactions with individuals, inform what data can be collated and also identify the possible impacts from these interactions.

Please see "Impact section for further details of what we aim to evidence at the end of the project as well and the increased uptake of Long Acting Reversible Contraception.



We will record all interactions of the registered patients on the EMIS medical notes and for non-registered women, we will record in an encrypted file.

As noted in the original bid, we will also collect feedback and evaluations from the women taking part in the project and ask them all to complete a short questionnaire/audit upon initial interaction, mid-point and end of project.

The “Do” section of the pathway will also include our key objectives.

Objective 1:	To identify all female patients aged 18 years to 65 years registering with the Inclusion Service (Baseline: 28.03% of new registrations between August 2021 and August 2022 which equates to 60 new female patients registering in 12 months).
Objective 2:	To identify new non-registered female clients of Loaves and Fishes and Women’s Salford Centre aged 18 years to 65 years
Objective 3:	To plan, promote and hold a monthly sexual health awareness education workshop with a focus on access to local services, Q&A with clinician, access to home STI testing and addressing social and cultural barriers
Objective 4:	To contact all eligible patients within 2 weeks of registration and invite to education workshop
Objective 5:	Provide appointments with Inclusion Service to offer LARCs or signpost and support in booking into to Sexual Health Services depending on patient’s/client’s preference

The “Do” section that states “*Offer brief advice about contraception, abortion, sexual health, cervical screening, substance use/misuse, and HPV/HBV/ HAV vaccinations as appropriate. Suggest individual takes a quiz to assess the need for an HIV test.*” is where our project will differ. Our project will not offer brief advice – we will aim to deliver bespoke, tailored, comprehensive advice to our patient group.

This is where the monthly sexual health awareness education workshop with a focus on access to local services, Q&A with clinicians, access to home STI testing and opportunities for addressing social and cultural barriers will be planned in. The NICE guidance for Integrated health and care for people experiencing homelessness recommends that services should be delivered through recognising that more effort and targeted approaches are often needed to ensure that health and social care for people experiencing homelessness is available, accessible, and provided to the same standards and quality as for the general population.

ROI - Clinician time is specifically costed, however there is a question as to whether this could be subsumed into the "day job", especially for sustainability?

Unfortunately, the team does not have the current capacity to subsume the project into the clinicians "day job." The reason being, when the business case was developed and agreed for the Inclusion Service, the list size (31st March 2019) was 188 registered patients, today it stands at 466. We believe this is due to the presence of the service in Salford growing and that now, with a larger team, we are able to offer further

Outreach and engagement opportunities, working closely with other Homeless services such as the Salford Council Rough Sleeper team.

We are also aware that the business case was developed prior to the Covid-19 Pandemic which has had a monumental impact on people's health, housing and employment. We are also acutely aware that the energy crisis and recession that we are hurtling towards, will also impact a great deal of people who may find themselves experiencing homelessness or needing support from a service such as ours. That being said, our plan is to redesign and re-cost the business plan with the hope to grow the service to meet the growing demand, if successful in this bid, the cost of the project would be included in the new design to allow the work to continue after the 12 months had passed.

Recommendation: LC05 and LC26 come together as both bids are working along a similar pathway, with one focusing on engagement and the other on delivery of the clinical intervention to the target group (under-served communities, including homeless). We would support the bidders to come together to explore the potential of added-value in achieving both end goals. Public Health are happy to facilitate this conversation. Please advise if this is an option you are happy to consider. (Note: Both budgets would be expected to be revised)

After a discussion with Tim Rumley, Senior Youth Work Manager from LC26 bid, it appears it would be best to keep bids separate. The rationale is that the LC26 bid is aimed at working with young people up to age of 19 years, however we are only able to work with people aged 18+ therefore joining the bids would lead to not all identified individuals being able to access the services.