

## **LC26-22 Increase and improve access to contraception for vulnerable young people**

### Response to Questions

#### **1) Has enough consideration been given to the demand for this project, including contraceptive resources?**

The demand for this project and for young people to access services has come from practitioners working with this group, outlining concerns about access to SHINE young people's sexual health services in a timely way.

Youth Workers from the Youth Service, Family Nurses from Family Nurse partnership, and Practice Nurses at GP surgeries who have reported this to the safeguarding team and specialist nurses allocated to the Cared for Children service and Youth Justice Service have also indicated issues with access. Data has not been collected at this time. The Public Health Commissioner responsible for the sexual health services for young people (Helen Dugdale) is aware of the issue. It is difficult to collect numbers and at this time it is the professionals view only.

The issue of access has been exacerbated by the COVID pandemic and the Monkeypox outbreak. Recruitment of sexual health trained nurses has been an issue for sometime. These factors have meant there is limited provision for young people's sexual health services, from one venue. SHINE will see all under 18s who present, however sometimes professionals need opportunistic appointments with this vulnerable cohort or need a specific appointment which is not always possible or in a clinic close to where the young person lives.

This project is in response to these issues.

#### **2) Can they expand to all homeless rather than YP homeless?**

This project is specifically aimed at young people. Most of the young people would be under 19, however – given the homeless provision in Salford Foyer and Liberty House both take young people up to 24 and 25 respectively the age limit is raised for this population. Given it is school nurses and other staff working with young people not usually over the age of 19, i.e. care for children, youth justice service users are all under 18, the 0-19 service provides school health including higher education to aged 19.

The project is specifically for young people with the aim of reducing under 18 conception rate, STIs and unwanted conceptions to the age of 25 including reducing abortion rate.

Whilst there is some overlap with adults services in the 19-25 age bracket, this service will target young people 15-19 as its core and for the homeless cohort only work out of the dedicated young people's homeless units, and would not want to open the project to older adults who would be out of the service remit for many professionals we are seeking to train and equip.

#### **3) 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)**

A short notice email exchange with Rebecca Smee, the Case Manager from the GP inclusion service, and lead for the other bid, suggested the cohorts were different in that one targeted adults and one young people. The training and materials we would consider using would be targeted different audiences and at this time it was felt by both parties the cohorts being targeted were distinct enough to merit dedicated projects. Time was also against us in discussing the projects in any depth too.