

City & Hackney Sexual and Reproductive Health Strategy Consultation Report

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Introduction

This report presents the findings of the consultation on the City and Hackney Sexual and Reproductive Health (SRH) Strategy.

The online survey was hosted on the [Hackney Council consultation web pages](#) and was open from 1 July to 20 September 2023. It was also promoted on the [City of London corporate web pages](#). In total, 102 completed responses were received.

An Easy Read survey was developed to allow people with learning disabilities or other barriers to accessing the online survey to participate. A total of 13 completed Easy Read surveys were received. As this is a small number of replies, the details of the replies have been left out of this version of this report, so as to prevent anyone being inadvertently identified.

Background

The City of London Corporation and London Borough of Hackney have a statutory responsibility to protect and promote the sexual and reproductive health of our local populations. We invest over £8m per year in clinical services as well as services to promote good sexual health.

City and Hackney continue to have a high level of unmet need with significant inequalities in sexual and reproductive health, both within communities and compared to the other areas in London and across England.

A five-year strategy for City and Hackney will ensure a coordinated approach that brings together commissioned services and explores linkages with other services and providers, including the NHS and the voluntary sector as well as cross-local authority initiatives, to highlight and address the most pressing issues and gaps in provision and uptake of care.

Rationale for consultation

- To ensure the right priorities were identified and agreed on
- To ensure a sense of ownership and importance around the subject area
- To receive a mandate for more integrated and joined up working across the system

A [consultation and engagement plan](#) was developed in partnership with the engagement team. In addition, a [communications plan](#) was developed to ensure the consultation was promoted effectively.

Considering the life course needs for sexual and reproductive health, and the variety in need between different population groups and demographics, it was important that the consultation was as inclusive as possible. A number of approaches and channels were used to promote the survey and other consultation elements were added such as online consultation events. This report presents the findings of the online survey and the Easy Read survey.

Promoting the survey

Channels (online/social media)

- Consultation webpage launch promoted on Twitter and Facebook - City and Hackney channels, and Business Healthy (BH)
- Consultation promoted in Hackney e-newsletter and Love Hackney magazine, and staff internal newsletter
- Twitter posts promoting online and in-person sessions on Hackney's Social media channels
- Posts on Hackney Council's instagram stories to target younger audiences
- Posts on City of London social media prompting the consultation
- Coverage in City AM
- Posts on BH twitter, Barbican Library, and City of London X (Twitter) to promote in-person
- Online promotion on Hackney Council's Instagram for a final call to complete the consultation
- Final call to complete the consultation in Hackney Council's newsletter
- E-newsletters (external and internal staff newsletter)

Email

- Community Champions and other community partners
- Community centres
- CVS organisations such as Healthwatch Hackney and Hackney CVS
- Pharmacies (newsletter)
- GP practices (newsletter)
- Youth hubs
- All commissioned services
- Key contacts with wider networks

Meetings

To promote the survey and inform and involve a broad range of stakeholders, e.g.

- Health Inequalities Steering Group

- Healthwatch Hackney: Community Voice LGBTQIA+ Public Forum
- Place Based Partnership Delivery Group
- Hackney CVS Special Interest Group on Sexual Health

Easy Read survey

An Easy Read version of the online survey was created to allow participation by people with learning disabilities and others who may have found the online survey difficult to use. This was available online and in print. This allowed participation by

- Hackney Ark Captains (young people with learning disabilities)
- Open Doors service users (sex workers)

Consultation events

Online and in person engagement

In addition to the survey, people were invited to actively participate in the consultation and action planning by attending online consultation events, which were promoted alongside the survey. There were also a number of in person engagement events.

- Theme-based online consultations around the five themes of the survey. These were promoted alongside the survey with a signup form. Participation by residents/volunteers was compensated with a £20 voucher.
- Audience focused online consultations sessions (voucher compensation provided)
 - Community African Network (CAN) members and volunteers (Black African population groups)
 - Healthwatch Hackney public reps (resident representation)
 - LGBTQ+ representatives (Positive East/LoveTank)
- In person focus group discussions/engagement (voucher compensation provided)
 - Barbican Library, City of London residents/service users
 - Hackney People First (adults with learning disabilities)
 - STEPS brunch drop-in (STEPS service users)
 - Young People
- Workshops with commissioned services and key partners with thematic focus (hybrid of in person and online)
 - Young people and sexual health
 - Contraception and reproductive health

Online consultations were attended by a total of 71 people, in-person consultations had a total of 23 participants, and the workshops with commissioned providers and key stakeholders had 20 participants.

Online and in-person sessions allowed deeper engagement on the themes and the proposed outcomes, and resulted in for example making outcomes more ambitious, or having more concrete or practical suggestions on actions to undertake to achieve proposed outcomes (e.g. a joint online information resource on sexual and reproductive health with booking options and direct links to relevant services).

All of the consultation findings and feedback contributed to the formation of the first year action plan.

Executive summary

A total of 102 responses were received to the online survey, while a further 13 people completed the Easy Read survey.

There was strong agreement on priorities and outcomes across the five themes. For example, 95% of respondents (strongly) agreed with the proposed priority that all young people should have access to high quality Relationship and Sex Education (RSE). Even higher was the agreement (98%) for the aim that all residents should be able to recognise whether a relationship is abusive or unhealthy. This feedback was echoed in the Easy Read survey.

On average, proposed priorities and outcomes received around 80-90% agreement on importance, indicating 'important' or 'very important'. The lowest agreement was related to reducing reinfection of sexually transmitted infections (72%) and making tailored sexual and reproductive health services available for transgender and non-binary residents (72.5%).

Respondents also had the opportunity to provide written comments which provided an important insight into issues that are important to people, as they often reflected personal experiences. Access to services was an often mentioned barrier, balanced by many comments that the quality of service received was friendly, professional, confidential and non-judgemental.

Below is a summary of the findings.

I am answering this survey as a: (Base 102)

- The majority of respondents stated that they were a Resident of Hackney or City of London (80, **78.43%**)
- Have you ever accessed Sexual Health Services?: (Base 102)
 - The majority of respondents stated that they have accessed local Sexual Health Services in City & Hackney (44, **43.14%**) with another 31 (30.39%) having accessed them elsewhere or in North East London (NEL).

Priority 1: Residents in the City of London & Hackney are able to make informed choices about their sexual and reproductive health.

- Using the scale below (where 1 is the lowest and 5 is the highest) please rate how important this priority is for you?: (Base 102)
 - The majority of respondents stated that the above statement was of highest importance (67 - **65.69%**), with a further 21 (20.59%) scoring at 4 (important).

Priority 2: Residents of City of London & Hackney have good reproductive health across the life course.

- Using the scale below (where 1 is the lowest and 5 is the highest) please rate how important this priority is for you?: (Base 102)
 - The majority of respondents stated that the above statement was of highest importance (54 - **52.94%**) with a further 23 (22.55%) scoring at 4 (important).

Priority 3: Residents of City of London & Hackney have access to high quality and innovative testing and treatment for Sexually Transmitted Infections (STIs).

- Using the scale below (where 1 is the lowest and 5 is the highest) please rate how important this priority is for you?: (Base 102)
 - The majority of respondents stated that the above statement was of highest importance (68 - **66.67%**) with a further 17 (16.67%) scoring at 4 (important).

Priority 4: Towards Zero - there will be no new HIV infections in the City of London & Hackney by 2030

- Using the scale below (where 1 is the lowest and 5 is the highest) please rate how important this priority is for you?: (Base 102)
 - The majority of respondents stated that they “agree” on the importance of no new HIV infections in C&H by 2030 (73 - **71.57%**) with a further 13 (12.75%) scoring at 4 (important).

Priority 5: The sexual and reproductive health needs of vulnerable people and people with complex needs are recognised and met within the overall service provision

- Using the scale below (where 1 is the lowest and 5 is the highest) please rate how important this priority is for you?: (Base 102)
 - The majority of respondents stated that the above statement was of high importance (64 - **62.75%**) with a further 18 (17.65%) scoring at 4 (important).

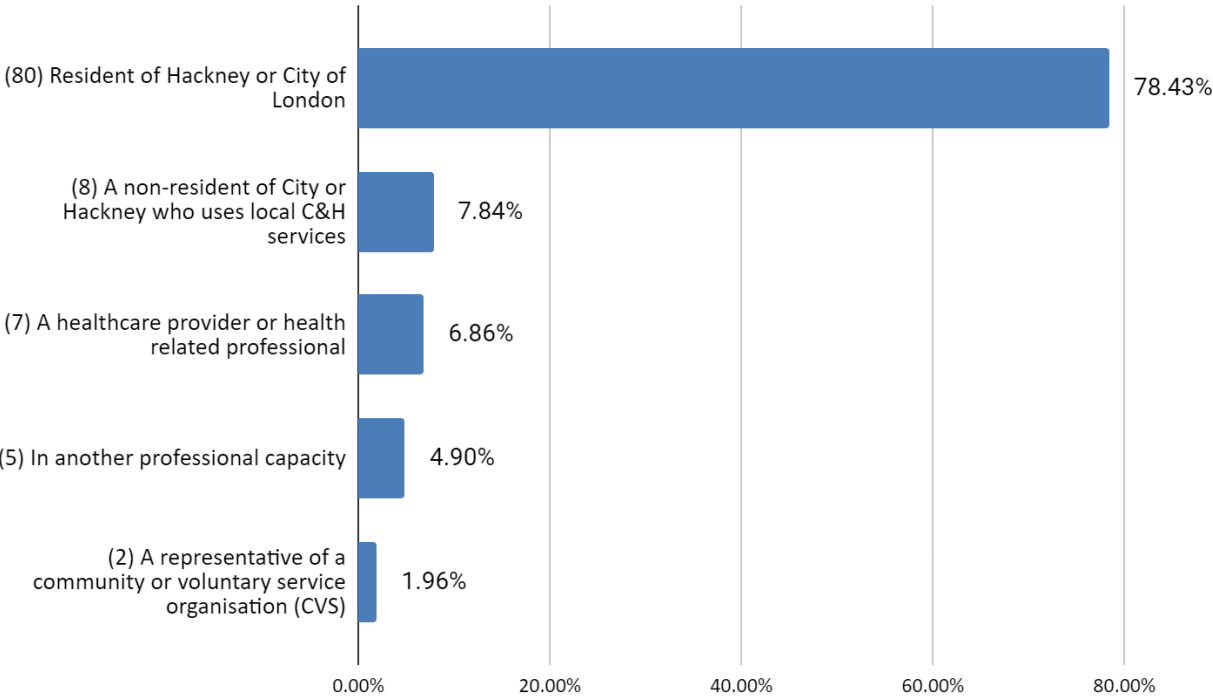
Overview of findings

When analysing the responses, there is always a caveat about how people interpreted the questions. A consultation sets out to present priorities related to *what is to be achieved*, and to what extent residents agree on those priorities. It is possible that some respondents interpreted the questions as a stocktake of the present situation, as if they were asked to comment on the *current state*, and to rate the statements accordingly. Both interpretations would likely lead to different answers.

The online introduction to the survey did explain the purpose of the survey and the priorities presented but it is possible people varied in their understanding of it. This is a lesson learned in terms of wording of a statement (priority or aim) to make it less subject to interpretation. This is underscored by a comment of a respondent: *This survey is confusing. When asking about the aims, are you asking whether we agree those aims are important or agree those aims are being met?*

Question 1: I am answering this survey as a... (Base 102)

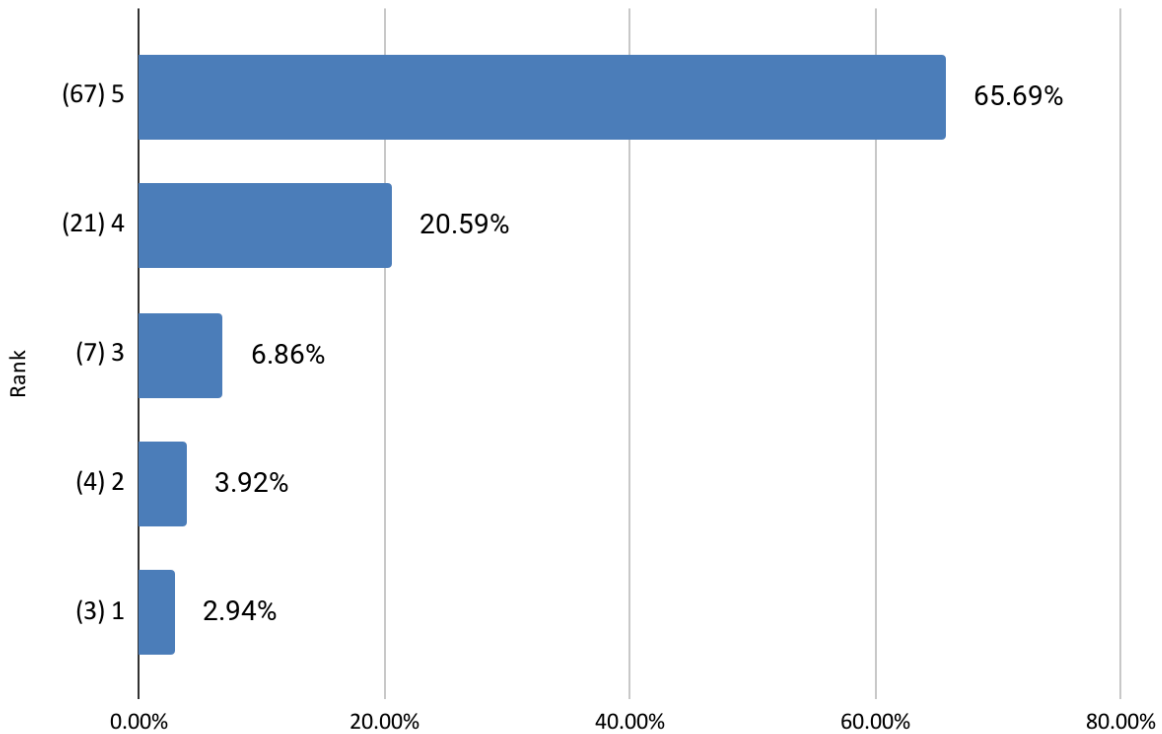
The majority of survey respondents (78%) were City and Hackney residents, with a smaller number identifying as service users or healthcare professionals. No postcode data was requested so it is not feasible to filter out whether someone was a City of Hackney based resident.



Those who selected 'In another professional capacity', said they were:

- Nightlife worker/business owner
- Practitioner within a charity
- CoLC Community Safety Team
- Tax Payer

Question 2: (Priority 1) Residents in the City of London & Hackney are able to make informed choices about their sexual and reproductive health. (Base 102)

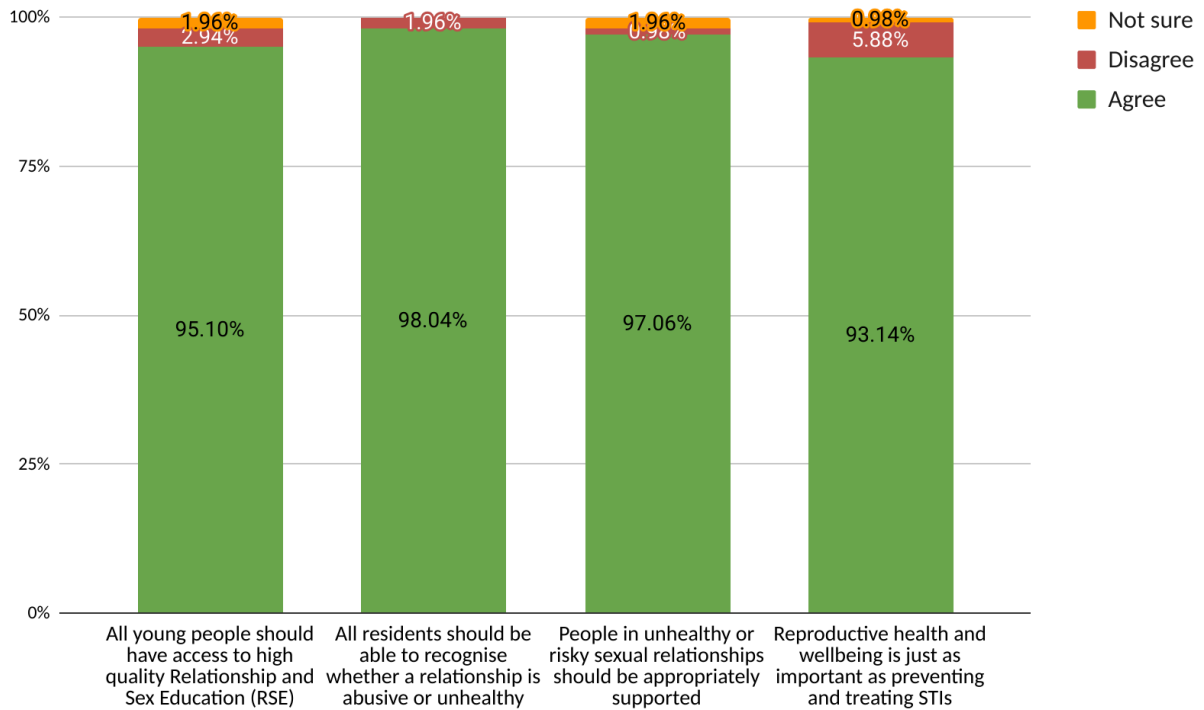


The survey presented five priorities. For each of the priorities respondents were asked to rate them from 1 to 5, with 1 being lowest importance to five being highest importance.

67 (65.69%) respondents ranked the ability to make informed choices as being of the highest importance, while 7 (6.86%) respondents were neutral, and 3 (2.94%) respondents ranked it as of lowest importance.

Within each priority, a number of aims were then presented. Respondents were asked to express their agreement or disagreement with the aims.

To what extent do you agree or disagree with the following aims we have identified for this priority? (Base 102 across each statement)



2.1 All young people should have access to high quality Relationship and Sex Education (RSE)

The majority of respondents (97, 95.10%) stated they agreed or strongly agreed with the proposed aim that all young people should have access to high quality RSE. 3 (2.94%) respondents (strongly) disagreed, and 2 (1.96%) respondents were not sure.

2.2 All residents should be able to recognise whether a relationship is abusive or unhealthy

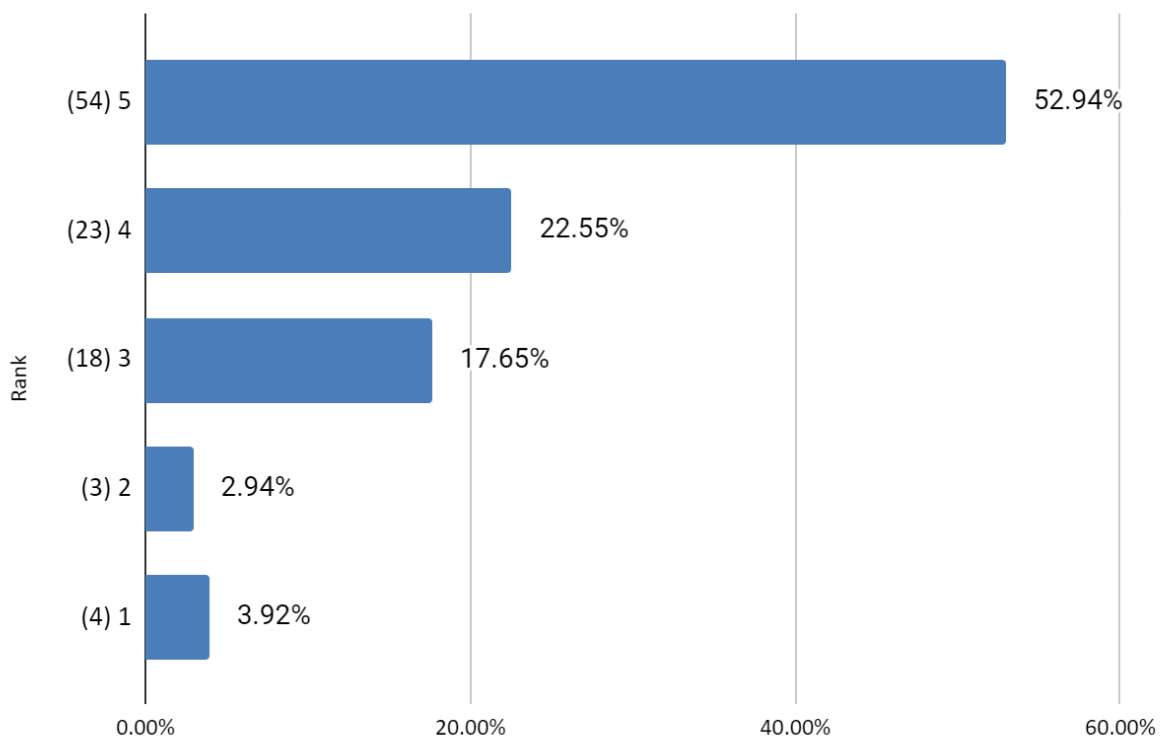
Only 2 (1.96%) respondents did not (strongly) agree that all residents should be able to recognise whether a relationship is abusive or unhealthy, 100 (98.04%) of respondents felt this was (very) important.

2.3 People in unhealthy or risky sexual relationships should be appropriately supported
Equally, a very large majority (99, 97.06%) of respondents agreed it was (very) important that people in unhealthy or risky sexual relationships should be appropriately supported.

2.4 Reproductive health and wellbeing is just as important as preventing and treating STIs

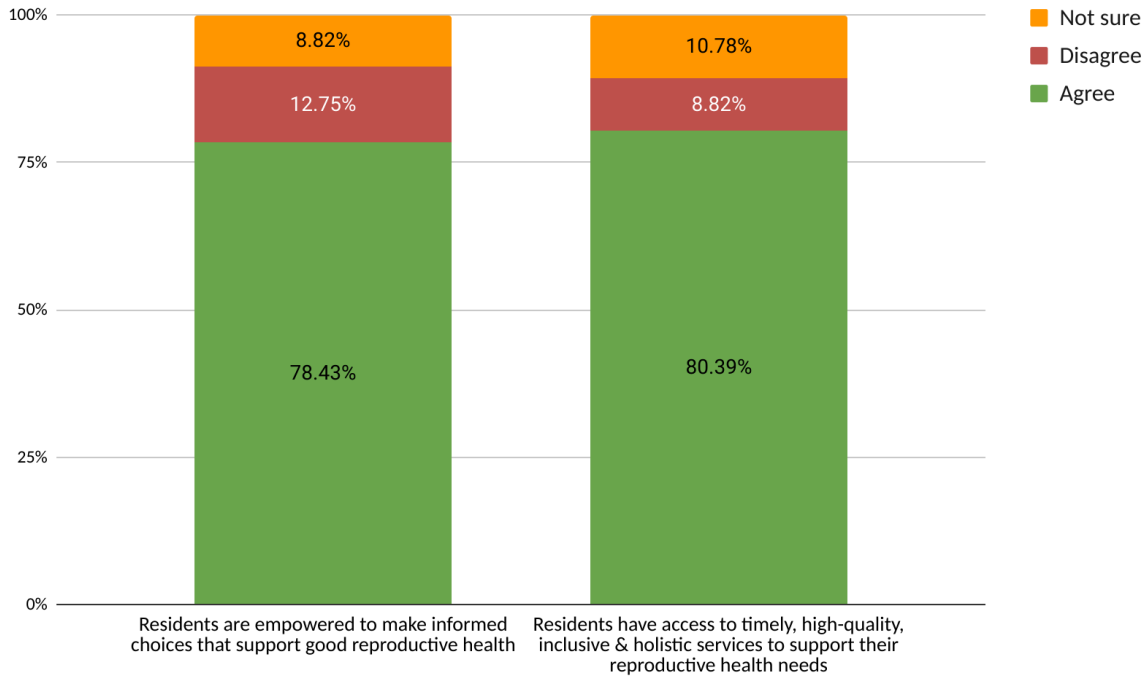
This aim also had strong agreement from 95 (93.14%) respondents, with 6 (5.88%) not agreeing.

Question 3: (Priority 2) Residents of City of London & Hackney have good reproductive health across the life course. (Base 102)



For the proposed priority of all residents having good reproductive health across the life course, 54 (52.94%) respondents ranked it as being of the highest importance, while 18 (17.65%) respondents were neutral, and 4 (3.92%) respondents ranked it as being of the lowest importance.

To what extent do you agree or disagree that the following aims we have identified for this priority? (Base 102 across each statement)



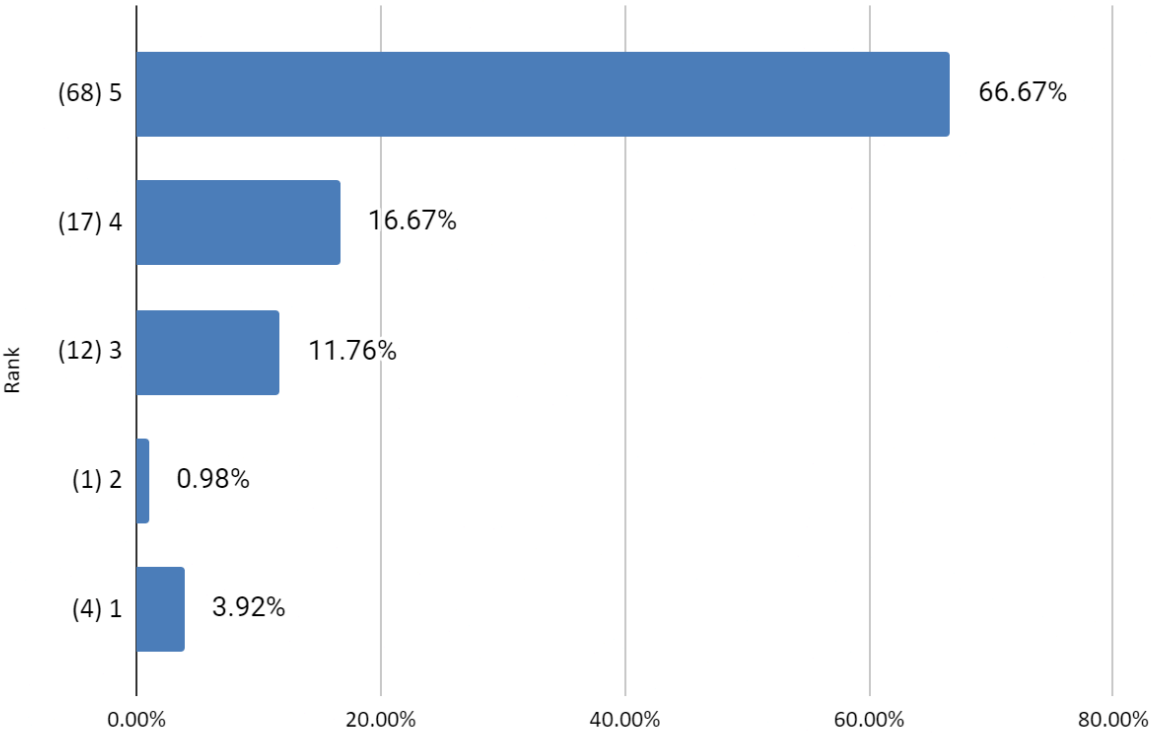
3.1 Residents are empowered to make informed choices that support good reproductive health

80 (78.43%) respondents agreed this was important but 13 (12.7%) (strongly) disagreed with this aim, which is a sizable minority.

3.2 Residents have access to timely, high-quality, inclusive & holistic services to support their reproductive health needs

82 (80.39%) respondents stated their (strong) agreement with this statement, but 9 (8.82%) (strongly) disagreed.

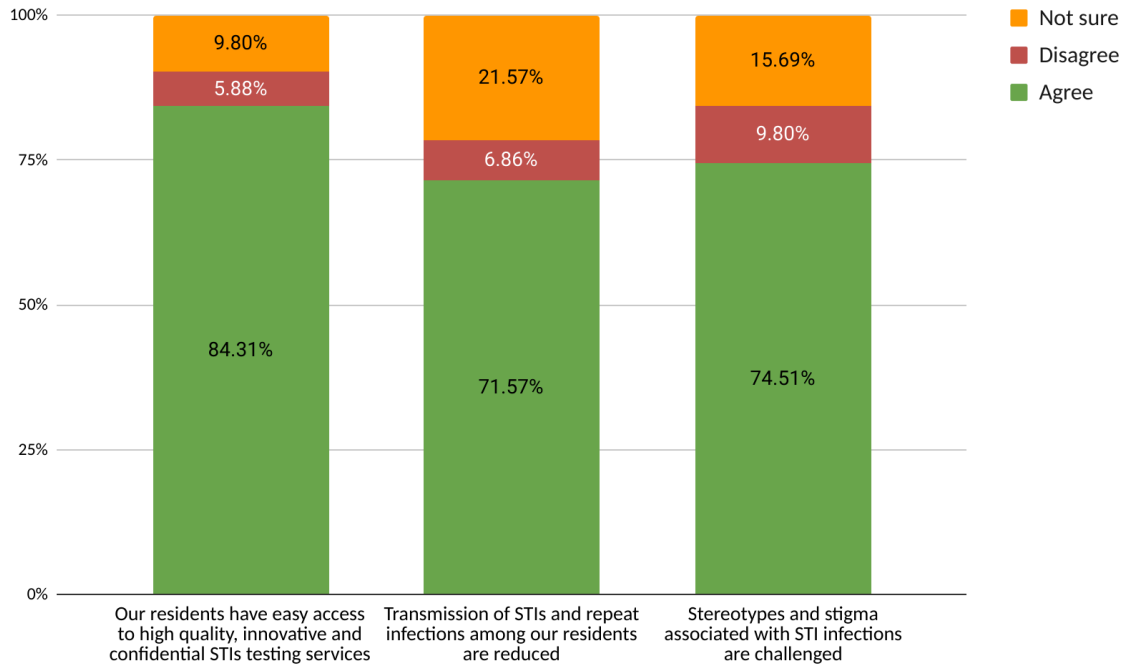
Question 4: (Priority 3): Residents of City of London & Hackney have access to high quality and innovative testing and treatment for Sexually Transmitted Infections (STIs). (Base 102)



For the key priorities, respondents were asked to rank them from 1 to 5, with 1 being lowest importance to five being highest importance.

68 (66.67%) respondents ranked this priority as being of high importance, 12 (11.76%) respondents were neutral, and 4 (3.92%) respondents ranked it as low importance.

To what extent do you agree or disagree with the following aims we have identified for this priority? (Base 102 across each statement)



4.1 Our residents have easy access to high quality, innovative and confidential STIs testing services

86 (84.31%) respondents (strongly) agreed with this aim and 6 (5.88%) respondents (strongly) disagreed, while 10 (9.80%) were not sure.

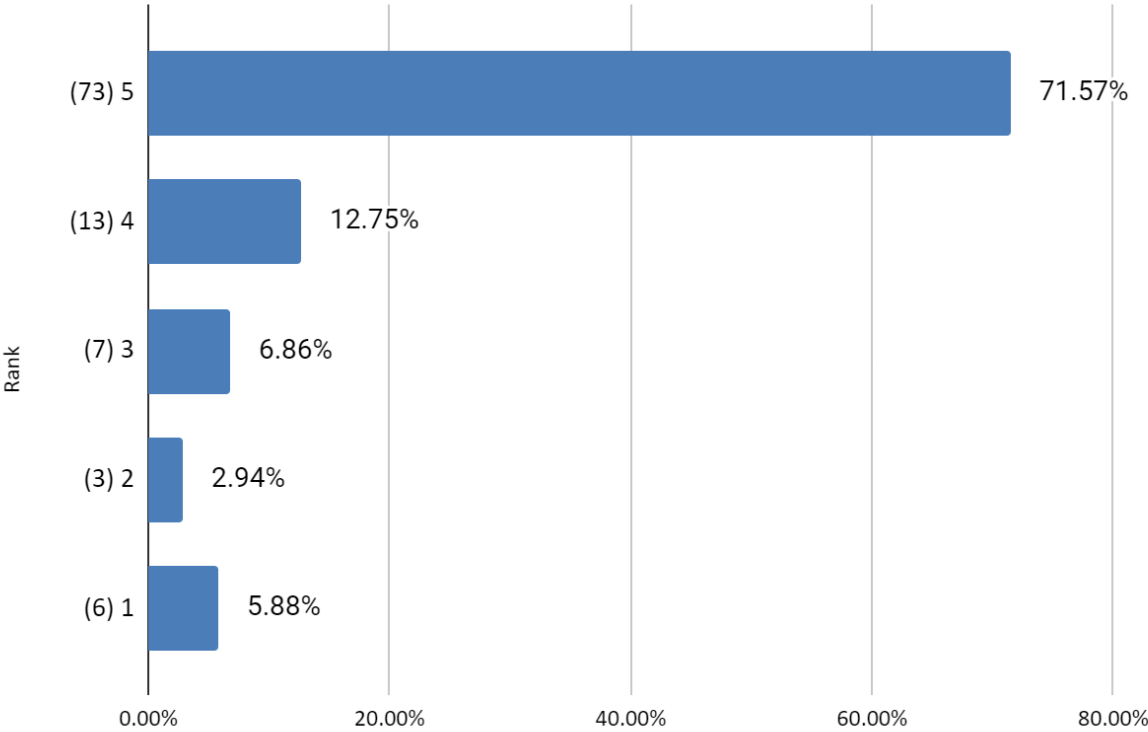
4.2 Transmission of STIs and repeat infections among our residents are reduced

73 (71.57%) respondents (strongly) agreed with this aim, while 7 (6.86%) did not agree.

4.3 Stereotypes and stigma associated with STI infections are challenged

76 (74.51%) of respondents agreed this was important, 10 (9.80%) did not think this was important and 16 (15.69%) were not sure.

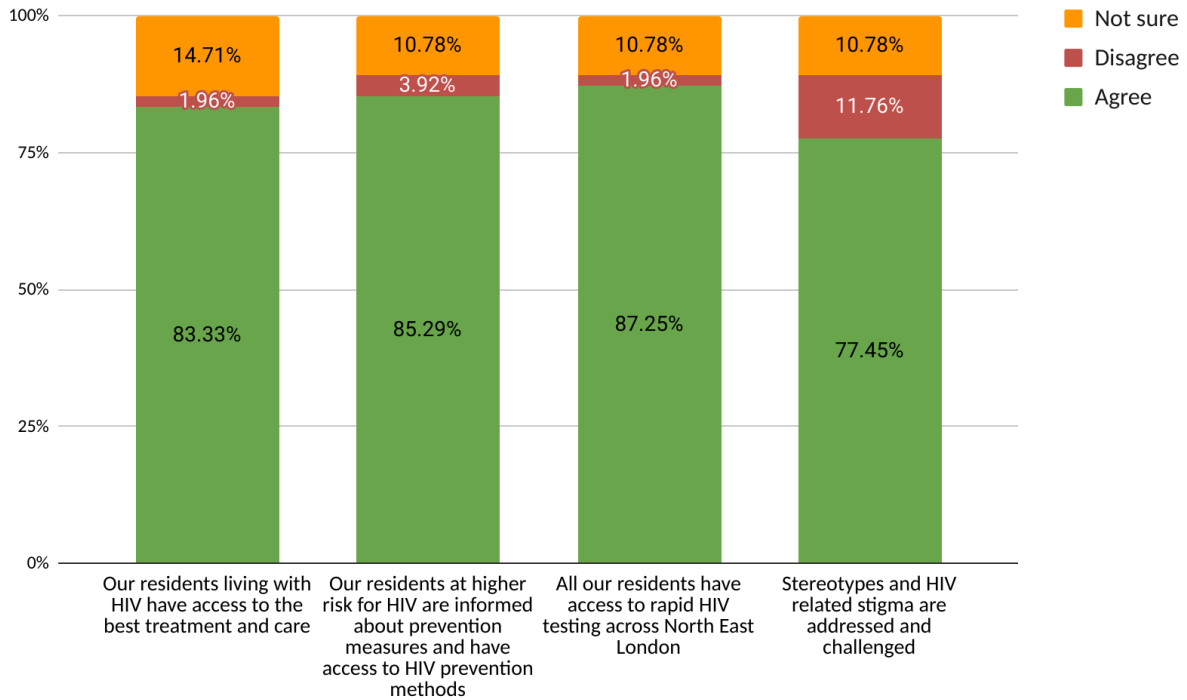
Question 5 (Priority 4): Towards Zero - there will be no new HIV infections in the City of London & Hackney by 2030 (Base 102)



For the key priority questions, respondents were asked to rank them from 1 to 5, with 1 being lowest importance to five being highest importance.

73 (71.57%) respondents ranked the priority of achieving zero new HIV infections as being of the highest importance, while 7 (6.86%) respondents were neutral, and 6 (5.88%) respondents ranked it as the lowest importance.

To what extent do you agree or disagree with the following aims we have identified for this priority? (Base 102 across each statement)



5.1 Our residents living with HIV have access to the best treatment and care

85 (83.33%) respondents (strongly) agreed that people living with HIV should have access to the best treatment and care. 2 (1.96%) respondents (strongly) disagreed, while 15 (14.71%) were not sure.

5.2 Our residents at higher risk for HIV are informed about prevention measures and have access to HIV prevention methods

Similar to the previous findings, 87 (84.31%) respondents (strongly) agreed on the importance of information about and access to HIV prevention measures for people at higher risk of HIV. 4(3.92%) respondents (strongly) disagreed, while 11 (10.78%) were not sure.

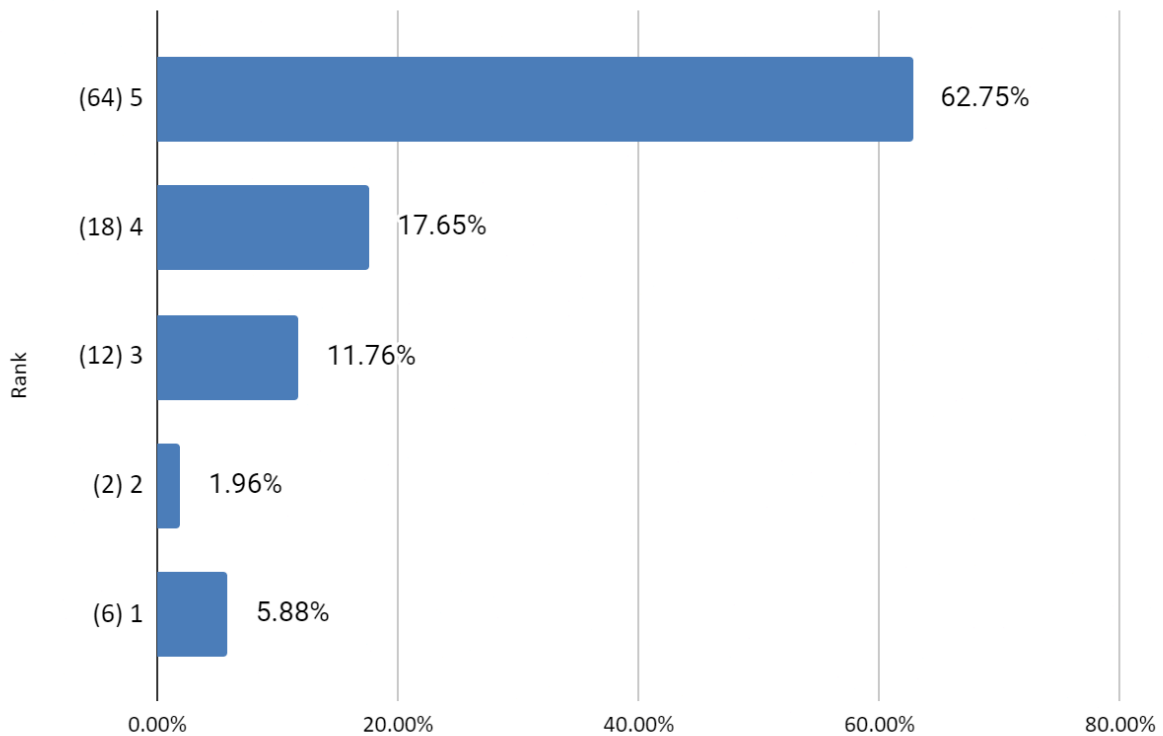
5.3 All our residents have access to rapid HIV testing across North East London

Access to rapid testing was viewed as (very) important by 89 (87.25%) respondents, 2 (1.96%) respondents (strongly) disagreed, while 11 (10.78%) were not sure.

5.4 Stereotypes and HIV related stigma are addressed and challenged

Again when interpreting the responses, the answers in this section give the impression that people answered based on their perception of the current situation, rather than as an aim to work towards: 79 (77.45%) respondents (strongly) agreed with this aim and 12 (11.76%) respondents (strongly) disagreed, while 10 (9.80%) were not sure.

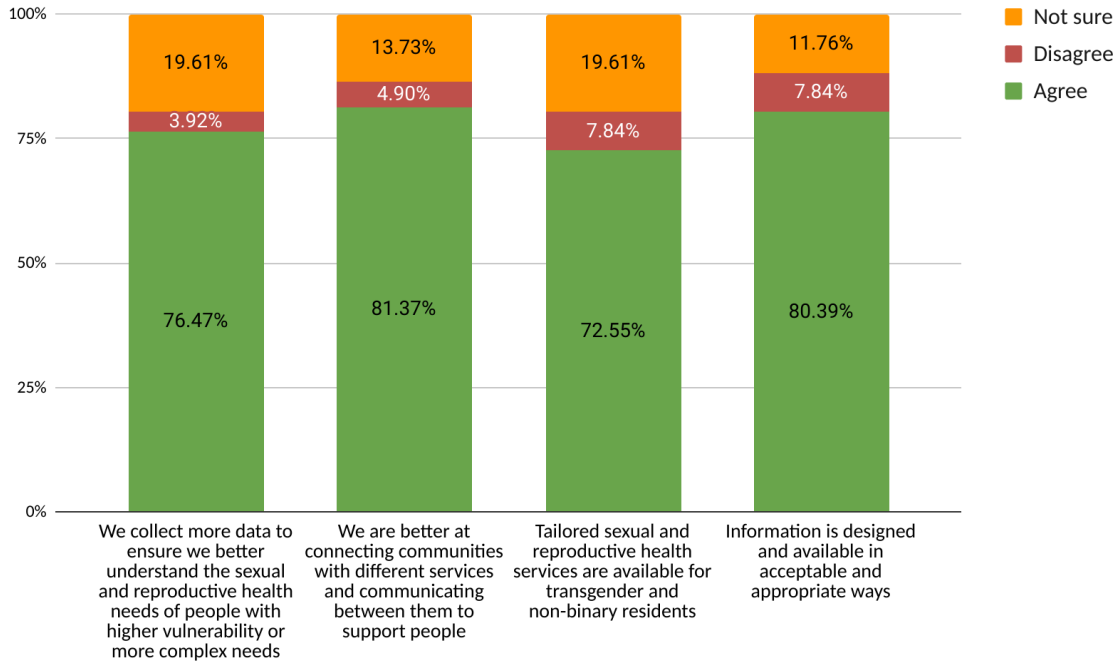
Question 6: (Priority 5): The sexual and reproductive health needs of vulnerable people and people with complex needs are recognised and met within the overall service provision



For the key priority questions, respondents were asked to rank them from 1 to 5, with 1 being lowest importance to five being highest importance.

64 (62.75%) respondents ranked this priority as being of the highest importance, while 12 (11.76%) respondents were neutral, and 6 (5.88%) respondents ranked it as the lowest importance.

To what extent do you agree or disagree with the following aims we have identified for this priority? (Base 102 across each statement)



6.1 We collect more data to ensure we better understand the sexual and reproductive health needs of people with higher vulnerability or more complex needs

78 (76.47%) respondents (strongly) agreed with this aim and 4(3.92%) respondents (strongly) disagreed, while 20 (19.61%) were not sure.

6.2 We are better at connecting communities with different services and communicating between them to support people

83 (81.37%) respondents (strongly) agreed with this aim and 5 (4.90%) respondents (strongly) disagreed, while 14 (13.73%) were not sure.

6.3 Tailored sexual and reproductive health services are available for transgender and non-binary residents

74 (72.55%) respondents (strongly) agreed with this aim and 8 (7.84%) respondents (strongly) disagreed, while 20 (19.61%) were not sure.

6.4 Information is designed and available in acceptable and appropriate ways

82 (80.39%) respondents (strongly) agreed with this aim and 8 (7.84%) respondents (strongly) disagreed, while 12 (11.76%) were not sure.

Qualitative insights

People were also asked a number of open-ended questions to gather some qualitative insights. The answers to these questions were grouped according to themes that were identified in the answers.

Question 7.1: Have we missed anything? Please outline in the text box below any additional priorities you think we should consider for the sexual and reproductive health strategy.

Forty people (39% of all respondents) answered this question, and the variety of the suggestions and comments was wide. There were 12 responses that related to PSHE and RSE in school, with five asking explicitly for it to be open, inclusive and comprehensive. One other respondent was very adamant that gender ideology is taught in RSE and that the focus should be on biological sex, which cannot be changed. Overall, comments related to trans persons were polarised. For example, one comment specifically asked for SRH services to be actively countering disinformation about trans, and to stop online hatred. In total, five respondents mentioned trans persons or services in their answer - two of them were supportive, one was neutral and two were anti-trans. Four of the five were City or Hackney residents and one (anti-trans response) answered the survey as 'in another professional capacity', which they had specified as taxpayer. Some of their full comments have been included in a text box below.

A range of answers related to people's own experiences in some area of SRH, either testing or removal or coils, or access to services. HIV related work and stigma was mentioned, in terms of training of all healthcare staff and testing for HIV of all health care users. The importance of working with Community based and Voluntary Services organisations (CVS) was also raised, as well as free condoms for all, accessibility of services for people with disabilities, the needs of intersex people, and appropriate support for survivors of rape and sexual assault.

Suggestion	Number
PSHE/SRE including outreach services/funding	7
SRE for all YP, inclusive and comprehensive (reflecting variety of family models, sexual orientation etc.)	5

SRH campaign at community level/work with CVS	2
Condoms for all	2

Verbatim comments question 7.1

<p>All residents need to be able to access appropriate, free, reproductive health services regardless of immigration status. This must include access to fertility, abortion and maternity services.</p> <p>Sex and relationship education in schools needs to be reflective of the range of different family models and sexualities within Hackney's population. Young people should be given information about a range of services, including sexual health and abortion services.</p> <p>Helping rape / sexual abused victims appropriately.</p> <p>Please ensure that men who have sex with men and who engage in Chemsex have access to high quality help and support</p> <p>Crucial to put the strategy in the context of the importance of good stable relationships particularly marriage and family. Crucial also not to encourage children in any way to be sexually active or expose children to unhelpfully sexualised material.</p> <p>Education at school- sexual education in all its diversity esp in LBH where STI's amongst 18-25 yo are very high!</p> <p>I know this will have been considered already, but the vital importance of ensuring that age-appropriate sex and sexual health education happens in all schools and colleges across City & Hackney cannot be stressed enough. I hope this will play a large part in your strategy. There needs also to be consideration given to how to reassure those parents who resist this to understand, overcome their reservations and fears and see the benefits. Many children are excluded from sex education classes because their parents don't want them to take part. We need to respect parental wishes, of course - but it is nevertheless worrying that a whole section of our young population may never hear factual information that they need. How can the new strategy address this?</p>	
<p>"I'm extremely concerned about aspects of the sexual health and relationships advice being delivered in many Hackney schools at all levels. The notion that 'gender identity' is real and is more significant than biological sex is a travesty. Teaching that sex is 'assigned at birth' rather than a biological reality is actively lying to children and the notion that they may decide they are really the</p>	<p>I am concerned about the misinformation and prejudice spread about non-binary and transgender issues on social media. I think it has become a kind of cyber war of misinformation where otherwise usually discerning and intelligent [people] are groomed to believe that transgenderism is the new thing to fight against, despite the consequences of their actions</p>

other sex, 'social transitioning', is highly dangerous. No one is 'born in the wrong body' and to suggest that is highly damaging and should be a high-profile safeguarding issue. It supports young people onto a pathway that can lead to a lifetime of puberty blockers and cross-sex hormone treatment as well as potentially devastating surgery. This is highly lucrative for some drug companies and certain medics, which may well explain the powerful lobby funding. In addition, the rigid notions of gender role-stereotypes that underlie extreme trans ideology make it much harder for young people to come out as lesbian or gay - this identity is suppressed by the notion that non-conformity equates to being born in the wrong body.

Of course, it's also vitally important that young people who identify as trans are not subjected to any harassment or discrimination - but that does not mean we have to accept their notion that they are really the other sex (or can flow between the two sexes).

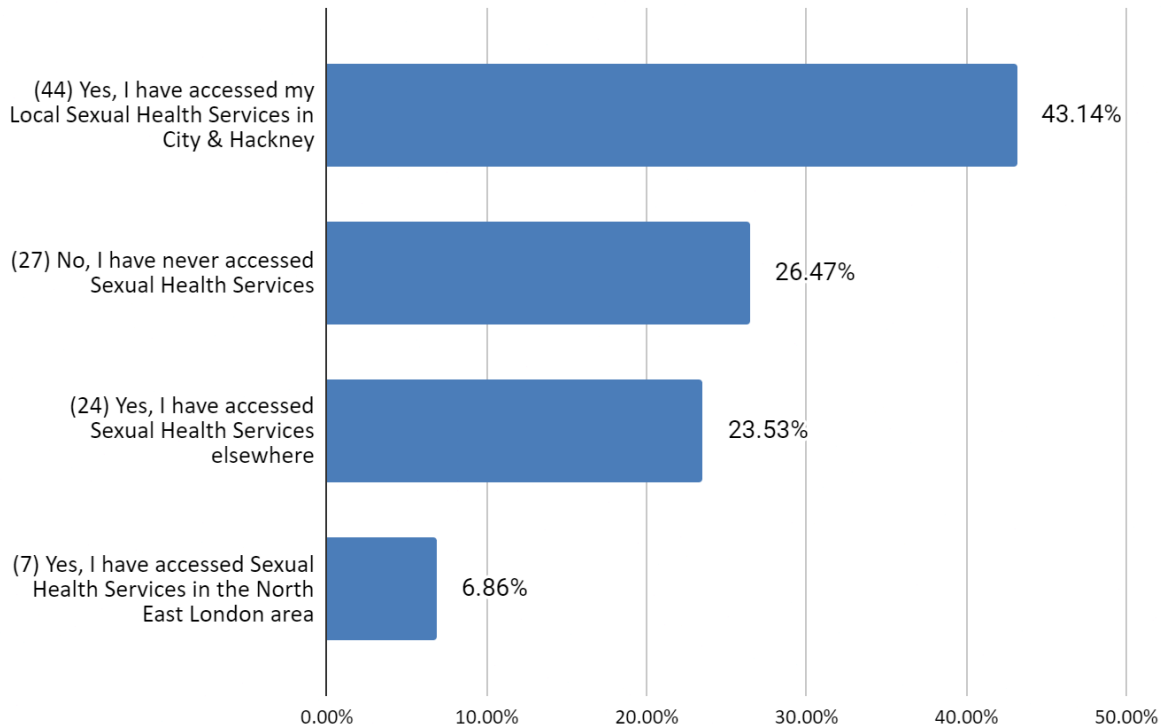
We know that teaching of gender ideology is very prevalent in schools in Hackney, and that much of it is being delivered by external organisations using non-scientific and highly questionable resources. This issue needs to be treated as a safeguarding issue and given very high priority in schools and all services for young people. I'm very concerned that it has been omitted from this questionnaire.

affecting them very little, and the people they are fighting against rather a lot. I would like this to be something that is considered within the service: how will you help turn the tide against this social media driven movement of disinformation and hate directed towards this vulnerable minority of people, particularly young people?

A full list of issues/themes can be found in the appendix.

Question 7.2: Have you ever accessed Sexual Health Services?

This question was useful to see how many of the respondents had actually used our local or other SH services, and quite interestingly, more than a quarter of respondents had *never* accessed sexual health services. Around 43% had accessed SH services within C&H, around 7% had accessed them within NEL and almost a quarter elsewhere. This highlights the open access nature of SH services, and also that views on sexual and reproductive health are relevant to all, not just those who attend and use services.



If people answered yes to having accessed SH services, they were then asked:

Question 7.3 What do you think works well in the Sexual and Reproductive Health Service Provision that you received?

A total of 74 respondents (73% of all respondents) provided some feedback, though in 17 cases there were inconclusive replies such as not sure or can't remember, or listing a bad experience, while two of those stated they did not think services worked well.

Among the other replies, many mentioned multiple qualities, such as the service being fast, the staff being friendly and/or professional, and the fact that multiple services can be accessed in one place (e.g. testing as well as contraception or cervical

smear). Over a quarter (27%) of people providing feedback committed on the friendly and professional service or staff, and 15% mentioned the services felt safe and/or non-judgemental: *Culturally competent services that are free from judgement and stigma.*

Quality	Number of replies
Friendly/professional service/staff	20
Non judgemental/safe	11
Easy/accessible	8
Online/SHL	8
Fast and effective (tests, services)	9
Confidential/private	7
Timely appointments/easy to book	6
Walk in service (plus: combined walk in and appointments)	5 (2)
Education/advice/info	5

Other comments included: free; choice; good quality of care; LGBTQ+ friendly; culturally competent; one stop shop. A few direct quotes on what works well are posted in the box below for illustration.

Verbatim comments question 7.3

<p>Easy to check in at Reception. Short waiting time. Kind, friendly and reassuring health professionals.</p> <p>Facilities are available but there is a need for campaigns and sensitization</p> <p>The staff were great. Supportive and non-judgemental. The biggest hurdle was easily finding clinics that were available and getting seen.</p> <p>Easy access with online booking and information. Safe and no judgemental sex positive space, tailored care for LGBT+ sexual health away from imposition of religious or straight oppression/frameworks.</p> <p>Time is given during the appointments to explore current concerns and provide relevant options and advice.</p>

Question 7.4 Is there anything that could be improved in the Sexual and Reproductive Health Service Provision that you received?

A total of 75 people (74%) provided a response here, though again, many (27, or 36%) did not give any actual feedback, stating n/a, no, or that they had no issues with the service. Some made mention of their positive experience with the Dean Street clinic.

As with the previous question about what worked well, many people provided an example of a personal experience that had been negative, and then advocated for a service or intervention to be introduced or done better (e.g. no penile swabs, get reminder when coil needs replacing, painful to take bloods for self test, inclusion of non-latex condoms).

Often a recommendation was made to seek the betterment of the entire service delivery. Some examples:

- Better treatment for excessive/constant bleeding
- Staff training on gender diversity/LGBTQ
- Joined up services across London - a single website/app where you can access information about STIs, contraception and services; a single point of access for appointments for sexual health services across London
- Test results available in a phone app
- Tailored information for your condition provided through an app
- Joined up ways of informing partners and letting them access appointments
- A mixture of walk-in and appointment services
- Offer of vaccines to heterosexual people (HPV, Hep)

The issues most mentioned as needing improvement are listed in the table below.

Issue	Replies
Access/getting appointments	15
Waiting times	5
Better info provision on clinics/opening times	4
Free condoms for all	4

This shows that access remains a key issue, as raised by 20% of the respondents for this question.

A few direct quotes in the box below, on what can be improved:

Verbatim comments question 7.4

Free condoms for all ages

More and better located physical premises with longer hours of operation shorter wait times more walk in slots 7 days a week

Gender sensitive and inclusive care

Clear path for moving from another area or London borough into the borough re. Sexual health services, especially if you have an ongoing case or condition, eg. How is handover of your file handled and communicated to you?

Maybe longer hours and or more clinics - especially for 'minority groups'

People who answered they had not accessed SH services were asked:

Question 7.5 What stopped you from accessing Sexual Health Services?

In total, 56 people provided some form of answer to this question (55%). The majority (26 out of 56; 46%) stated nothing or they had not needed to use it. Some did add comments to qualify those statements, such as 'not needed because I protect myself', or saying they are 'Confident of leading a good sexual lifestyle absolutely devoid of risks'. Such statements can suggest a level of judgement of those who do use sexual health services. On the more extreme side, some statements were disparaging of people identifying as trans.

Access issues were a factor in 15 of the answers (27% of people who answered this question), mostly to do with making an appointment or opening times. Distance and age restrictions were also mentioned. Staff attitudes and feeling judged can work as a deterrent. In other cases, GPs provided the service.

Issue	Replies
Lack of or difficulty in making appointments	6
Opening times	4
Don't know where to go or where the services are	4
Seen/supported by GP	4
Staff attitude/rudeness	3
Feeling judged/uncomfortable	3

A few comments on what stopped people from accessing sexual health services are included in the box below.

Verbatim comments question 7.5

Lack of appointment availability

Age restrictions on clinics, clinics far-away or no appointments.

I have not yet had any issue in relation to sexual health

Having to wait too long

Not knowing it's there

I didn't have because I was always careful

But I scared for my children because

Now life is very hard

And very sensitive

I don't want nothing happen to my children

I try to teach them every day

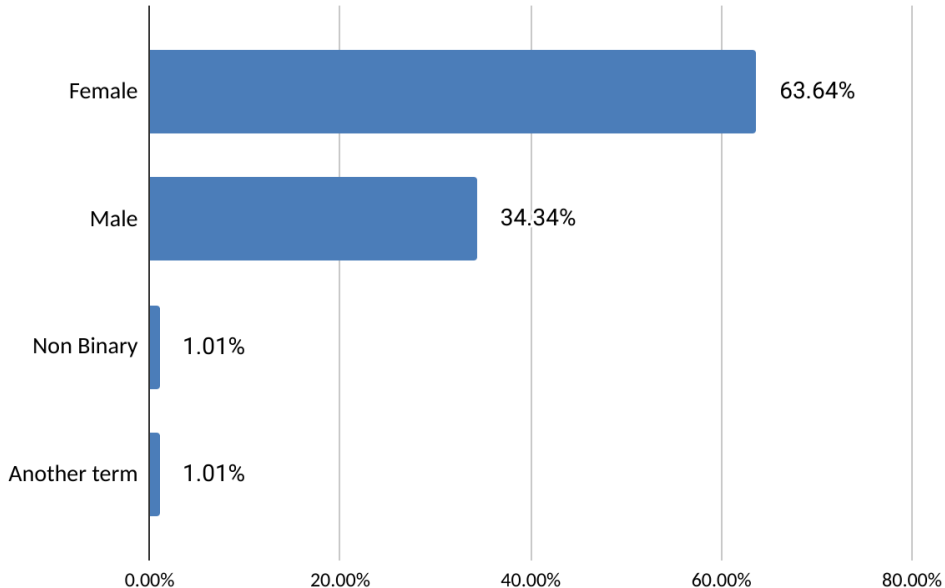
But I don't trust strangers ore who is behind the corner

Lack of confidence about how I would be treated. I got over it and used them but I did find it hard and I worried a lot.

Demographic information (online survey respondents)

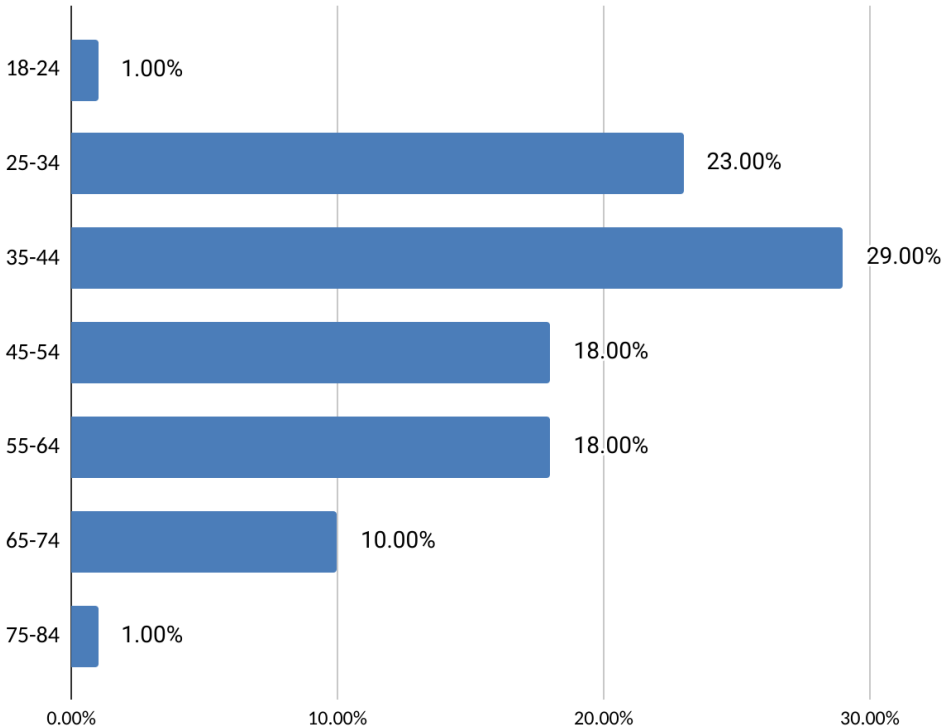
Demographic information on the online survey respondents (102).

Gender



The majority of respondents stated that they were female (63), followed by male (34), another term (1) and non-binary (1)

Age group: Are you... (Base 100)

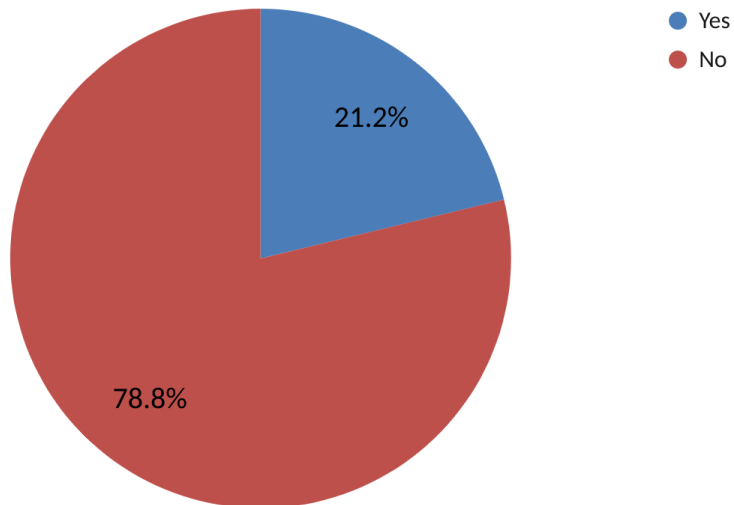


The age group with the highest number of respondents was 35-44 (29), closely

followed by 65-74 (7), 45-54 and 25-34 (4 each), 55-64 (3) and 75-84 (1).

In terms of age, only one young person 24 or under (1%) completed the survey, while 28% of respondents were aged 35-44, with 46% aged 45 or older. Overall, a mature audience that does not fully reflect the demographic make-up of City and Hackney.

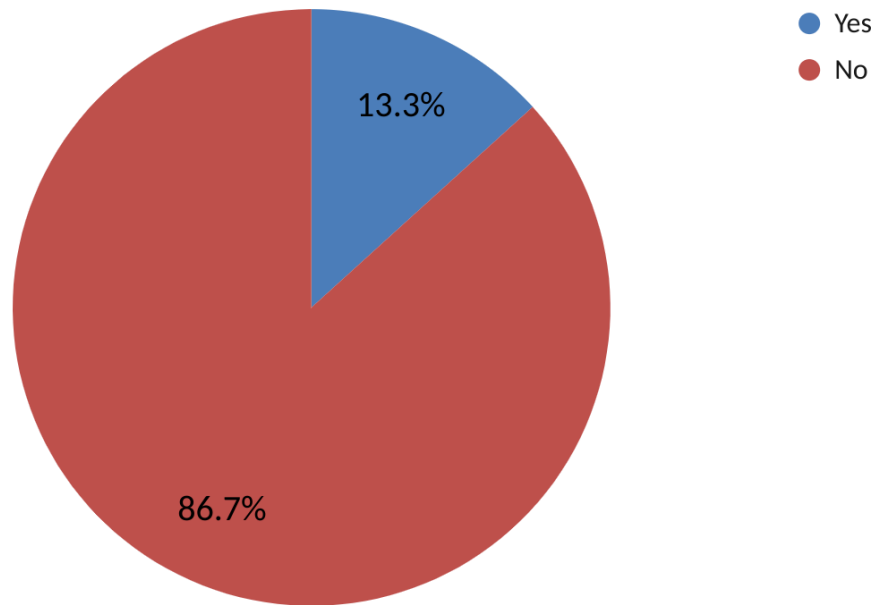
Disability
(Base 99)



The majority of respondents stated that they did not have a disability (78), with 21 respondents stating that they do. That represents 20.6% of this sample, or one in five respondents.

Caring responsibilities

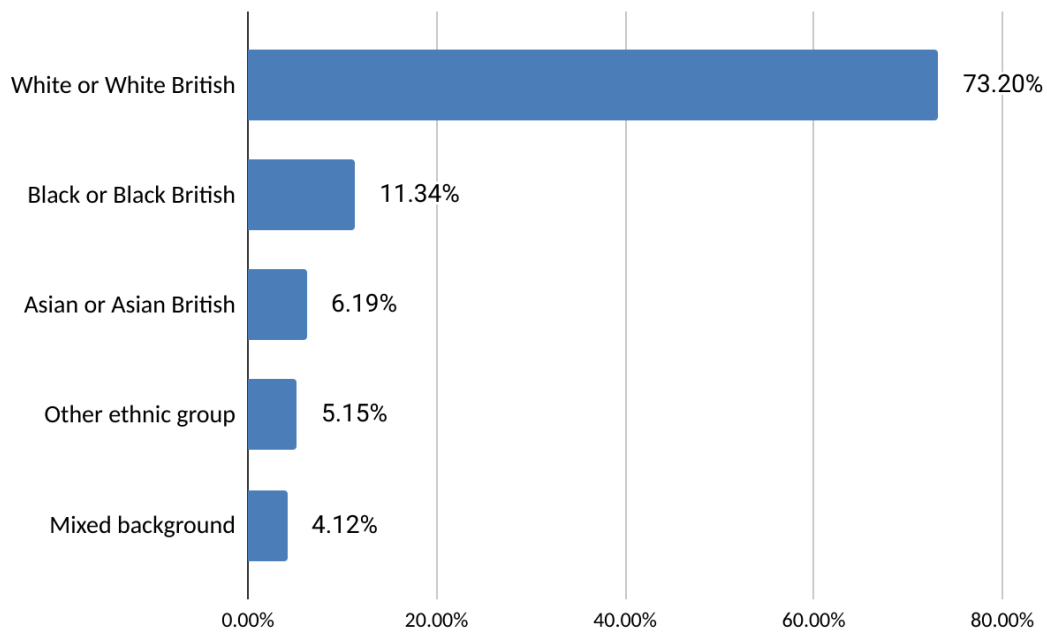
(Base 98)



The majority of respondents stated that they did not have a caring responsibility (85), with 13 respondents stating that they do. This represents almost 13% of the respondents or about one in eight.

Ethnicity

(Base 97)

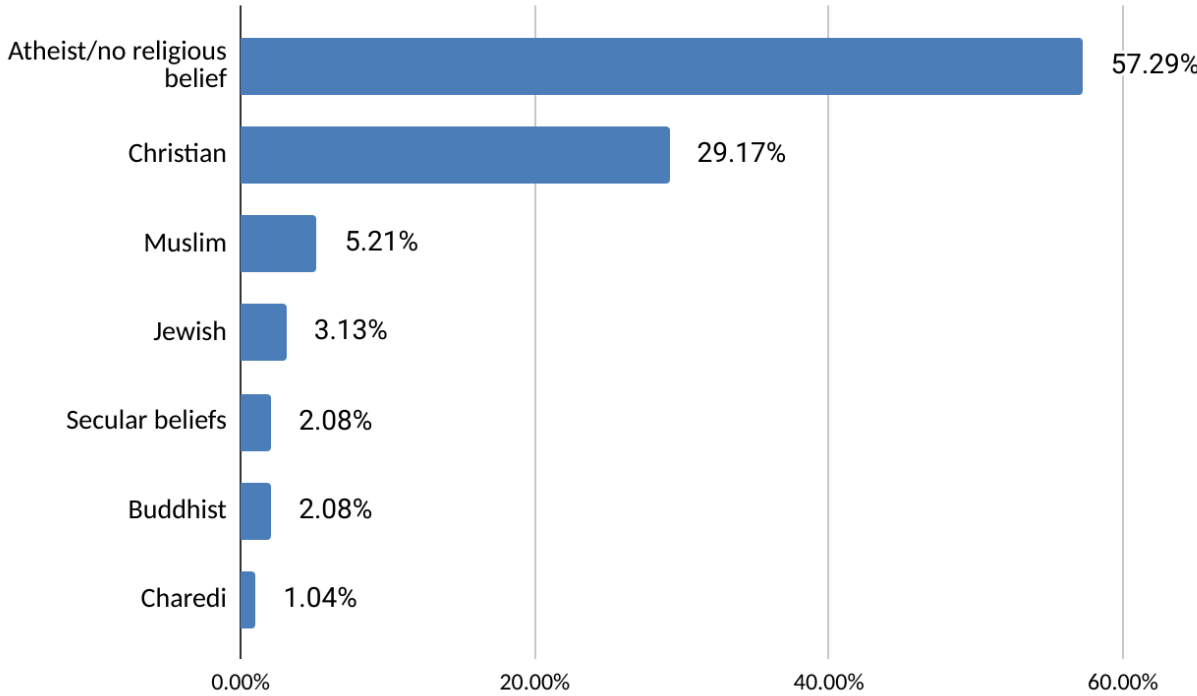


The majority of respondents stated that they were white or white British (71

respondents, or almost 70%). All others accounted for a much smaller number. For example, 11 respondents (11%) stated they were Black or Black British and six stated they were Asian (6%). The demographic makeup of Hackney is 57% white or white British, 20% Black or Black British and 10% Asian, for example, so the survey respondents don't reflect the population's makeup, with white people over-represented. That said, respondents are from both City and Hackney and City has a 69% white population, with 13% Asian and 4% Black residents.

No postcode data was recorded so it is not known what the distribution between City and Hackney residents was.

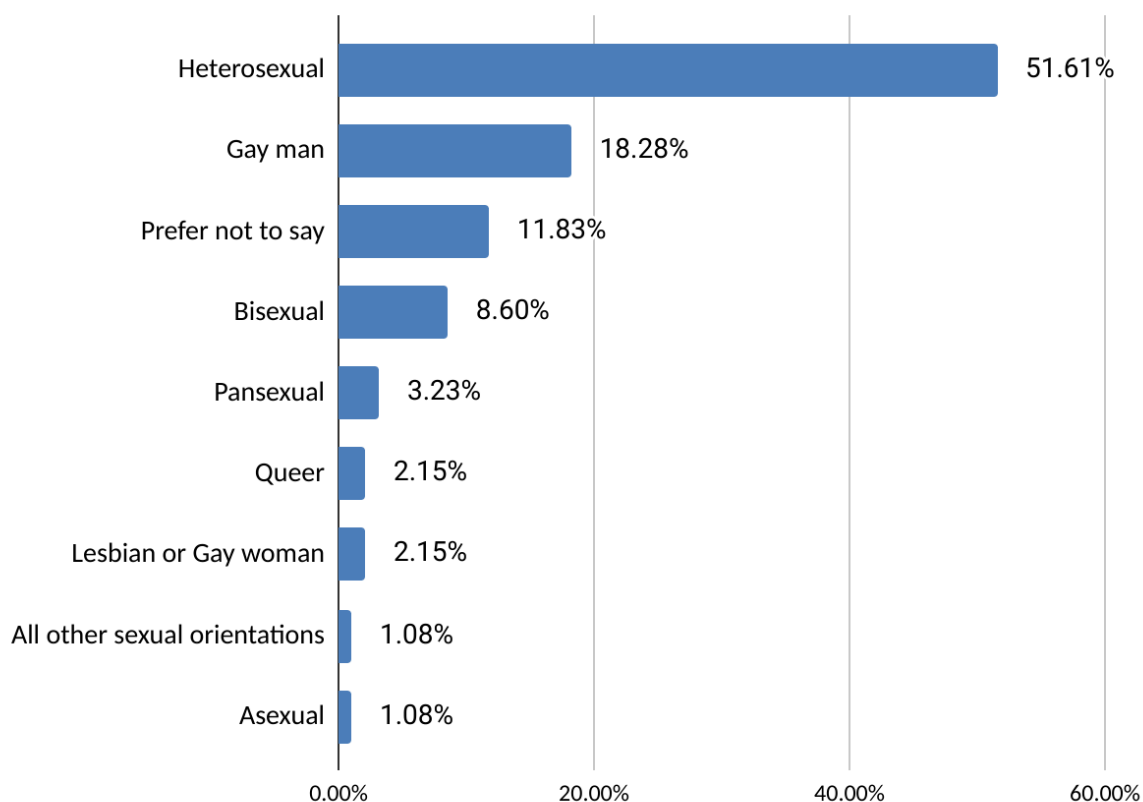
Religion (Base 96)



The majority of respondents stated that they were Atheist/no religious belief (55), followed by Christian (28). Five people stated they were Muslim (5). Fewer than five people stated they were Buddhist, Jewish and/or Charedi.

Sexual orientation

(Base 102)



The majority of respondents stated that they were Heterosexual (48), with all others accounting for much smaller numbers.

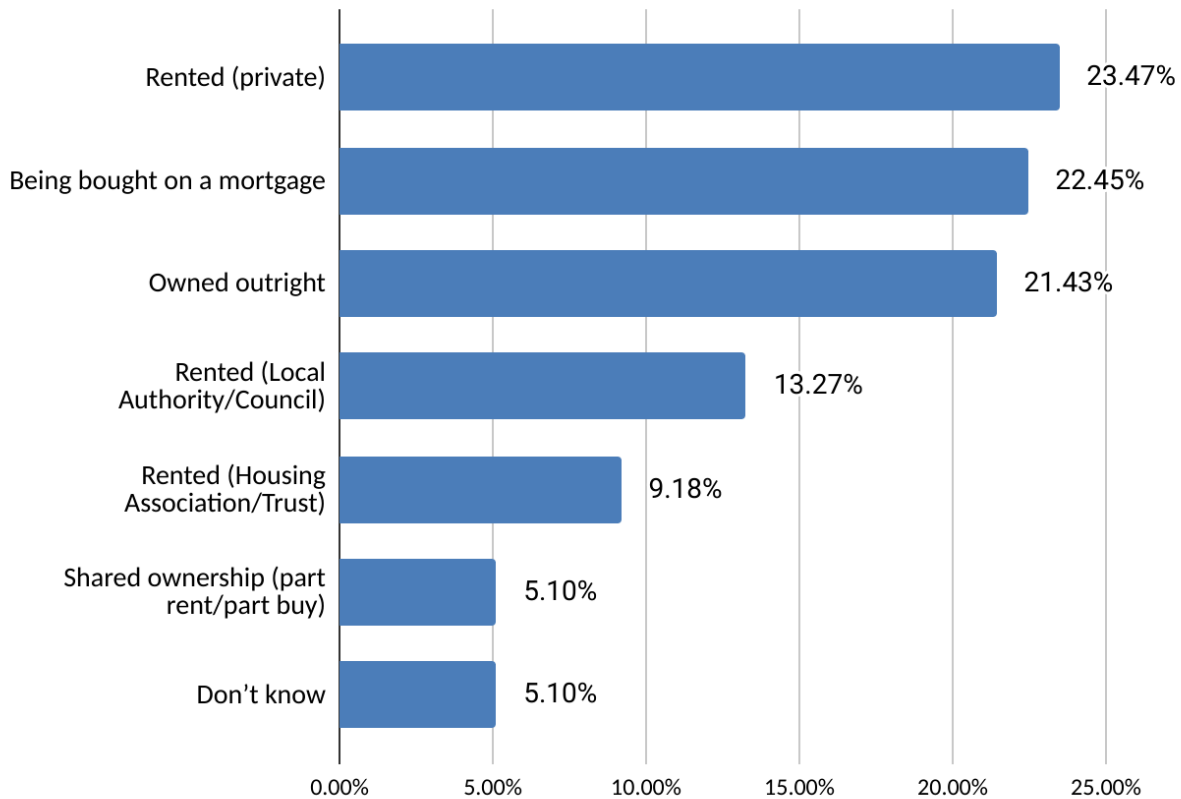
Even though the majority described themselves as heterosexual, this was less than 50% of all respondents, with gay men making up 16.7% of respondents and 7.8% bisexual. This means together, LGBTQ+ representation made up 33.3% of respondents.

Still, 11 people (10.8%) preferred not to state their sexual orientation and nine people did not answer the question (8.8%).

Even though City & Hackney have a relatively high proportion of the population that identify as LGBTQ+, this is an overrepresentation. This could indicate that many LGBTQ+ people feel very strongly about sexual health and want their voices to be heard, or the focus of the promotion of the survey was in some way skewed towards LGBTQ+ audiences, for instance it may have been amplified through LGBTQ+ networks.

Housing Tenure

(Base 98)



The tenure with the highest number of respondents was those who rent privately (23), followed closely by those who are buying on a mortgage (22) and Owned outright (21). Other respondents are renting from the Council (13), a Housing Association/Trust (9). Shared Ownership and don't know (5 each).

Easy Read survey

An image-based Easy Read survey was made available for people with learning disabilities or others who preferred this over a fully word-based survey. A total of 13 responses were collected. A summary overview of the findings is reflected here without further detail in order to avoid any possible identification of the respondents. in this section. The questions were in essence the same as in the online survey but the wording had been adapted, while every tick box question had an option for someone to make additional comments. Respondents made use of this option frequently, and their views largely support the views expressed in the online survey.

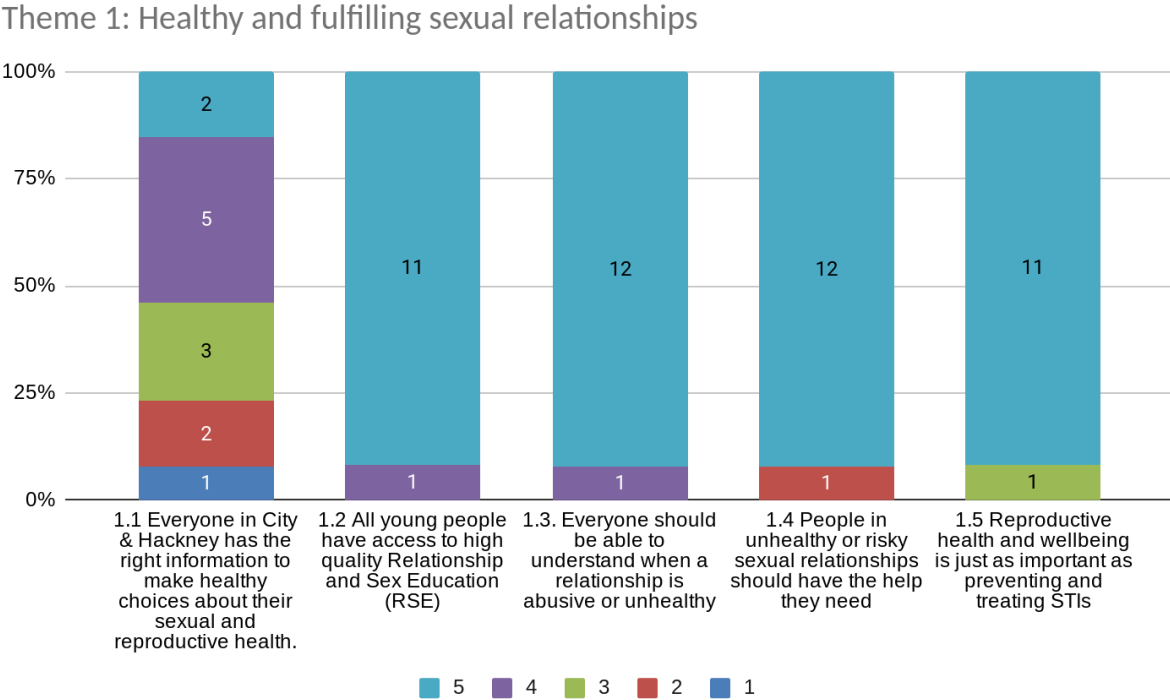
The issue of how questions were framed and interpreted - as a statement of an ideal to be reached or as a reflection of the current situation- was probably more challenging. It is a lesson learnt for future consultations.

Theme 1: Healthy and fulfilling sexual relationships

The first set of questions related to theme 1, about healthy and fulfilling sexual relationships. There was very strong agreement on most of these, as per the chart below, except the one about people having the right information.

The scoring was as follows:

Scoring: Agree a lot=5 Agree a little=4 Don't know=3 Disagree a little=2 Disagree a lot=1



1.1 Everyone in City & Hackney has the right information to make healthy choices about their sexual and reproductive health.

Respondents had mixed views on this.

1.2 All young people have access to high quality Relationship and Sex Education (RSE)

This was deemed very important by most.

1.3. Everyone should be able to understand when a relationship is abusive or unhealthy
This aim had very strong agreement, and respondents held very pertinent views.

1.4 People in unhealthy or risky sexual relationships should have the help they need
Respondents had observations around holistic support, and that accessing services is not always easy for people.

1.5 Reproductive health and wellbeing is just as important as preventing and treating STIs

This aim also had strong agreement from respondents.

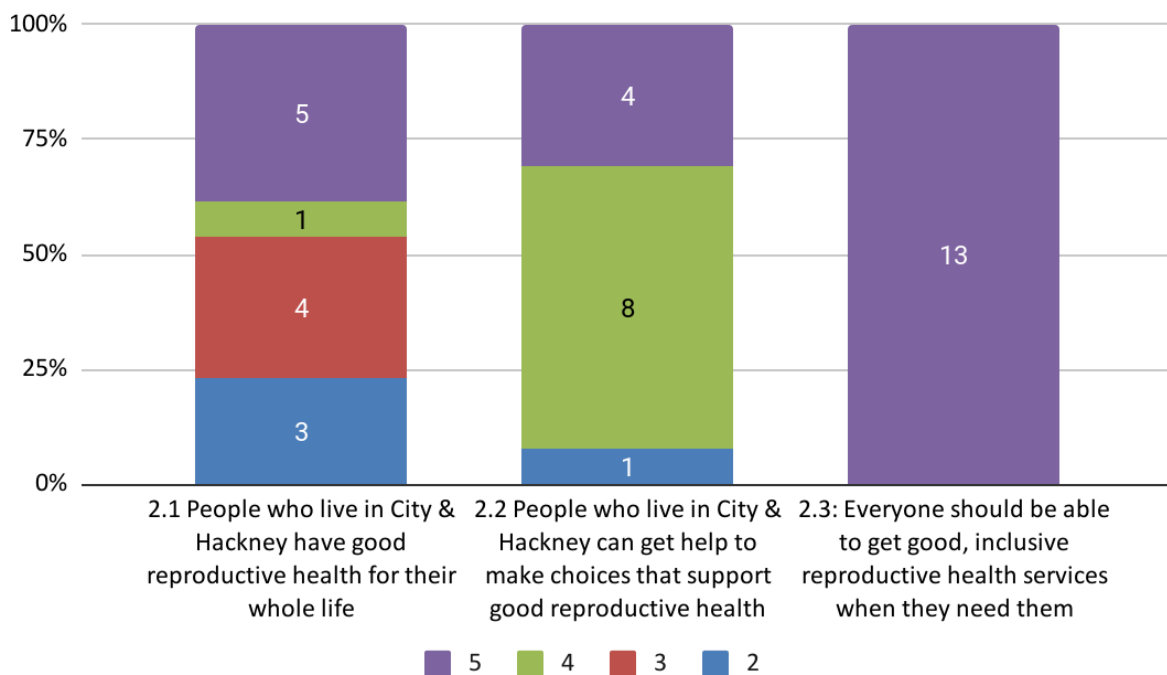
Theme 2: Good reproductive health for your whole life

The scoring was as follows:

Scoring: Agree a lot=5 Agree a little=4 Don't know=3 Disagree a little=2 Disagree a lot=1

The respondents were of the same mind in saying that everyone *should* be able to get good, inclusive reproductive health services when they need them. The wording of the other questions show that they were likely interpreted to mean 'at this present moment'.

Theme 2: Good reproductive health for your whole life



Observations about access and knowing where to look/go echo comments made in the online survey.

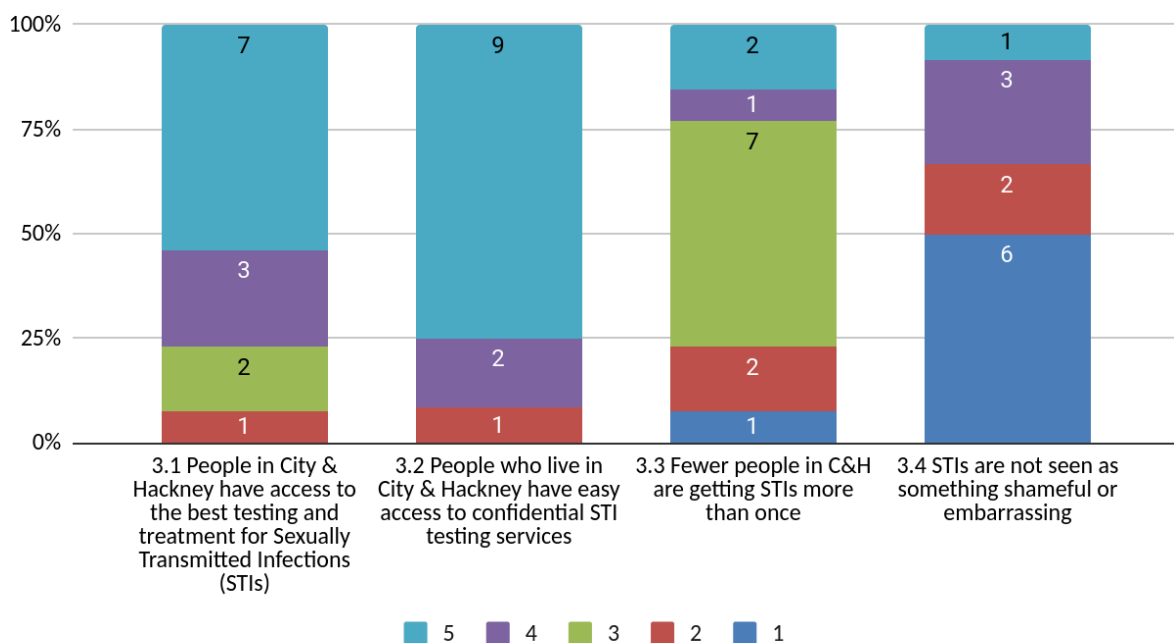
2.3: Everyone should be able to get good, inclusive reproductive health services when they need them

This was strongly agreed on by all.

Theme 3: Preventing and treating sexually transmitted infections (STIs)

In this section it became clear that for many, having an STI is still seen as something to be ashamed or embarrassed about, but also agreement that there is/should be access to good testing and treatment services, with confidentiality especially rated as very important.

Theme 3: Preventing and treating sexually transmitted infections (STIs)



3.4 STIs are not seen as something shameful or embarrassing

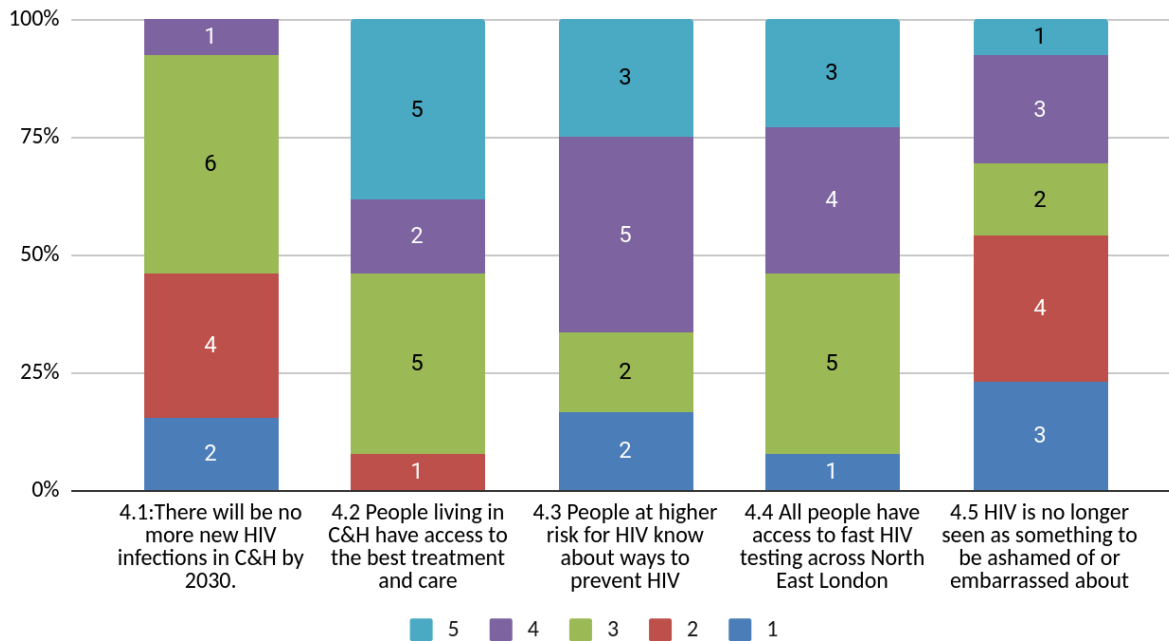
The feedback indicates there is still a lot of work to do around normalising conversations about sexual health and reducing the stigma attached to STIs.

Overall, there is a concern especially for children and young people to have access to the right information, and for their specific needs to be taken into account.

Theme 4: Getting rid of HIV

What was apparent in this section is that people felt getting to zero new infections or no stigma was unlikely. In fact, people felt having HIV was highly stigmatised. The issue of access (to testing) and clear information was also raised. Overall, the scoring was varied, with quite a few respondents not being sure about their answers.

Theme 4: Getting rid of HIV

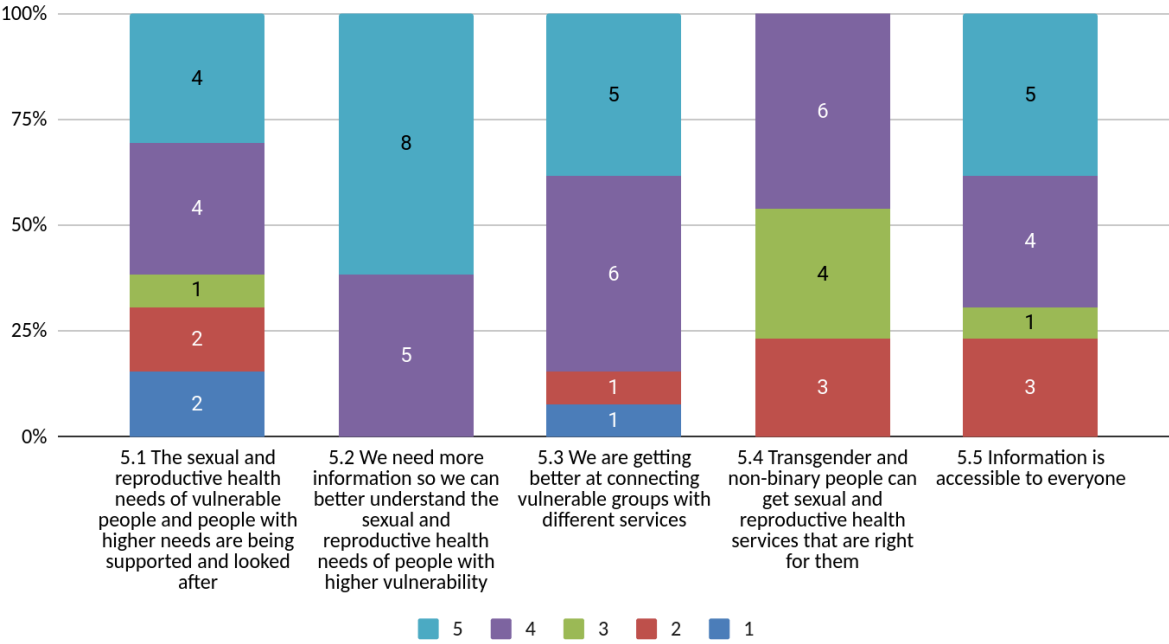


The feedback to 4.5 especially, indicates there is still a lot of work to do around dismantling HIV stigma, similarly to the stigma attached to STIs in general.

Theme 5: People who are vulnerable or have higher needs

This theme elicited empathy and a degree of insight that likely comes with lived experience. For example, accessing support is often not as easy as it may seem, and some people need support in order to access support. The feedback also underscores that information cannot just be available in one way or format, and may not be easy to access.

Theme 5: People who are vulnerable or have higher needs



Demographic information

Respondents had a choice to provide demographic information and most did. As this was a very small sample size, the information will not be included here, in order to prevent anyone from potentially being identified.

Appendix: summary of written feedback in the online survey

Q: Have we missed anything? Please outline any additional priorities you think we should consider for the sexual and reproductive health strategy.

- No clarity on where to go for testing.
- Better signposting
- Access to clinics/opening times
- Free condoms for all
- Appropriate support for rape/sexual abuse survivors
- Space/clinic for trans patients
- PSHE/SRE incl. Outreach services/funding
- YP services/YP with SEND/LD, incl. accessibility
- HIV Stigma
- HIV test for everyone accessing health care services
- Training of healthcare staff on HIV stigma
- Privacy and confidentiality
- Intersex people's needs
- Access needs people with disabilities
- Comms/social media (innovative)
- Languages/information
- Invest in prevention
- SRH campaign at community level/work with CVS
- SH for mature population
- Context of family and stable relationships
- Self-conducted smear test trial
- Painful periods/routine checks for endometriosis and fibroid
- Menopause/perimenopause
- Better coil removal services
- Repro health services free for all and comprehensive (include maternity, fertility etc)
- RSE for all YP reflecting a variety of family models,sexual orientation etc. Inclusive and comprehensive
- Support for chemsex users (MSM)
- Sexual health should be NHS responsibility not LA
- Counter disinformation and hate against trans people
- No teaching of gender ideology in RSE, stick to biological sex

Q: What do you think works well in the Sexual and Reproductive Health Service Provision that you received?

- Good service
- Walk-in/drop in service

- Combination of walk in and appointments
- Confidential/private
- Friendly/professional service/staff
- Quality of care
- Fast and effective
- Timely appointments/easy to book
- Online/SHL
- LARC
- Non judgemental/safe
- One stop shop (testing, repro health, etc)
- Free
- Choice
- Easy/accessible
- Good communication/supportive
- Education/counselling/info
- Results by text
- LBGTQ+ friendly
- GP
- Culturally competent

Q: Is there anything that could be improved in the Sexual and Reproductive Health Service Provision that you received?

- Access/getting appointments
- Waiting times
- Longer opening times
- Walk in services
- In person testing for those who have difficulty bleeding for self-test
- Free condoms for all/all ages
- More trained staff
- Better/modern facilities/buildings
- Non-judgemental service and communication
- More clinics/facilities or better located
- Coil fitting reminders (expiry)
- Better phone access
- Joined up services across London (single point of access for appointments, test result etc)
- Tailored info on results/conditions via app
- Mix of walk in and appointments
- Inappropriate of packed waiting area
- Staff attitude/rudeness/impatience/not welcoming
- No penile swabs
- Better info provision on clinics/opening times
- Guidance on clinic visits (what happens during your visit)

- Overall provision of/access to info/guidelines etc
- Gender sensitive/inclusive care
- More 'minority group' clinics
- Stigma
- Offer of vaccines to heterosexual people (HPV, Hep)
- Staff Training on gender diversity/LGBTQ_
- Better info on contraceptive choices
- More resources for reproductive health
- Better menstrual services (heavy, constant bleeding)
- No STI test before psychosexual counselling
- Connection/comms between GPS and SHS
- Increase number of SH service pharmacies
- More condoms per pack, better variety of condoms including non-latex and XL (Skyns)
- Include oral and anal swabs for heterosexual people
- Improve VCS capacity/more innovative
- More services outside of clinical settings
- Better guidance on how to use test kits (urine)

Q: What stopped you from accessing Sexual Health Services?

- Not needed/nothing
- Access/opening times HSHS
- Access/lack of appointments
- Access/distance
- Access/age restrictions
- Access/waiting times
- Services to be culturally aware/sensitive
- Lack of confidence/worried about how I would be treated
- Don't know about the services
- Staff attitudes/judgement
- Text reminders re SRH
- GP service used
- Free condoms for all