

MAKING SENSE OF THE DATA AND INTELLIGENCE TO MONITOR TRENDS AND UNDERSTAND NEEDS



Hayley Rees - GP, Bevan Healthcare Leeds



Thursday
afternoon health
bus alongside
Joanna Project

Nurse/ANP
afternoons with
Basis 1-2x week

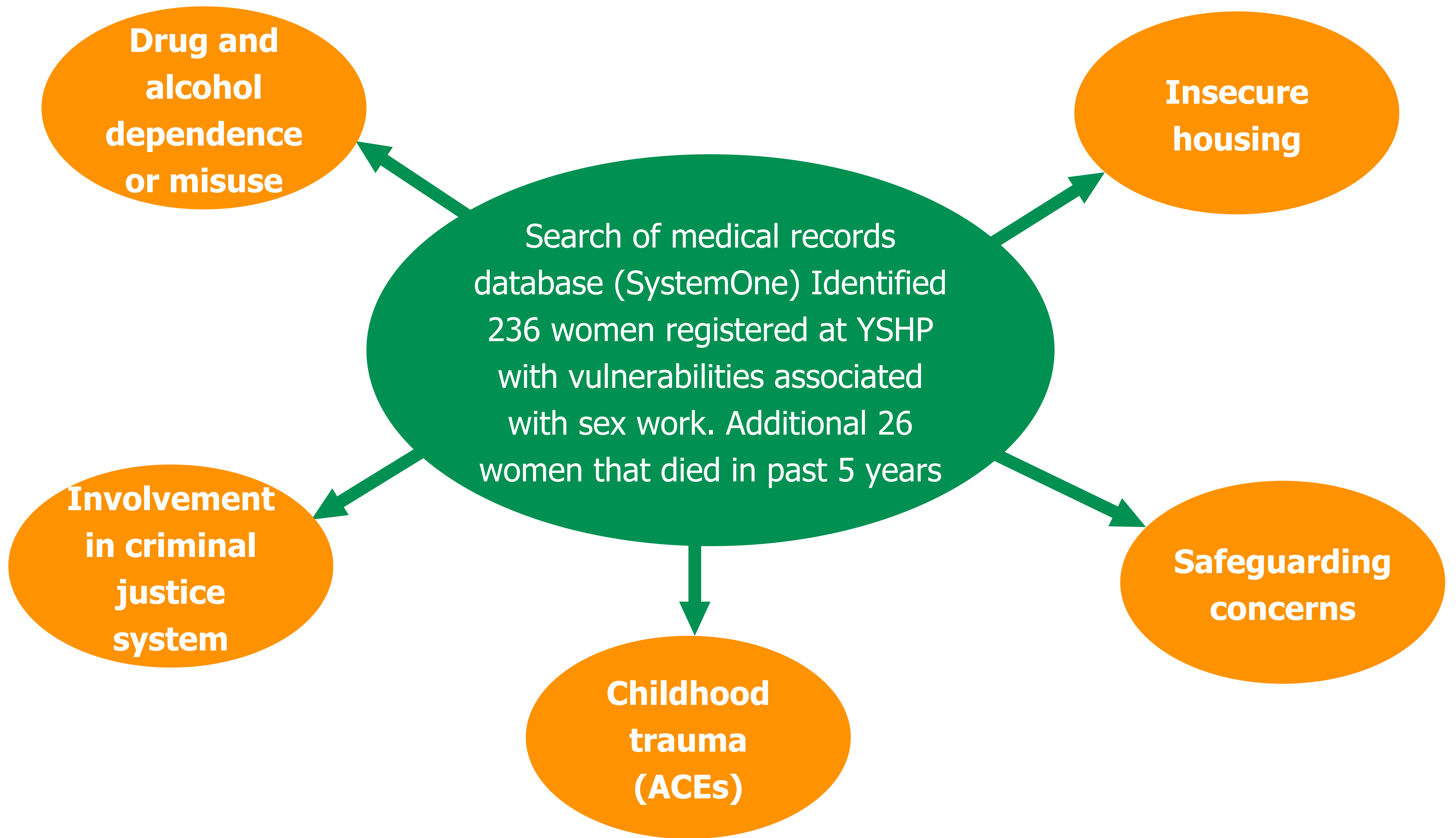
**CURRENT
PROVISION
FOR SEX
WORKERS IN
LEEDS**

Friday evening
outreach with
Basis

Weekly multidisciplinary
tasking meetings to
discuss current concerns
and find solutions

Monthly strategic
meeting to support city
wide supportive
'Managed Approach' to
sex workers



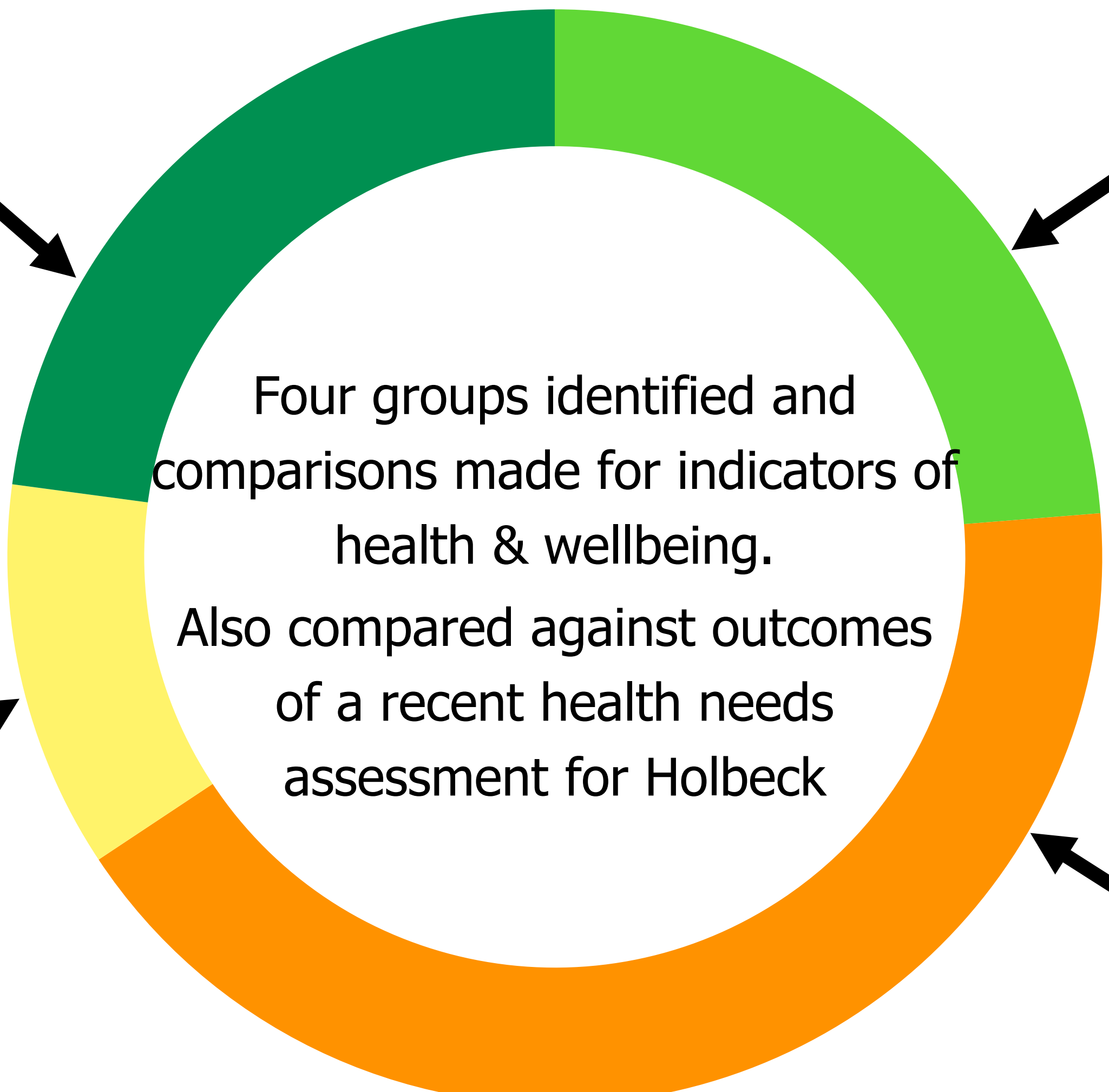


Current sex worker (indoors) 23%

Current street based sex worker 24%

Previous sex work 11%

Never sex worked 42%

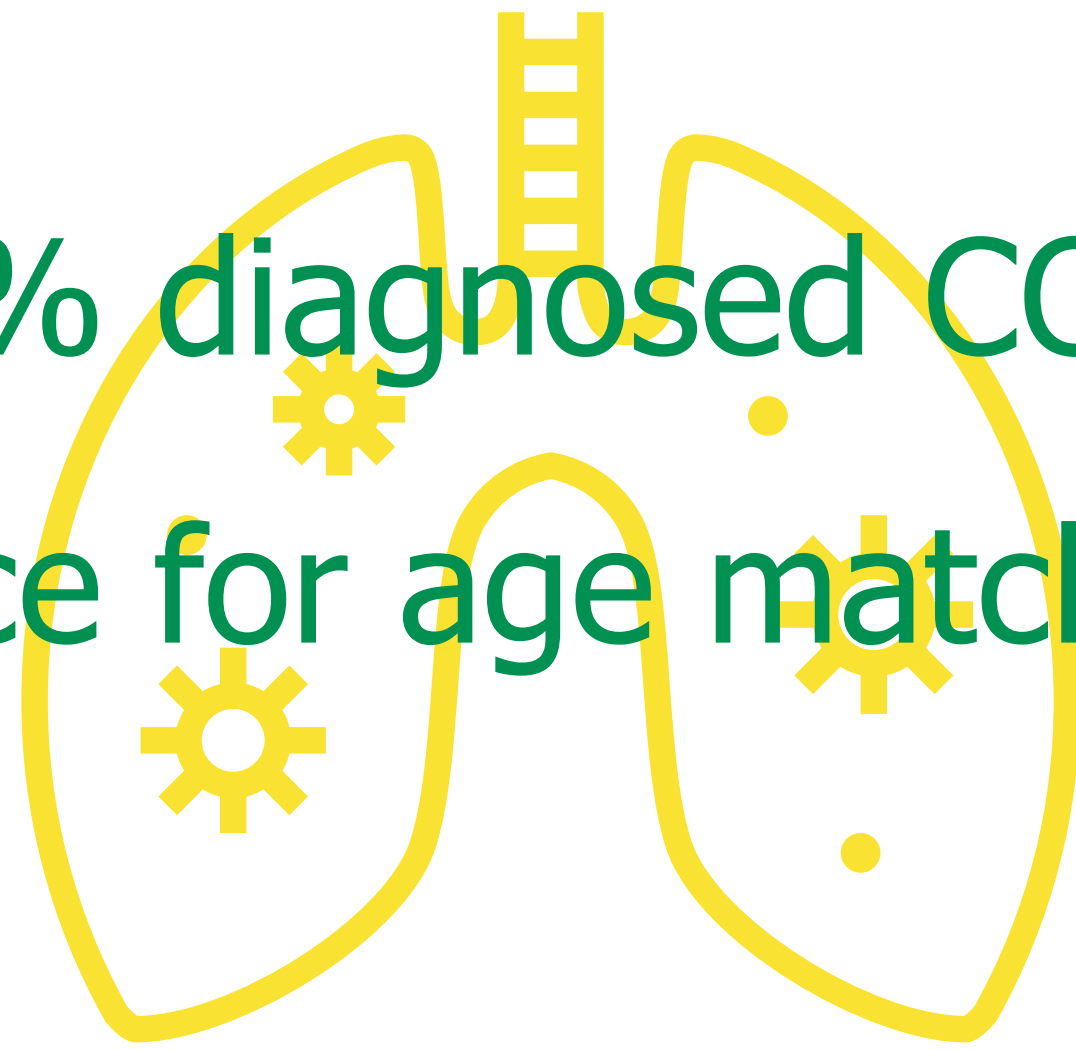


Four groups identified and comparisons made for indicators of health & wellbeing. Also compared against outcomes of a recent health needs assessment for Holbeck

OUTCOMES - PHYSICAL HEALTH

Up to 30% diagnosed COPD

Prevalence for age matched cohort in local area 4.7%



Groin injecting leads to thrombosis, infections and damage to major vessels

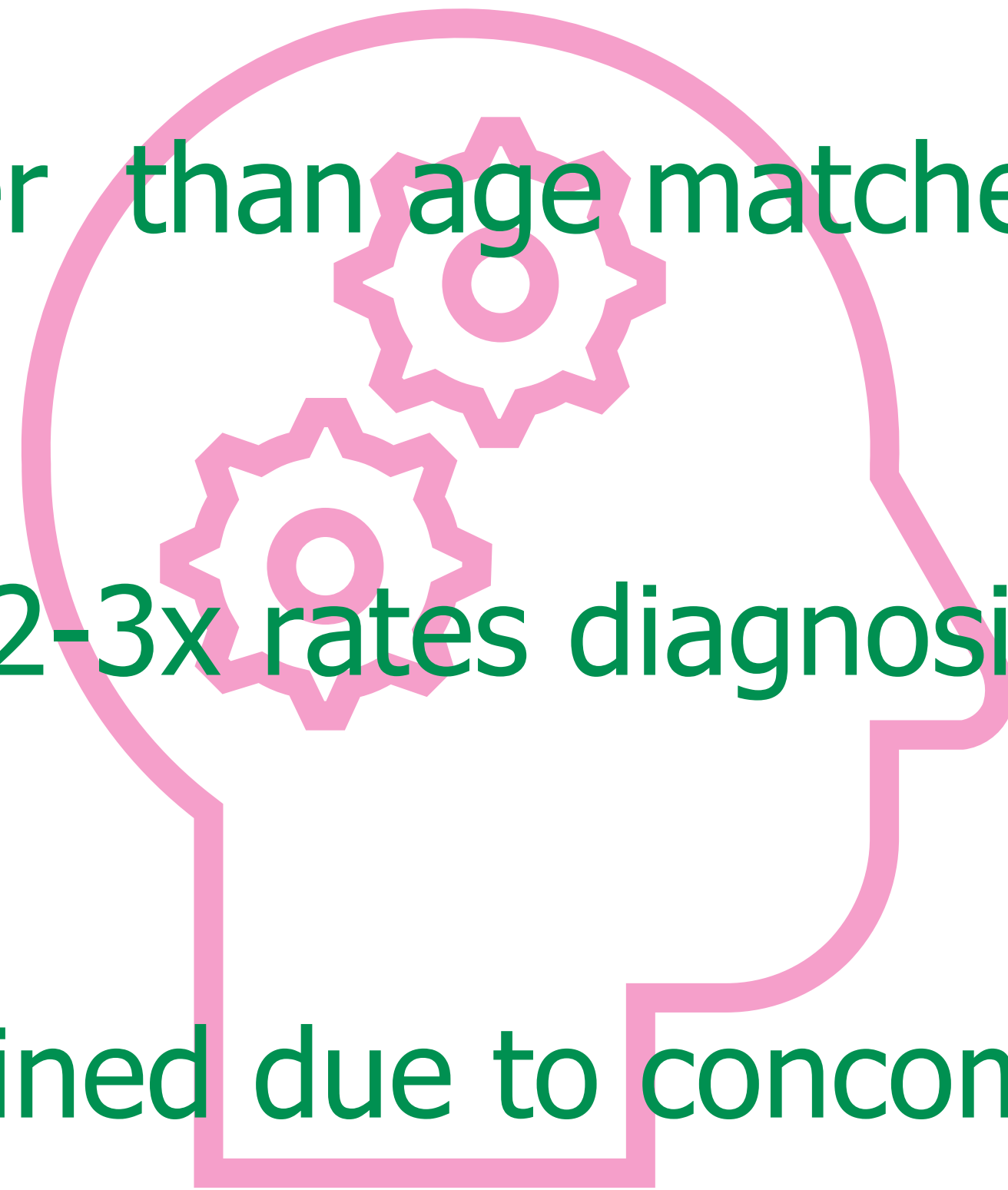


OUTCOMES - MENTAL HEALTH

Rates depression higher than age matched group in local area
45% vs 20%

Street based SW have 2-3x rates diagnosis psychosis compared
to other groups

MH referrals often declined due to concomitant drug use



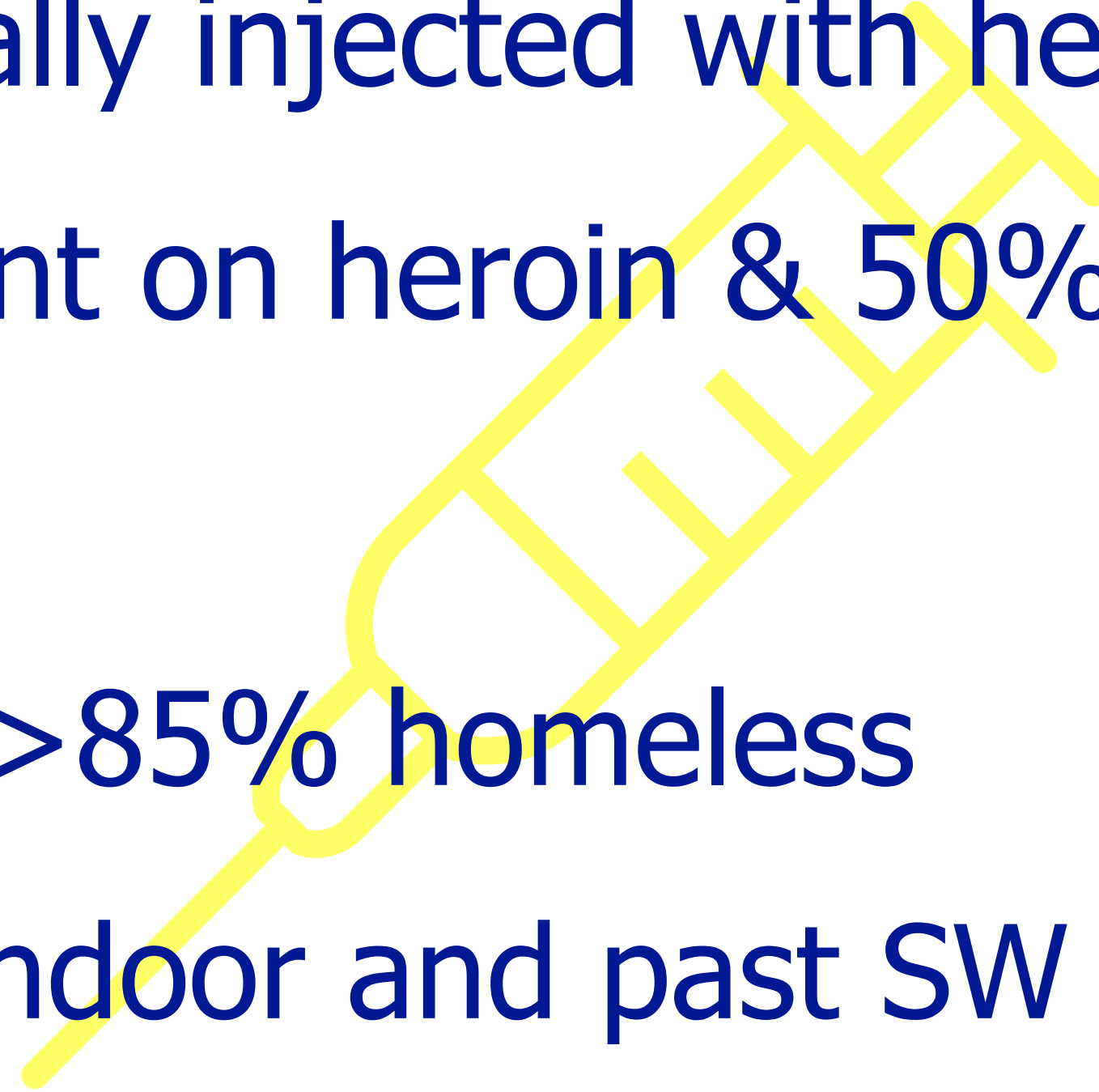
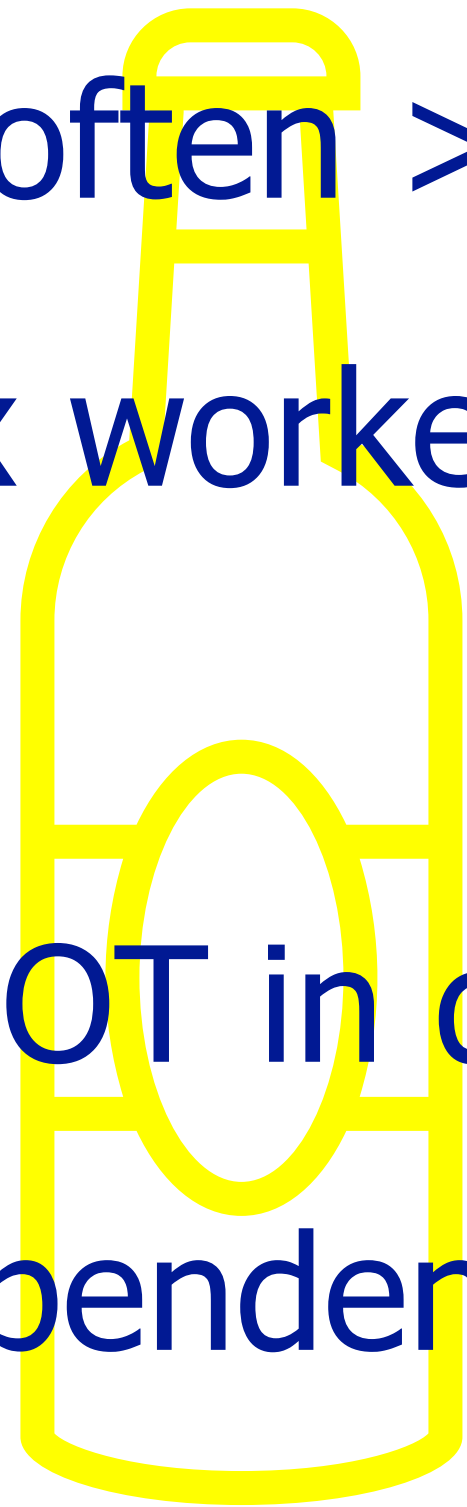
OUTCOMES - DRUG & ALCOHOL USE

Crack use often >£100 day. Usually injected with heroin

7 in 10 sex workers are dependent on heroin & 50% are in treatment

Of those NOT in drug treatment >85% homeless

Alcohol dependency highest for indoor and past SW (30%)



OUTCOMES - HOUSING

57% SBSW homeless compared to only 11% of Ex SW

60% women seen on outreach are 'no fixed abode'

Many sofa-surf/stay in trap houses - perpetuates cycle drugs, violence, exploitation



OUTCOMES - SOCIAL NEEDS

80% women have childhood trauma (ACEs)

50% SW have history of childhood sexual abuse

> 30% women have been in the care system

ALL women that SW have had their children removed from their care

50% SW met criteria for MARAC in past 5 years

ALL these women have experienced abusive relationships as adults

>60% SW been in remanded to prison, usually acquisitive crime

DEATHS

26 women died in 5 years

AVERAGE AGE AT DEATH 41 YEARS

Drug overdose or intoxication direct cause for eight

Drug use indirect cause for eight eg. infection or thromboembolism

Most likely group to be dependent on drugs AND alcohol

1/4 had limb amputation due to complications drug use

Indicators they're overlooked low rates of MH diagnoses and MARACs

'What's the point of bein' young if you ain't gonna get old?'



LEARNING



OUTREACH

Go to them, where they are.
Adding in Friday evening sessions immediately doubled number health related contacts per month.

Flexible, reactive support

REGULAR DROP IN

Provides consistency, so women know when & where to find services.
Develops relationship and trust.

LEARNING

Women that have exited SW most likely to engage in healthcare, SMS and be housed (75%)

GOOD accommodation

Conversely SBSW and those that died worst outcomes for housing (57% NFA), health and SUD



More women in
drug treatment

Improved MH
links &
acceptance of
referrals



More women
registered with
GP



Outreach sexual
health &
contraception

Awareness of
what we want to
achieve



Health needs
assessment
working group

NEW outreach SW
substance misuse
service

Successful Covid
vaccination
programme



Outreach spirometry
to improve COPD
diagnosis

IMPACT

NEXT STEPS

Sharing of services available

Problem solving of barriers to access

Improved communication - IM group

Co-production of annual health review

Exploration of patient passport

Better consideration possibility undiagnosed neurodiversity

'If you set your mind free, baby
Maybe you'd understand
Starfish and coffee
Maple syrup and jam'





Thank you
Any questions?

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