St. Helens Sexual Health Needs Assessment

2014
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1. Background

Improving the sexual health of the population can be complex. It requires measures to prevent and reduce incidences of Sexually Transmitted Infections (STIs) and physical ill health as a result of those infections. In addition, there is the need to ensure that people, whatever their age, have the right information and support to assist them in making informed choices about relationships and sex, that they have choices about creating a family at a time that is right for them and that they stay emotionally healthy and free of discrimination.

The purpose of a sexual health needs assessment is to support local health services to meet the needs of the population and to provide evidence for effective commissioning. Understanding the local needs and identifying gaps in health care provision not only improves health but can reduce health inequalities.

This report uses the latest available data to show numbers, trends and rates of sexually transmitted infections, HIV, community sexual health service activities and screening.

The Framework for Sexual Health Improvement in England (DH, 2013) sets out the national strategy on Sexual Health. The framework recommends robust action in relation to

- continuing to reduce STIs;
- continuing to tackle stigma and discrimination;
- reducing unwanted pregnancies by ensuring people can make informed decisions and have access to a range of contraception;
- Reducing HIV through preventative work; promote integrated working.
2. The Demographics of St. Helens

2.1 Population

The population of St. Helens is 176,114 (2012 mid-year estimate, ONS). This has stayed fairly constant for the past decade however predictions suggest that the population will increase over the next 10-20 years to reach 194,300 by 2035 (ONS, 2012). The number of people classified in the sexually active age group, 16-64, is predicted to decrease from 110,737 in 2013 to 109,721 in 2021 (ONS, 2012).

The population pyramid for St. Helens is similar to that of England, however, in St. Helens there is a larger proportion aged between 50 and 79 years old and proportionally less aged under-40 years. This highlights the ageing population that St. Helens will face in the coming years.

Figure 1: St. Helens Population pyramid

2.2 Births

There were 2,131 live births to St. Helens residents in 2012. This is very similar to the number of 2,145 in 2010. The 2012 birth rate in St. Helens is 12.1 live births in a year per 1,000 population. This is slightly below the North West and England averages of 12.6 and 13.0 respectively.

2.3 Ethnicity

The vast majority of the population of St. Helens is ‘white’ (98%) with the largest ethnic group other than ‘white’ being ‘Asian/Asian British’ (1.1%).

2.4 Mortality

All age, all-cause mortality rates in St. Helens have fallen for both men and women according to the latest trend data (2007-2012). However, male mortality rates increased from 666.8 per 100,000 in 2011 to 708.9 per 100,000 in 2012, which is largely due to an increase in mortality in those aged 80 years and over.
Cancer and neoplasms are the highest cause of death for both men and women in the Borough (30% and 27% of all deaths respectively) although mortality from circulatory disease has increased for males between 2011 and 2012.
Main causes of death in St Helens during 2012

* signifies less than 10 deaths

Source: ONS 2012 Annual District Death Extracts, 2013
2.5 Deprivation
The Index of Multiple Deprivation 2010 ranked St. Helens as the 51st most deprived local authority in England (out of 326). However, within the Borough differences in deprivation are vast. Out of 32,844 Lower Super Output Areas in England, the most deprived area in St. Helens is ranked 32,802 with the least deprived area ranked 2,449. This means that there are areas of the Borough in the most deprived 1% nationally, as well as the 7% least deprived nationally. Strong links exist between deprivation and STIs which must be considered in regards to sexual health need and service provision.¹

Map 1 Deprivation in St. Helens by local deprivation quintile


¹ Department of Health (2013) Commissioning Sexual Health Services and Interventions
3. What is sexual health and who is most at risk?

3.1 Sexual Health and how it is commissioned

Sexual Health is ‘a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity’ (WHO, 2013). It is a complex topic with numerous issues that can be encompassed within it, such as discrimination or deprivation. The multifaceted nature of sexual health can be seen in Figure 2.

Figure 2: Sexual Health Wheel
Public Health was given the responsibility of commissioning sexual health services when it moved into the Local Authority in April 2013 and is mandated to provide:

- Free Sexually Transmitted Infections (STI) testing and treatment, and notification of sexual partners of infected persons; and
- Free contraception and reasonable access to all methods of contraception.

The Clinical Commissioning Group and NHS England are also responsible for some Sexual Health service provision. The Clinical Commissioning Group commission services such as abortion services, and vasectomy services whilst NHS England are responsible for services such as HIV treatment and care and cervical screening.

The Public Health Outcomes Framework, which sets the national and local strategic direction for Public Health includes three indicators for sexual and reproductive health and HIV;

- Under 18 conceptions
- Chlamydia diagnoses in 15–24 year olds
- People presenting with HIV at a late stage of infection

3.2 Who are at risk of poor sexual health?

There are some populations that have a higher risk of having poor sexual health. For example, young people, lesbian, gay, bisexual and transgender (LGBT) people, the homeless and some black and minority ethnic (BME) individuals.

Men who have sex with men (MSM) are a population group that is at a higher risk of poor sexual health and in St. Helens there is limited services targeting venues which men who have sex with men frequent.

Alcohol consumption

Risk taking behaviours such as high levels of alcohol consumption are linked with unsafe sex (WHO, 2005). In St. Helens, 14% of people reported to consume alcohol of increasing risk or higher risk levels and nearly two thirds of the population drink alcohol, similar to the national and regional average (NHS Merseyside Lifestyle Survey, 2013).

Lesbian, Gay, Bi-sexual and Transgender (LGBT)

The LGBT community face many potential barriers to accessing healthcare including sexual health services. The numbers of LGBT people living in St. Helens is not known. To our knowledge there are no local LGBT support services currently active within the Borough; however in relation to sexual health there are services available out of area. National data has been used to indicate the issues that affect LGBT people in regards to healthcare.

In 2012, the Lesbian and Gay Foundation undertook the national online survey in which 2,580 Lesbian, Gay and Bisexual (LGB) people participated. Less than half of LGB people that took part stated that they had ‘come out’ to their GP or health professional (47%). This demonstrates that

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2 Department of Health. 2013. Commissioning Sexual Health services and interventions
3 Department of Health. 2013. A Framework for Sexual Health Improvement in England
many are not willing to disclose information regarding their sexual identity to their GP or healthcare provider which could influence the care provided.

The survey revealed that lesbian, gay and bisexual women are less likely than the general population to have regular sexual health screenings and many have never been tested. Only 7% of the LGB people responding to the questionnaire stated that they had never experienced a mental health problem which suggests mental health and wellbeing is considerably more prevalent in the LGB population than the general population. It should be noted that people who are transgender have not being included in this survey, however transgender mental health and wellbeing is known to be worse due to social isolation and discrimination. Sexual health services should be aware of the high proportion of LGBT people experiencing mental health problems and have information available to be able to signpost to relevant services.

Currently, limited work is undertaken to proactively encourage and support LGBT communities to access healthcare services. St. Helens Council are currently exploring the possibility of promoting a Charter Mark which is an equality mark which signifies good practice and an understanding of the barriers, issues and specific needs of LGBT people. This would ensure a pro-active approach in the Borough with regards to LGBT health and wellbeing and send a clear message to people that a service was sensitive to the needs of all service users.

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4. Disease Profiles

4.1 HIV

Public Health England estimates that at the end of 2011, 96,000 people in the UK were living with HIV. About a quarter have not had their HIV diagnosed and are unaware that they are HIV Positive.6

According to Public Health England, 2012, the overall prevalence of HIV infection in St. Helens is 0.7 per 1,000 15-59 year olds. This rate is lower than Liverpool and Manchester (1.8 and 5.7, respectively) and very similar to neighbouring boroughs of Knowsley (0.6), Halton (0.6) and Warrington (0.7). There were 7 new cases of HIV/AIDS diagnosed in St.Helens in 2012.7

In St.Helens in 2012, 81% of people eligible8 were offered HIV tests, of which 64% were taken up (PHE, 2014). These figures are similar to the Cheshire and Merseyside averages (79% offered, 64% uptake). When compared to the England figures for 2012 (67% offered and 79% uptake), this shows a higher proportion of people being offered a test in St.Helens, but a lower uptake rate9.

The number of people accessing HIV related care in St.Helens has risen from 24 in 2002 to 71 in 2012, a 196% increase10. This increase has been seen across Cheshire and Merseyside.

The vast majority of HIV infections are contracted sexually, although there are other routes of transmission. The most common infection route for HIV/AIDS in St.Helens in 2012 was men who have sex with men (MSM) which accounted for 68.9% of infections; heterosexual infection was the next biggest transmission group at 28.4%. Across the North West, 51.9% of infections were amongst MSM and 42.2% were from heterosexual infection.11

Figure 3: Infection routes for HIV/AIDS in St.Helens (2012).

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7 GUMCAD, 2012
8 Those ‘Eligible’ are people that visit a GUM clinic including all subsequent GUM attendances in the following six weeks. Attendances by known HIV positive patients or where a HIV test was not appropriate are excluded.
9 PHOF, 2013 HIV in the United Kingdom.
10 PHE, 2012
In St. Helens, the majority of all HIV or AIDS cases were at an asymptomatic stage (63.5%), with 18.9% showing symptoms and 14.9% with AIDS (LJMU, 2013).

**Figure 4: Percentage of adults presenting with HIV late**

![Percentage of adults presenting with HIV late](image)

Source: Centre of public Health (Liverpool), 2012

The proportion of St. Helens adults (aged 15+) presenting with HIV at a late stage of infection, with a CD cell count < 350 cells per mm³, was 47.4% in 2009-2011. This is in line with the England average of 50%\(^2\). Evidence shows that outcomes are far better if people are diagnosed early and treatment is started early. It is also more cost effective in relation to both treatment costs and wider costs for social care and support.

Due to developments in treatment, many people who are diagnosed at an early stage of infection can now generally be expected to live longer and will be able, with the correct support, to lead a near normal life. As a result the needs of this group have changed and they now need more practical advice and support on the wider needs of employment education and training, housing, family, relationships, finance and benefits and support to better manage risky behaviours. This suggests a need to provide the general public, health professionals, employers, families and carers of HIV diagnosed clients with sufficient relevant up-to-date information to dispel myths and help them to support people in this scenario.

People with HIV are living into old age and older people are acquiring HIV, as they remain sexually active in later life. In terms of people accessing HIV care in 2010, one in five adults was over 50 years old. Increased life expectancy results in an ageing HIV positive population with above-average risk for cardiovascular, metabolic, bone and neurological problems, all of which are layered on top of an already complex medical condition. Chronic long-term condition management is becoming increasingly relevant to HIV care.

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\(^2\) Public Health Outcomes Framework, 2012
In addition to medical treatment provided by St.Helens and Knowsley NHS Trust, non-medical care and support is available to people living with HIV via Sahir House. However not all people avail themselves of this support and further work is needed to understand the needs of people who have been diagnosed with HIV.

It is estimated that the prevention of one new HIV infection saves the public purse between £280,000 and £360,000 in direct lifetime healthcare costs.\(^{13}\)

These facts indicate that locally it is important to raise awareness of HIV/AIDS, to prevent cases, increase detection and support people who have received a positive diagnosis, both to improve their health and social care outcomes and to prevent further transmission of the disease.

4.2 Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs) are diseases that can be transmitted by unprotected sex. If left undetected and untreated they may result in serious complications in later years ranging from infertility to cancer. STIs include gonorrhoea, chlamydia, herpes, syphilis and genital warts.

The latest data show new STI diagnoses in England rose by five per cent in 2012 (up to 448,422 from 428,255 in 2011); however this is mostly due to improved data collection. The overall rate of STIs diagnosed in St.Helens is decreasing; however STI management is still important especially in relation to herpes.

In England, chlamydia remained the most commonly diagnosed STI (206,912; 46%), but considerable numbers of genital warts (73,893; 16%) and genital herpes (32,021; 7%) cases were also reported in 2012 (GUMCAD, 2013).

Figure 5: STI diagnosis rate by year

![New STI diagnosis rate by year](image)

Source: GUMCAD 2013

\(^{13}\) HPA, HIV in the UK: 2009 Report
4.3 Chlamydia

The National Chlamydia Screening Programme (NCSP) aims to control chlamydia through early detection and treatment so as to reduce the spread of infection. It is aimed at the 15-24 year old population. Chlamydia is often asymptomatic (70% of cases) therefore detection is difficult and transmission is common. Chlamydia is one of the most common STIs with up to one in ten sexually active young people having the infection nationally. It is easy to treat however if left untreated chlamydia can result in pelvic inflammatory disease which can then lead to ectopic pregnancy and infertility.

Those aged under-25 experienced the highest STI rates, contributing 64% of chlamydia and 54% of genital warts diagnoses in heterosexuals in 2012. These figures are due in part to effective case finding through NCSP and also because we know people in this age group take more risks. Young adults are advised to test for chlamydia annually or on change of sexual partner, as part of the National Chlamydia Screening Programme to control the infection and its complications. In 2012, over 1.7 million chlamydia tests were undertaken and over 136,000 diagnoses made.

The number of new cases of chlamydia in St.Helens was 625 in 2012, a decrease of 30% since 2009. The diagnosis rate was lower than the North West region and England rates in 2012.

In 2012 chlamydia diagnoses in St.Helens were 2,340 per 100,000 15-24 year olds (PHE, 2013). Current data suggests that for 2013 the targets will not be met.

4.4 Gonorrhoea

Between 2011 and 2012, new gonorrhoea diagnoses across England rose 21% overall (from 21,024 to 25,525), and by 37% in the MSM population (from 7,851 to 10,754) (GUMCAD, 2013). High gonorrhoea transmission rates are concerning as the global threat of antibiotic resistance grows.

Between 2009 and 2012, the number of cases of gonorrhoea diagnosed in St.Helens decreased by 29%, with 42 cases in 2012. The rate of gonorrhoea infections was lower than the North West region and England in 2012. An increase in cases has been seen annually since 2010, however numbers are still lower than 2009. This is an issue that should be monitored closely.

Figure 6: Number of cases of Gonorrhoea in St.Helens between 2009 and 2012
4.5 Herpes, Syphilis and Genital Warts
The number of cases of newly diagnosed herpes in St.Helens was 113 in 2012, an increase of 59% since 2009. The rate of herpes infections was higher than both the North West region and England in 2012.

The rate of syphilis infections has fallen in recent years and is lower than both the North West region and England (2012). The number of cases in St.Helens decreased, from 13 in 2009 to 4 in 2012.

The number of cases of genital warts in St.Helens has decreased by 15% since 2009. In 2012, there were 228 cases diagnosed. This rate was lower than the North West region and England in 2012.

4.6 Pregnancy
Under 18 Conceptions
There were 147 under-18 conceptions during 2011, the lowest number that has been achieved in St.Helens since the baseline from 1998 (ONS, 2013). However, the rate for St.Helens (2011) is 45.4 per 1,000 females aged 15-17, higher than the North West region and England (ONS, 2013) as shown below.

Figure 7: Trends for under-18 conception rate 1998-2011

Source: ONS and Public Health Intelligence, 2013
**Figure 8: Under-18 Conception Rate, 1998-2011**

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<td>35.2</td>
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<td>St.Helens</td>
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<td>50.7</td>
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<td>52.9</td>
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<td>42.4</td>
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<td>40.1</td>
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<td>42.1</td>
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<td>47.5</td>
<td>40.1</td>
<td>44.0</td>
<td>47.3</td>
<td>34.6</td>
<td>-32%</td>
</tr>
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</table>

Source: ONS, 2013

**Termination of Pregnancies**

There were 560 abortions in St.Helens in 2012 (DH, 2013). The abortion rate for 15-44 year olds in St.Helens is 17.7 per 1000 (GP registered population), slightly higher than the England rate of 16.6. 20-24 year olds have the highest rate of abortions (32 per 1000) however the rate for 18-19 year olds is similar (31 per 1000). In 2012, over a quarter (28%) of abortions in women under-25 years were repeat abortions. 99% of all abortions in St.Helens in 2012 were NHS funded.

**4.7 Sexual Abuse**

In St.Helens from April 2013 to January 2014, 107 people were referred to the Rape and Sexual Abuse Support Centre and 30 people used the information line.

Of those who completed the monitoring (69), 85% were adults and 15% between 13-17 years old. The majority of service users (89%) were female and 10% were homosexual or bisexual (4% preferred not to say). A fifth of those who used the service since April 2013 described themselves as being disabled.

The most common route of entry into the service was through self-referral although referrals through mental health services and ‘other’ were also common.

**Child Exploitation**

St Helens Council and key stakeholders are currently exploring how to best equip and protect children in the Borough to ensure that they are not vulnerable to exploitation. Child sexual exploitation is of growing concern nationally and there is a need to ensure that all service familiarise themselves with the issues and provide a proactive, co-ordinated response.

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5. Current services
See Appendix A for service locations and details.

5.1 HIV
Public Health commission non-medical support for people living with HIV/AIDs, their families and carers.

When people receive an HIV diagnosis, they are offered non-clinical support by a charity, Sahir House that is based in Liverpool City Centre and at present provides a clinic within the St.Helens GUM service.

People are supported to come to terms with their diagnosis and to develop positive coping strategies. In 2012/13 there were 13 people accessing the service from St.Helens however this is out of a potential 71 clients.

5.2 GUM
The Genito-Urinary Medicine (GUM) Service in St.Helens is delivered from St.Helens Hospital and provides STI screening, diagnosis and management along with health promotion and partner tracing. This includes the diagnosis of HIV/AIDS, which is a local authority responsibility with treatment of HIV commissioned by NHS England.

In 2012, 7220 patient accessed GUM services in St.Helens; this is an increase from the previous year when 6965 patients used the service (GUMCAD, 2014). 61% of users of the St.Helens GUM clinics were St.Helens residents, the rest mainly resided in neighbouring local authorities.

There were 6909 overall interventions provided in 2012, with the same proportion of males and females receiving services (see Figure 9 for details). 34 sex workers received sexual health services from St.Helens GUM clinics in 2012.

Figure 9: St.Helens GUM activity, 2012

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th></th>
<th></th>
<th></th>
<th>Females</th>
<th></th>
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<tr>
<td></td>
<td>No. of services provided</td>
<td>Heterosexual</td>
<td>Homosexual</td>
<td>Bi-sexual</td>
<td>Total</td>
<td>Heterosexual</td>
<td>Homosexual</td>
<td>Bi-sexual</td>
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<tr>
<td>St.Helens residents only</td>
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<td>1686</td>
<td>168</td>
<td>6</td>
<td>1860</td>
<td>2354</td>
<td>12</td>
<td>25</td>
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<td>Out of area residents</td>
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<td>1447</td>
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<td>29</td>
<td>1612</td>
<td>1006</td>
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<tr>
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<td>3472</td>
<td>3360</td>
<td>14</td>
<td>51</td>
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</table>

Source: GUMCAD, 2014

The location of both GUM and Contraceptive and Sexual Healthcare (CASH) clinics in the Borough are in areas of high population. Despite having GUM services available within St.Helens, local residents can use services outside of the Borough allowing people to choose a convenient service for their needs. Between April and November 2013, £17,700 was spent on out-of-area GUM services, with Wigan and Warrington/ Halton being the locations with the largest invoices. This indicates these locations have the most attendances from St.Helens residents. Figure 10 demonstrates that in
2012, GUM clinics in Warrington, Wigan, and Liverpool were the most common locations for St.Helens residents.

Figure 10: Out of area GUM clinics St.Helens residents attended in 2012

Source: GUMCAD, 2014
5.3 CASH

Contraceptive and Sexual Healthcare (CASH) services deliver clinics within the community to provide contraception advice, support and interventions alongside STI advice, testing and treatment of symptomatic but uncomplicated infections in men (excluding MSM) and women (exclusions apply). In addition the service is also responsible for Sexual Health Improvement and Primary Prevention. This is delivered by the Health Improvement Team and includes delivery of training, events and promotional materials and the development and updating of the Halton and St.Helens branded website ‘www.getiton.org.uk’. The service also co-ordinates the young people’s condom distribution scheme, ‘C-Card’ and supports the pharmacy Emergency Hormonal Contraceptive scheme with condoms and leaflets.

The C-Card service aims to provide free of charge condoms, advice and support around sexual health, sex and relationships to young people aged 13-19 who live, work, study or socialise in St.Helens and who are in possession of a valid C-Card. The service asks upon registration about chlamydia and will carry out the test (if available at the location), give advice on the STI or signpost to relevant services depending on need.
The C-Card services are available at pharmacies, schools, youth clubs and other community venues however they are not all open to public access. Map 3 shows the distribution of the C-Card scheme across St.Helens specifying those that are open to the public and those services that are closed to that particular location and its members. The Teenage Advice Zone (TAZ) outreach team also delivers the C-Card scheme and their current provision is displayed on the map.

CASH attendances have remained steady, with an average of 677 new patients attending per quarter (2012/13). The majority of attendances to the services are adults with 70% of new attendances and 78% of repeat attendances being over 18 years old.

The main method of contraception that clients leave with is the Combined Oral Contraception (COC) and the male Condom. The percentage of Long Acting Reversible Contraception (LARC) uptake as a percentage of all contraception is variable; on average it is 34.6% per quarter (delivered via CASH Clinics) (Public Health Intelligence, 2014).
The table below illustrates the percentage of LARC uptake by type in the last twelve months delivered at the St. Helens CASH Clinic.

<table>
<thead>
<tr>
<th>LARC UPTAKE</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Injectable Contraception</td>
<td>43.86</td>
</tr>
<tr>
<td>Implant</td>
<td>31.22</td>
</tr>
<tr>
<td>IUD</td>
<td>13.6</td>
</tr>
<tr>
<td>IUS</td>
<td>11.3</td>
</tr>
</tbody>
</table>

Source: Public Health Intelligence, 2014

5.4 Teenage Advice Zone (TAZ)
The TAZ outreach team, part of St Helens Council, provide a sexual health and wellbeing service to young people across the Borough in a range of venues from schools, colleges, training providers and supported housing projects.

The team supports young people on an individual, group and drop-in basis to:

- Improve sexual health and wellbeing
- Choose healthy relationships
- Prevent early parenting
- Gain confidence to access services
- Increase young people’s resilience
- Provide free training advice and guidance to professionals, parents and carers on sexual health and the law, top tips to talk to teens, sex, drugs and risk control.

The TAZ outreach team work collaboratively with the current CASH service and are scheduled to support four clinical drop-in sessions per week. This includes C-Card issuing, pregnancy testing, screening, advice and information, signposting to key services and pregnancy choices support.
The map demonstrates that TAZ outreach services are currently provided in locations of high teenage conception rates. There are currently no services in Earlestown or Sutton which may need consideration.

5.5 The National Chlamydia Screening Programme

This service is provided by the Terrence Higgins Trust (THT) with the aim to co-ordinate tests for Chlamydia in the 15–24 year old population. THT co-ordinate the screening and train services in touch with young people to test opportunistically.

They outreach to areas where young people are not in touch with services to increase testing and provide treatments for positive cases (via a sub-contracting arrangement with the Contraception and Sexual Health Service), compliance checks and contact tracing of partners.

Screening undertaken in general practice, GUM and community settings contribute towards this target.
5.6 Primary Care Services

General Practitioners
GPs are commissioned to provide intrauterine devices (IUDs), implants and chlamydia screening (see Map 5 for locations). The GPs providing this service are in the more deprived areas of St.Helens.

Map 5: GPs commissioned to provide IUDs and Implants against deprivation

The vast majority of GPs in St.Helens have access to free condoms and lubricants from the Health Improvement team. The condoms given to GPs are for anyone who requests them. Male condoms are given as standard but female condoms are available upon request. A recent survey found that 17-24 year olds were the most common age group requesting condoms at GP surgeries.\(^\text{15}\)

In 2012/13, 29 per 1000 15-44 year old GP population of Halton and St.Helens were prescribed LARC by their GP (PHE, 2014). This is lower than the England rate of 49 per 1000. Of the LARC prescribed in 2012/13, 19% were IUDs/IUSs, 20% were implants and 61% were Depot Medroxy Progesterone Acetate (DMPA) injections (PHE, 2013).

\(^{15}\) Halton & St.Helens GP Condom Distribution Scheme Survey 2013
Pharmacies
Half of all pharmacies in St. Helens are currently commissioned to provide Emergency Hormonal Contraception (EHC). There are four 100 hour pharmacies providing EHC seven days a week. Pharmacies providing EHC also provide condoms from the Health Improvement Team to distribute to people requiring the emergency contraceptive. The C-Card is also accepted at several pharmacies in the Borough regardless of what services they provide, see Map 3 for locations.

Map 6: Under 18 conception rate by ward and pharmacy EHC provision

The EHC Scheme is currently under review to ensure that EHC provision meets need.
5.7 British Pregnancy Advisory Service (BPAS) and Liverpool Women’s Hospital

There are two main services that provide abortions and pregnancy advice for St.Helens residents, the British Pregnancy Advisory Service and Liverpool Women’s Hospital.

5.8 Erectile Dysfunction and Psychosexual Services

The average number of new patients attending Erectile Dysfunction services per quarter is 47 in St.Helens. The number of repeat Erectile Dysfunction patients is 299 per quarter (Public Health Intelligence, 2014).
6. Stakeholder Engagement

In order to ascertain the views of sexual health services in St. Helens from the residents of St. Helens, five focus groups were set up via the Re’new team from Helena Partnerships. Online questionnaires designed for the general public to complete were available on the St. Helens Council website and the www.getiton.org website and tailored questionnaires were produced and sent via email to key stakeholders. See Appendix B for details of the stakeholder engagement process.

Key Themes Emerging from Stakeholder Engagement

Although the views of those interviewed cannot be held as representative of the population in general terms, the following are key themes emerged from the focus groups and questionnaires;

What is important / strengths in the system:
- **Accessibility:** It is important to have flexible opening hours at various locations. People have a good awareness of who they could go to for contraception and family planning.
- **Role of the GP:** The option to access support from GPs is important and welcomed. This was largely due to the fact that attending the practice is seen as more anonymous than attending a clinic.
- **Education in Schools:** Education in schools emerged as a common theme with many stating that this is beneficial.
- **Confidentiality:** Is important for all age groups.

Weaknesses in the system:
- **Accessibility:** Service opening times are not always clearly understood by service users and access is difficult for those who are employed / working, it is felt there is a gap in availability of services after 5pm and at weekends e.g. “health doesn’t stop at 5 o’clock”.
- **Information / Messages:** People aged 40+ felt that both sexual health services and sexual health messaging were aimed at young people (not for them).
- **Stigma:** Fear of being stigmatised influences peoples willingness to access services and may be an issue for people accessing a clearly defined GUM setting. However, please note that this cannot be held to be representative of the views of GUM Service Users in general or people attending GUM for HIV Treatment. One service user attending an out of area GUM for HIV treatment felt that it was useful to have experts who knew about STIs and HIV treatment at the same location but it was not helpful to be identified in the GUM setting as a service user requiring HIV treatment (appointment system/reception arrangement differentiates).
- **Advice on Sexuality:** People did not know where they would go for advice on sexuality.
- **Advice on Relationships:** People would not know where to go for advice on relationships and emotional support.

Suggested improvements:
- **Accessibility:** Consideration of extended opening hours including a consideration of weekend cover.
- **Information / Messages:** Young people and adults require different types and formats of information.
- **The role of peers:** Using peers to give information about sexual health would be beneficial.
- **Social Media:** Consider using Smart Phone technology and social media e.g. Apps, Twitter and Facebook to advertise services.

Two visioning events were held to ensure the opinions and experiences of service providers and key stakeholders were obtained. One event was for staff of the CASH/GUM service and the other, aimed at members of the Sexual Health Information Governance (SHIG) group. These views informed the development of the service specification,
7. Gaps
A number of gaps in service provision have emerged from assessing the needs of the St.Helens population and the current service provision.

- It appears that there is limited provision for services to specifically outreach or target vulnerable and hard to reach populations in the Borough.
- Service literature needs to be targeted at all ages.
- Current clinic opening times are not standardised and this can be confusing when the clinic is operating on an open-access basis.
- The TAZ Young People’s Clinic is open at the Millennium Centre between 3pm and 5pm. Stakeholder feedback suggests that these clinics should be open later to allow young people to get home from school, get changed out of uniform and get back to the clinic or alternatively to finish school /college/work and to allow time to travel into St.Helens town centre to the clinic.
- Although the locations of TAZ outreach services are fluid, at present there is no service in Earlestown or Sutton, which are areas of higher deprivation and with high teenage conception rates.
- Currently, there is limited HIV prevention activity in community settings within St.Helens (with the exception of GUM).
- There is limited evidence of a range of positive prevention activities targeting high risk individuals and groups to raise awareness and discourage risk taking in order to reduce the incidence of HIV infection.
- At present there is limited peer group support for LGBT people.
- Services are not actively visiting venues were men who have sex with men frequent in order to promote safe sex, provide sexual health advice and information (including on HIV testing as appropriate) and distribute condoms, lubricant etc.

8. Recommendations

- Development of a local Sexual Health Strategy which includes a sexual health improvement /primary prevention strategy and seeks to address the gaps identified.
- Further work needs to be done to understand the needs of people who may benefit from non-medical HIV support services but are not accessing the service.
- A review of the expansion and integration of services (including primary prevention) outside of the specialist service is required, particularly in GP Practices, Pharmacies, Hospital Emergency Departments and Termination of Pregnancy Services. This includes a full training needs analysis and an infrastructure which will support monitoring in relation to whether the training has been implemented and is influencing practice/outcomes.
9. Conclusions

In St.Helens, sexual health is improving however there is still work to be done to reduce inequalities and provide high quality, effective and efficient sexual health care.

Sexual health is a complex, sensitive topic and its multifaceted nature requires an approach from services that is both integrated and has clear pathways to ensure the population’s needs are met. The current service provision largely meets the needs of the population although there are some areas of improvement that have been identified and gaps in provision that will enhance provision.
## Appendix A: Current service provision

<table>
<thead>
<tr>
<th>Service</th>
<th>Location</th>
<th>Age provided for</th>
<th>Opening Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH</td>
<td>Lowe House</td>
<td>All</td>
<td>Monday 9.30am -7pm</td>
</tr>
<tr>
<td>CASH</td>
<td>Newton Clinic</td>
<td>All</td>
<td>Monday 5pm-7pm</td>
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<tr>
<td>CASH</td>
<td>Four Acre Health centre</td>
<td>All</td>
<td>Wednesday 6pm-8pm</td>
</tr>
<tr>
<td>CASH</td>
<td>Haydock Health centre</td>
<td>All</td>
<td>Tuesday 5.30pm- 7.30pm</td>
</tr>
<tr>
<td>TAZ</td>
<td>Millennium centre</td>
<td>Young People (13-19 yrs)</td>
<td>Monday 3pm-5pm</td>
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<td>Saturday 12.30pm - 2.30pm</td>
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<td>Mon-Sat 7am-10pm</td>
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<td>Sun 9am-10 pm</td>
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<td>St.Helens Hospital</td>
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<td>Monday 9.30am - 6.30pm</td>
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<td>Boots Pharmacy (Ravenhead Retail Park)</td>
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<td>Heatons Pharmacy, Moss Bank</td>
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<td>Boggianos Pharmacy, Eccleston</td>
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<td>Fingerpost Pharmacy</td>
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<td>St Helens Hospital</td>
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<tr>
<td></td>
<td>Monday 9am – 1.30pm</td>
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</tbody>
</table>
Appendix B: Stakeholder engagement

Focus Groups

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Total Number of People</th>
<th>Type of Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Library, Town Centre</td>
<td>01.10.13</td>
<td>17.00</td>
<td>4 (2 women, 2 men)</td>
<td>Young People</td>
</tr>
<tr>
<td>Parr Children’s Centre</td>
<td>03.10.13</td>
<td>14.00</td>
<td>9 (9 women)</td>
<td>Young Mums</td>
</tr>
<tr>
<td>Re’new Offices, Four Acre</td>
<td>08.10.13</td>
<td>10.30</td>
<td>5 (4 women, 1 man)</td>
<td>Adults Mixed Age Group</td>
</tr>
<tr>
<td>Sure Start Children’s Centre, Thatto Heath</td>
<td>08.10.13</td>
<td>12.30</td>
<td>4 (2 women, 2 men)</td>
<td>Adults Mixed Age Group</td>
</tr>
<tr>
<td>Salvation Army, Parr</td>
<td>08.10.13</td>
<td>14.00</td>
<td>3 (2 women, 1 man)</td>
<td>Adults Mixed Age Group</td>
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<tr>
<td></td>
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<td></td>
<td>25 (6 Men, 19 Women)</td>
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</tr>
</tbody>
</table>

Tailored Questionnaire

A tailored questionnaire was sent via email (with an electronic link to the survey) to the following key providers who refer to the sexual health service on 04/10/13:

- NHS GPs
- St.Helens and Knowsley Hospital - Teenage Pregnancy Midwife
- Bridgewater NHS - Health Visitor
- Bridgewater NHS - School Nursing / Clinic in a Box
- St.Helens Rape Centre (SARC)
- St.Helens Council - Principle officer, Health and Wellbeing Schools
- St.Helens Council - Children and young people’s consultation and review officer
- St.Helens Council - Equalities officer
- North West Ambulance Service
- Drug & Alcohol Integrated Working Group
- Coalition of Disabled People Officer for dissemination across the network

Gaps identified in the Stakeholder Engagement process:

The following gaps in stakeholder engagement have been identified. The stakeholders listed below are those which ideally would have been consulted with as part of the review.

- Lesbian, Gay, Bisexual and Transgender Community
- Gypsy Traveller Community
- Hostel Providers and Residents (Salvation Army and YMCA)
- Pharmacies
- British Pregnancy Advisory Service (BPAS)
- Adult and Young Peoples Mental Health Service Providers (5Borough Partnership NHS Foundation Trust, Platform 51)
- Young People’s Drug and Alcohol Service