Rapid Sexual Health Needs Assessment
Halton & St Helens Primary Care Trust

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Executive Summary

Introduction

A rapid sexual health needs assessment for Halton and St Helens Primary care Trust (PCT) was commissioned to provide an understanding of the sexual health needs of the population and establish whether the current supply of services is adequate enough to meet them. Data from the rapid needs assessment will be used for local monitoring, planning, intervention, and control purposes. Analysis from the needs assessment will also inform commissioning and service design.

Methodology

This rapid needs assessment involved gathering existing service use data and relevant reports, service evaluations and needs assessments to provide a background to services in Halton and St Helens PCT. Additionally, a sexual health service audit was carried out to confirm the location and provision of services throughout Halton and St Helens PCT. Demographic and health profile data were collated and all data were mapped wherever appropriate. A stakeholder meeting formed a qualitative phase of intelligence gathering. The contents of this meeting were analysed using a thematic technique following the collection of notes and recordings made at the session.

Selected findings

- Halton and St Helens PCT has the third highest prevalence of chlamydia in comparison with the rest of Cheshire and Merseyside.
- There was a higher than expected rate of the key five STIs in the population group 'Suburban Stability'.
- The majority of HIV cases in Halton and St Helens are male, aged between 30-44 years, and infected through sex with other men.
- 2007 data show Halton LA has the largest increase nationally in under 18 conceptions since the 1998 baseline figures.
- There were seasonal peaks of oral contraception prescription around yearly holiday periods including January, April, and July.
- The overwhelming majority of service users in a community setting are female.
- There are specific locations in the PCT with a lack of certain services, for example: There is clearly a gap in provision for emergency contraception and other pharmacy based services in the Billinge area where there is no currently no accredited pharmacists.
- The GUM departments are still the primary place for diagnosis of Chlamydia which is surprising given the amount of community testing sites available.
- Some school head teachers are barriers to the development of effective sexual health programme in schools.

Selected recommendations

- Continue focussing chlamydia screening on younger age groups (15-19 years).
- Carry out further social marketing insight work with suburban stability and disadvantaged household groups.
- To further investigate the reasons behind the sharp increase in under 18 conceptions in Halton.
- To further investigate the reasons for different levels of progress towards the 2010 target. Specifically, if there is scope to further share resources across each LA.
- Increase availability of access to services during peak seasonal times (January, April, and July).
- Further investigate the lack of male attendance at community services.
- Ensure a consistent availability of services throughout the PCT. This should help to address specific service gaps as highlighted in section 8.
- Increase to the advertising of services available in a community setting.
- Strengthen links with schools to ensure maximum exposure is given to the *Clinic in a Box* and other services.

- Make data collection part of the service level agreement with all commissioned services. As a minimum this should be individual level data with age, gender, sexual orientation, postcode.

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1. Introduction

1.1 Background

The decline of sexual health in the UK population is cause for concern. The rates of newly diagnosed sexually transmitted infections (STIs) and HIV continue to increase nationally. The total number of new HIV diagnoses in the United Kingdom in 2007 was 7,734 compared with 1,415 in 2001, a percentage increase of 450%. The rate of chlamydia diagnoses has more than doubled, from 447 per 100,000 in 1998 to 1,102 per 100,000 in 2007. Although rates of gonorrhoea have declined in recent years from the peak in 2002 (186 per 100,000), to 130 per 100,000 in 2007, rates are still a third higher than in 1998 (96 per 100,000). More locally, in 2007 the North West recorded higher than national average rates of diagnoses for the five key STIs (gonorrhoea, syphilis, chlamydia, genital warts, and genital herpes)[1]. STIs affect all age groups, ethnicities, and sexual orientations; however data show that young people under the age of 25 in the UK continue to be disproportionately affected by STIs.

In 2001, the government developed the National Strategy for Sexual Health and HIV which had several specific aims (See Box 1).

Box 1 The National Strategy for Sexual Health and HIV[2]

In 2001, the Government published the national sexual health strategy, which aimed to:
- reduce the transmission of HIV and STIs
- reduce the prevalence of undiagnosed HIV and STIs
- reduce the rates of unintended pregnancies
- improve health and social care for people living with HIV; and
- reduce the stigma associated with HIV and STIs

DH (2001) The National Strategy for Sexual Health and HIV

The Government hoped to achieve their aims through, for example, the provision of clear information; ensuring there is a sound evidence base for effective local HIV/STI prevention; setting a target to reduce the number of newly acquired HIV infections; developing managed networks for HIV and sexual health services; evaluating the benefits of more integrated sexual health services[3], including pilots of one-stop clinics; beginning a programme of chlamydia screening; stressing the importance of open access to Genito-urinary Medicine (GUM) clinics and ensuring that a comprehensive range of contraceptive services are available to those who need them[2]. Specific government targets were defined in the White Paper Choosing Health: making healthier choices easier (Box 2).

Box 2 Choosing Health[4] guidance

In 2004 the public health White Paper, Choosing Health: making healthier choices easier, called for action to improve sexual health in the UK, through a £300 million investment over three years. The subsequent action plan reinforced earlier public service agreements. Clear targets were set in the paper and incorporated:

- A reduction of 50% in the rate (from 1998) of under 18 conceptions by 2010.
- All patients attending a GUM clinic to be offered an appointment within 48 hours by 2008.
- A decrease in the rate of new gonorrhoea diagnoses by 2008.
- An increase in the uptake of chlamydia screening for people between 15 and 24 years by 2008.

DH (2004) Choosing Health: making healthy choices easier.

Through government investment GUM clinics across the UK have worked towards improving patient waiting times. The 48-hour waiting time audit was established and has been in place since 2004 recording the progress of clinic waiting times. Findings from the audit reveal an improvement in waiting

times between 2005 and 2008 (see section 4 for data on Halton and St Helens). With the increased emphasis on sexual health from the Department of Health there are high-profile targets to be achieved, including the 48 hour appointment target[4]. The improvement of sexual health was one of the top six priorities for the NHS in 2006/2007 and continued to be the case for 2007/2008. To help ensure these targets are met it is essential that comprehensive monitoring of services and service users is in place to further focus resources where they are needed most.

Government investment also produced a national campaign to promote the use of condoms. 'Condom Essential Wear' was launched and has been running since December 2006 along with the sexual health campaign for young people, RU Thinking. Both campaigns also have websites providing additional information and advice. Additional community services have been set up to provide sexual health screening for chlamydia and to provide more local and specific sexual health services for young people, for example, with one stop shops and C-card distribution schemes. More specifically, targets were set to address acute needs. For example, the National Chlamydia Screening Programme's aim to control genital chlamydia among people aged under 25 through early detection and treatment with a target to screen 15% of the eligible population (15-24 years) in 2007/2008[5]. Recent guidance outlined in 'vital signs' reassess the target for 2009/10 and suggested PCTs plan to screen 17% of the eligible population in 2009/2010 as part of tier two national priorities[6].

One of the key targets from the White Paper (see Box 3) is to reduce the under 18 conception rate in line with the 1999 Teenage Pregnancy Strategy[4]. However, there continues to be a high number of teenage conceptions in the UK, a high proportion of which lead to abortion[7]. In addition, the UK has the highest rates of teenage births in Europe. UNICEF have rated the UK as bottom of 21 'rich' countries with regard to general child health, and also report that more UK children have had sex by the age of 15 than any other country in the survey[8]. This gives rise to public health concerns because of the links between teenage pregnancy and low socioeconomic status. Research suggests that not only can teenage pregnancy have a negative impact on a young woman's academic achievement, employment, earning potential, mental health and living conditions, it can also have a negative impact on the child. The child of a teenage mother is more likely to belong to a one-parent family, be a low academic achiever, experience abuse, be involved in crime, misuse drugs and alcohol and become a teenage parent, thereby perpetuating the cycle[9].

Box 3 Choosing Health[4] and Every Child Matters[10] guidance

The Choosing Health White Paper contained a specific focus upon young people, in line with the Every Child Matters recommendations, and recognises that 'emotional well-being underpins good physical health and reduces the likelihood that children and young people will take inappropriate risks'. To this end the White Paper states that:

- extended schools can also provide, for example, One Stop Shops and multi-agency health centres located on a school site, which will enable health professionals to work alongside education and social care professionals;
- personal health guides (PHG) will encourage young people to build health into the way they live their lives;
- general information, advice and support about health issues, as well as emotional wellbeing, puberty, sexual health and access to further help and advice will be provided, for example, through a confidential email service;
- learning about health choices and managing risk will be supported, for example, through incentive schemes using reward points.

DH (2004) Choosing Health: making healthy choices easier
DfES (2003) Every Child Matters

The Government has set contraceptive services as a high priority within sexual health. It is recognised that access to sexual health services varies across the country. The Government stated in the *National Strategy for Sexual Health and HIV* that they would ensure a range of contraceptive services are provided for those who need them and promised an audit of contraceptive service provision in its White Paper, *Choosing Health*[2,4]. Contraceptive services are cost effective and are estimated to save £11 for every £1 spent; and the prevention of unplanned pregnancies by NHS contraceptive services saves the NHS over £2.5 billion per annum[11]. The average spend on community contraceptive services (which include primary care prescriptions and emergency contraception) is £11.67 per female aged 15-49 per annum. Good quality contraceptive services are important in the achievement of the public service agreement of reducing under 18 conceptions by 50% by 2010 and also, more broadly, the improvement of sexual health[11]. It is important that patient choice in terms of choosing a method of contraception is a priority and that men and women requesting contraception should be given the advantages, disadvantages and failure rates of each method. As recommended by NICE, this should also include information on long-acting reversible contraception (LARC) methods[11,12]. It is estimated that 30% of pregnancies are unplanned and, in order to reduce the rate of unplanned and unwanted pregnancies, the National Institute for Health and Clinical Excellence (NICE) has produced guidelines to promote long acting contraception to women[12]. The guidance promotes the use of long acting reversible contraceptives (LARC) such as the contraceptive injection, contraceptive implant and intra-uterine methods, which do not need to be remembered daily and are less susceptible to incorrect usage. The most popular methods of contraception for women in 2006-07 were the pill and condoms (46% and 28% respectively), with 21% of women, using LARC[13].

NICE also aims to improve the deficit in guidance and training available to healthcare workers in order to enable women to make informed contraceptive choices[12]. An issue with the promotion of LARC, or any method of hormonal contraception, is that it could potentially reduce the number of women using barrier method contraceptives and could contribute to the risk of STIs. However, LARC has the potential to effectively reduce the rate of contraceptive failure, the average cost of which is approximately £1500 which includes ectopic pregnancy, maternity (live births), abortion, and miscarriage. Further, it is estimated that for every £1 spent on contraceptive services, £11 is saved[14].

Sexual ill health costs the NHS more than £700 million a year[15]. Appropriate investment in sexual health services can deliver healthcare savings through preventing unplanned pregnancies and reducing the transmission of STIs including HIV. The direct cost of treating STIs (not including HIV) is approximately £165 million a year, which would increase if the cost of treating sequelae were included[14].

There is a strong correlation between sexually transmitted infections (STIs), sexual behaviour, and drug use. The implications for young people engaging in risky sexual behaviour are that they are at greater risk of contracting an STI; becoming young parents; failing at school; building up longer-term physical and mental health problems; and becoming addicted to alcohol and drugs. The most at risk young people are those:[①]

- suffering deprivation and being in lower socio-economic groups
- who are homeless
- whose parents have no aspirations or expectation of educational attainment for them
- not attending school regularly
- who have no self-worth
- who were a child of a teenage mother
- classified as looked-after children
- who have no-one to discuss intimate issues with

Recent guidance on 'one to one interventions'[16] published by NICE determines good practice for preventing STIs and reducing under 18 conceptions. Recommendations include health professionals

[①] This most at risk list is taken from 'Sex, Drugs, Alcohol and Young People'. Published June 2007 by the Independent Advisory Group on Sexual Health and HIV.

in general practice, community health, voluntary sector and genito-urinary medicine (GUM) services should identify individuals at high risk of STIs, using the client's sexual history. Further, GPs, nurses and other clinicians should, where appropriate, provide vulnerable young people aged 18 years and under with one-to-one sexual health advice.

The Department of Health provides guidelines to help achieve targets. The 'You're Welcome' quality criteria (2007)[17] were specifically developed to aid in the promotion of young people (under 20) friendly services. The criteria covered many areas including:

- Accessibility
- Publicity
- Confidentiality
- Environment
- Staff training
- Joined up working
- Monitoring and evaluation
- Health issues
- Sexual and reproductive health
- Mental health services.

These criteria should be viewed as essential requirements for all PCTs, as regard to sexual health services, due to the pressing need to improve the sexual health of young people.

There are a number of issues with the availability and usefulness of datasets that could be used within a sexual heath needs assessment. Sexual health covers a range of diverse areas, for example; STIs, HIV, cervical cancer, termination of pregnancy, and contraception, and thus, information on all aspects of sexual health comes from a wide range of sources. Sexual health data are not always readily available in the most usable or useful format. In addition to the diverse range of source datasets, there are additional issues with the availability of geographical based information, which reflect the concerns around confidentiality and the sensitive nature of the topic.

This report aims to pull together the existing sexual health data and make best use of the information that is currently available to inform the future commissioning of sexual health services for residents of Halton and St Helens. A needs assessment is crucial to understand the sexual health needs of the population and establish whether the current supply of services adequately meet the needs. Assessing needs and using input from those with professional experience of delivering care is central to the vision of world class commissioning[18]. Importantly, the needs assessment and strategy development process should also energise local stakeholders as their full engagement is vital to the successful implementation of any changes to sexual health services.

1.2 Methodology

This rapid needs assessment involved gathering existing service use data and relevant reports, service evaluations and needs assessments to provide a background to services in Halton and St Helens PCT. Additionally, a sexual health service audit was carried out to confirm the location and provision of services throughout the PCT. Demographic and health profile data were collated and all data were mapped wherever appropriate. A stakeholder meeting formed a qualitative phase of intelligence gathering. The contents of this meeting were analysed using a thematic technique following the collection of notes and recordings made at the session.

All data that were able to be broken down by a geographical area and where it was deemed appropriate were mapped by Geographic Information Systems (GIS). Where possible, mapping was done by Lower Super Output Area (LSOA) which is an area with an average population of 1,500 people, or by Middle Super Output Area (MSOA) which is an area with an average population of 7,000 people. Selected services are displayed on maps along with other data (e.g. Teenage pregnancy

rates). Maps that are relevant to each other are shown side by side. Services were also displayed on Ordnance Survey maps to show where they are in location to schools and transport links.

2. Population and Local Demographics

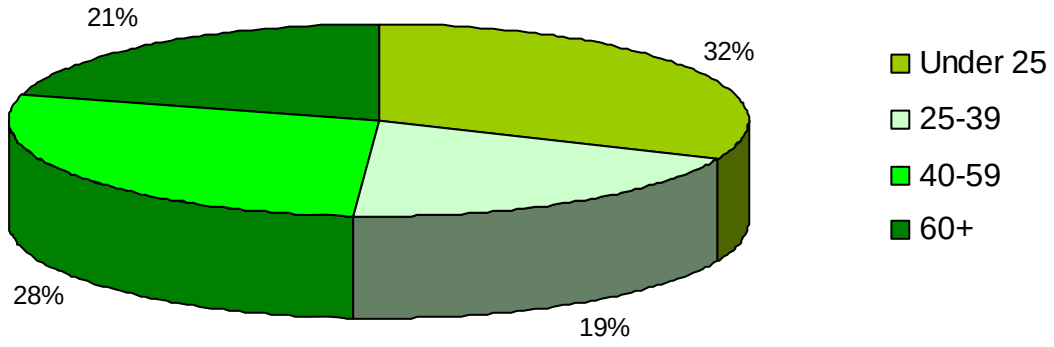
2.1 PCT Profile

Halton and St Helens Primary Care Trust (PCT), an area which is made up of Halton local authority (LA) and St Helens LA, was established in October 2006 replacing Halton PCT and St Helens PCT. The PCT is one of the 88 primary care trusts identified as a Spearhead Area. One of the key targets to be reached by spearhead areas is directly related to sexual health and aims to reduce the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health.

2.1.1 Demographic Profile

The age proportions of Halton and St Helens are generally representative of the North West as a whole. **Figure 2A** shows the largest proportion of the population are aged under 25 and between 40-59 years representing 32% and 28% respectively. Further breakdown of age is available in **table 2A** showing estimated numbers and gender proportions of people in each age group. Overall there are a slightly higher proportion of female (51%) residents in Halton and St Helens than of male (49%).

Figure 2A Age profile of population in Halton and St Helens



Source of data: Office for National Statistics Mid 2006 data. © Crown Copyright.

Table 2A Age group by sex in Halton and St Helens (Rounded figures)

	Sex				
Age Group	Males		Females		Total
0-14	27,900	*51%*	26,500	*49%*	54,400
15-19	10,600	*51%*	10,200	*49%*	20,800
20-24	9,300	*50%*	9,300	*50%*	18,600
25-29	8,200	*49%*	8,500	*51%*	16,700
30-34	9,200	*49%*	9,500	*51%*	18,700
35-39	10,600	*48%*	11,700	*52%*	22,300
40-44	10,900	*49%*	11,500	*51%*	22,400
45-49	10,100	*49%*	10,600	*51%*	20,700
50-54	9,400	*49%*	9,900	*51%*	19,300
55-59	10,500	*49%*	10,800	*51%*	21,300
60+	27,700	*45%*	34,100	*55%*	61,800
Total	**144,400**	***49%***	**152,700**	***51%***	**297,100**

Source of data: Office for National Statistics Mid 2006 data. © Crown Copyright.

Figures 2B and 2C demonstrate the dispersion of younger people (under 25) in Halton and St Helens. The figures illustrate the areas where there are high concentrations of young males and females. This information could be valuable when considering where to place youth orientated services. Figure 2B shows the percentage of the male population who are under 25 by LSOA, and shows that there are high concentrations around Newton-le-Willows, the east of St Helens centre (Parr), Farnworth, and Halton. In these areas the young males contribute between 41-52% of the general male population. Figure 2C illustrates the percentage of the female population who are under 25 by LSOA. The young female population mirrors that of the young males with similar higher concentration areas, however there is more of a presence in Widnes. Female youths contribute between 37- 43% of the general female population in these areas. Conversely, the areas to the very north of the PCT around the Rainford and Hale have the lowest percentages of males and females under the age of 25.

2.1.2 Population Projections

Population projections are available from the Office for National Statistics (ONS) at local authority level, by age band and gender[19]. These projections assume recent population trends continue and so do not reflect the impact of future development policies on the population of the local areas.

Within Halton the population is projected to increase by almost 1% by 2020. The overall rise consists of quite substantial changes within age bands; decreases in the under 45 population, of; 5% in the under 15's, 18% in the 15 to 24s and 8% in the 25 to 44 age band. The older population is projected to increase considerably with increases of 5% in the 45 to 64's, 45% amongst the 65 to 74 age groups and 31% in the over 75's.

Within St Helens projections forecast an overall decrease in population of 1% by 2020. As with the other boroughs, substantial changes in age structure are forecast: decreases in all age bands up to 45; 12% in under 15s, 10% in the 15 to 24s and 11% in the 25 to 44 age band. Increases are forecast in the 45 to 64 age group (7%), 65 to 74 (24%) and 34% in the over 75s.

Looking at shorter term projections, an increase of 0.1% is predicted in Halton, and a decrease of 0.2% in St Helens by 2010. By age band there is a mixed picture with the local area projected to have decreases in the under 15 populations, by 4.4% in Halton, 4.7% in Warrington and 8.8% in St Helens. Halton is also forecast to have a decrease in the 15-24 age group of approximately 3%. Increases in this age group are projected for Warrington (5.2%) and St Helens (5.1%). Increases are projected in all other age bands for the three boroughs.

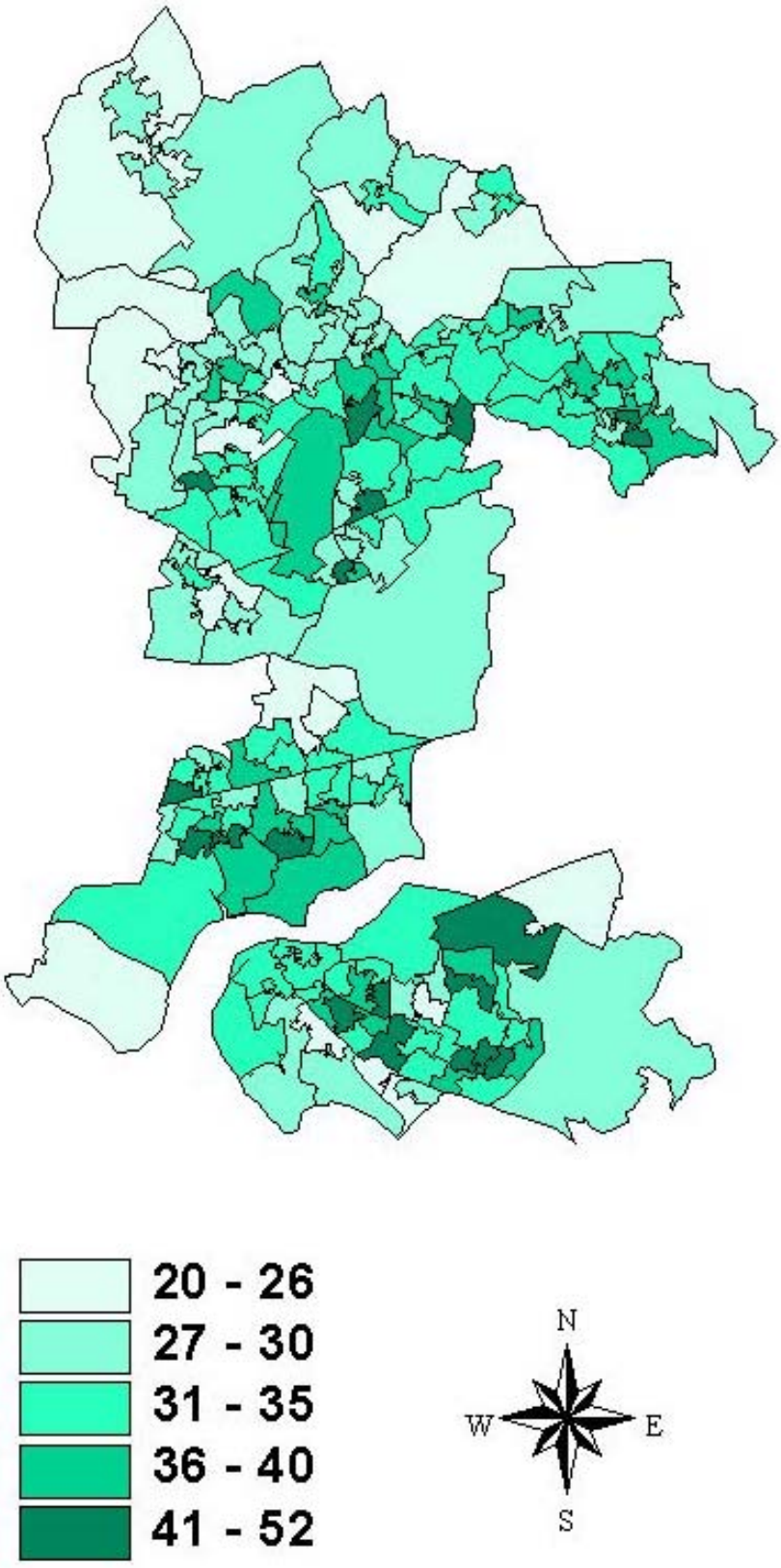
2.1.3 Ethnicity

Figure 2D shows the non-white population of Halton and St Helens as a percentage of the total population by Lower Super Output Area (LSOA). The Black and Minority Ethnic (BME) population is relatively small, although 2005 estimates suggest that numbers are increasing. The estimates show that residents of white ethnicity comprise 98% of the PCT residents, compared to the figure 93% for the total North West area. The map shows a limited amount of ethnic diversity in the PCT, with the largest non-white populations in Rainhill and West Park.

2.1.4 Religion

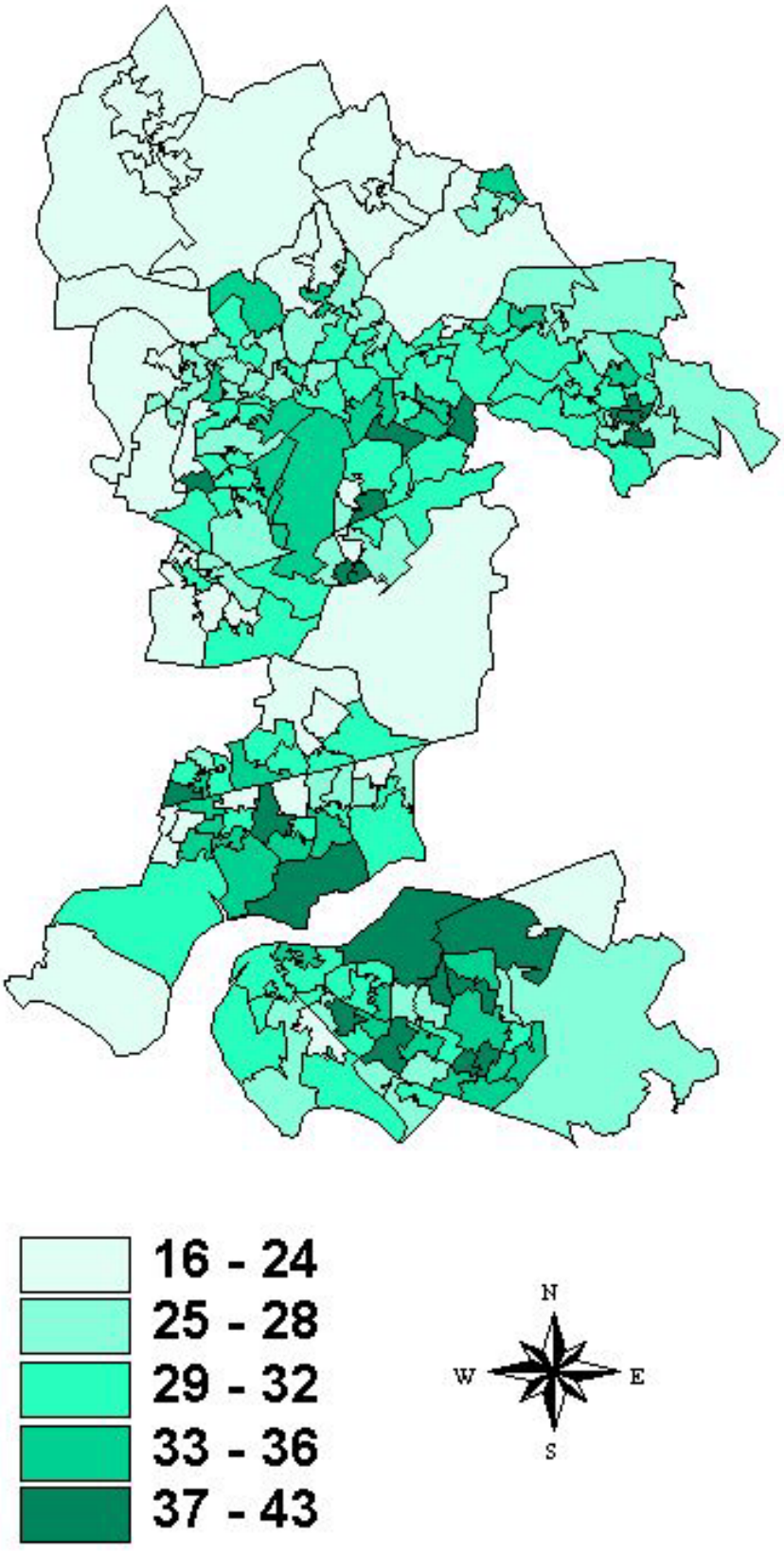
The 2001 census data shows the vast majority of residents within the three boroughs of Halton, St Helens, and Warrington identified themselves as belonging to the Christian faith; 82% in Warrington, 84% in Halton and 87% in St Helens. Thirteen pecent of people in St Helens, 16.7% in Warrington and 15.7% in Halton either stated they did not have a religion or chose not to answer the question.

Figure 2B Percentage of the male population who are aged under 25 in each LSOA, Halton and St Helens PCT



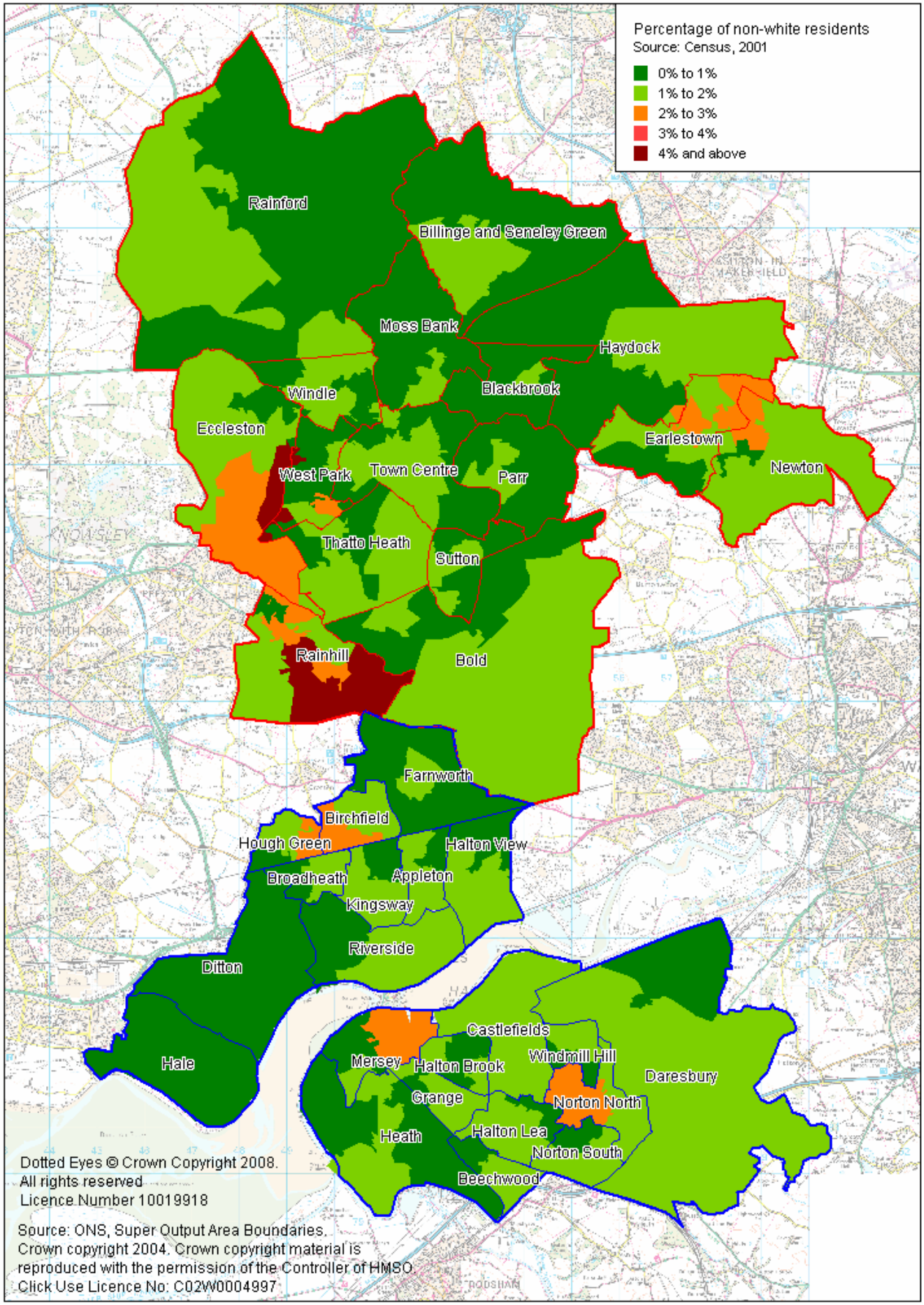
Source of data: Mid-2006 population estimates. Office for National Statistics © Crown Copyright 2008
Source of map boundaries: 2007 Output Area Boundaries. © Crown copyright 2008

Figure 2C Percentage of the female population who are aged under 25 in each LSOA, Halton and St Helens PCT



Source of data: Mid-2006 population estimates. Office for National Statistics © Crown Copyright 2008
Source of map boundaries: 2007 Output Area Boundaries. © Crown copyright 2008

Figure 2D Non-white populations as a percentage of the total population for the residential areas of Halton and St Helens.



3. Health and Deprivation

The link between ill-health and deprivation has been highlighted as an issue within the North West region[20]. Reducing health inequalities generally and specifically in sexual health continues to be a high priority[21,22,23,24,25]. *The National Strategy for Sexual Health and HIV*[2] acknowledged the relationship between sexual ill-health, poverty, social exclusion, and the disproportionate burden of HIV infection on men who have sex with men and certain ethnic minority groups. With regard to teenage pregnancy, it recognised that there are links between deprivation, termination of pregnancy and teenage conception and that unintended pregnancy increases the risk of poor social, economic and health prospects for mother and child[23]. It is also acknowledged that children born to teenage mothers are much more likely to become teenage parents themselves[26]. Deprivation and health, including sexual health, are inextricably linked. Examining health indicators at a local level helps us to understand the general and sexual health of the population, in particular the population at risk of sexual ill-health.

3.1 Health Indicators

There are several indicators in the local health profiles which show the population of Halton and St Helens is below national and regional averages[27,28]. Life expectancy in Halton for both males (74.3 years) and females (78.4 years) are below the national average (77.3 years for males, and 81.6 years for females) and represents one of the lowest in the UK (total range from 73 years to 87.2 years). The data for St Helens also show below average life expectancies with 75.3 years for males and 80.2 years for females. Although slightly higher than Halton, both areas are cause for concern.

Health indicators also show that Halton has the highest rate in the country for early deaths due to cancer. Further, they are significantly worse than national average for children in poverty, violent crime, smoking in pregnancy, teenage pregnancy (under 18), obese adults, and hospital stays due to alcohol. St Helens also has significantly worse than national average rates on several indicators including smoking during pregnancy, obese children, physically active adults, under 15s 'not in good health', and hospital stays due to alcohol.

Specific indicators for sexual and reproductive health[29] show that residents of Halton and St Helens have significantly worse than the regional levels in several fields. Halton has worse than regional average rates of pelvic inflammatory disease, cervical cancer, testicular cancer, rates of abortion, coverage of cervical screening, and indecent and sexual assault. However, it does have a higher than average fertility rate.

St Helens residents also suffer from worse than average incidence of pelvic inflammatory disease, corpus uteri cancer, and rape.

3.2 Health of young people

Children and young people's health indicators for the North West region[30] show that Halton has many indicators rated significantly worse than the regional average. Some of these include emergency hospital admissions for males and females, decayed teeth, vaccination for MMR and whooping cough, obesity, and unauthorised absence.

St Helens also has many indicators rated significantly worse than the regional average including perinatal and infant mortality, MMR and whooping cough vaccinations, obesity, and unauthorised absence from school.

3.3 Deprivation

In the UK, groups of people with low socio-economic status have been characterised by higher-risk sexual behaviour, and are therefore at greater risk of contracting STIs including HIV. A study on men who were part of the gay scene in the West Midlands found that social class and employment were related to the adoption of safer sex practices, with manual workers or unemployed people inconsistent with safer sex practices[31]. The link between deprivation and early age (13-15 years) sexual activity was reinforced in a study which found that deprivation significantly increased the likelihood of early

sexual activity, particularly among young women. In addition both area and family deprivation significantly reduced life expectations. Living in a deprived area increased early sexual activity much more markedly among girls in deprived families[32].

Figure 3A shows the index of multiple deprivation (IMD, 2007) national quintiles by lower super output area (LSOA). Much of Halton and St Helens falls within the poorest fifth of the country, with few areas falling into the least deprived national quintile. **Figure 3B** shows Halton and St Helens LSOAs split into North West regional quintiles so that comparisons can be made across the area. Areas around Widnes, east of the centre of St Helens, and Astmoor are most deprived. If we consider that Halton and St Helens, in comparison to the rest of England and Wales, are deprived we see that these areas are especially deprived.

Figure 3C shows barriers to housing and services by lower super output area (LSOA) for Halton and St Helens. Barriers to housing and services are split into two sections: 1) Wider barriers, which include levels of household overcrowding, percentage of households who have had a decision on their application for assistance regarding homeless provisions made and difficulty in access to owner occupation. 2) Geographical barriers, which include road distance to GP surgery, road distance to general stores or supermarket, road distance to primary school and road distance to post office or sub post office[33]. The map shows that areas around Billinge and eastern and western Halton LA have the highest rates.

The income support claimant rate is a measure of income deprivation and **Figure 3D** shows income support claimant rate as a ratio compared to the North West average of 100. The map shows that Widnes, Halton, and the area to the east of St Helens centre (Parr) are areas with high levels of claimants. There are areas of lower than average claimants around Rainhill, Rainford, and Norton. However, as the map is only to MSOA it is difficult to highlight specific locations within these areas due to the score being averaged over a large geographical area with low population density.

3.4 Categorisation of deprivation

A population segmentation tool, 'P^2 People and Places', can be useful when categorising level of deprivation into more meaningful information. P^2 People and Places is based on 2001 Census data, Target Group Index data (TGI, which provides descriptive information), and geography to classify people by where they live. Classifications increase in level of deprivation from 'Mature Oaks' representing the least deprived and 'Urban Challenge' representing the most deprived group (please see appendix for a definition of all classifications).

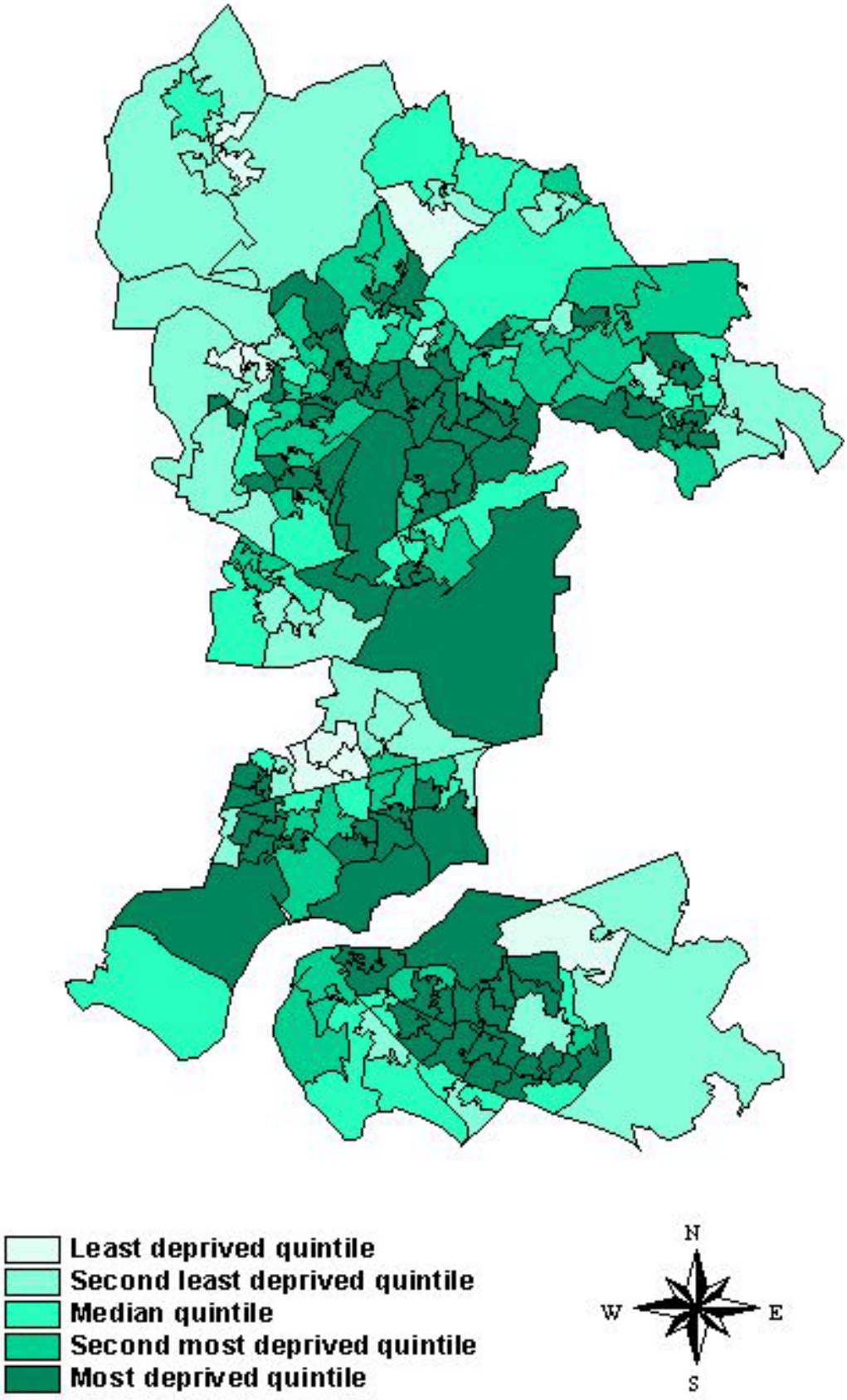
Table 3A shows the proportion of the population of Halton and St Helens PCT falling within each category. There is no population in three categories for Halton and St Helens PCT. Over a quarter (25.5%) falls in the 'Urban Producers' category, however 19% fall into the less deprived area of 'Rooted Households'.

Table 3A Proportion of the populations of Halton and St Helens falling into the P^2 People and Places categories

P^2 People & Places	Halton and St Helens LAs population	% of Halton and St Helens LAs population
Mature Oaks	28962	9.8
Blossoming Families	13000	4.4
Country Orchards	0	0.0
Rooted Households	53683	18.1
Senior Neighbourhoods	1307	0.4
Qualified Metropolitans	0	0.0
Suburban Stability	52346	17.6
New Starters	1584	0.5
Urban Producers	75704	25.5
Weathered Communities	39112	13.2
Multicultural Centres	0	0.0
Disadvantaged Households	25686	8.7
Urban Challenge	5469	1.8
Total	**296853**	**100.0**

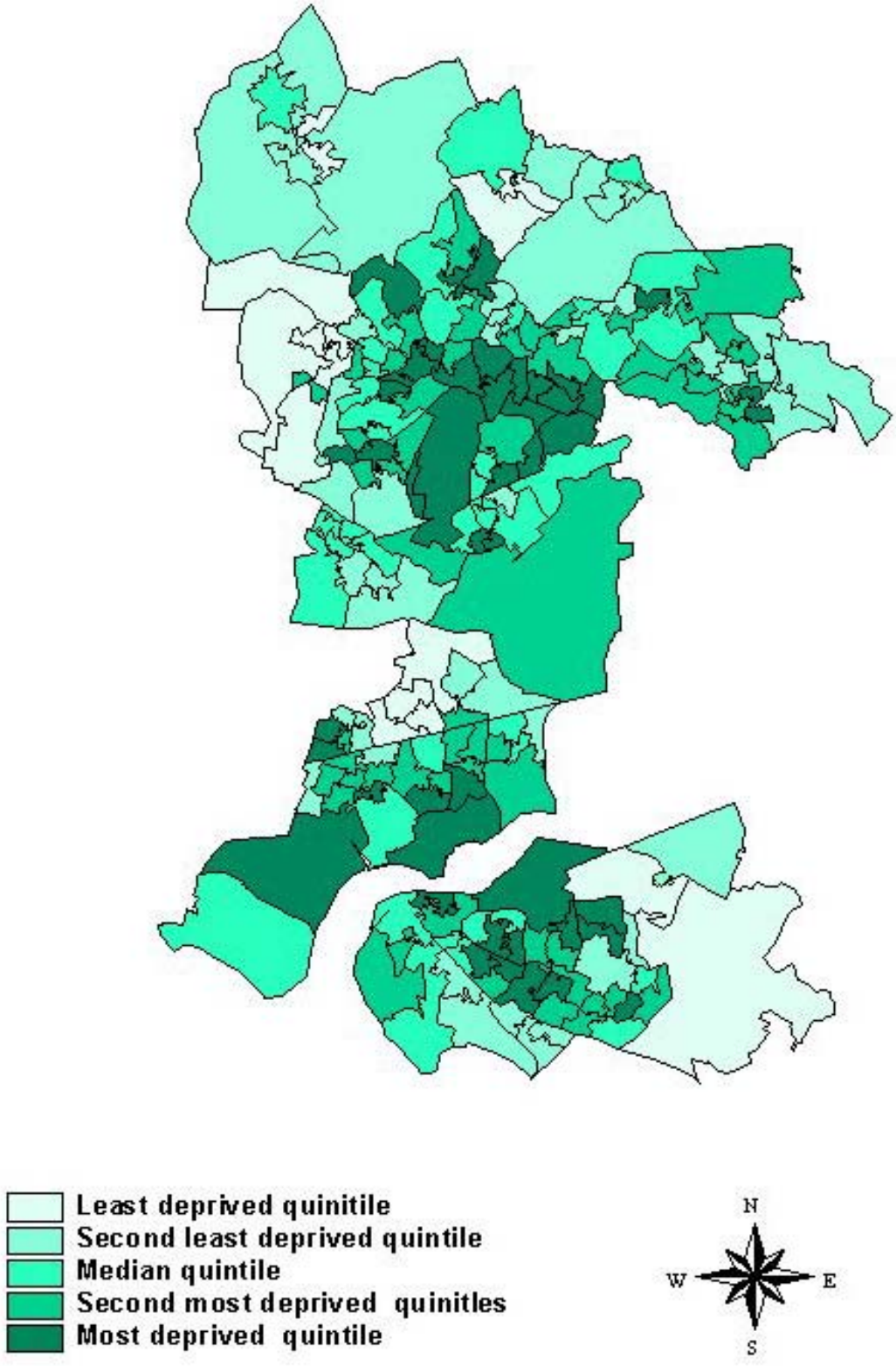
Source of data: Office for National Statistics Mid-2006 population estimates. Crown copyright 2007

Figure 3A Index of Multiple Deprivation (IMD 2007) national quintiles by LSOA, Halton and St Helens



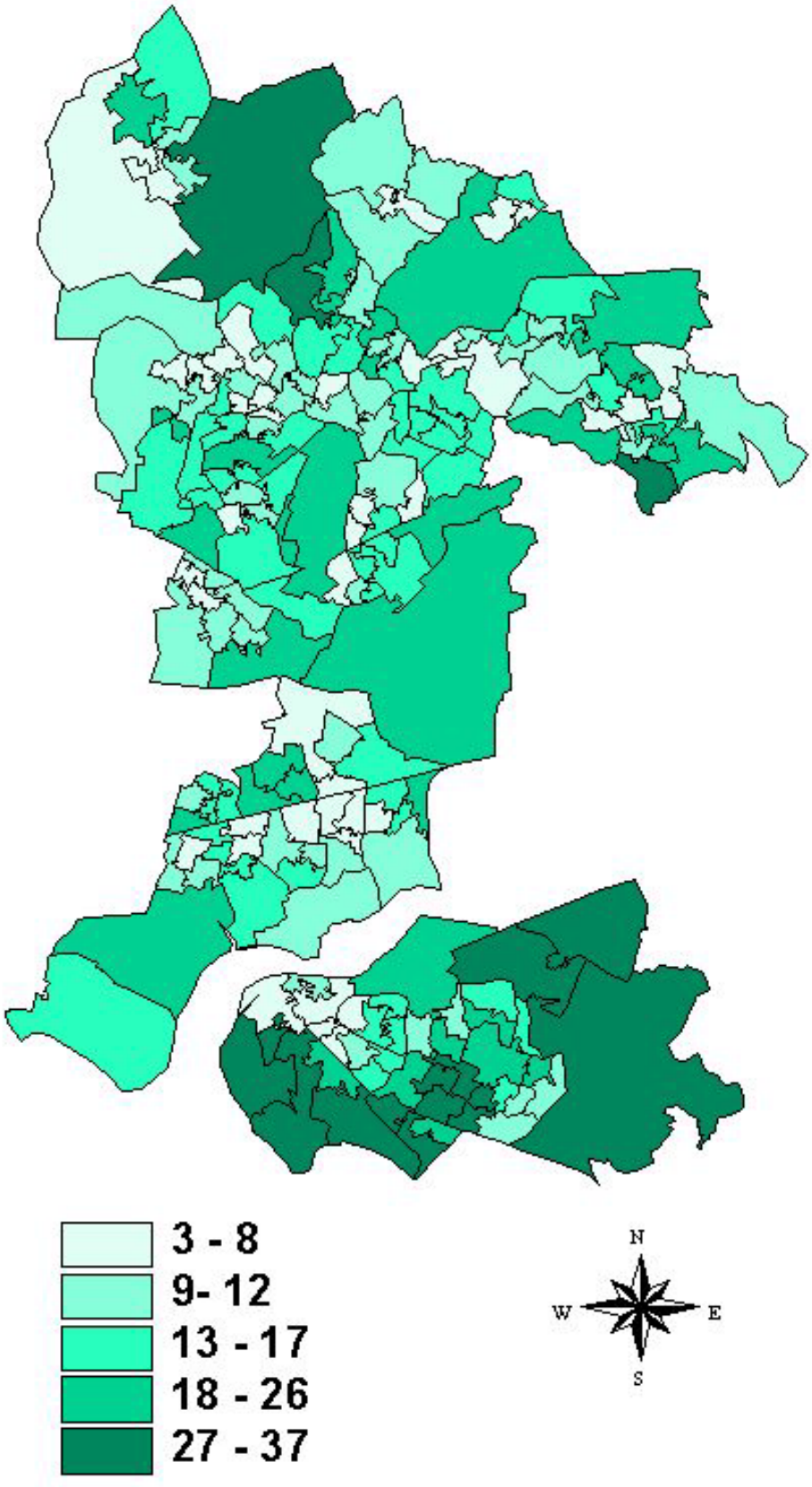
Source of data: Department of Communities and Local Government, Indices of Deprivation 2007
Source of map boundaries: 2007, Output Area Boundaries. © Crown copyright 2008

Figure 3B Index of Multiple Deprivation (IMD 2007) local quintiles by LSOA, Halton and St Helens



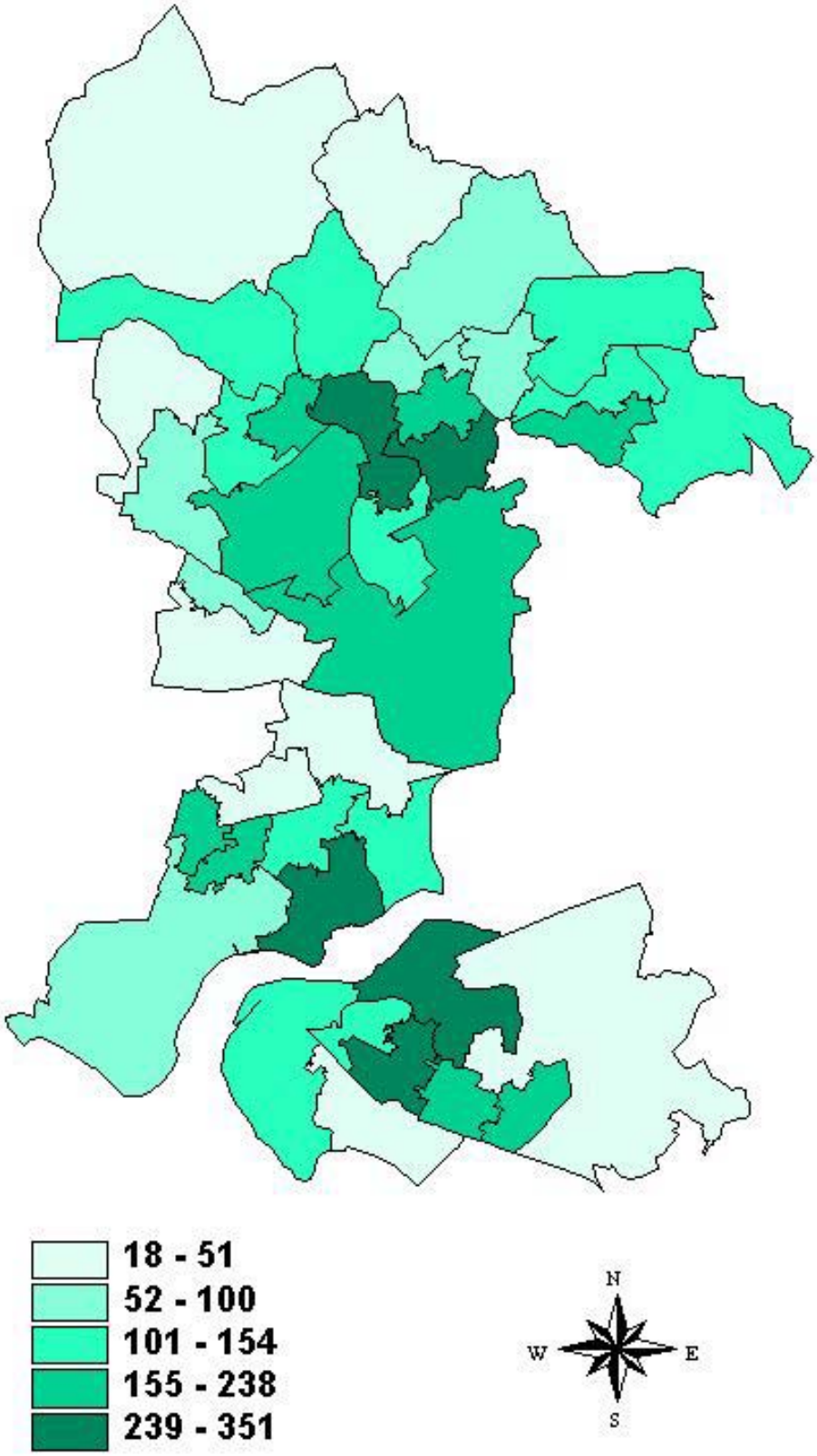
Source of data: Department of Communities and Local Government, Indices of Deprivation 2007
Source of map boundaries: 2007, Output Area Boundaries. © Crown copyright 2008

Figure 3C Index of Multiple Deprivation (IMD 2007): barriers to housing and services by MSOA, Halton and St Helens



Source of data: Mid-2006 population estimates. Office for National Statistics © Crown Copyright 2008
Source of map boundaries: 2007 Output Area Boundaries. © Crown copyright 2008

Figure 3D Income support claimant rate by MSOA, Halton and St Helens
*Data provided here is a ratio against a North West Regional Average of 100.



Source of data: Mid-2006 population estimates. Office for National Statistics © Crown Copyright 2008
Source of map boundaries: 2007 Output Area Boundaries. © Crown copyright 2008

4. Needs and Demands of service users

Nationally, sexual behaviour is changing over time. The *National Survey of Sexual Attitudes and Lifestyles (NATSAL)* reported a number of ways sexual behaviour has changed between their two surveys in 1990 and 2000. There are higher rates of new partner acquisition in under 25s and amongst those who are not cohabiting or married. There has been an increase in total numbers of heterosexual and homosexual partners, concurrent partners, heterosexual anal sex and payment for sex. Also, the proportion of people who reported two or more partners in the past year and did not use a condom consistently increased over the ten year period[34]. There were also a higher proportion of young women in the UK who had heterosexual sex before the age of 16 in the 1990s than in the previous decade, and the median age at first intercourse for males and females has fallen[35]. More recently, the *Contraception and Sexual Health 2006/07* survey showed that of men under the age of 70 and women under 50, 12% and 10% respectively had had more than one sexual partner in the last year[36].

Those most at risk of sexual health problems include men who have sex with men (MSM), black and minority ethnic (BME) groups and young people. However, sexual health problems are also more prevalent in certain individuals or groups who find it most difficult to access services and these include: asylum seekers and refugees, sex workers and their clients, those who are homeless and young people in or leaving care[37].

This section looks at the sexual health needs and demands of Halton and St Helens PCT residents by illustrating prevalence of STIs and their relationship with deprivation, local chlamydia screening, HIV, and teenage pregnancy.

4.1 People with Sexually Transmitted Infections (STIs) and HIV

Nationally, the HPA have identified specific groups to target for STI prevention. It is known that young adults (aged under 25 years) are disproportionately affected by STIs, young women are disproportionately affected by gonorrhoea and genital warts and that increases in all STIs between 1997 and 2006 have been more pronounced in young men than young women, in particular those aged between 16 and 19. Furthermore, young people from black Caribbean backgrounds have a higher incidence of chlamydia and gonorrhoea compared with any other ethnic group[38]. However, in Cheshire and Merseyside in 2006, for the majority of infections (STIs) diagnosed, the individuals were of white ethnicity[39].

4.1.1 Sexually Transmitted Infection data

The data presented in this section were collected by the sexual health team at the Centre for Public Health as part of an enhanced surveillance system across Cheshire and Merseyside. As the data collected is more comprehensive than the current KC60 data, it is not possible to make comparisons beyond the Cheshire and Merseyside area.

Figure 4A shows prevalence of the five key STIs (primary and secondary syphilis, uncomplicated gonorrhoea, uncomplicated chlamydia, genital herpes and genital warts) diagnosed in genito-urinary medicine clinics in Cheshire and Merseyside for the first half of 2007. The data are residence based and do not include any data from community testing sites. Findings from Halton and St Helens show the highest STI prevalence (over 480 per 100,000 population) in the centre of St Helens, Thatto Heath, and Runcorn.

Table 4A shows the prevalence (per 100,000 population) of the key five STIs in Halton and St Helens PCT by sex. The overall prevalence figures are heavily driven by the chlamydia figures for both males and females, which is a trend seen across Cheshire and Merseyside. Uncomplicated chlamydia was the most prevalent infection (173 per 100,000 population) and was greater amongst females than males residing in Halton and St Helens PCT. Further, when community data are included in the calculations (see **Table 4C**); there is an even greater difference between prevalence in females and males, as is the case nationally[38].

Table 4B presents the prevalence of the key five infections by age group for Halton and St Helens PCT. Data show that those aged 15-19 years have the highest prevalence (1,353 per 100,000 population), with 20-24 year olds representing the next highest (1,345 per 100,000). The 15-19 year olds reveal a high prevalence of chlamydia (801 per 100,000) and the 20-24 year olds record the highest prevalence of genital warts overall (523 per 100,000 population). The over 50s reported a low prevalence of genital herpes, gonorrhoea, and chlamydia.

Table 4C displays the prevalence of chlamydia using both GUM and community data from National Chlamydia Screening Programme (NCSP) testing sites. In Halton and St Helens PCT, the total numbers of community diagnoses were 351 compared to the 373 diagnosed in GUM clinics. Combining the data gives total prevalence estimates of 336 per 100,000 population. A greater number of females were diagnosed in the community than in GUM in Halton and St Helens. Conversely more males were diagnosed in a GUM setting than a community setting in Halton and St Helens. This may be due to availability and practicality of testing for male chlamydia in a community setting, and also the opportunistic nature of screening. Halton and St Helens has the third highest prevalence of chlamydia in comparison with the rest of Cheshire and Merseyside, the second highest being Warrington. Although males constitute a lower proportion of the figures than females, it is encouraging that males seek testing in both community and GUM settings. It is likely that the GUM and community settings appeal to different populations of men, with the MSM population seeking testing in a GUM setting and the heterosexual population seeking testing in a community setting.

In terms of ethnicity, in Cheshire and Merseyside between January and June 2007, most clinics had the majority of infections diagnosed amongst individuals of white ethnicity, with 98% at Halton GUM. St Helens GUM had a large proportion of infections diagnosed where ethnicity was unknown (44%).

Table 4D shows the chlamydia and gonorrhoea screening data for Warrington, Halton, and St Helens from April to December 2008. The data shows a consistently higher number of positive females than males, and also showing that the majority of those testing positive were treated. There is clearly a larger diagnosis of chlamydia compared to gonorrhoea across Warrington, Halton, and St Helens.

Table 4A Prevalence (per 100,000 population)* of key infections diagnosed in GUM clinics by sex for Halton and St Helens PCT, Jan - June 2007

Infection	Prevalence		
	Male	Female	Total
Halton and St Helens PCT			
Primary and secondary syphilis	2.8		1.4
Uncomplicated gonorrhoea	26.4	17.4	21.8
Uncomplicated chlamydia	152.0	193.9	173.3
Genital herpes	13.2	29.3	21.4
Genital warts	127.5	121.7	124.5
Total**	**322.0**	**362.2**	**342.4**

* Total prevalence calculation includes double counting of individuals with more than one infection.
Source of data: Enhanced Surveillance of Sexually Transmitted Infections in Cheshire and Merseyside, Mid Year 2007.

Table 4B Prevalence (per 100,000 population) of key infections diagnosed in GUM clinics by age group for selected PCT of residence, Jan – June 2007

	Prevalence by age group											Total*
	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	
Halton and St Helens PCT												
Primary and secondary syphilis		4.9					9.0					1.4
Uncomplicated gonorrhoea	4.9	92.8	67.5	62.4	5.1	9.1	4.5		5.1			21.8
Uncomplicated chlamydia	39.2	801.3	692.3	299.5	81.6	31.9	18.0	9.8		4.8		173.3
Genital herpes	4.9	83.1	61.9	31.2	30.6	9.1	4.5	4.9			6.3	20.9
Genital warts	9.8	371.3	523.4	212.2	127.4	68.4	58.5	44.3				124.1
Total**	**58.7**	**1353.3**	**1345.1**	**605.3**	**244.7**	**118.5**	**94.5**	**59.0**	**5.1**	**4.8**	**6.3**	**341.5**

* Total prevalence calculation includes double counting of individuals with more than one infection. Totals may not add up due to rounding.
Source of data: Enhanced Surveillance of Sexually Transmitted Infections in Cheshire and Merseyside, Mid Year 2007.

Table 4C Number and total prevalence (per 100,000 population) of chlamydia diagnosed in GUM and community settings* for selected PCT of residence, Jan - June 2007

	Setting	Male	Female	Total
Halton and St Helens PCT	GUM (number)	161	212	373
	Community (number)	53	298	351
	Total number	**214**	**510**	**724**
	Prevalence	**202.1**	**466.5**	**336.4**

*The total chlamydia prevalence is indicative only.
Note: Caution is needed when interpreting the results as it is possible that an individual has been tested both in the community and in a GUM setting for the same episode of chlamydia infection.
Source of data: Enhanced Surveillance of Sexually Transmitted Infections in Cheshire and Merseyside, Mid Year 2007.

Table 4D Chlamydia screening data covering Warrington, Halton, and St Helens PCT: Opportunistic screening of under 25 year olds outside GUM settings, April - December 2008

	April – December 2008
Chlamydia Positive patients <25 years opportunistically screened (outside GUM settings) through the NCSP	
Total Number of Positives	368
Total Number of Positive Women	276
Total Number of Positive Men	92
Gonorrhoea positive patients <25 years opportunistically screened (outside GUM settings) through the NCSP	
Total Number of Positives	10
Total Number of Positive Women	8
Total Number of Positive Men	2
Positive patients <25 years with clinician confirmed treatment	
Total Number of Positives Treated	262
Total Number of Positive Women Treated	200
Total Number of Positive Men Treated	62
Treatment location for all positives	
Total Number of Positives Treated at GUM	11
Total Number of Positives Treated at CSO	187
Total Number of Positives Treated at Family Planning Clinic	4
Total Number of Positives Treated at General Practice (G.P.)	4
Total Number of Positives Treated at Other Location	80

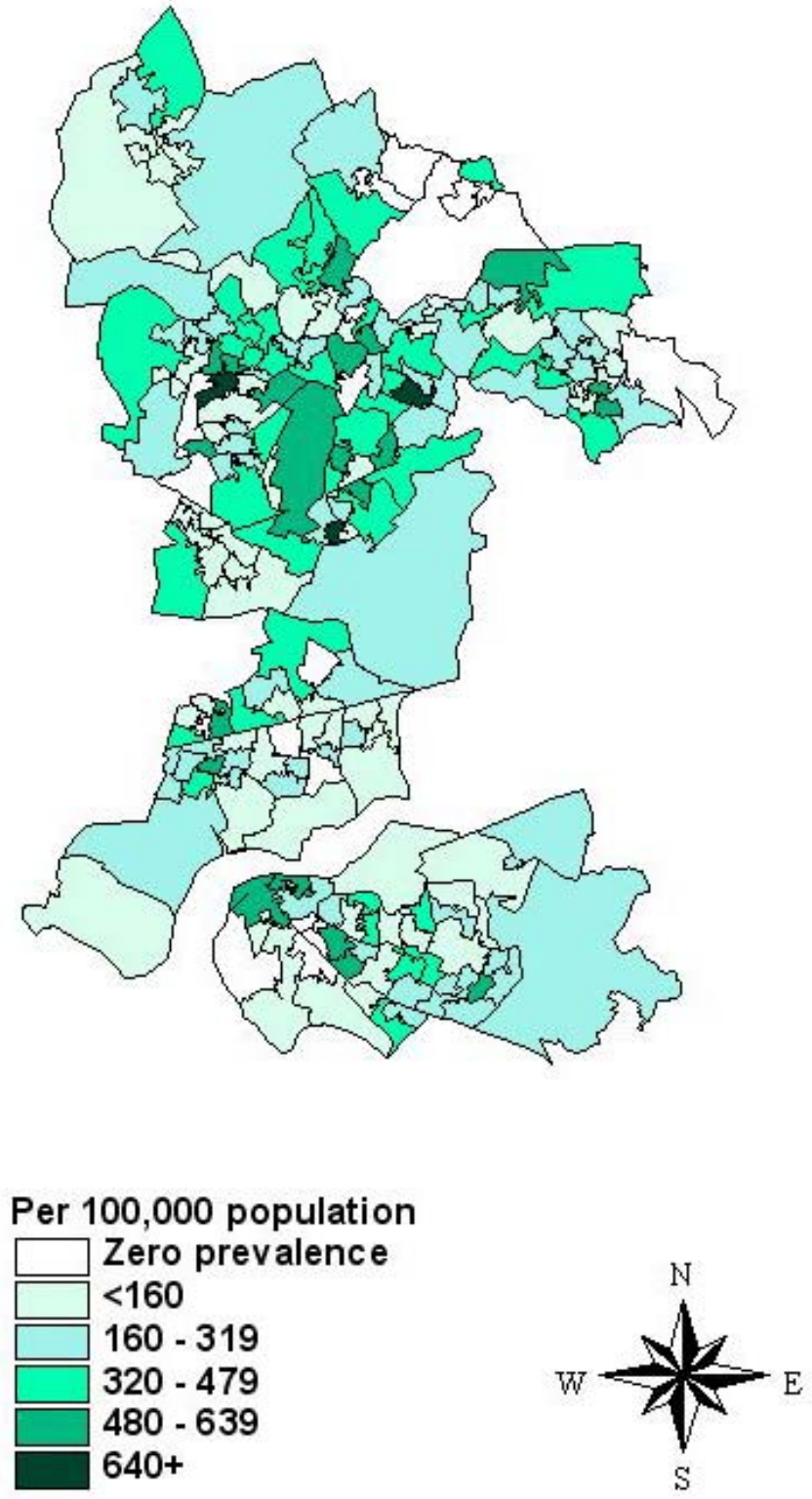
Source of data: Terrence Higgins Trust

4.1.2 Sexually Transmitted Infections and Deprivation

Figure 4B illustrates the prevalence of the key five infections diagnosed in GUM. The figure uses 'P^2 People and Places' to help with practical interpretation of the data and shows which population groups require the greatest resources. Classifications increase in level of deprivation from left to right with 'Mature Oaks' representing the least deprived and 'Urban Challenge' representing the most deprived group (please see appendix for a definition of all classifications). Figure 4B shows that there are no areas in three classifications within Halton and St Helens. The three classifications are: 'Country Orchards', 'Qualified Metropolitans', and 'Multicultural Centres'. Although initial indications from figure 4B suggest large STI prevalence in both 'Senior Neighbourhoods' and 'New Starters', the confidence intervals are too large to state prevalence reliably due to small numbers of people residing in these areas. The group with the highest STI prevalence is 'Suburban Stability', which has a slightly higher prevalence than 'Disadvantaged Households'. These two groups represent different populations and should be targeted as such. For example, 'suburban stability' tend to own a car whereas 'disadvantaged households' will not. Therefore this has implications when and where to offer STI services to these high prevalence groups. The classification with the lowest STI prevalence is the 'Rooted Households' which tends to include younger and older families, who will generally have two or more cars and read black top newspapers. When compared to the results for the neighbouring PCT of Warrington (figure 4C) the differences in the groups of people affected by STIs can be seen. The highest prevalence in Warrington is among the 'Blossoming Families' and 'Mature Oaks'; which reflects the different demography. However due to the size of the confidence intervals care should be taken when interpreting these results.

Figure 4C, illustrates the P^2 for Warrington PCT, for comparative purposes, and also shows there is no 'Country Orchard', 'Qualified Metropolitan', or 'Multicultural Centres' population, in addition to 'New Starters' and 'Urban Challenge'. Warrington does not show the expected relationship between rates of STIs and increasing deprivation. The groups with the highest STI prevalence are 'Blossoming Families' and 'Mature Oaks' which differs from Halton and St Helens. This would suggest that it is imperative to have individual local programmes as the populations and needs are clearly different between the two areas. This could also be due to more health-seeking behaviour in the PCT. Although the PCTs share a border and there is undoubtedly some client cross-over, there are some clear differences in the needs of the individual populations.

Figure 4A Period prevalence (per 100,000 population) of key infections* diagnosed in GUM clinics, Halton and St Helens PCT of residence, January to June 2007
*Primary and secondary syphilis, uncomplicated gonorrhoea, uncomplicated chlamydia, genital herpes and genital warts



Source of data: STI data - Sexual Health Team, Centre for Public Health. Population data - Mid-2005 population estimates. Office for National Statistics © Crown Copyright 2007
Source of map boundaries: 2001 Census, Output Area Boundaries. © Crown copyright 2003

Figure 4B Prevalence of an STI* diagnosed in GUM by people and places categorisation, Halton and St Helens PCT

*Primary and secondary syphilis, uncomplicated gonorrhoea, uncomplicated chlamydia, genital herpes and genital warts

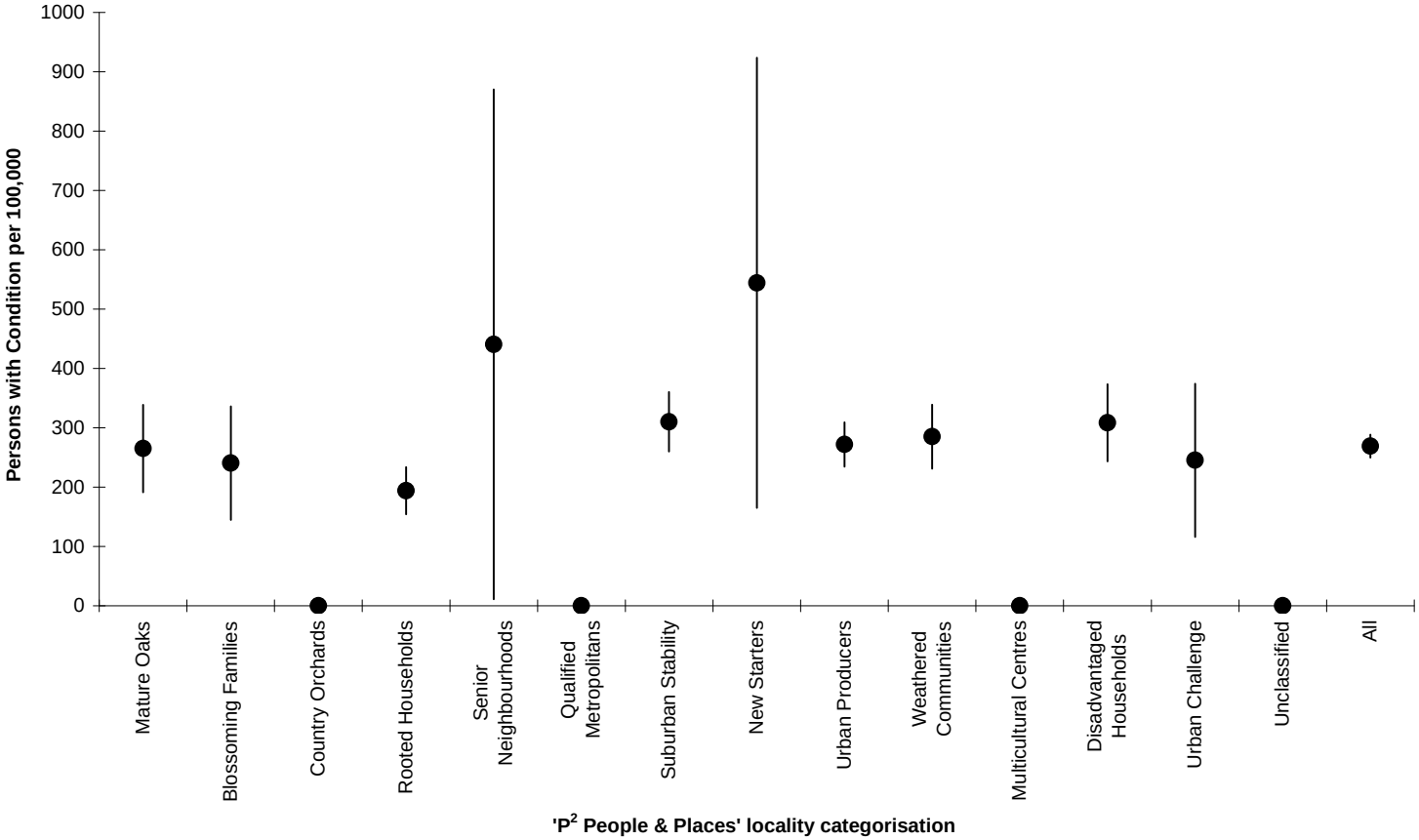
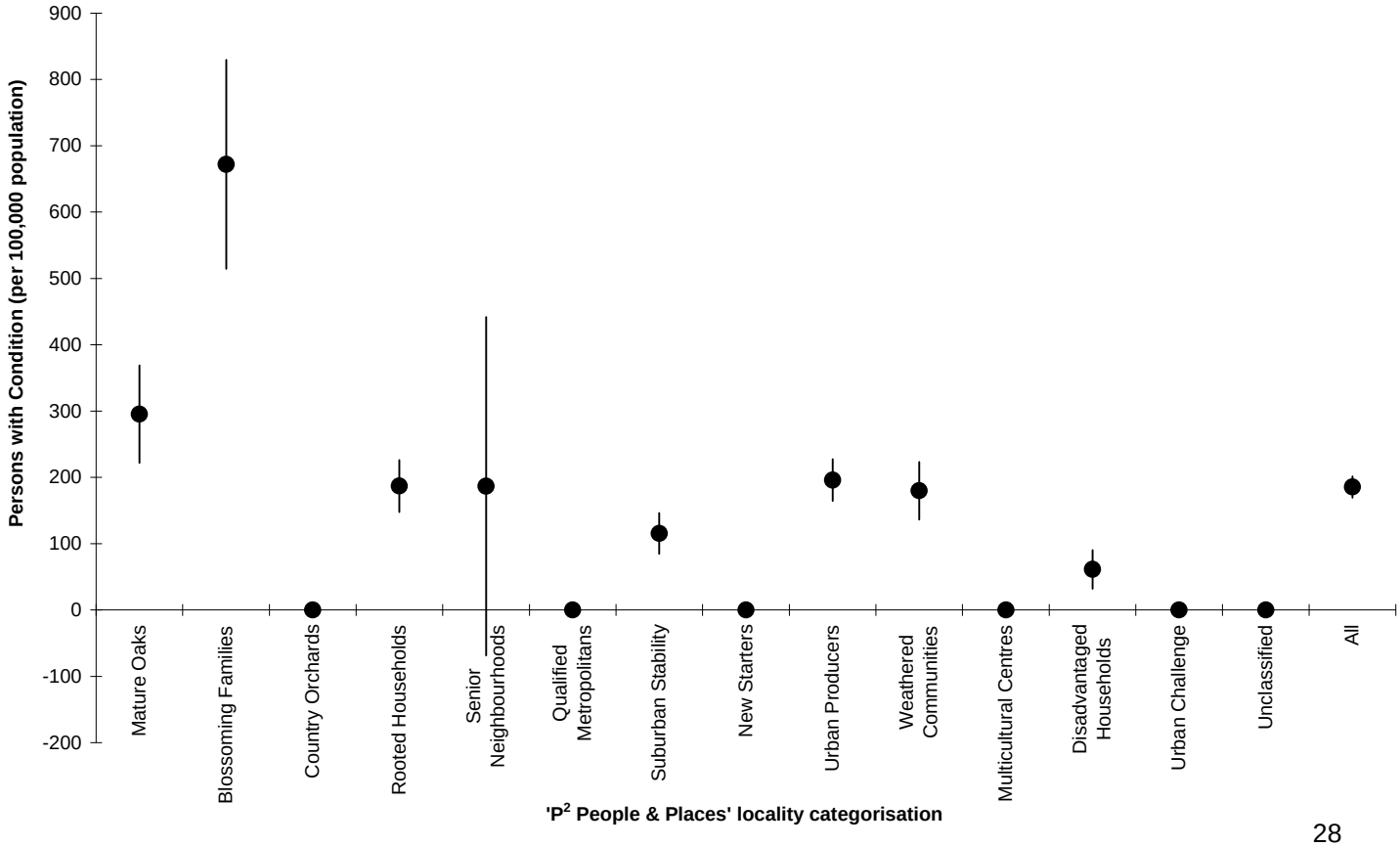


Figure 4C Prevalence of an STI* diagnosed in GUM by people and places categorisation, Warrington PCT

*Primary and secondary syphilis, uncomplicated gonorrhoea, uncomplicated chlamydia, genital herpes and genital warts



4.2 HIV

As with STIs, the HPA have identified specific groups to target for HIV prevention. These include MSM, as they are disproportionately affected by HIV, and those of black African ethnicity are at higher risk of HIV. In the North West of England, in 2007, there were 5,212 HIV positive people in treatment and care. There are an estimated 28% of the 77,400 HIV positive people in the UK who are unaware of their infection[1]. There is no further local breakdown available on undiagnosed people as this data is derived from the unlinked anonymous survey, in which all identifiers are stripped from the sample. The predominant mode of exposure to HIV is sex between men (52%), followed by 41% who were exposed through heterosexual sex. Over a third of people in treatment and care were infected outside of the UK and most (81%) of these were infected through heterosexual sex. Two-thirds of the people in treatment and care for HIV in the North West region whose ethnicity is known are of white ethnicity, with black and minority ethnic (BME) communities making up the other third. Individuals of black African ethnicity make up the largest proportion of the BME population with HIV[40]. Individuals with HIV have varying and often complicated social needs in conjunction with their medical care. Support is needed with respect to welfare, benefits, housing, advocacy issues and financial issues. Support services are also necessary for those affected by HIV, such as families, partners, children, and friends.

The North West HIV and AIDS Monitoring Unit has been collecting and collating data on the treatment and care of HIV positive individuals since 1996. The number of people accessing HIV services in the North West has increased year on year since recording began, and has risen by 414% since 1996 (from 1,014 individuals in 1996 to 5,212 individuals in 2007). There has been a continued increase (9%) in the size of the HIV positive population from 2006 to 2007, although this is not quite as large as those seen in previous years (2002 to 2003: 23%; 2003 to 2004: 20%; 2004 to 2005: 17%: 2005 to 2006: 13%).

Initially remaining stable, the number of new cases (defined as individuals seen in the data collection period and include new cases who died during the period) rose annually between 2000 and 2005 and the most dramatic increase in new cases was seen between 2001 and 2002 (a rise of 37%). Between 2005 and 2006 cases fell by 2%. New cases (817) in 2007 showed further reductions with a 10% decrease on the 2006 figure.

It should be noted that although heterosexual cases now dominate the statistics, the annual number of new infections transmitted through MSM has also increased steadily, by 86% since 1996. This stresses the need to maintain and develop prevention strategies amongst this group. The number of infections through injecting drug use has declined over the years; this may partly be due to the early implementation of syringe exchange programmes across the North West. The data from 2007 shows an 11% decrease on 1996 of new cases of HIV transmitted through injecting drug use. The number of cases due to mother to child transmission has begun to increase with a 200% increase seen between 2007 and 1996. The actual numbers of new cases are quite low (21 in 2007) and care needs to be taken when interpreting a large percentage change on a low number. The increase in mother to child transmission is linked to the increase in the number of heterosexually infected HIV positive women, which in turn is linked to migration from high prevalence countries. Were it not for large improvements in diagnosis during pregnancy and effective prevention of HIV transmission to the infant, the increase in the number of infected children would be much higher. The majority of cases of mother to child transmission seen in the North West have occurred overseas prior to arrival in the UK[40].

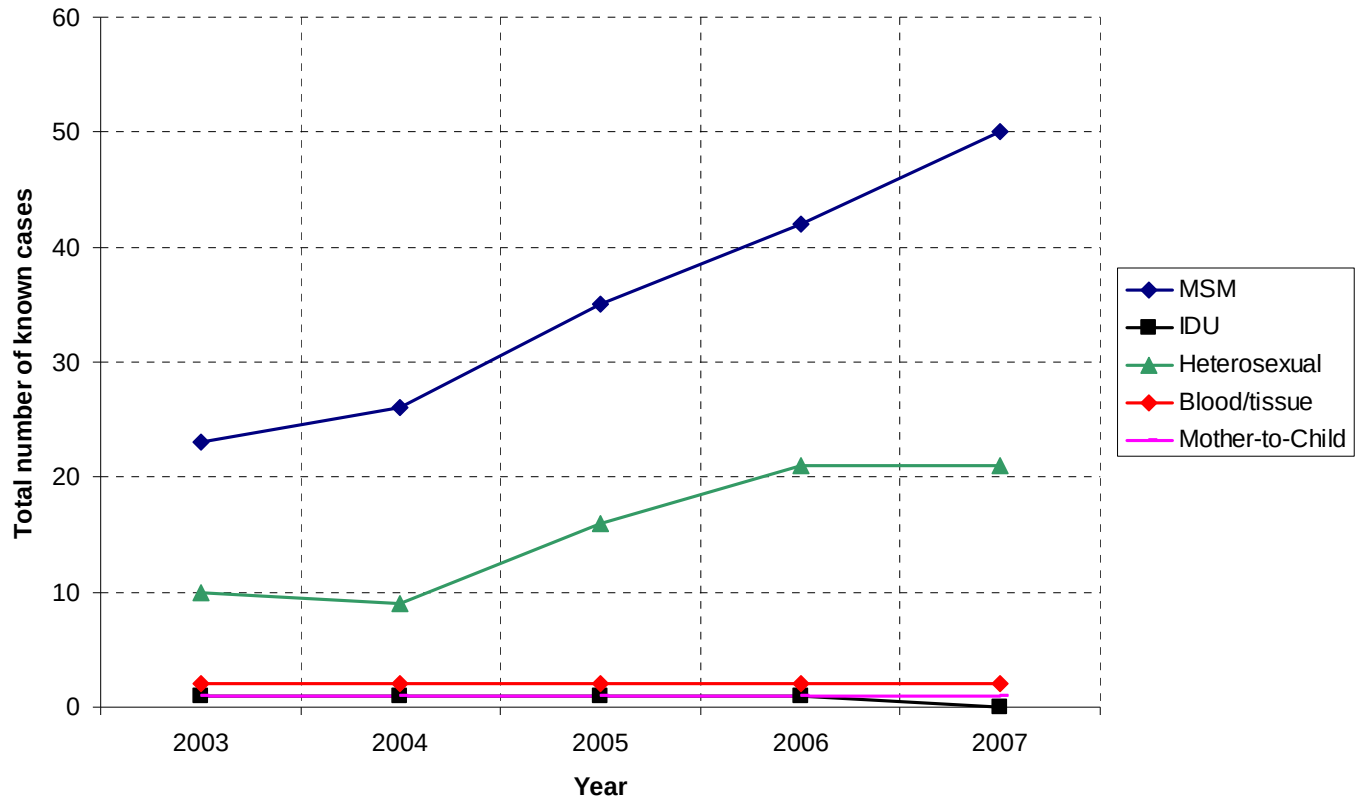
Across counties, Merseyside has seen the largest increase in new cases since 2000 (200%), followed by Greater Manchester which has seen a 152% increase over the same period. Cheshire saw the greatest increase between 2006 and 2007 (23%), compared with little change in Cumbria (6%) and Merseyside (4%). Both Greater Manchester and Lancashire saw a decrease in the number of new cases since last year (18% and 16% respectively). The overall number of new heterosexual and MSM cases has risen since 2000 (84% and 351% respectively). Three countries reported an increase in the number of new heterosexual infections since 2006 (Cumbria, Lancashire and Cheshire), while only Merseyside and Cheshire reported a percentage increase in the number of new MSM cases compared to 2006. The highest overall number of MSM cases remains high in Greater Manchester.

This is consistent with the fact that the Manchester area has a large gay community and evidence of high levels of sexual risk behaviour (as revealed in investigations of the syphilis outbreak). There was, nevertheless, a drop in new MSM cases by 21% between 2006 and 2007.

Halton and St Helens has a low HIV prevalence compared to other parts of the North West. **Figure 4D** shows the known HIV cases in Halton and St Helens since 2003. The were 74 individuals in treatment and care for HIV residing in Halton and St Helens PCT in 2007 and the HIV prevalence in the PCT was 25 per 100,000 population. The prevalence for the North West is 72 per 100,000 population, but there are large variations within the regions; with Manchester LA being 348 per 100,000, and Liverpool being 85 per 100,000 population. Of the individuals in Halton and St Helens, 55% were in the age range of 30-44. Moreover, the majority of the cases are amongst male residents (82%). The predominant mode of exposure to HIV in Halton and St Helens PCT is via men who have sex with men (68%), with 28% infected heterosexually. The majority of people in treatment and care for HIV in Halton and St Helens were of white ethnicity (89%), with 69% of infections acquired in this country. A low proportion of individuals (22%) in treatment and care for HIV had received an AIDS defining illness, which is similar to the North West proportion of 23%.

Overall there were a total of 552 outpatient episodes recorded at statutory centres in 2007 from HIV positive residents in Halton and St Helens. This is an average of seven visits per individual over the year, which is consistent with the North West average. The HIV positive residents required a longer than North West average inpatient stay, which suggests more severe illness. There are no data available on the total number of HIV tests taken, as only positive results are recorded, therefore it is not possible to say whether levels of HIV testing are high in the region.

Figure 4D Diagnosed HIV cases for Halton and St Helens PCT from 2003 – 2007*
* 2003 & 2004 data are a sum of Halton PCT and St Helens PCT.



Source: Centre for Public Health, Liverpool John Moores University, 2009.

4.3 High risk groups

4.3.1 MSM

Sigma research presents a yearly report on gay men's behaviour, gathered through a large scale national questionnaire, which is broken down by strategic health authorities. The results for the North West in 2007[41] were compiled from 683 gay men from all over the region. There were respondents to the survey in Halton and St Helens PCT (26), and Warrington (6), which only represents a small sample and may not be representative of the community. No further analysis was conducted on the Warrington data individually due to the small number of respondents. Across all North West respondents, 38% had never been tested for HIV and a higher percentage (49%) had never been tested for hepatitis B. Most men had between two and four male sexual partners in the previous 12 months and 10% had 30 or more male sexual partners. Specifically for Halton and St Helens PCT, the respondents to the survey were younger than other areas throughout the North West with the majority being in their twenties. Within the respondents there was a high level of uncertainty over the HIV sero-discordancy with partners. There were also a high percentage of men who had more than 13 sexual partners over the past 12 months, and along with the uncertainty over sero-discordancy, could suggest a highly active MSM population who are not in relationships across Halton and St Helens. With regard to health needs highlighted in the Gay Men's Sex Survey 2007, 52% of Halton and St Helens respondents had not heard of Post Exposure Prophylaxis (PEP), but there were low concerns about alcohol and drug use. The survey also suggests the highest North West rate of respondents who would rather risk HIV than use a condom, which is obviously a concerning trend.

Although these data on sexual behaviour reflect that of other regions in the UK, it is clear that risk-taking behaviour is still an issue within the region. There were results to suggest that men would like more ways of meeting other gay men that did not revolve around sex. These findings could serve as a platform to build on for services in the local community who could offer an opportunity for gay men to meet that did not revolve around sex, an opportunity that could provide an outlet for sexual health information for this high risk group. There was also positive feedback regarding the promotion of health among gay and bisexual men, which again represents a platform to build upon when trying to improve the sexual health of the population.

Data also show that MSM populations are more likely to have more general health needs through smoking, alcohol and drug use. As a population, they are also more likely to have suffered abuse or attacks[42]. There are also specific sexual health needs such as information on safer sex, HIV and STI testing, and support for MSM with HIV such as counselling services and social support.

The Armistead Centre[∞]

The Armistead Centre is a sexual health promotion and drugs harm reduction support and information service working with the Lesbian Gay and Bisexual (LGB) community and individuals involved in sex work.

Since being established Armistead has been commissioned to work Halton & St Helens PCT, Knowsley PCT, and Sefton PCT and is hosted and commissioned by Liverpool PCT. Armistead is currently working within Liverpool, Knowsley, Halton and St Helens areas and is based in Liverpool City centre within what has come to be described as the Gay Quarter. Funding is sourced from the various PCTs, with additional funding coming from Liverpool DAAT, Sefton DAT and the Home Office.

The nature of living with an LGB identity or having same sex relationships means that many individuals will not disclose their identity to services during outreach or promotional events due to the impact of living with homophobia, fear of prejudice or having personal information disclosed. The data here does not reflect the total numbers of individuals contacted and who have received interventions but reflects the numbers of clients who have provided Armistead with explicit identifying information in a variety of contexts. Activity reports of the work can be provided that reflect the extent of the work done with the community and the variety of interventions.

[∞] Information provided directly from The Armistead Centre, Liverpool.

The Armistead Project has been commissioned to work within St Helens since April 2004 and Halton since August 2008. Contact and interventions are made within the local areas and within Liverpool City Centre, which is the location of the cultural hub for LGB people within Merseyside.

A total of 264 Halton and St Helens residents have provided information directly about their sexual identity with a total of 735 contacts and interventions during that time. Of the above mentioned clients 15 (total number of interventions 40) identified as Lesbian, Gay or Bisexual accessed support for the following issues sexual health, sexuality, mental health, gender issues and living with a HIV positive status.

The majority of Halton and St Helens residents who have been in contact with the Armistead identify as Gay (150), Lesbian (32), Bisexual (26), Heterosexual (13), Other (3) and Unknown (40) and were aged <16 (4), 16-18 (25), 19- 25 (54), 26- 35 (55), 36-45 (46), 46-55 (42), 56-70 (5), >70 (3) and age unknown (30).

Six individuals were identified as having a disability, these included learning disabilities, hearing impairment, speech impairment and chronic mental health problems.

Interventions have been facilitated in the following services: Appointments (27), Drop-in (234), outreach (115), netreach (4), health promotion events (248), social group (100), telephone/ text support (97), and Training (6).

The following issues have been covered with in interventions with clients: General Safer Sex (607), Sexual Health Screening / Vaccination (213), HIV & STIs (253), Relationship Issues (108), Sexuality (68), Drugs/ Alcohol (59), Homophobia / legal matters / Police (53), Mental Health (43), Self Esteem (38), Post Exposure Prophylaxis (34), Public Sex Environments (32), Gender identity (11), Rape / Sexual Assault (7), Armistead Services (876), Support (671).

4.3.2 Sex Workers

Selling sex is not illegal, although related activities such as soliciting, advertising using cards in telephone boxes, and kerb crawling are offences which effectively render sex work illegal[43]. There are an estimated 80,000 people involved in sex work in the UK. Many of them have been subject to childhood abuse, have spent time in care, had poor school attendance, are or have been homeless and the vast majority involved in street sex work have problematic drug use issues[43]. There are also other vulnerable groups involved in sex work. Although most associated with women and young girls, there is also a significant market for men and young boys[43]. Children involved in sex work are particularly vulnerable[44].

Armistead Street provides an assertive outreach and support service to women involved in street based sex work in the city of Liverpool and support to those who wish to exit. The primary focus is on the provisions of drugs harm reduction and sexual health promotion interventions and referrals into drugs treatment services, sexual health services, and primary care and acute health services. This service is commissioned by Liverpool DAAT. Sefton DAAT contribute towards work with Sefton residents who are engaged in sex work within Liverpool, and the Home Office provide funding for a part time Independent Sexual Violence Worker targeting female sex workers. The work has been commissioned by Liverpool DAAT since April 2004.

From Halton & St Helens PCT area there are a ten individual female sex workers who have had 132 contacts and interventions with Armistead services with regards to the following issues: sexual health (114), drugs and alcohol (128), relationships (52), police/ legal issues (44), mental health / self esteem (36), domestic violence (34), housing (30), general health issues (18), detox / harm reduction (10) and sexuality (4).

In addition there have been ten other clients who have accessed the Routes Out project which helps female sex workers who wish to exit sex work to access employment training and education. These

clients are not currently involved in sex work and have exited. Two clients are aged between 19-25 years, six aged between 26- 35 year, and two client aged between 36-45 years.

4.3.3 Asylum seekers

There is no local data available for asylum seekers; however they are a known high risk group and information from the stakeholder meeting (See section 8) suggest numbers are increasing locally.

Asylum seekers have a range of issues, from coping with the transition from one country and culture to another, uncertainty over immigration status, financial status, deprivation, marginalisation, stigmatisation and potentially, mental health issues[45]. Asylum seekers with HIV are a particularly vulnerable group of immigrants. In the North West of England, in 2007, 1082 individuals accessing HIV treatment and care were classed as non-UK nationals, and just under half of these (49%) were asylum seekers. Of the asylum seekers in treatment and care for HIV, the majority (68%) were female[40].

4.3.4 Refused asylum seekers

In the UK, healthcare for asylum seekers is free of charge[46,47], however until recently, refused asylum seekers (with the exception of emergencies) were no longer entitled to free healthcare in a hospital, including HIV treatment. It can take weeks or months before refused asylum seekers can be returned to their countries making this group one of the most vulnerable[45,48]. A ruling in the High Court in April 2008 changed the situation, enabling HIV positive refused asylum seekers to remain in treatment and care for HIV for as long as they remain in the UK, although it is possible that this decision may be challenged by the Department of Health[49]. However, asylum seekers generally face barriers to screening and GP services which may increase feelings of stigmatisation and reluctance to seek help. It has been noted that refused asylum seekers with HIV are becoming destitute leading to the possibility of trading sex in order to survive[50]; which may consequently increase the onward transmission of both HIV and other STIs.

4.3.5 Gypsies and Travellers

Information on the general and sexual health needs of travellers and gypsies in the UK is sparse and this group are relatively hidden in terms of their needs. It is known however, that travellers have significantly poorer health status than other (English-speaking, UK resident) ethnic minority groups and deprived white UK residents. As well as increased levels of ill health, access and use of services is also poor. In terms of sexual health specifically, embarrassment about discussing health concerns relating to sexual health has been found to be a common reason for avoiding accessing health care[51].

No population data are available for Gypsies and Travellers in the PCT for a variety of reasons. Principally, the groups were not included in the 2001 census as there was no option to select Gypsy or Traveller in the census. This has now been rectified and the groups will be included in the 2011 census. Further, no specific service use data for Gypsies and Travellers is available for the PCT.

4.3.6 Rape and Sexual Abuse

The Rape and Sexual Abuse Centre (RASAC) evolved from Warrington Rape Crisis, which was founded in 1995. In 2004 a second centre was opened in St Helens. The charity works with people who are affected by sexual violence, which includes men, women, and young people, who have been subject to sexual violence. The centre also offers support to non-abusing family members such as partners or parents. The service employs a manager, a male project co-ordinator, two community workers, a St Helens project co-ordinator, two young persons counsellors, sessional trainers, and sessional therapeutic supervisors. A team of over 40 volunteers who have all taken part and passed in-house training undertake much of the direct work with service users.

Throughout 2008, the service received a total of 832 telephone calls to their helpline. There were no specific peak times through the year, with the helpline being contacted just over 200 times per quarter. The service gave over 2,000 hours of counselling throughout 2008, with a slightly higher demand at the start and end of the year. The greatest demand on the service was with regard to the number of

hours of direct support offered. The service gave over 2,300 hours of direct support to its service users, with the greatest demand period being between October and December 2008.

The client base for RASAC is predominantly female with only 10% of the clients being male. The clients visit for several reason, and the service categorises the proportion of visits as follows: raped within last year (21%), historical adult rape (11%), adult sexual assault (24%), adult clients who suffered child sexual abuse (44%).

The service is used by clients from areas throughout Cheshire and Merseyside, with the following geographical breakdown: Cheshire (176), Halton (157), Warrington (185), St Helens (204), Merseyside (73), Other (37).

4.3.7 Prisoners and Young Offenders

By the end of December 2008, the population in custody in England and Wales was 82,023, 2% more than a year earlier. The male prison population increased by 3% to 77,435 and the female prison population decreased by 3% to 4,201 for females[52]. Prisoners are recognised as a socially excluded group. They are more likely to have grown up in care, poverty or a disadvantaged family, less likely to be in a stable relationship, more likely to be teenage or single parents, and have much poorer mental health than the general population. Also, most prisoners have had disruptive experiences of school and leave with few qualifications or skills and most have never experienced regular or high quality employment. People from black and minority ethnic backgrounds are over-represented in a lot of dimensions of social exclusion and are therefore over-represented in the prison population. It has been recognised by sexual health and primary care service commissioners and providers that condom distribution and sexual health service development in general in prisons has been identified as an important gap in provision which needs addressing[53]. Although Halton and St Helens PCT do not have a prison or young offenders institute within its boundary, there are institutions in neighbouring Warrington PCT which holds people from the Halton and St Helens area.

HMP Risley holds around 1,070 sentenced adult male prisoners over the age of 21 who have been to other prisons prior to attending HMP Risley. Sexual health services are promoted within an induction day for all new prisoners. A nurse led sexual health clinic is held one morning a week, supported by onsite GP or referral to Warrington GUM if required. Prisoners self refer to the clinic or referral is from the GP. The clinic offers the same confidentiality as all GUM services. The inmates have access to full sexual health screenings and are taken as required. Due to the increase in drug users in prison many also request Hepatitis and HIV screening. Condoms are available also to all inmates. The sexual health service sees approximately 6 patients a week in the clinic but a nurse is available to see patients urgently outside of this Monday to Friday service. The clinic does not have a long waiting list as many of the inmates have already accessed other prison services before they reach HMP Risley or have seen the local GP. Ongoing care from other prisons is continued if required from the sexual health clinic.

Young prisoners are recognised to often be out of control when they arrive in custody and many have already had experience of institutions, with a disproportionate number of young prisoners having been in care[54]. It is also acknowledged that a large proportion of young people in prisons need help with health care and many young people's behaviour is harmful to health (e.g. unhealthy eating, lack of exercise, drinking alcohol to excess, smoking and using illegal drugs). In addition, many are taking risks with their sexual health with underage sex, multiple partners and unprotected sex[54].

Thorn Cross Young Offender Institution, in neighbouring Warrington PCT, currently has a capacity to hold 321 young offenders. All offenders are males between the ages of 18-25 years and the average sentence is 7 months with an approximate number of 800 males passing through in one year. Amongst many other services, such as GP access, there is a weekly sexual health clinic that provides testing for chlamydia and gonorrhoea. The service is provided by Terence Higgins Trust but is run by the nursing staff at Thorn Cross. This is offered to everyone on arrival at the prison with an uptake of approximately 12 people per week and there is no waiting list for this service.

In addition to this a GUM clinic is held every other week. This is provided by Warrington and Halton Hospitals NHS Foundation Trust and is consultant led. This clinic has capacity to take seven new patients every other week. Demand fluctuates and occasionally there is a waiting list. Referrals are by self, GP or chlamydia and gonorrhoea screening clinic.

If an urgent referral is required, a GP can be accessed and young men can be sent to an outside clinic within 24 hours. If young men are granted a home or town visit, they are offered condoms prior to leaving the prison. There is also an active health promotion regime and sexual health is included in that service.

Female prisoners face distinctive issues (such as maternity and gynaecological issues and also greater incidence of past abuse) and inequalities in terms of their health. A fifth of women in prison request a consultation with a doctor or nurse each day which is almost twice as many as male prisoners. In addition, female prisoners report higher incidence of health problems than in the general female population. Sexual health, along with maternity care, substance misuse, self-harm, mental health and smoking are priority areas for the health of female prisoners[55].

It is acknowledged that many prisoners, both male and female, need some targeted sexual health promotion and HIV prevention interventions as they are more vulnerable or at a particular risk. HMP Preston developed a sexual health group which produces a magazine covering sexual health issues which aims to promote awareness and responsibility[55].

There are a number of risk factors for youth offending, including aggressive behaviour, low achievement in school, family history or problem behaviour, social alienation, peer pressure, parents condoning behaviour, family conflict, truancy and availability of drugs[56]. Youth offending in some cases leads to young people becoming young prisoners. Young prisoners are likely to be involved in risky sexual behaviour[54] and a large proportion of young people in custody aged 15-21 are parents. A quarter of young male offenders in custody are estimated to be fathers and it is estimated that 39% of female young offenders in custody are mothers[54,57].

4.3.8 Homeless people

The NHS Halton & St Helens Lifestyle homeless health team currently only operates within St Helens. The team consists of two nurse and three support workers, but there are currently no specific sexual health outreach service for homeless individuals within St Helens. The homeless health team undertake assertive outreach and drop clinic in at the homeless centre; they also go into hostels within St Helens and carry out health needs assessment.

The service offers free condoms and support workers are trained to deliver sexual health advice. The team will support individuals to attend GUM clinic appointments and have recently undertaken training for chlamydia/gonorrhoea screening training which will be incorporated into service delivery in the future. The service users have access to a GP on a weekly basis within the GP's own practice where they can undergo sexual health screening including cervical screening. The future plan is for the nurses within the team to be trained to undertake cervical cytology; the current premises they operate within are not suitable to deliver this service.

4.4 Pregnant teenagers and teenage parents

In the UK, the likelihood of teenage pregnancy is related to a number of factors: teenage pregnancy is more likely to occur in deprived neighbourhoods, it is higher amongst those with lower educational attainment (even after accounting for deprivation) and in those who are or have been looked after. Teenage pregnancy is more common in young girls who have experienced mental health problems, sexual abuse in childhood, sex before the age of 16, violence and bullying at school, poor parental support, involvement in crime, use of alcohol and substance misuse and in those who have low aspirations and a lack of things to do[26]. The likelihood of teenage motherhood is higher among young women who are daughters of a teenage mother or who are of white British, mixed white and black

Caribbean, other black, and black Caribbean ethnicity[58]. Young fathers are more likely to live in deprived areas, to be unemployed and to be in receipt of benefits and have similar characteristics as teenage mothers[58].

There is a national target to reduce teenage conceptions by 50% amongst girls aged under 18 by 2010. Differential stretched targets apply to boroughs with the highest rates of teenage conceptions. Thus, Halton borough has to achieve a reduction of 55% from the 1998 baseline, whereas Warrington and St Helens need only to meet the 50% reduction.

Figure 4E shows the trend of teenage pregnancy rates from 1997 to 2007 for Halton LA, and **Figure 4F** shows the equivalent for St Helens. In Halton, the teenage pregnancy rate (43.8 per 1,000 females aged 15-17) in 2004 was higher than the target (40.1 per 1,000 females aged 15-17) set by Halton LA for 2004 to work towards the teenage pregnancy strategy target which aims to reduce under 18 teenage pregnancy rates by 50% from 1997 to 2010. The data the following year showed a spike in under 18 conceptions which took the rate to above the 1998 baseline. However, 2006 saw a reduction in the rate which now stands at 2% above the 1998 rate. The most recent figures for 2007 show a significant increase to a rate of 70.3 conceptions per 1,000 females aged 15-17. This represents a 49% increase on the baseline figure, and is the worst progress towards the target nationally. The rate in under 18 conceptions must show immediate and sharp decline if Halton is to reach the reach a 50% reduction in the rate of teenage pregnancy in 2010. In St Helens, the teenage pregnancy rate (47.6 per 1,000 females ages 15-17) in 2004 was slightly higher than the target (47.2 per 1,000 females aged 15-17) set by St Helens LA for 2004. The following year showed a slight decrease in the rate which continued into 2006. The latest figures for 2007 show a small rate increase to 49.2 conceptions per 1,000 females aged 15-17. The rate currently stands at 11% below the 1998 base line figure, which represent steady progress towards the 2010 target. However, the recent slight increase in conceptions must be reversed to continue the previous good progress towards the 2010 target.

Statistical neighbours analysis provides a tool against which to benchmark progress of the *Every Child Matters* aims. For each local authority, the statistical neighbours model designates a number of other local authorities deemed to have similar characteristics, taking into account a large number of variables from sources including the 2001 census, the DVLA, DfES and the Annual Survey of Hours and Earnings. These include variables concerning the proportion of children living in a variety of different households (for example, overcrowded households, households where there is one adult and households where the main earner is in different types of occupation) and the proportion eligible for free school meals. In addition, mean weekly pay is taken into account as well as the percentage of people in the household from different black and minority ethnic backgrounds, variables on qualifications, health, housing tenure, and whether the household is in a rural area[59]. In terms of Halton's statistical neighbours[Ω] (Hartlepool, St Helens, Tameside, Redcar and Cleveland), Halton has had the worst progress on under 18 conceptions target with a 49% increase, although it does have the second highest deprivation score of the five (see **Table 4F**). With regard to St Helens' statistical neighbours (Stockton on Tees, Tameside, Darlington, Halton), St Helens had made the best progress on under 18 conceptions target with a 11% decrease, despite having the second highest deprivation score of the five (See **Table 4G**).

Figure 4G shows the change in outcomes of under 18 conceptions from 1997/99 until 2005/07 in Halton. There is now a greater difference in the rate of births and abortions in the outcomes of under 18 conceptions than in 1997/99. There has been an increase in births (18%) and smaller increase

[Ω] To produce statistical neighbours it is necessary to calculate an overall measure of difference between each pair of local authorities. To ensure consistency with previous statistical neighbour models (for example, those devised by Ofsted or the Institute of Public Finance comparator councils) a weighted Euclidean distance measure was used. The weighted Euclidean distance between two LAs is the square root of weighted average squared difference between the local authorities across all variables. Variables are weighted to emphasise the extent to which increased differences between local authorities (in terms of these background variables) is associated with increased differences in performance. In essence this means that background variables that have a close association with performance measures are given more importance in the statistical neighbour model than variables that are more weakly associated with outcomes.

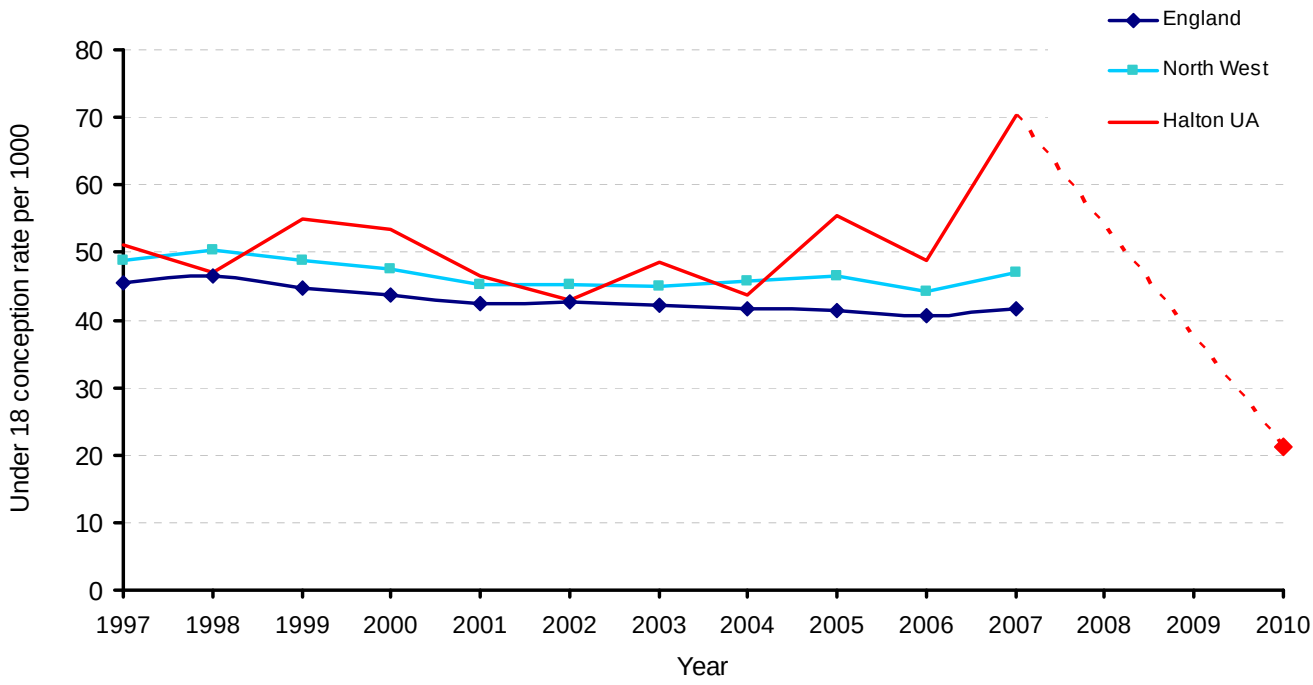
(10%) in abortions, which has shifted from previous figures which showed a more similar rate between births and abortions. There has been a 14% increase in under 18 conceptions, a 10% increase in abortions, and a 18% increase in births. This is consistent to the national trend which also shows higher rates of abortion in women across England[60]. **Figure 4H** show the change in outcomes of under 18 conceptions from 1997/99 until 2005/07 in St Helens. There is now a closer margin between the rates of births and abortions in the outcome of under 18 conceptions than in 1997/99. There has been a reduction in the rates of both births and abortions. There has been a reduction of 20% in under 18 conceptions, a 12% reduction in abortions, and a 24% reduction in births. These figures are contrary to the national trend which shows higher rates of abortion.

Figure 4I highlights a link between level of deprivation and number of conceptions attributable to under 18s. There is a strong relationship between the two variables. The figure is of all local authorities across England, and Halton can be seen with the larger diamond shaped data point. These results suggest that although Halton has a high level of deprivation (IMD = 32.6) the level of under 18 conceptions are still higher than nationally predicted or expected. This underachievement is more evident when compared with Halton's statistical neighbours, two of which (Redcar and Cleveland, and St Helens) have lower than predicted under 18 conception rates. These data also suggest that although deprivation is a factor in under 18 conception rates, the high rates in Halton cannot solely be linked to high levels of deprivation.

Figure 4J shows the link between level of deprivation and the number of under 18 conceptions in St Helens. The figure shows all local authorities across England, and St Helens can be seen with the larger diamond shaped data point. These results suggest that although St Helens has a high level of deprivation (IMD = 29.8) the level of conceptions attributable to under 18 are lower than nationally predicted or expected. This achievement is even more apparent when compared with St Helens' statistical neighbours, all of which of which have higher than predicted under 18 conception rates.

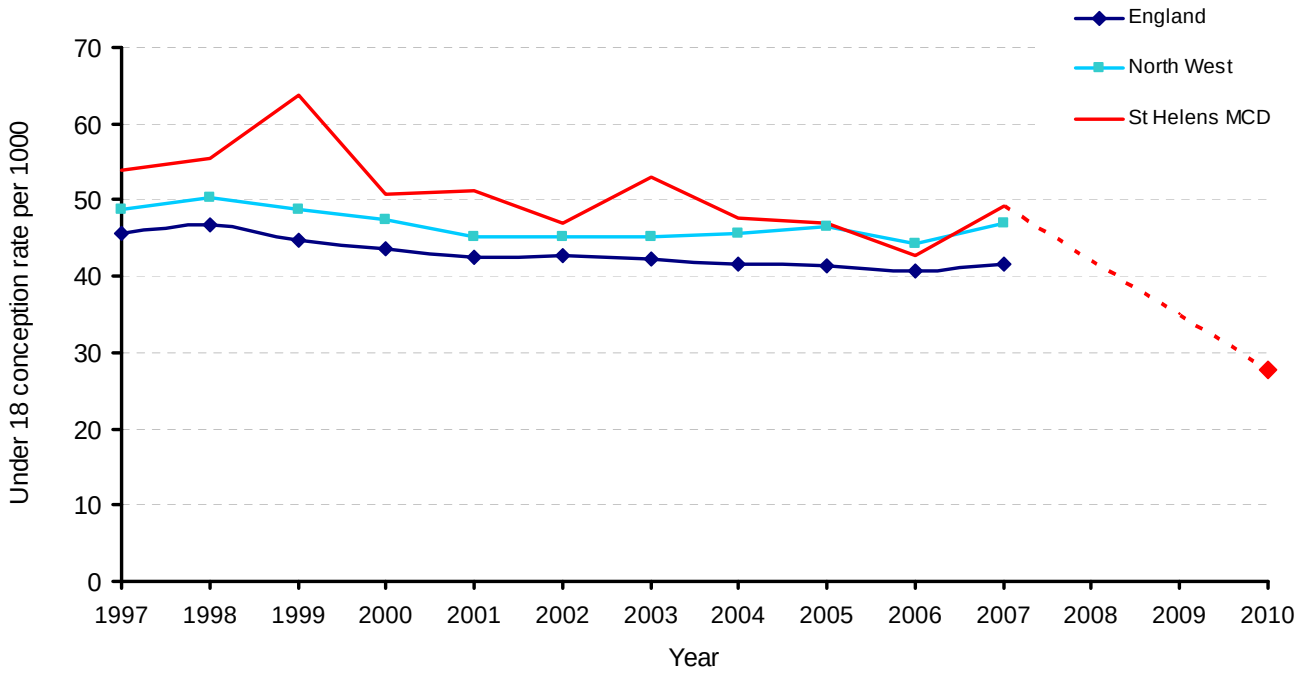
Figure 4K shows the number of under 18 conceptions between 2003 and 2005 by electoral ward for Halton and St Helens PCT; Under 18 conceptions only include females between 15 and 17 years of age. Numbers of under 18 conceptions tend to be higher in the centre of St Helens, Runcorn, and Halton. When compared to the proportion of females aged 15-17 across Halton and St Helens PCT, **figure 4L,** it is possible to examine the link between a high proportion of young females in the area and high rates of under 18 conceptions. Figure 4L shows that some areas of Halton and St Helens PCT have between 6-7% of the total LSOA population as females aged between 15-17 years. There are some areas where a high rate of under 18 conceptions matches a high young female population (e.g. Thatto Heath) but there are others which do not (e.g. Norton). The two maps suggest that a high proportion of 15-17 year old females in the locality do not explicitly link to having a high proportion of under 18 conceptions. When comparing figure 4L to 3B it can be seen that there is some overlap of high rates of under 18 conceptions and high levels of deprivation; the centre of St Helens, Halton and Runcorn.

Figure 4E Teenage pregnancy trends in Halton, England and the North West, 1997-2007 showing the line of projection required to meet Halton's 2010 target.



Source: Teenage Pregnancy Unit, DfES, 2009

Figure 4F Teenage pregnancy trends in St Helens, England and the North West, 1997-2007 showing the line of projection required to meet St Helens' 2010 target.



Source: Teenage Pregnancy Unit, DfES, 2009

Table 4E Under 18 conception rates by DfES statistical neighbours, Halton

Local Authority	Deprivation score	Under-18 conception rate		% difference 1998-2007
		1998	2007	
Halton	32.6	47.1	70.3	49.1%
Hartlepool	34.1	75.6	66.8	-11.7%
St Helens	29.8	55.5	49.2	-11.4%
Tameside	28.8	53.6	54.9	2.4%
Redcar & Cleveland	29.7	58.3	49.6	-14.9%

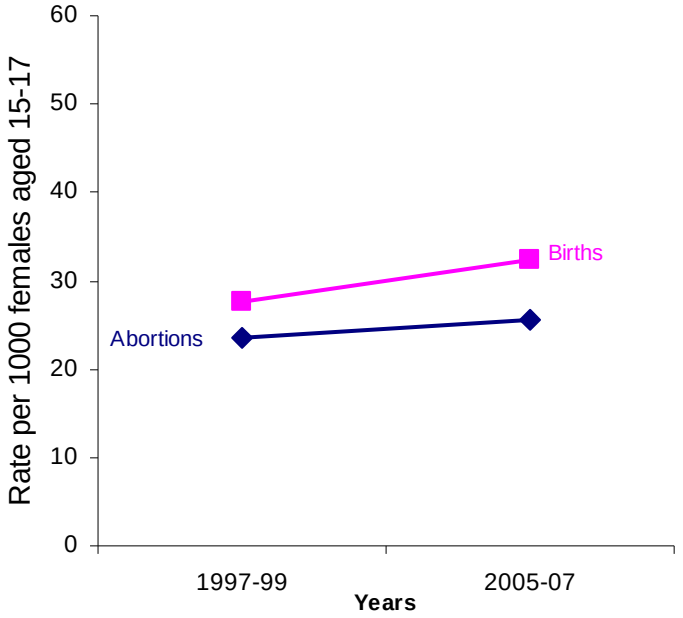
Source: Teenage Pregnancy Unit, DfES, 2009

Table 4F Under 18 conception rates by DfES statistical neighbours, St Helens

Local Authority	Deprivation score	Under-18 conception rate		% difference 1998-2007
		1998	2007	
St Helens	29.8	55.5	49.2	-11.4%
Stockton on Tees	23.8	48.3	53.3	10.3%
Tameside	28.8	53.6	54.9	2.4%
Darlington	24.1	64.0	55.2	-13.7%
Halton	32.6	47.1	70.3	49.1%

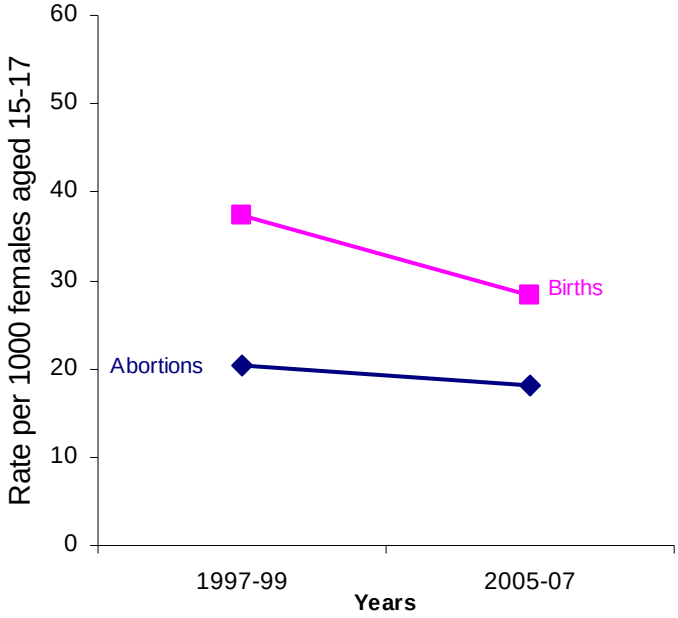
Source: Teenage Pregnancy Unit, DfES, 2009

Figure 4G Outcome of under-18 conception 1997-99 and 2005-07, Halton



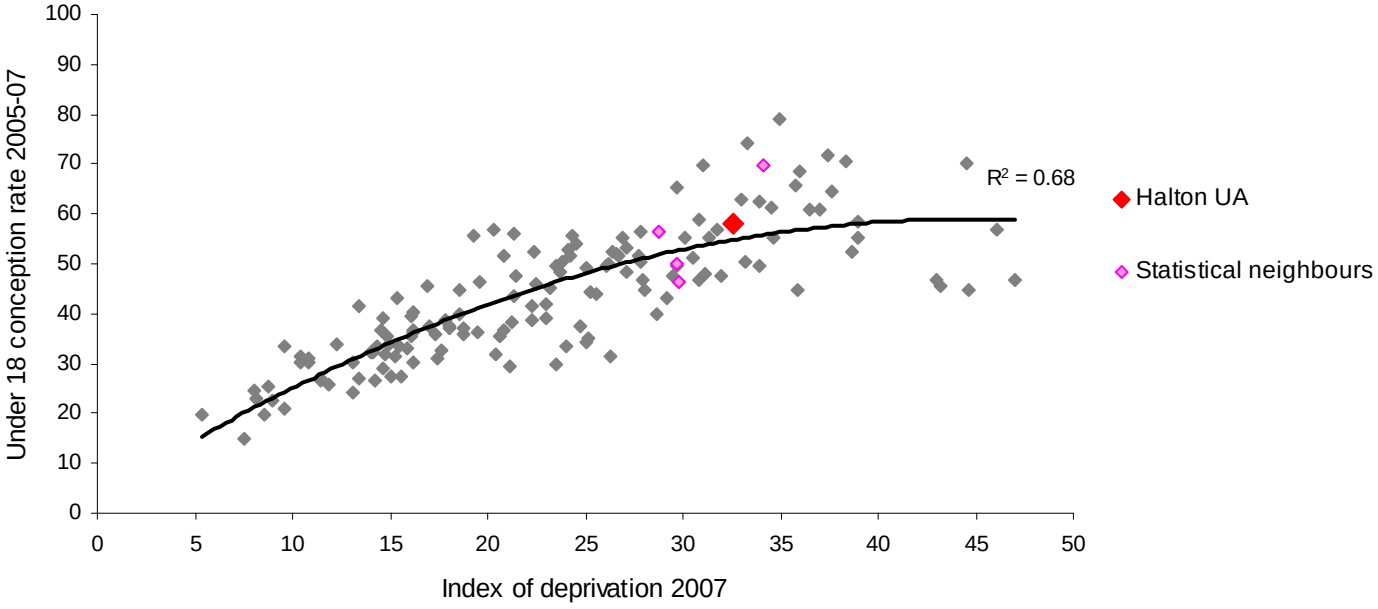
Source: Teenage Pregnancy Unit, DfES, 2009

Figure 4H Outcome of under-18 conception 1997-99 and 2005-07, St Helens



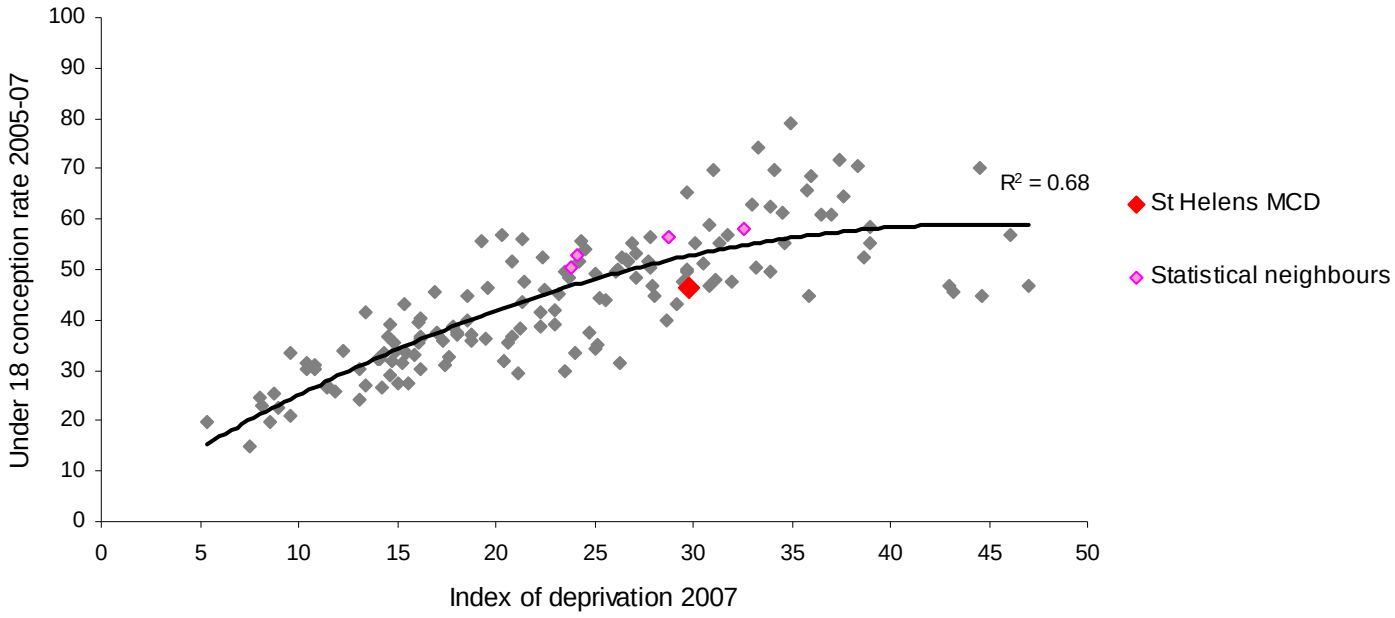
Source: Teenage Pregnancy Unit, DfES, 2009

Figure 4I Deprivation score and under-18 conception rate for 2005-07 by local authority, Halton.



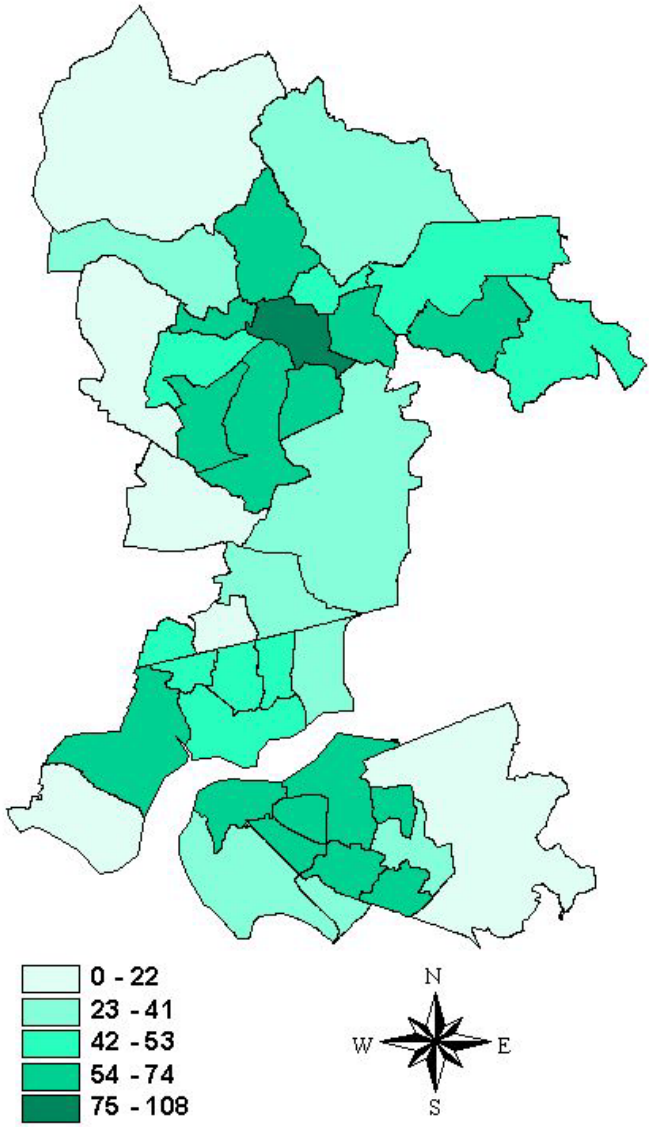
Source: Teenage Pregnancy Unit, DfES, 2009

Figure 4J Deprivation score and under-18 conception rate for 2005-07 by local authority, St Helens.



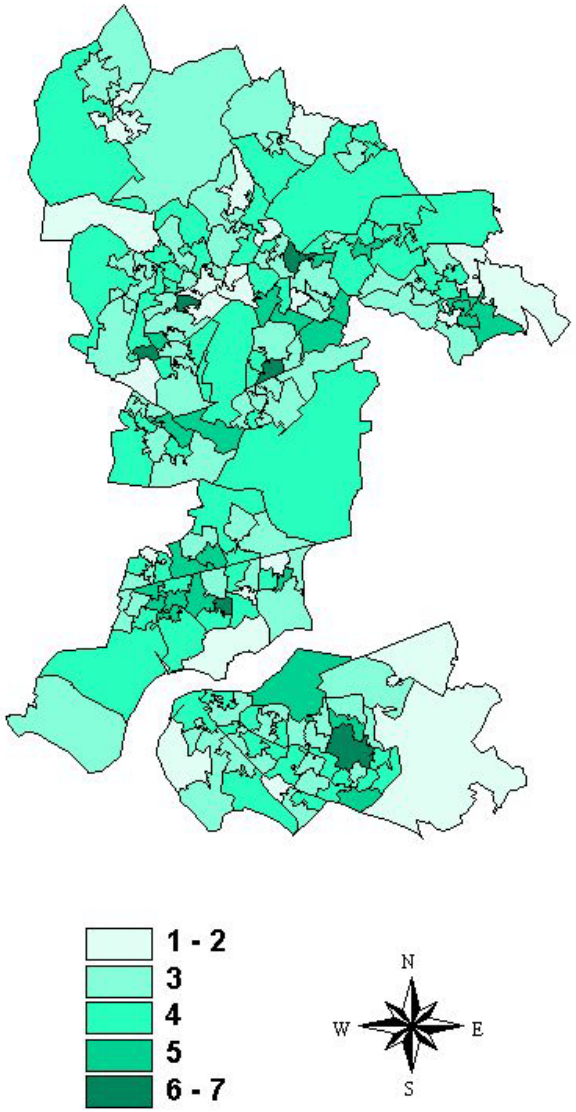
Source: Teenage Pregnancy Unit, DfES, 2009

Figure 4K Under 18 conceptions 2003-2005 by electoral ward, Halton and St Helens PCT



Source of data: North West Public Health Observatory.
Source of map boundaries: 2001 Census, Output Area Boundaries. © Crown copyright 2003

Figure 4L Percentage of the female population who are aged 15-17 years in each LSOA, Halton and St Helens PCT



Source of data: Mid-2006 population estimates. Office for National Statistics © Crown Copyright 2008
Source of map boundaries: 2001 Census, Output Area Boundaries. © Crown copyright 2003

4.5 Sexually active population

4.5.1 Contraception

Nationally, approximately four million people are using contraceptive services per year. The majority of these are women and three quarters use general practitioner service and the remainder use community services such as family planning clinics[36,11]. Younger women were more likely than older women to be using the contraceptive pill or the male condom and women with no qualifications were less likely to be using at least one form of contraception and more likely to not be using contraception than others (compared with people with GCSE A-C grades)[36].

4.5.2 Emergency contraception

Nationally, 70% of PCTs reporting to the *Baseline Review of Contraceptive Services* reported some out of hours emergency contraception provision, although some of this is limited to evenings and Saturdays[11]. Generally, the knowledge of emergency hormonal contraception amongst women is high, with fewer aware of the IUD as a method of emergency contraception. However, knowledge amongst women about how and when it can be used is poor[11]. There is evidence to suggest that knowledge on how emergency contraception is used, how long after unprotected sex it can be taken and how regularly it can be used is poor amongst young people. Attitudes can be negative towards emergency contraception but that it was felt that having it available was useful[61].

4.5.3 Long-acting reversible contraception (LARC)

NICE guidance on LARC clarified that IUDs, IUS, injectable contraceptives and implants were more cost effective than the combined oral contraceptive pill. Further, that IUD, IUS and implants are more cost effective than injectable contraceptives and that unintended pregnancies can be reduced with increased use of LARC methods[12]. The North West region has a higher than national average uptake of LARC methods prescribed as the primary method of contraception in the community. Conversely, Halton and St Helens PCT has a low prescription rate for LARC compared to national averages[11].

4.5.4 Termination of pregnancy

It is recognised that there are variations in access to abortion services and methods of termination and commissioners are advised to ensure that women who meet the legal requirements for abortion have access to the service within three weeks of seeing a general practitioner or other doctor and ensure that information about local pregnancy counselling and termination services are available and widely publicised[1,21]. In terms of economics, reducing the delay in obtaining abortions can save the NHS between £645,000 to £30 million per year (depending on the method used) and it is considered cost saving to provide these services with minimal delay[62]. In total there were 205,598 abortions in England and Wales in 2007. The majority (198,499 abortions, 97%) were to residents of England and Wales. The rate of abortions was 18.6 per 1,000 resident females aged 15-44 years (age standardised rate). Just under a third (31%) of females undergoing abortions in 2007 had one or more previous abortions compared with around 28% in 1996. Women who have already had one abortion are at risk of having future abortions and are, therefore, a group with contraceptive needs that may not be being met[11]. NICE guidance advises that LARC are suitable for women who have had an abortion (either at the time of abortion or later)[12] and the promotion of emergency contraception in addition to the promotion of condoms to help prevent STIs, may be appropriate for this group. In the North West region, there is also evidence of a relationship between crude rate of abortion (per 1,000 females aged 15-17 years) and deprivation showing an increasing rate of abortion with increasing deprivation[63].

In Halton and St Helens PCT in 2007, there were 1,090 legal abortions carried out with the largest proportion (29%) aged between 20 and 24 years with the next largest proportion (17%) between 18 and 19 years. This differs from the North West as a whole in which the largest proportion (31%) aged between 20 and 24 years with the next largest proportion (19%) between 25 and 29 years. Under 18 abortions account for 13% of the total abortions in Halton and St Helens. There is a higher rate of abortions per 1,000 females in the under 18 age group (23 per 1,000) than in the general female population (18 per 1,000). This trend differs from neighbouring Warrington PCT, where the rate is the same (16 per 1,000 females) for both under and over 18s. This further evidences the need to focus prevention messages to the under 18 age group. The majority (95%) of abortions in Halton and St

Helens were funded by the NHS or an NHS agency, which is higher than the national average of 88%. The proportion of abortions performed at under 10 weeks was 69% which is similar to the North West and also the national figure.

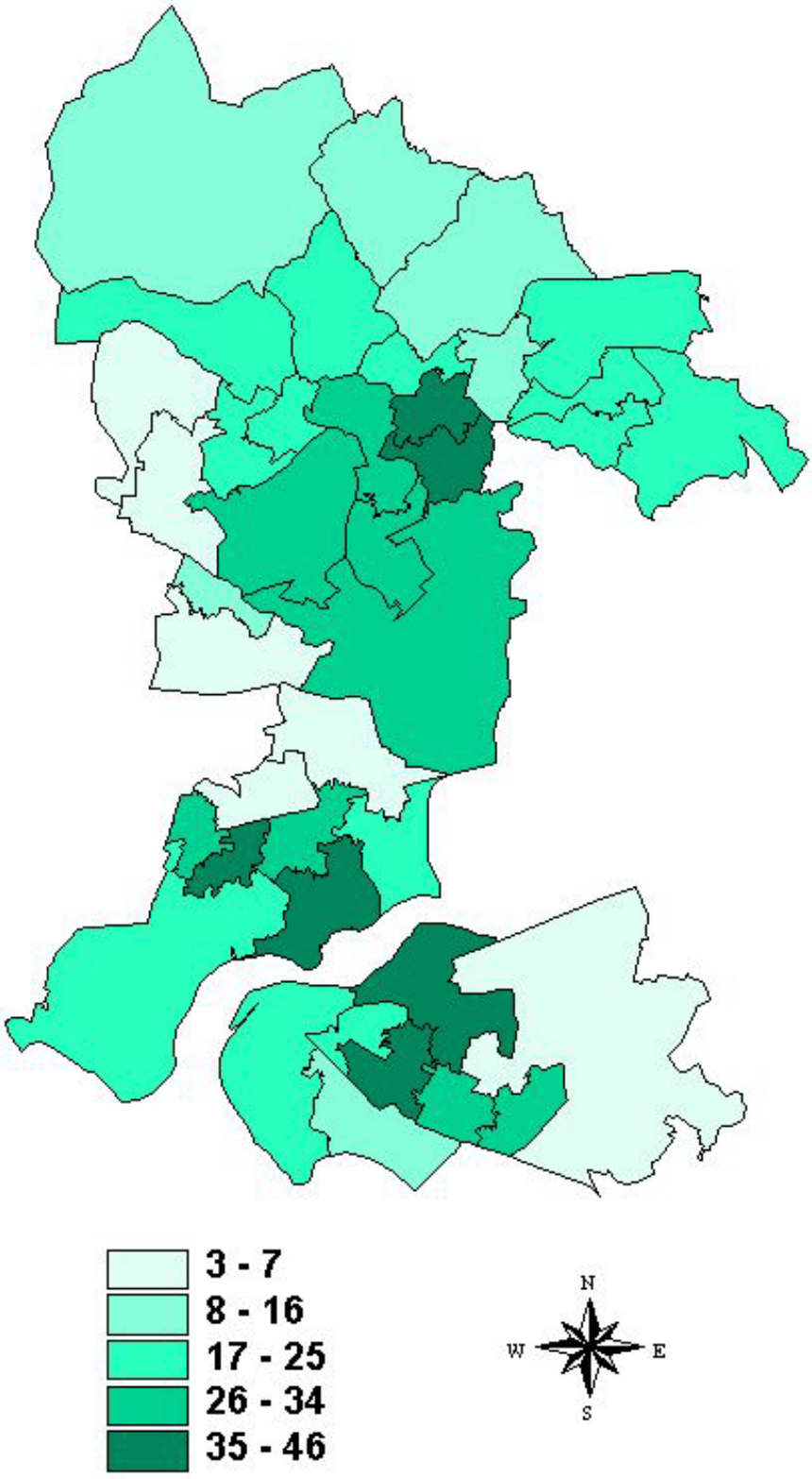
4.5.5 Lone mothers

It is acknowledged that in the UK, lone mothers with pre-school children are a materially disadvantaged group when compared to mothers with partners. It has also been found that lone motherhood is associated with poorer mental health; although not consistently with poorer physical health[64]. Lone motherhood has health and behaviour impacts on the children of lone parents. Young people from lone parent families or having mothers who were teenagers when they were born are more likely to report early sexual debut (aged 15-16)[65].

Halton has a significantly higher than average rate of lone parents with dependent children and has the seventh highest rate of all local authorities in the North West. St Helens also has a higher than North West average for lone parents with dependent children.

Figure 4M illustrates the percentage of all births attributable to mothers living alone across Halton and St Helens PCT; showing areas around Widnes, Halton, and Sutton as areas with particularly high percentages of births to lone mothers.

Figure 4M Percentage of live births to mothers living alone by MSOA, Halton and St Helens PCT.
1999 to 2003 - Percentage of births registered to unmarried couples with no father identified on the birth certificate, or where the mother and father are living at different addresses.



4.6 Summary of KT31 data for Halton and St Helens PCT

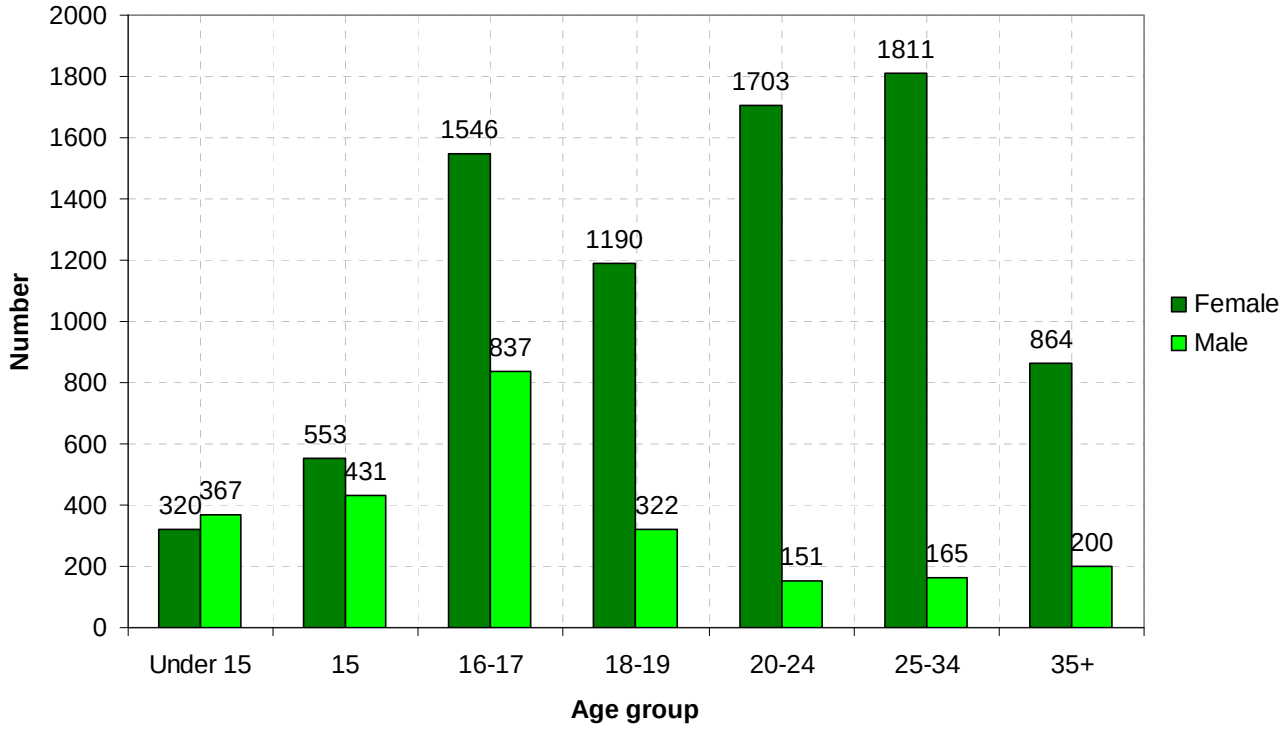
These data are based on first contacts in the financial year, running from March 2007 through to April 2008.

Figure 4N shows use of contraceptive services by sex and age group. There were a similar amount of males and females accessing services under 15 years of age, with slightly more males accessing services. However, after this age the vast majority of service users are female, and this difference becomes more evident as the age of the service users increases. Females over 20 years (55%) are the main users of contraceptive services, with 25-34 year olds representing the main user group (23%). The data presented in **figure 4P** shows use of contraceptive services by males only. Of the visits to the contraceptive services, 95% were for male condoms, and no visits were made for vasectomies or other methods of contraception.

The data presented in **figure 4R** show the female use of contraceptive services. Eighty one percent of visits were for contraceptive products or consultation. The most common contraceptive used by females is the combined pill (28%), with 18% of women requesting male condoms, and 9% using the contraceptive injection (e.g. Depro Provera). However, the pattern of contraceptive choice differs when looking at females under 18 years (**Figure 4S**). Females under 18 years make up 28% of the total female population accessing contraceptive services (as recorded by the PCT). Eleven percent of females under 18 accessed services for non-contraceptive purposes, which is a smaller proportion than that of the total female population (14%). The combined pill and the male condom represented 66% of the total contraceptive requests at first contact with services for young women aged under 18 years. This shows a large difference to the contraceptive requests of females over 18 where the combined pill and the male condom represented 50% of the total contraceptive requests at first contact with services. Fourteen percent of all female visits to the community contraceptive service were for reason other than contraception, which shows the potential of such venues to disseminate all variety of sexual health information.

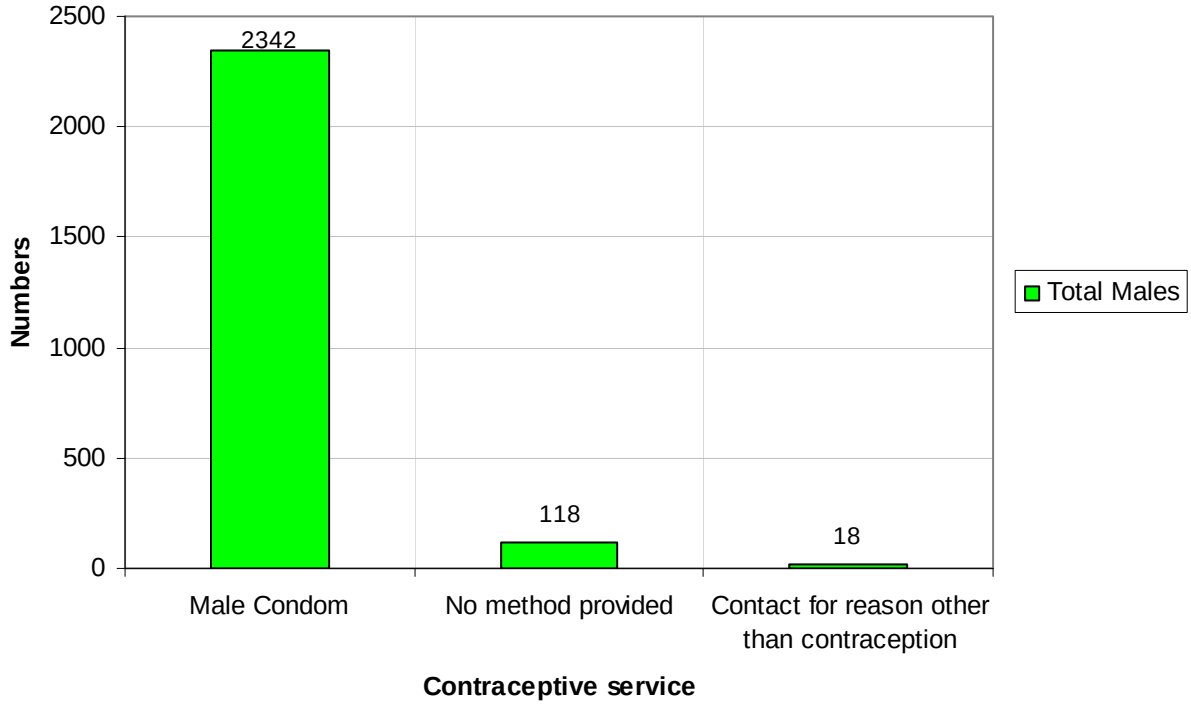
Figure 4T demonstrates the use of hormonal emergency contraceptive as the primary choice for women when compared to IUD. The most significant age group for emergency contraception was 16-17 years, all of which chose the hormonal pill as opposed to the IUD method. The use of IUD is small in all age groups; however the largest proportion of usage is in females aged between 25 and 34.

Figure 4N KT31 data by sex and age group, April 2007 – March 2008, Halton and St Helens PCT



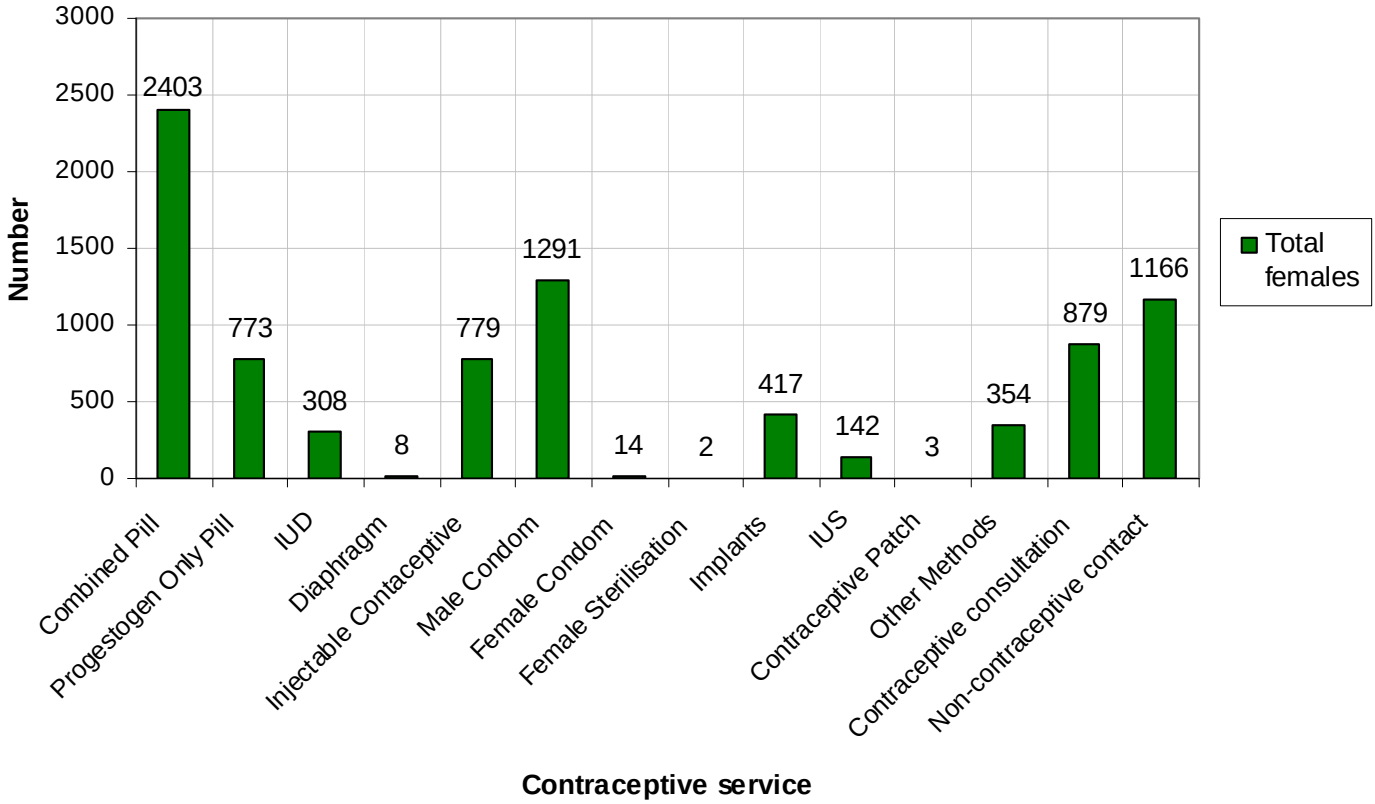
Source of data: Halton and St Helens PCT

Figure 4P Contraceptive services accessed by males, April 2007 – March 2008, Halton and St Helens PCT



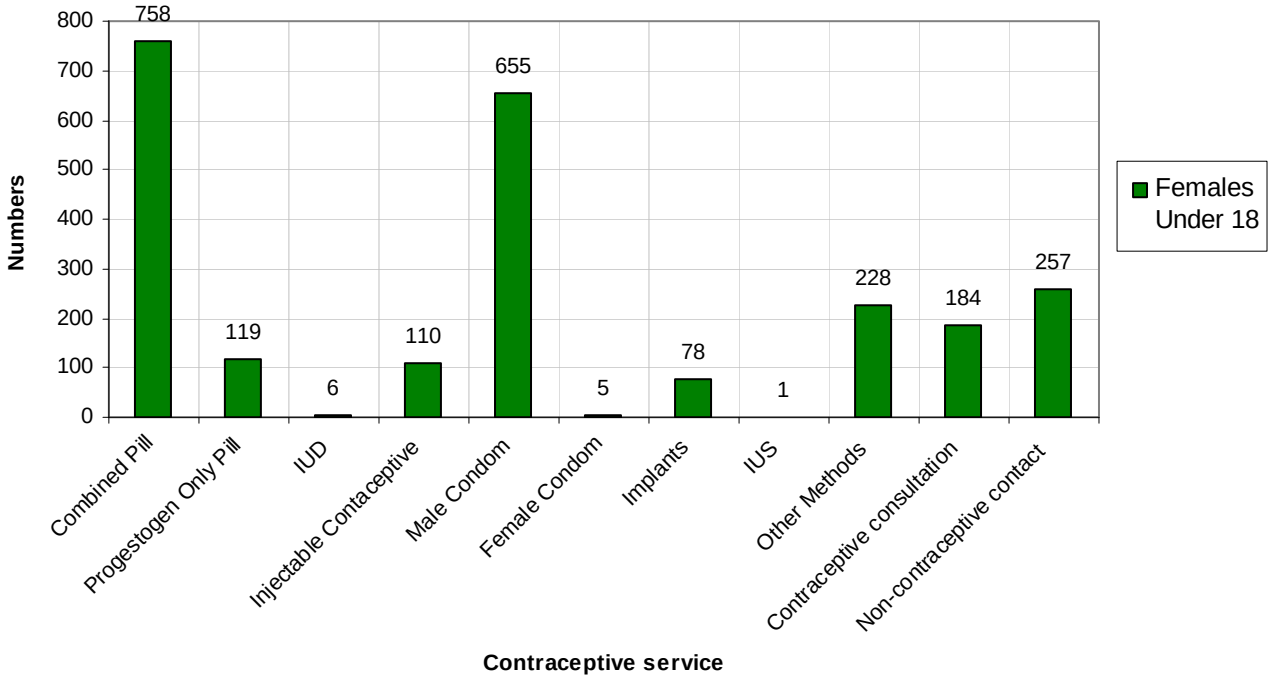
Source of data: Halton and St Helens PCT

Figure 4R Contraceptive services accessed by females, April 2007 – March 2008, Halton and St Helens PCT



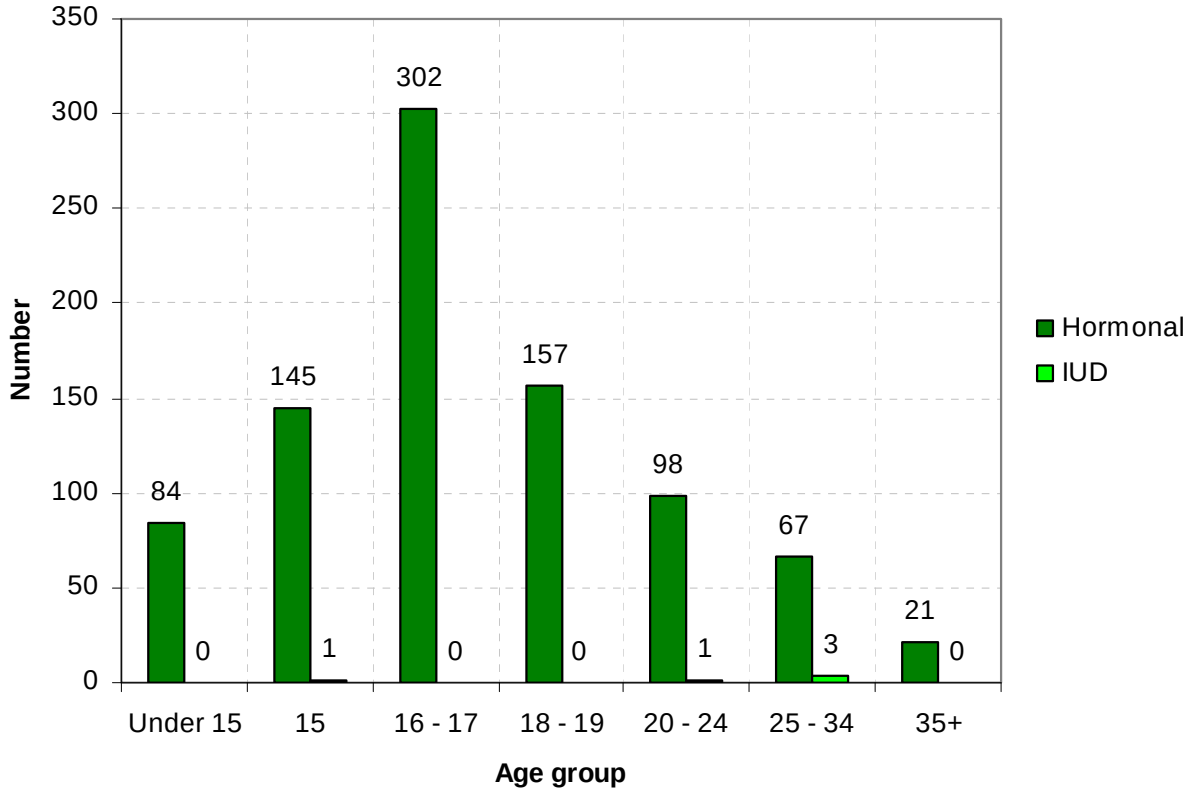
Source of data: Halton and St Helens PCT

Figure 4S Contraceptive services accessed by females under 18 years, April 2007 – March 2008, Halton and St Helens PCT



Source of data: Halton and St Helens PCT

Figure 4T KT31 data by age group and type of emergency contraception, April 2007 – March 2008, Halton and St Helens PCT



Source of data: Halton and St Helens PCT

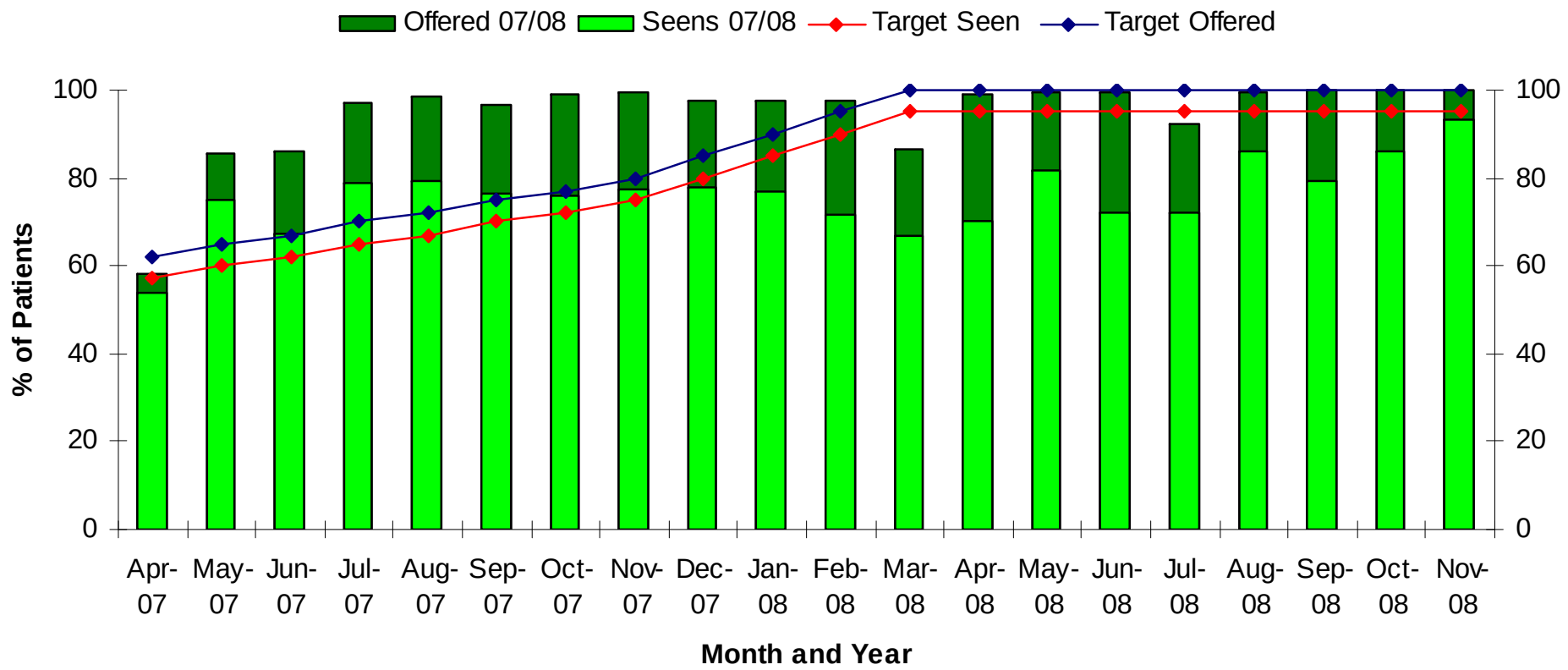
4.7 Waiting times

Through government investment GUM clinics across the UK have worked towards improving patient waiting times. The 48-hour waiting time audit was established and has been in place since 2004 recording the progress of clinic waiting times. Findings from the audit reveal an improvement in waiting times between 2005 and 2008. With the increased emphasis on sexual health from the Department of Health there are high-profile targets to be achieved, including the 48 hour appointment target[4].

Following the publication of the *Choosing Health* White Paper[4], the Health Protection Agency (HPA) and the British Association for Sexual Health and HIV (BASHH) developed the waiting times audit, a periodic cross-sectional one week survey of patients attending GUM for the first time with a new episode[66].

Figure 4U shows the percentage of patients offered appointments within 48 hours and the percentage of patients seen within 48 hours of contacting the service for Halton and St Helens PCT. Also included in the figure are the targets for offered appointments and seen patients within 48 hours. The percentage of people offered an appointment within 48 hours has improved from below 58% in April 2007 to 100% in November 2008. The percentage of patients offered appointments has been consistently high since August 2007 when it was significantly higher than the target at that time. This shows excellent attainment of the governmental targets that has maintained to date. The percentage of patients seen within 48 hours remained consistent between May 2007 and August 2008 between the 70%-80% region, however there has been a positive increase between August and November 2008 with the figure of seen patients now at 93%. This is just below the target rate which remains at 95%. These improved figures bring the PCT in line with the North West averages for offered appointments and seen patients.

Figure 4U Halton & St. Helens PCT - GUM Clinic Activity



4.8 Pharmacy Data

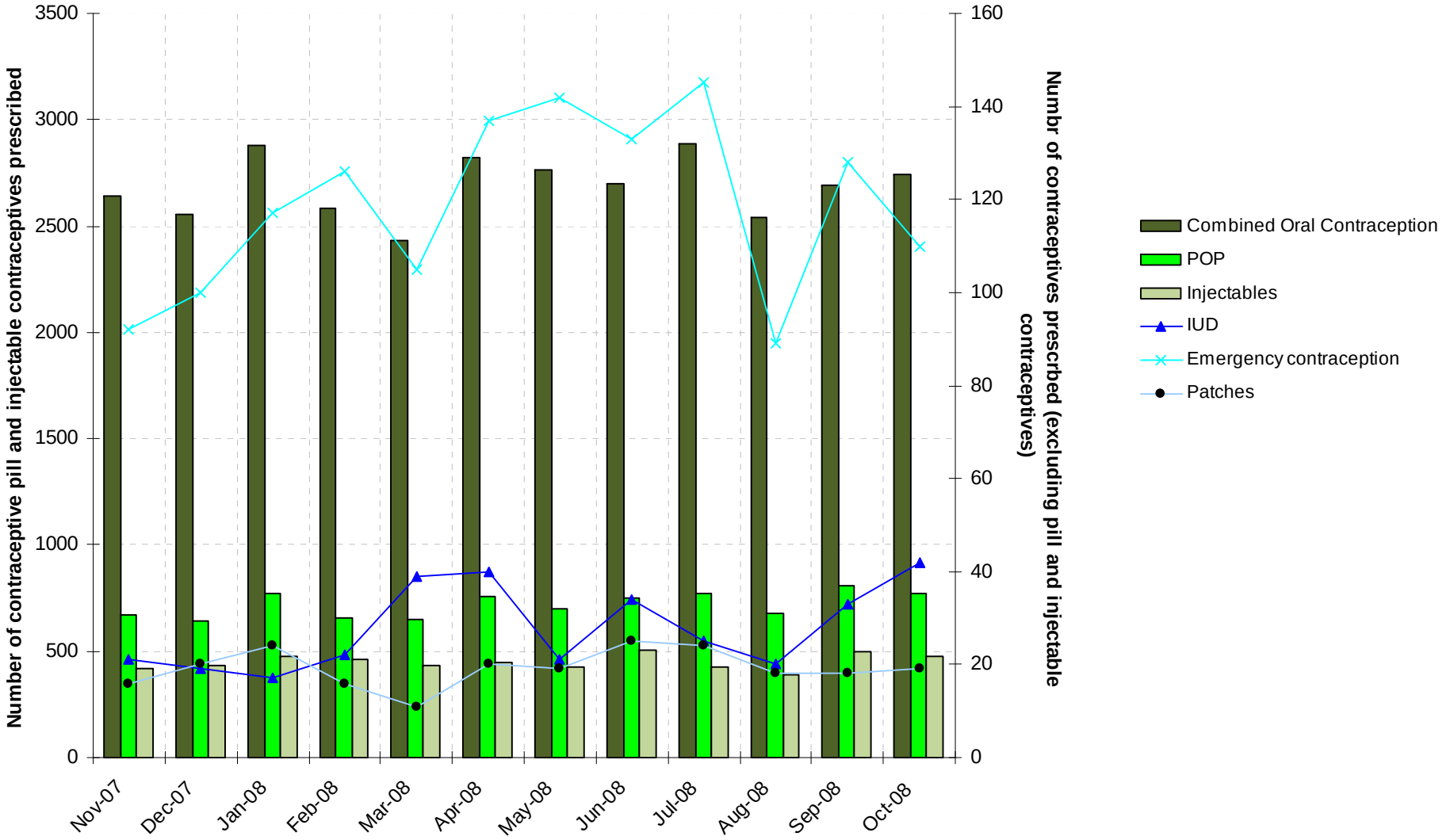
The importance of community pharmacies has been highlighted in a 2008 White Paper, *Pharmacy in England'*[67]. The paper seeks to develop alternative modes of health care delivery by developing the public health role of community pharmacies. The guidelines set out the future for community pharmacies by ensuring they take on a much more visible and active role in improving the public's health through provision of stop smoking services, sexual health services such as chlamydia screening and access to contraception, including emergency hormonal contraception (EHC), involvement in immunisation. The below data show the current provision of prescriptions for sexual health related services in Halton and St Helens PCT.

Figure 4V shows data on prescriptions of emergency and non-emergency contraception from November 2007 to October 2008. The left axis shows the number of prescriptions of the oral contraceptive pill and injectable contraceptives (represented by the bars) and the right axis shows all other contraceptive services (represented by the lines). The combined oral contraceptive pills were the most prescribed in the period (between 2,433 and 2,890 each month). Progesterone only pills were the next most prescribed contraception (between 645 and 807 prescriptions). Prescriptions for injectable contraception remained steady throughout the period, with prescription ranging between 390 and 506 per month. The contraceptive patch and IUD prescriptions were generally low with a range between 11 and 40 per month.

Figure 4W shows the proportion of each method of contraception used. The most significant proportion, 67%, was for combined oral contraception. When this figure is combined with the progesterone only pill it constitutes a huge proportion of all prescribed contraception in the PCT as being oral pills. Injectable contraception constitutes 11% of total contraception use in the PCT. Emergency contraception made up 3% of all contraceptive prescriptions between November 2007 and October 2008. These proportions are similar to that of neighbouring Warrington PCT.

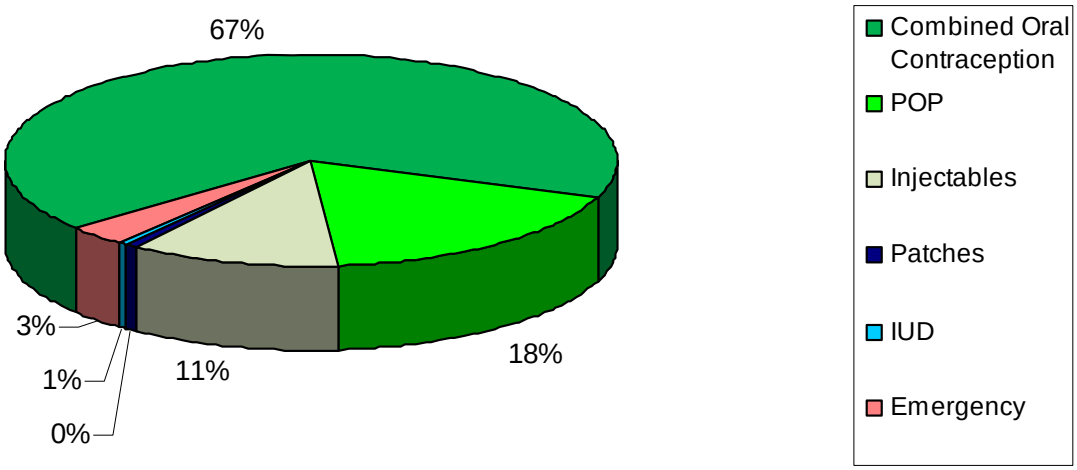
Figure 4X shows data on prescriptions of emergency and non-emergency contraception by month between November 2007 and October 2008. The figure illustrates there were some variations in prescriptions throughout the year for non-emergency contraception. Emergency contraception made up between 2% and 3% of all the prescriptions per month. The peaks of oral contraception prescription were around yearly holiday periods including January, April, and July.

Figure 4V Prescription data for Halton and St Helens PCT from November 2007 to October 2008



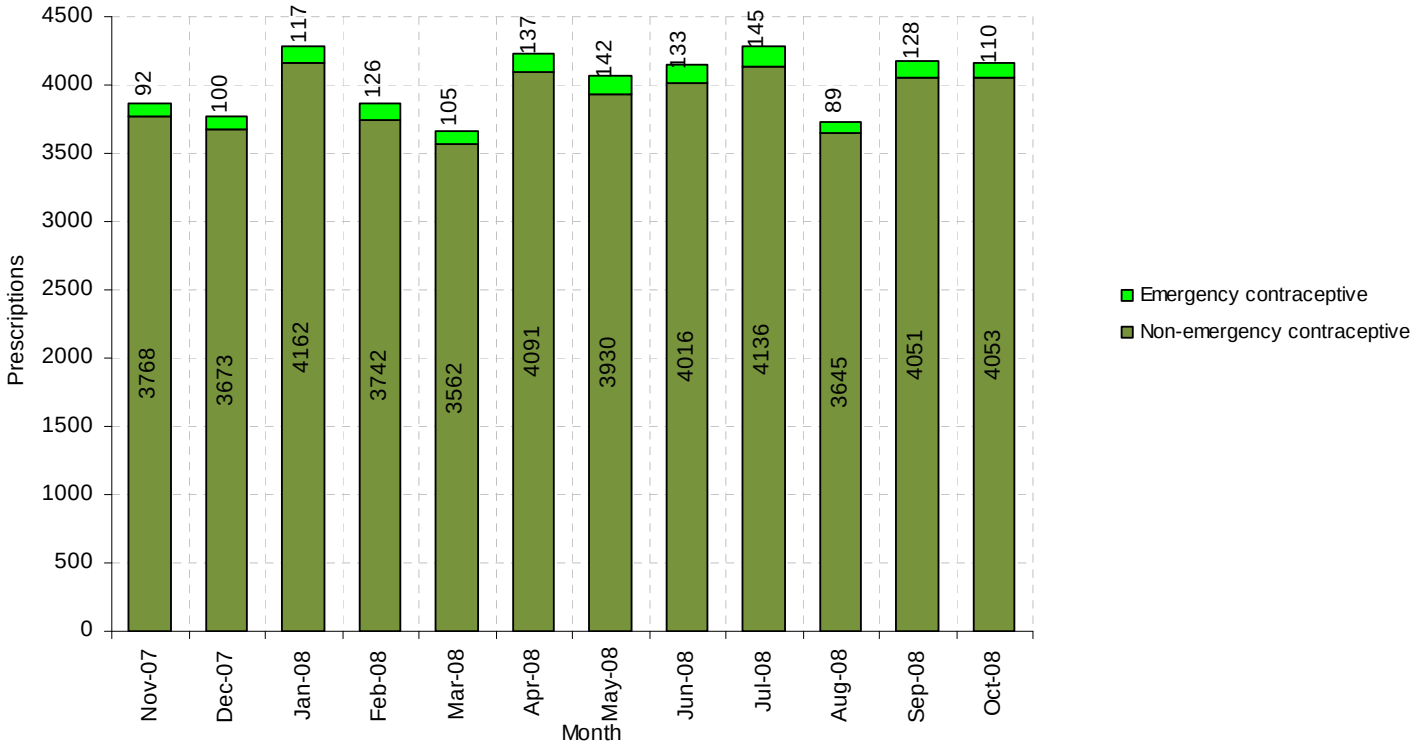
Source: Medicines Management, Halton and St Helens PCT

Figure 4W Prescription data for Halton and St Helens from November 2007 to October 2008



Source: Medicines Management, Halton and St Helens PCT

Figure 4X Emergency and non-emergency contraception prescribed by pharmacies in Halton and St Helens, November 2007 – October 2008



Source: Medicines Management, Halton and St Helens PCT

5. Service Locations

Figure 5A overlays selected sexual health services available in Halton and St Helens with Index of Multiple Deprivation (IMD) North West quintiles presented by LSOA. The map illustrates where sexual health services are located in the most deprived areas. Previously (see section 3) we have shown the high level of deprivation in Halton and St Helens PCT when compared to national levels. The areas around Widnes, east of the centre of St Helens, and Astmoor are most deprived. This map shows that the majority of services provided throughout the PCT are pharmacy services and youth services/C-card (community condom scheme) services. General contraceptive services are also provided throughout the PCT, although they are far fewer in number. There are two walk-in centres in Halton and St Helens, one based centrally in St Helens and the other in Halton. The majority of services are located in the most deprived areas. However, there are some areas of median and second level deprivation that have no sexual heath services e.g. the area south east of Newton-le-Willows. This map needs to be considered in conjunction with service opening hours and service provision (section 9 and Appendix).

Figure 5B overlays selected sexual health services with under 18 conception data 2003-2005 by electoral ward. The mapped services are youth (including community condom scheme), GUM, pharmacy, and contraceptive. The highest rates of under 18 conception are in the centre of St Helens, Runcorn, and Halton. The areas with the lowest rates are Rainford, Hale, and Rainhill. It can be seen that sexual health services are generally located in the areas with highest conception rates. However there is a relatively high conception rate in Thatto Heath (54-74 per year) but few sexual health services are available. Therefore clusters of services exist in some areas whilst other areas have few sexual health services. However, service provision needs to be carefully examined alongside service opening times.

Figure 5C shows the distribution of chlamydia screening sites throughout Halton, and St Helens PCT. As expected the sites are located around the most populated areas of Runcorn, Widnes, and the centre of centre of St Helens. Some testing sites are in areas with high percentage of under 25s, but there is a small exception to this in the Astmoor area. The sites are overlaid on the IMD (2007) local quintiles to enable comparison between service location and areas of high deprivation; showing that the majority of services are located in or near areas of high deprivation. However, there are no screening sites in Hale where level of deprivation is quite high.

Figure 5A Index of multiple deprivation (IMD 2007) North West quintiles showing sexual health services by LSOA, Halton and St Helens PCT

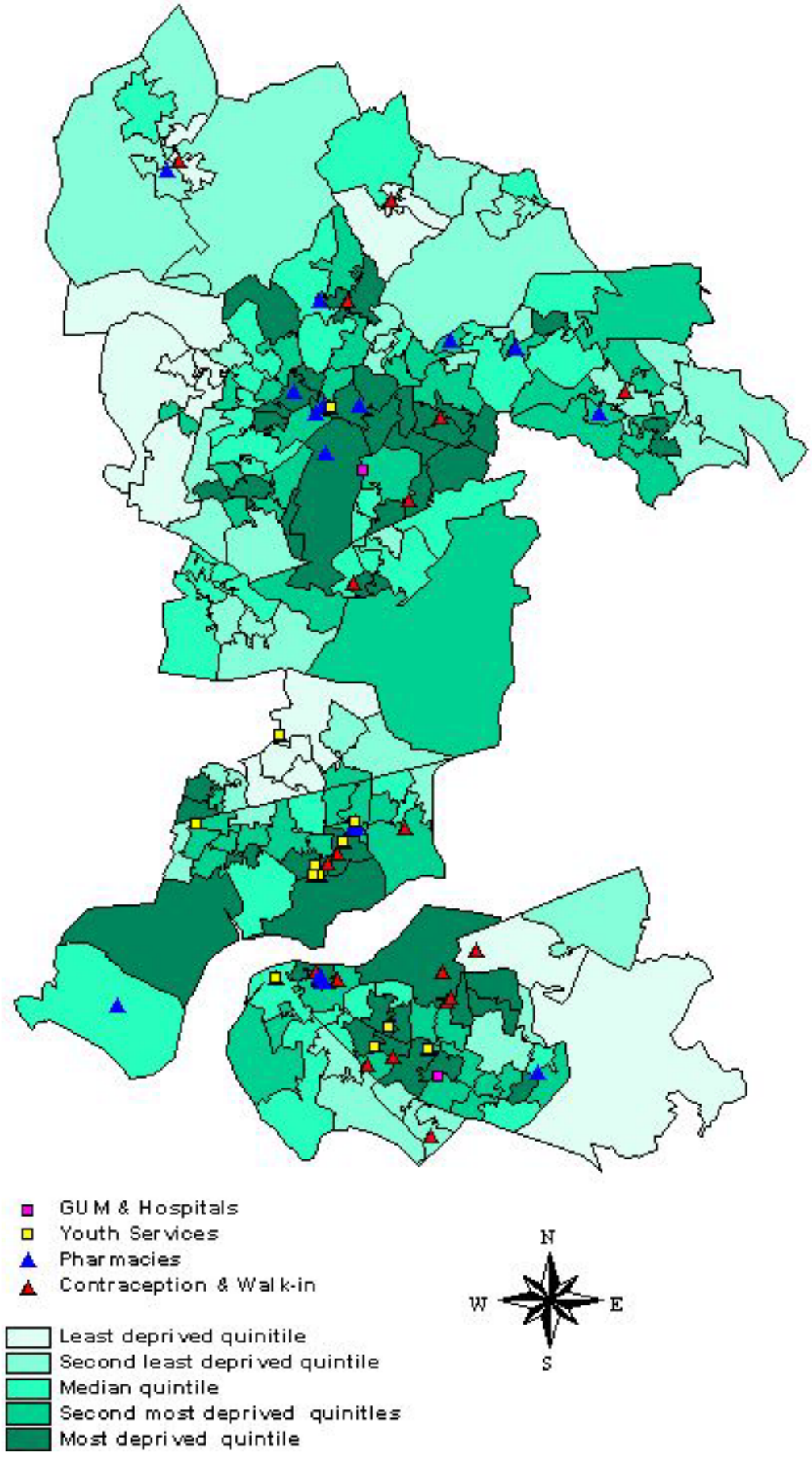


Figure 5B Under 18 conceptions 2003-2005 by electoral ward showing selected sexual health services, Halton and St Helens

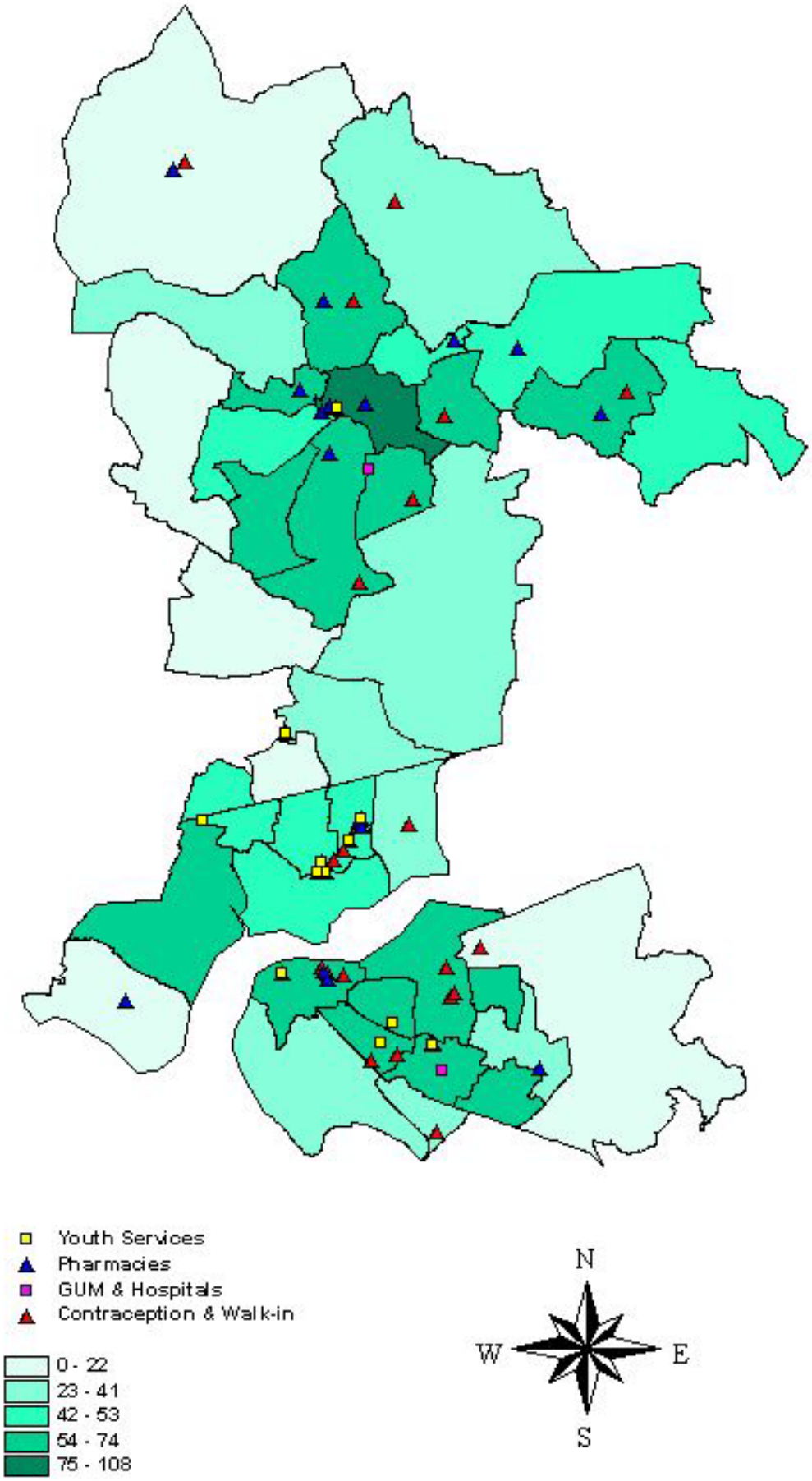
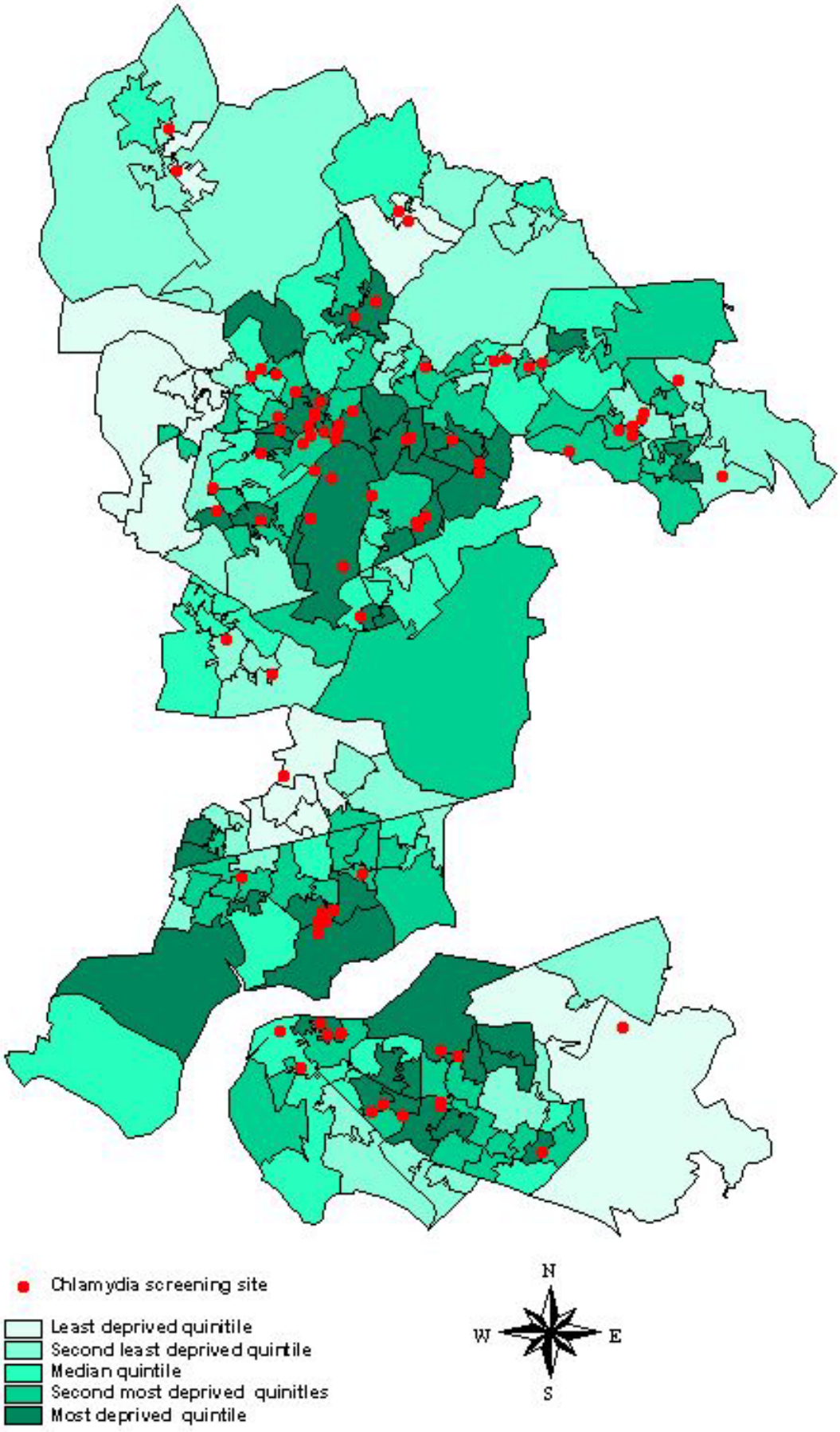


Figure 5C Location of chlamydia screening sites in Halton and St Helens PCT by IMD (2007) North West quintiles, LSOA



5.1 Clinic attendance

As previously shown, services are generally located appropriately throughout the PCT. These service attract varying numbers of attendees due to a number of potential factors (e.g. opening times, location etc) which are discussed in section 8.

5.1.1 Quarterly clinic attendance figures

There was some difference in the amount of visitors attending services throughout the PCT in October, November, and December 2008. There were 1,548 service users in October, but this figure dropped to 1,297 in November and 1,255 in December. Service users in Halton LA contributed fewer than half of the total figure with 636 attendances in October, 493 in November, and 539 in December.

Table 5A shows a sample weekly attendance figures recorded between 1st December 2008 and 6th December 2008. This level of data was all that was made available for this needs assessment. The data clearly shows that the vast majority of attendance is by female service users. The only clinic with noticeable male representation is the youth services, TAZ. The main reason for attending the services was to obtain free contraception (i.e. condoms). The youth services, TAZ, also show a demand for free pregnancy tests in younger service users. The demand for free pregnancy tests was almost nil at the other clinics.

Table 5A A sample week attendance figures for clinics throughout Halton and St Helens PCT.

Venue	No. Visits	M	F	1st visit	Repeat visit	Advice	Condoms	EHC	Pregnancy test	CT test	Under 16
TAZ	29	1	28	9	20	1	18	3	8	0	3
Rainford	5	0	5	4	1	2	1	0	1	0	0
Newton	25	1	24	13	12	1	8	0	3	0	2
Carr Mill	1	0	1	1	0	0	1	0	0	0	0
Haydock	25	0	25	10	15	2	8	2	0	0	2
TAZ	14	1	13	5	9	1	10	2	4	6	4
Four Acre	22	0	22	12	10	2	2	0	1	0	1
Ashtons	3	0	3	0	3	2	0	0	0	0	0
Billinge	12	1	11	2	10	0	2	0	0	0	0
Millennium	24	0	24	13	11	4	6	0	1	0	0
TAZ	21	5	16	2	19	0	14	0	2	0	2
Rainhill	4	0	4	3	1	0	2	0	0	0	0
Rainbow	10	0	10	4	6	1	5	0	0	0	0
TAZ	15	6	9	4	11	0	11	0	3	3	4

Source: Community Sexual Health Service, Halton and St Helens PCT

5.2.1 Connexions

Connexions has a dedicated sexual health team including Sexual Health Outreach Workers, a Teenage Parent Support Worker and a Care to Learn Coordinator who deliver aspects of the Teenage Pregnancy Strategy. This service supports and promotes the Teenage Pregnancy agenda within preventative services with a multi agency approach. The Team work with local Children's Centres, Sexual Health Services, Midwifery, Health Visitors, PCT, Social Services, PSHE Education and Child Care Services who offer support to pregnant teenagers and young parents. The team also liaise with the advisory services to target 'Hot Spot' wards and reduce inequality between wards. The main objectives of the Sexual Health and Teenage Parents Team are to reduce the under 18 conception rates, increase awareness of sexual health issues for young people and increase the number of teenage mothers in to Education, Employment or Training. They also offer advice and guidance to all young people and develop individual action plans tailored to support the needs of each young person. The Sexual Health and Teenage Parents Team have contact with all teenage parents and continue to develop new ways of encouraging and informing all young people to make informed choices about their sexual health.

Connexions in Halton work with 13-19 year olds and target those in school who are not progressing well, also with those in further education and those accessing vocational options within Halton. There are designated Connexions advisers linked to eight High Schools in Halton, as well with links to vocational institutions (LSC funded) and to the local Riverside College across three campuses. The total Connexions Halton cohort is approximately 4,000 16-18 years and 11,000 13-19 years. As with the general population there is an even split between males (49%) and females (51%). The majority of young people not in education, employment or training (NEET) are male (65%). Connexions currently engages more with females than males and has a higher success rate of finding further learning opportunities for females. All young people accessing the C-Card scheme at Choices clinic, Riverside College clinics, Chapelfield clinic and specific surgeries from the Connexions Centre for C-Card services are recorded. These data show that the average age of the service users is 15 years. There are at least 40 visits per week using the C-Card scheme in Halton. Connexions receive direct referrals from the Teenage Parent midwife when a pregnant teenager reports a pregnancy which ensures a very high percentage (96%) of the cohort known to Connexions. The North West average for this is 50%.

Connexions in St Helens have a total cohort of approximately 14,000. Forty-five percent of these are between 13-16 years. Within the 13-16 years age group, 51% is male and eight percent are not in education, employment or training (NEET). Within the 16-19 years ago group, 53% is male and nine percent are NEET. When viewed in conjunction with local population statistics, it can be seen that Connexions has a very proportion of all young people within their cohort. This demonstrates the potential enormous impact Connexions can have on sexual health in the PCT due to their contact with the vast majority of young people.

Table 5B shows teenage mothers known to connexions and information relating to those currently in Education, Employment and Training (EET) from April 2008 to December 2008. The figures are target measured against last year's performance in the form of the traffic light system. Teenage mothers under 18 who are in EET constitute 45% of the entire cohort.

5.2.2 Kooth website

Kooth is a website that provides a safe online environment for young people throughout the North West. Users can get help, advice, and support with anything that is causing them stress, hardship or embarrassment. As the website has users throughout the entire North West it is not possible to monitor traffic to the specific St Helens website. However, data are available on the number of users from St Helens contacting counsellors and posting messages on the website. Between August 2007 and December 2008, the most common reasons for contacting counsellors was about boyfriends or girlfriends; this was followed by issues concerning sexual abuse. Case notes were made by counsellors for a total of 167 users in the 17 month period. There were a total of 36 users from the St Helens area who posted messages on the website between August 2007 and December 2008. The main reason for these posting were issues concerning boyfriends and girlfriends; the second most common reason was sexuality. **Figure 5D** shows the number of visitors to the kooth website over a 12 month period. These figures are for all hits to the website and not just from St Helens based users.

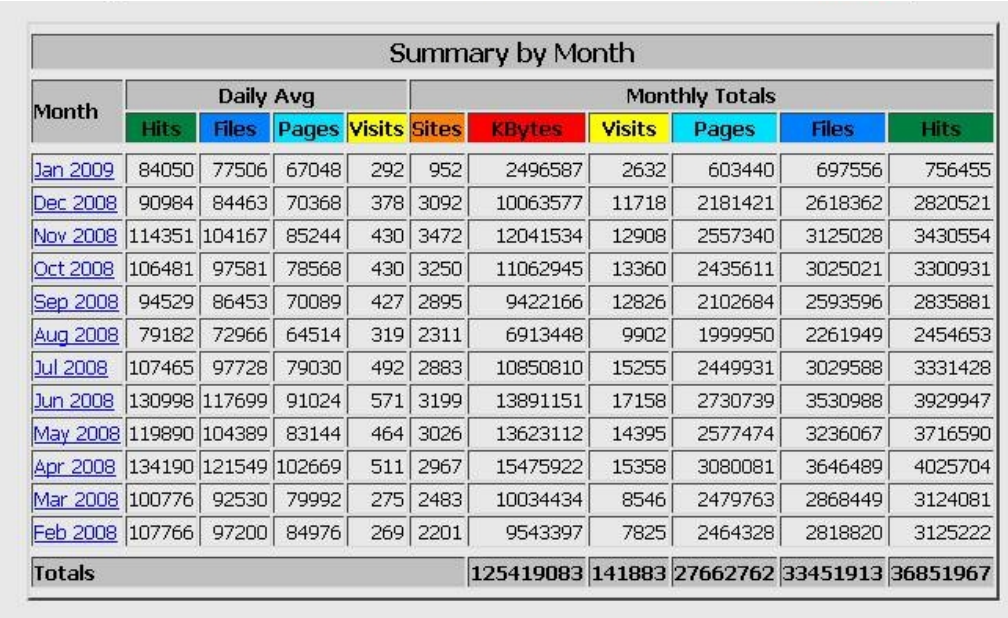
Table 5B Connexions data showing teenage mothers currently in Education, Employment and Training (EET), April – December 2008
* Target measured on last year's performance in the form of the traffic light system.

16-19 Teenage Mothers in EET												
	RED	RED	RED	RED	RED	GREEN	GREEN	GREEN	GREEN			
	Apr	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
% 2007/08 Teenage Mothers in EET	0.24	0.25	0.23	0.23	0.22	0.27	0.28	0.23	0.26	0.26	0.25	0.24
16-19 Teenage Mothers Cohort	144	136	134	136	138	142	141	138	135	0	0	0
2008/09 Teenage Mothers in EET	32	32	27	27	30	41	45	45	43	0	0	0
% against Teenage Mothers Cohort	0.22	0.24	0.20	0.20	0.22	0.29	0.32	0.33	0.32	-	-	-

16-19 Teenage Mothers in EET	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
16 yr Teenage Mothers Cohort	1	1	0	0	0	5	7	8	8	0	0	0
16 yr Teenage Mothers in EET	0	0	0	0	0	1	3	3	3	0	0	0
% against Teenage Mothers Cohort	-	-	-	-	-	0.2	0.43	0.38	0.38	-	-	-
17 yr Teenage Mothers Cohort	20	19	19	19	15	16	14	12	12	0	0	0
17 yr Teenage Mothers in EET	8	6	6	6	3	5	7	6	6	0	0	0
% against Teenage Mothers Cohort	0.4	0.32	0.32	0.32	0.2	0.31	0.5	0.5	0.5	-	-	-
18 yr Teenage Mothers Cohort	43	44	50	49	54	49	51	50	49	0	0	0
18 yr Teenage Mothers in EET	9	9	6	7	13	14	14	15	13	0	0	0
% against Teenage Mothers Cohort	0.21	0.20	0.12	0.14	0.24	0.2	0.27	0.3	0.27	-	-	-
19 yr Teenage Mothers Cohort	80	72	65	68	69	72	69	68	66	0	0	0
19 yr Teenage Mothers in EET	15	17	15	14	14	21	21	21	21	0	0	0

Source: Connexions Halton, 2009

Figure 5D Number of users visiting the kooth.com website during a 12 month period.



Summary by Month

Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
Jan 2009	84050	77506	67048	292	952	2496587	2632	603440	697556	756455
Dec 2008	90984	84463	70368	378	3092	10063577	11718	2181421	2618362	2820521
Nov 2008	114351	104167	85244	430	3472	12041534	12908	2557340	3125028	3430554
Oct 2008	106481	97581	78568	430	3250	11062945	13360	2435611	3025021	3300931
Sep 2008	94529	86453	70089	427	2895	9422166	12826	2102684	2593596	2835881
Aug 2008	79182	72966	64514	319	2311	6913448	9902	1999950	2261949	2454653
Jul 2008	107465	97728	79030	492	2883	10850810	15255	2449931	3029588	3331428
Jun 2008	130998	117699	91024	571	3199	13891151	17158	2730739	3530988	3929947
May 2008	119890	104389	83144	464	3026	13623112	14395	2577474	3236067	3716590
Apr 2008	134190	121549	102669	511	2967	15475922	15358	3080081	3646489	4025704
Mar 2008	100776	92530	79992	275	2483	10034434	8546	2479763	2868449	3124081
Feb 2008	107766	97200	84976	269	2201	9543397	7825	2464328	2818820	3125222
Totals						125419083	141883	27662762	33451913	36851967

6. Service user questionnaires

6.1 GUM service users

Service users at Halton GUM department and St Helens GUM department were asked to complete a short questionnaire regarding the services they received. These questionnaires were conducted during November and December 2007. The questionnaire had been developed through a small group trying to establish if patients were happy with the service relating to waiting, clinic environment and treatment of the problem they visited the clinic with. Questionnaires were handed out during clinic and people were asked to respond within 5 days in the pre-paid envelope. One hundred questionnaires were sent out by St Helens GUM and 39 were returned, giving a 39% return rate. A response rate could not be calculated for Halton GUM as the amount of questionnaires disseminated was not systematically recorded, however 18 questionnaires were returned.

6.1.1 Demographics

Halton had slightly more females (56%) than males (44%), and St Helens had equal gender representation. In Halton the majority of users were in the 25-34 age class (28%), all other age classes had 17% of people except for the 65+ class with only 6%. In St Helens, the majority of users were in the 45-65 age class (29.7%) and the 35-44 age class (27%). The majority of patients at Halton GUM and St Helens GUM were White British.

Eighty two percent (Halton) and 81.1% (St Helens) of users were heterosexual. Twelve percent (Halton) and 16.2% (St Helens) defined themselves as gay men. Six percent in Halton responded as being bi-sexual and one person in St Helens did not respond at all, and no-one classed themselves as lesbian. Eighty three percent (Halton) and 89.5% (St Helens) considered themselves to be disabled.

6.1.2 Patients experiences of the service

All Halton users responded “yes” to being asked if they were able to freely and openly discuss their condition with clinicians. In St Helens all but one answered “yes”, whose comment was “not something you talk about”. When asked if the clinicians treated them dignity and respect, all Halton users responded “yes” and in St Helens all but one responded “yes”, with the one person feeling the clinician “could have been more supportive”. In Halton, 89% responded they were seen within 10 minutes, with

one person commenting they had to wait one hour. In St Helens, 76% were seen within 10 minutes of their appointment time.

In Halton, 40% thought the time to wait was unacceptable when they didn't have an appointment. In St Helens, only 2 out of 32 people thought the waiting time was unacceptable. All patients at both clinics felt they were given adequate information about the treatment options available, and they were able to ask the questions that were important to them. All users felt the services available met their needs, and in Halton, 78% thought their experience was “excellent” and 22% thought it was “good”. In St Helens, 74% thought their experience was “excellent” and 26% thought it was good. In both areas no-one regarded their experience as poor.

6.1.3 Contacting the service

Most of the respondents in Halton found out about GUM through their GP/ other doctor or have used the service before. In St Helens, the response was similar with a few answering “other”. These “others” included being a blood donor, friends and/or work, hospital and school. Eighty three percent and 81% were self-referred in Halton and St Helens respectively. The majority of those not self-referred in both areas were referred by their GP or other doctor. One person in St Helens was referred by community sexual health services. When asked whether or not they were offered an appointment (as opposed to asked to attend a walk in session with 48 hours), 89% and 78% answered “yes” in Halton and St Helens respectively. All respondents in Halton said “yes” the opening times were convenient. In St Helens, only two people thought they were not, saying ‘could do with appointment later’ and the other said ‘could have had earlier appointment when symptoms were worse’. In Halton 83% of users thought the venue was convenient, of the 17% that didn’t their comments included ‘location is not easy to find and a bit out of the way as not located in the main hospital’ and ‘took a while to find’. All patients at St Helens thought the venue was convenient. All users in both areas thought the clinic was clean, confidential and friendly. There was quite low levels of users who had used other sexual health services in the previous six months with 17% and 13% of users in Halton and St Helens respectively. These other session were HIV counselling services, community and young people sexual health services, and emergency contraception at a pharmacy.

6.1.4 Travel to the service

In Halton majority of users travelled by car (67%) or as a car passenger (6%), the other popular mode of transport was bus (28%). In St Helens, the majority used a car (67%) or were a car passenger (8%). The bus was also a popular method (18%), and other modes of transport were low.

The majority of patients (83%) travelling to Halton GUM found their journey easy, however comments included: “Hard to find at first”, “Hard to get bus back and find the clinic”, “Have 6 weeks of treatment bus very expensive”. In St Helens all but one thought their journey was easy.

When service users were asked which times would be most appropriate for services to be available, Halton patients suggested weekday evenings and Monday mornings as the most appropriate. Generally in St Helens weekday times were most popular with Monday evening and Wednesday and Thursday mornings slightly preferred. Weekend opening times were not very popular.

6.2 Community sexual health service users

A patient questionnaire was distributed through November and December 2007 within Community Sexual Health Clinics in Halton and St Helens. Questionnaires were handed out during clinic and people were asked to respond within 5 days in the pre-paid envelop. A response rate could not be calculated as the amount of questionnaires disseminated was not systematically recorded, however 174 people responded to the questionnaire.

6.2.1 Demographics

Most of the respondents (96%) were female and the largest age group were the 15-19 (35%), the next was the 25-34 age group (23%). Only a small proportion was under 15 years or over 45 years. The vast majority of respondents were white British (97%) and most described themselves as

'heterosexual' with only a small percentage responding as 'bi-sexual'. Eleven people preferred not to answer the question. Ninety seven percent of people recorded as having no disability with 2.3% stating they had a disability. One person preferred not to answer the question and two did not answer.

6.2.2 Patients experience of the service
All but two users responded "yes" to being asked if they were able to freely and openly discuss their condition. A very small minority (1%) felt the clinicians did not treat them with dignity and respect, but rather "felt like she was looking down on me" and "Unable to see the clinician due to waiting time". Of individuals who had appointment, 79% were seen within 10 minutes of arriving at the service. Of those respondents who did not have an appointment 67% thought the time to wait was acceptable and 26% did not.

All but two people felt they were given adequate information about treatment options, and the comments of the two people who felt they were not given adequate information included "Discussed with receptionist staff options for another appointment", "Was given different information by different nurses". All respondents felt they were given the opportunity to ask questions that were important to them. The majority of patients felt the services met their needs, with 54% rating the service as 'excellent' or 'good' (38.9%). Seven percent thought it was 'adequate' and only one person rated it as 'poor'.

6.2.3 Contacting the Service
Most people had used the service previously or found out about the clinic through a friend. A few heard from their GP/other doctor and some from advertisements/posters.

All respondents thought the clinic was clean. Four people thought their clinic was not confidential and six thought it was not friendly. Some of the comments included "Everyone in the waiting area could hear everything said to the receptionist", "People in the queue to see the receptionist stand too close", "They call your name out", "Receptionist very abrupt", "Sometimes a bit funny cos (sic) of my age I think", "Would be better if I could take a small child into the clinic with a buggy".

The majority of respondents thought the opening times were convenient with only 8.5% thinking the times were not convenient. Similarly, the vast majority (98%) thought the venue was convenient. Only 17% of people had used other service in the last 6 months which were young people's sexual health clinic and emergency contraception from the pharmacy

6.2.4 Travel
Most people travelled by car (48%) or as a passenger (7%) to the community service. Other main modes of transport were bus (18%) and walking (26%). Only one person didn't have an easy journey commenting there could be better signs.

When asked which days and times would be most appropriate for the services to be provided weekday evenings received most votes. Other popular times were weekday afternoons and Saturday mornings and afternoons.

7. Stakeholder Meeting

This section summarises the discussion that took place at the stakeholder meeting held on 3rd December 2008 at the Widnes Stadium.

The meeting was attended by range of people including doctors, nurses, public health practitioners, youth workers, youth offending practitioners, and outreach workers. Participants had responsibilities for commissioning, managing and providing services. A total number of 34 people attended the event.

There are four parts to this section. The final section draws together a number of priorities for change based on the views of the participants at the stakeholder event. A feature of the event was that

participants demonstrated a considered approach to all aspects of sexual health in Halton and St Helens. Consequently, there are a number of important points and priorities embedded in many of the paragraphs below as well as those in the section 7.4.

7.1 Are services providing what people need?
A wide variation of service delivery across the NHS Halton and St Helens area was described.

There are central and peripheral clinics in St Helens that are performing well. It was reported that people generally do not want to go out of their areas to access services. Central locations are acceptable. The adult service is located in a new building.

A different scenario was described in Halton. Suitable accommodation is desperately needed in Runcorn, and if Widnes is not successful with the *My Place* bid, suitable accommodation will also be needed in Widnes.

Halton is effectively two towns (Runcorn and Widnes) with a river in the middle. The Runcorn-Widnes Bridge is a physical barrier, and people tend to stay on their own side. This is especially true of young people who do not travel out of their areas. The old town in Runcorn was said not to be a safe environment for young people to travel to access services, especially at night. The shopping centre in Runcorn is popular but there is no service in the shopping centre itself. Other participants said that there are two clinics per week in Runcorn and only one clinic per week in Widnes. This situation is made worse by the poor public transport links in Halton.

It was reported that there are big differences in the numbers of people accessing services in different areas. “At the HRC people walk out because it is too busy, where as at the Chapelfield service there is no queue because people don’t want to use it.”

7.1.1 GUM services
Participants acknowledged that the 48-hour waiting time target is being achieved in Halton and St Helens although it was thought that performance could be jeopardised because of staffing changes.

Participants said that the GUM service needs to increase access. It was suggested that this could partly be achieved by configuring the service so doctors see the more complex cases and nurses see the more straightforward cases. Participants thought this was already happening to a certain degree but it needs to happen more.

Psychosexual therapies were reported to be good in St Helens but not in Halton. A difference was also reported in terms of the prescribing policies – the St Helens service prescribes medication whilst the Halton one does not.

The vulval pain and discomfort clinic is well regarded to the extent that it is now nationally recognised as a beacon of good practice.

Participants raised a number of other concerns about the GUM:

- The walk-in service is not adequate. More trained staff are needed and the service needs to be better advertised
- The interface with chlamydia screening needs to improve
- Patients have said that the GUM clinics should also provide contraception services. It was reported that all staff are dual trained.
- There is a need to offer services at the times and locations that people want
- Anonymised HIV testing is not conducted
- Same day testing is not conducted. It was said that results can take a week whilst saliva testing only takes 20 minutes

- There is no specific clinic for gay men although it was reported that very young gay men are being screening at the service.
- There is a low uptake of services by men – some of whom may be deterred by the family planning connotations.
- The signposting of GUM services needs to improve – sometimes literally! The new Diagnostic Treatment Centre in St Helens is proving difficult to find for some people. People do not know where it is and are having to ask for the GUM.

Concerns were also raised about contact tracing. There is a potential conflict between asking for very personal information that could protect the health of others and confidentiality promises that could prevent contract tracing taking place.

7.1.2 GP – primary care service
GP practices are accessible to large parts of the community for a large part of the day (e.g. 8.00 am – 6.00 pm). There are also increased numbers of practices that are open at weekends. Chlamydia screening, free condoms and emergency contraception were reported to be widely available at GP practices. It was also said that older men tended to seek help with sexual health concerns from GPs.

However, some participants raised the concern that there are a number of male only GP practices. There needs to be the opportunity for women to be referred to other practices to see a female GP.

7.1.3 Chlamydia trachomatis (CT) screening
It was reported that chlamydia screening programme has only been up and running for this year. GPs are just about on board and concern was expressed that national targets will not be met. A concern was expressed that the public does not take the risk of chlamydia seriously. It was recommended that information campaigns are needed to better inform and change perceptions.

7.1.4 Teenage pregnancy
The *Clinic in a Box* service provides emergency contraception, condoms and other methods of contraception, pregnancy testing, counselling, advice and information on relationships, sexually transmitted infections and other sexual health issues. The service was reported to be operating well and achieving good coverage in schools including some faith schools as well as in some youth clubs.

Other examples of good practice were described including C-Card schemes that target hot spot areas; and the Teenage Advice Zone (TAZ) in St Helens, which provides contraceptive service up to 19 years old.

7.1.5 Contraception
Condom distribution from GP practices was reported to be working well and achieving good coverage in Halton and St Helens.

However, some participants argued that the promotion of condoms was now a lower priority and reflected a general decline in prevention activities across the PCT area. In addition it was said that the public associated sexual health clinics with treatment rather than prevention and this leads to increased stigma among some potential service users.

Discussion also focused on the concerns about the accessibility and availability of emergency hormonal contraception (EHC). Halton is providing a free service but the uptake had not been good. Services for young people are developing (e.g. C-Card) but a service for emergency contraception needs to be provided before and after the weekend. EHC pathways need to be established and the coordination and delivery improved. It was said that it is “pot luck” whether a pharmacist is trained (to provide EHC). Participants stressed that all pharmacists should be trained to give out EHC to people aged 16 and above.

7.1.6 Termination of pregnancy services
Participants described a wide variation of TOP services.

- TOP services are well organised.
- TOP services are achieving the government targets of seven days of GP contact and a three-week completion rate.
- There is confusion concerning referral processes with BPAS. Some participants said that there should be a 'choose and book' self-referral process available.
- Access to termination of pregnancy is not available in St. Helen's – women have to travel to Liverpool for both their appointments. A better deal for Halton women was reported. The first appointment is in Widnes, whilst the second appointment is in Liverpool.

7.1.7 Sexual assault
A range of local and accessible sexual violence related services were described across the PCT area. These included the following:

- The Rape and Sexual Abuse Support Centre in Runcorn and St Helens
- The independent sexual violence advisors offer support, information and counselling, training and consultancy and young people's services across Cheshire and Merseyside.

The only concern raised was childcare issues for people visiting the sexual violence service – the nature of the service means that many people are reluctant to take their children when visiting the service.

7.1.8 Prevention in schools
The majority of schools had achieved the Healthy Schools status (53 schools out of a total of 69). The exceptions were reported to be predominantly faith schools. Schools tended to have a good PSHE programme, which incorporated issues of sexual health, alcohol and drugs. Posters for *Clinic In A Box* (St Helens) didn't work but assemblies in schools did because of the captive audience.

The Healthy Schools programme also includes a workshop for Y6 and Y5 parents. Although there is no formal evaluation it was believed that it has contributed to the decreasing teenage pregnancy rate in St Helens.

7.2 Are services accessible to all potential users?
7.2.1 Young people
A great deal of discussion at the event focused on young peoples' services. There appears to be variation in the nature and extent of services across the Halton and St Helens area.

The young person's clinic was reported to be accessible - the 'walk in centre' is open Monday, Wednesday and Friday after school as well as on Saturday. The service, which has been in the community for 5-6 years was said to be central and easy to get to. TAZ (teenage advice zone) was said to be a good a service for young people.

However, other groups of participants said that some young people find it difficult to access their sexual health services. It was said that there are issues concerning young people about missing school, transport difficulties and sometimes lying to parents in order to seek help and advice. Similarly, it was reported that child protection issues, confidentiality or children's perception of confidentiality could also be a barrier.

Early reports of the recently implemented HPV vaccine, to protect against cervical cancer, have so far achieved good coverage in schools through school nurses.

A number of concerns were raised:

- The *Clinic in a Box* initiative was available in St Helens but not Halton.
- It was reported that according to the NSPCC, 1 in 3 young women are sexually abused. There is an absence of awareness of what consensual sexual behaviour is and when young people should or can say 'no'. Some participants felt that young women are still treated as second-class citizens. Initiatives are needed to empower young women, increase their self-esteem and assertiveness, and to do more work with young boys about this issue.
- The sexual exploitation of vulnerable young women with special needs was highlighted as an issue that does not receive much consideration.
- Staffing and workplace issues can affect how young people perceive services – "First impressions are so important." Automated telephone messages can be off-putting – making some people reluctant to attend.
- Young people need to be offered more choices. Some would like a telephone service, online support or a choice of who to talk to. It was reported that internet chat rooms and access to appropriate websites such as Kooth get blocked in school and at other young people services.

A number of examples were provided of services targeting the most vulnerable young people.

- The Alcohol and Drug LifeStyle team look after the needs of young people who are excluded or out of school including the HPV programme. Nurse-led clinics are targeted at such young people. However, it was also reported that looked after children make up a proportion of A&E attendees for alcohol related problems. Participants were concerned that this was a potential indicator of other potential risk behaviours including teenage pregnancy and sexual transmitted infections.
- The provision of *Care To Learn* for Mums and Dads aged less than 20 years old was available. Childcare costs, nursery fees and transport costs can be covered.
- Secure units for young people at St Catherine's and Redbank have prevention, contraception and other sexual health services in-house.

7.2.2 Older people

Concerns were raised about the lack of information and engagement with older people aged 25 and above about sexual health. Armistead engage with males aged around 40 years old about sexual behaviour often linked to alcohol use and cocaine.

It was reported that wider sexual health issues are not routinely addressed with older women who present for a termination of pregnancy.

7.2.3 Black and minority ethnic groups (BME)

Little discussion took place about the sexual health needs of BME groups. It was reported that Halton and St Helens are predominately white areas but there had been a recent increase in migrants from a number of places including Eastern Europe (including Poland), North Africa (Libya) and Albania.

Cultural differences and language barriers are potential barriers. One participant explained that procedures could cause problems, as the patient may not understand the reasons for the procedure. For example, Hep B is a notifiable disease but it is difficult to explain why it is notifiable. This can be open to misinterpretation and can cause patients to back off services.

7.2.4 Travellers

There has been a recent increase in the numbers of travellers in Halton, which has led to permanent accommodation sites being set up. It was thought that travellers were a difficult group to access. Travellers may not trust services and be resistant to help and advice. It is often difficult to access traveller communities since people are very protective. Concern was expressed about the lack of knowledge about travellers. It was thought that young women were highly sexually active and that incest, intermarriage, chlamydia, teenage pregnancies and domestic violence occurred. Monitoring traveller communities was difficult because of the mobility of the population.

7.2.5 Homeless people
A homeless team deals with sexual health issues alongside other health and social care needs. It was reported that an initiative to provide hepatitis screening and vaccination was being set up.

7.2.6 People with learning difficulties
There are learning disabilities task groups that discuss the needs of clients and their carers in St Helens and Halton.

7.2.7 Men who have sex with men
There is not a big gay scene in Halton or St Helens. There are a few gay friendly pubs/clubs but not that many. The information and engagement work provided by the Armistead project was well regarded by participants. However, many men choose to go to Liverpool or Manchester for help and advice. It was argued that there was a massive group of high-risk potential users who need more guidance on behaviour change. The mobility of some men compounds this problem – they go out-of town to clubs or to visit cruising areas.

7.2.8 Sex workers
Little information was provided about sex workers. Sex workers are largely an invisible population in St Helens and Halton since they are unlikely to work in street settings (one participant said there was four massage parlours in the area). It was reported that female sex workers are not adequately cared with few identifiable sex workers being seen in GUM services. Encouragingly, a team of workers was expanding to meet the needs of sex workers and hepatitis B vaccination was being provided.

7.2.9 Drinking, drug taking and other risk behaviours
A number of concerns were discussed:

- Drug using clients visiting the LifeStyles project had high rates of hepatitis C infection, which resulted in babies being born with the infection. A challenge for practitioners was to promote contraception and reduce unprotected.
- Women heroin users often found that they stopped menstruating. This sometimes results in unplanned pregnancies.
- Evidence of Melanotan use was described. The drug is used to change the skin colour in white people to a suntan tone (brown – orange), and/or to increase sexual desire. Users include young men and women concerned about their body image or those who simply want a ‘suntan’. Older users have also been identified across Cheshire and Merseyside. Concern about the drug is linked to its subcutaneous injection administration route leading to the shared injecting equipment and the high-risk sexual behaviour among some groups leading to the spread of STI and unplanned pregnancies.
- There are cruising and dogging areas in Halton and St Helens.

7.3 How can capacity and competence be improved?
7.3.1 Strategic planning
The recent merger of the two former PCT areas of Halton and St Helens has extenuated anomalies across the new NHS area and potentially could lead to inconsistencies and a widening of inequalities in Halton and St Helens.

There is a perception that current sexual health arrangements are funding led rather than needs led.

The local authority in Halton and St Helens are configured differently to the NHS area. E.g. each Local Education Authority runs Connexions separately. Teenage pregnancy data are reported on a local authority basis. There are children’s trust arrangements for funding that make things complicated.

Participants stressed the importance of establishing integrated sexual health services. It was thought that at present there is no central referral point and no overarching clinical governance programme.

Examples were provided of young people needing to access different practitioners for different needs; and the GUM and contraceptive services working separately from each other.

Some participants though that the payment by results system is not compatible with the development of an integrated system of sexual health services. Individual services are less likely to refer clients to alternative services.

Many participants stressed the importance of involving the public and patients in the design and delivery of sexual health services. Examples were provided about how young people's views and experiences are shaping service provision, for example, trained young people are to be employed as mystery shoppers to ensure that services are accessible and friendly. Participants also stressed that commissioners also need to speak more to people who work at the front line of services.

7.3.2 Partnership working

Partnership work has suffered as a result of the PCT merger. Participants were unsure of the structure of the PCT and service targets. It was argued that partners didn't always know about the full range of service options and data sharing data processes sometimes had room for improvement. However, it was reported that during the last 6 months things have started to work better. Good partnership links were said to exist among teenage pregnancy services, Addaction, the C-Card initiative, school nurses and young people's workers as well as good links with young people through the rugby clubs in the area.

7.3.3 Workforce development

A recent sexual health audit identified unfriendly staff as a barrier for potential service users. Specialist sexual health services tend to have more friendly and non-judgemental staff but general services are a lot more judgemental. It was argued that this demonstrates that agencies are not yet ready to take on sexual health. A number of participants strongly agreed that it was 'everybody's business' to provide sexual health.

A number of other concerns were expressed.

- It was reported that some head teachers are big barriers to the development of effective sexual health programme in schools.
- The effectiveness of pharmacy emergency contraception services can be jeopardised by the trained staff not being on duty or having moved on; rude and condescending staff or the religious and moral beliefs of the staff.
- Counsellors who are trained to deal with sensitive issues predominantly lead the sexual violence service. However a lot of clients initially present to the police. It was argued that the police need to receive training on how to engage and support people who are victims of sexual violence.

7.3.4 Data collection

A number of data related issues were discussed.

- The collection and utilisation of data from community activities was described as inadequate.
- The presentation of information to schools needs to improve in order to encourage head teachers to implement effective sexual health activities in their schools. It was said that the data currently provided could be made more robust and persuasive.
- Sex tourism is not monitored.
- Knowledge needs to improve about the needs of migrants in Halton and St Helens

7.3.5 Innovation

A number of potential new approaches were described.

- Postal testing kits for Chlamydia are available via the University of Manchester. People can arrange to receive a testing kit through the post by making a telephone call. The test results can then be received by a text message.
- Clients should be given the choice of receiving test results via a text message.
- An automated and anonymous 'hole-in-the wall' type service could be piloted. Service users could pee-in-a-pot; deliver the sample to the 'hole in the wall' with address and details; and receive the results by text message

7.4 What are the priorities for change?

7.4.1 Make the strategy clear

It is important to ensure that all stakeholders understand and agree the sexual health strategy in Halton and St Helens. Some participants stated that they didn't think that everyone was doing the same thing or working to the same priorities. Clearly the merger of the two former PCT areas has created uncertainty among stakeholders. Participants gave numerous examples of the availability of a service in one area but not in another. There is a risk that inconsistencies and inequalities will increase without the development of a shared vision.

7.4.2 Make partnership work effective

It is important to ensure that partnerships are effective at all levels of commissioning, management and delivery. A first step would be to improve knowledge about the strategy and each agencies contribution to the strategy via a series of workshops or meetings. A number of participants said there was need for more meetings to support learning and education.

7.4.3 Get the system right

A system of integrated sexual health services for current and potential service users was viewed as vital. Workforce development initiatives will be needed to underpin system changes. The provision of sexual health training needs to be provided to an increased number and wider range of health, social care and criminal justice agencies that serve young people and adults.

The 'two towns within one phenomena' that is Halton will continue to present specific system challenges when meeting the needs of people living in Widnes and Runcorn.

7.4.4 Ensure public and patient involvement

Public and patient involvement in the design and delivery of sexual health services can be improved. Participants at the stakeholder event recognised that there needs to be more representation from different public and patient groups to assess needs correctly. The knowledge of some potential risk groups is currently limited e.g. migrants, men who have sex with men, older people and sex workers.

7.4.5 Look upstream - prevention is important

Investment in health promotion initiatives is currently limited. Information relevant to all population segments needs to be developed and distributed. The emphasis should be on promoting sexual health and well-being as well as signposting people to appropriate services.

7.4.6 Scale up programmes

Encouragingly, there are many examples of good work in Halton and St Helens. The *Clinic in a Box* initiative in St Helens has enabled young people to have access to sexual health services in schools and youth clubs. This programme alongside other initiatives that are working well should increase in size to meet the needs of the population across Halton and St Helens.

8. Information on sexual health services in Halton and St Helens PCT

The following maps show each service in the different areas across the PCT.

Map A - gives an overview of all services in Halton and St Helens (Scale 1cm = 1.3km)

Map B – Rainford, Billinge and Moss Bank Area (Scale 1cm = 0.4km)

Map C – Haydock and Newton-le-Willows (Scale 1cm = 0.4km)

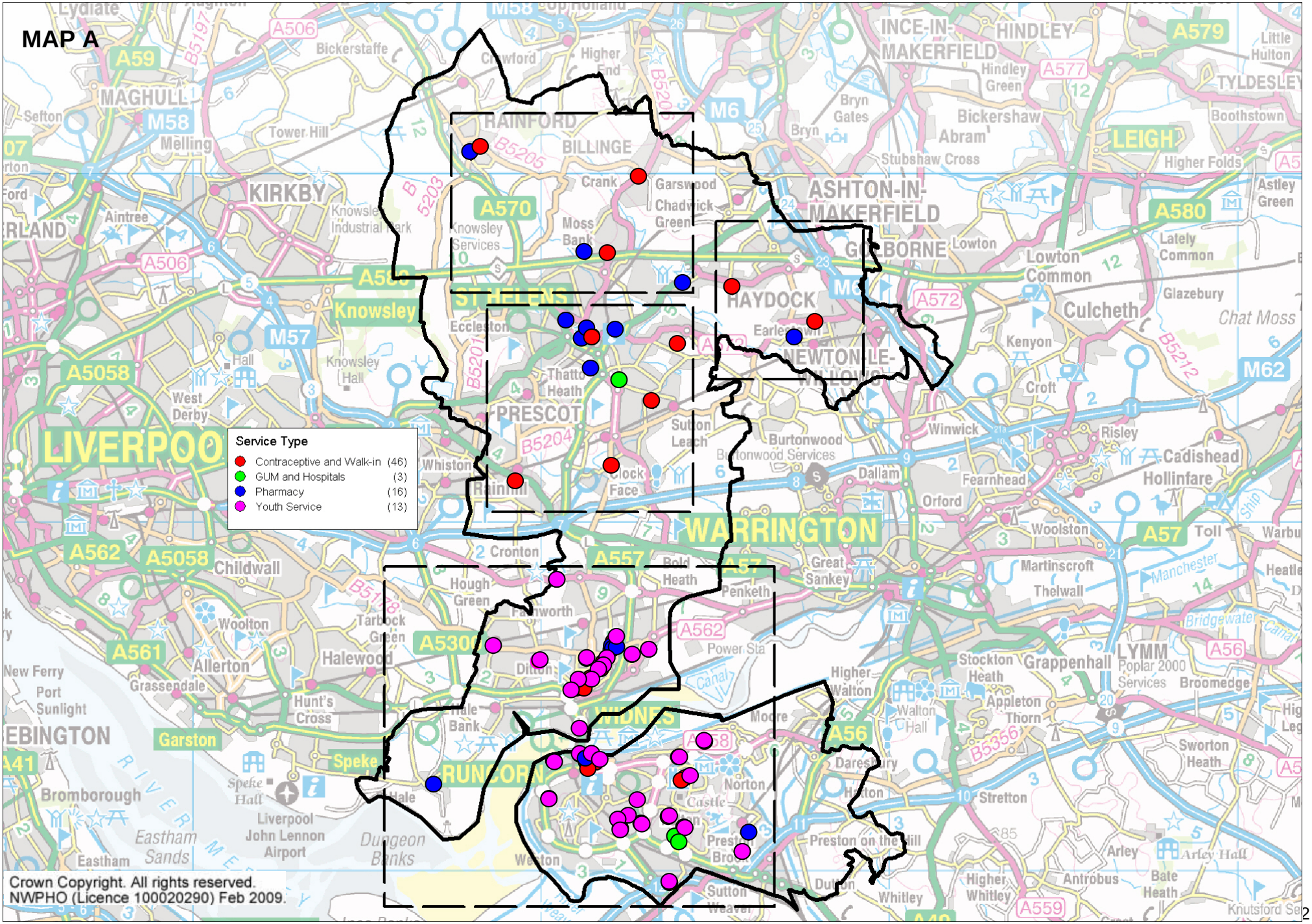
Map D – St. Helens and Rainhill (Scale 1cm = 0.4km)

Map E – Widnes, Halton and Hale Village (Scale 1cm = 0.4km)

Maps A-E show each sexual health service across Halton and St Helens PCT in detail. **Map A** gives an overview of the PCT area. The black boxes indicate the areas which have been examined in greater detail (in **Maps B-E**) to provide a more in depth view of the services.

The maps of a smaller geographic area allow for viewing the services in relation to populous areas and transport links. All major roads and train lines are indicated on the map. The reason for the breakdown is that it is imperative that a variety of services are available in the local areas of all the most heavily populated areas. The areas have been chosen to indicate what we deemed as a reasonable distance to travel to services, with particular regard to young people. All services have been numbered to allow for easy reference of service name and opening hours. Please see the appendix for a complete list of individual services and opening times corresponding to the service type and number.

A common theme with the pharmacies in all mapped areas was the disparity in the sexual health services thought to be provided (e.g. as included on the NHS website) and what is actually provided. A list of services was compiled using the NHS website which is how a potential service user may gain the information. This list was then presented to the expert panel for verification and additional information. Finally, a telephone based questionnaire was used when contacting all the services directly to establish what services they offered. The information presented here are the results of the telephone audit completed for the present needs assessment, unless otherwise stated.


MAP A
Service Type
Contraceptive and Walk-in (46)
GUM and Hospitals (3)
Pharmacy (16)
Youth Service (13)
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Map B covers the Rainford, Billinge and Moss Bank Area of St. Helens. There are contraceptive and pharmacy services available in the areas.

Pharmacy
There is a branch in each of the areas except, contrary to expectation, Billinge where there are no pharmacies that offer free contraception. The pharmacist in the Billinge pharmacy is not currently accredited. There is clearly a gap in the Billinge area where there is no service provision. There is one branch in Rainford where emergency contraception is offered with free male condoms, but there is no provision at the weekend.

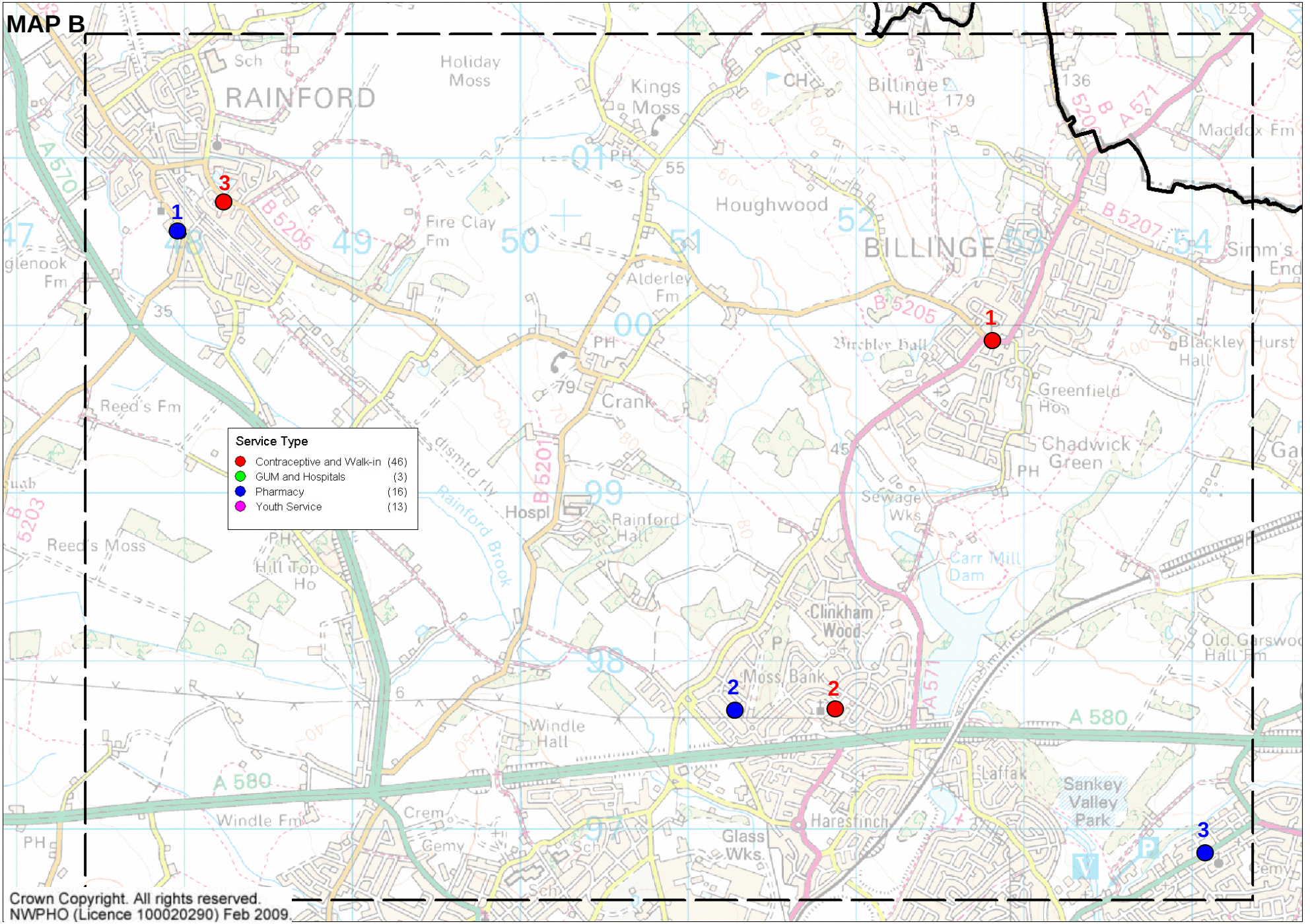
In the Moss bank area there is one pharmacy in the immediate area that provides emergency contraception, however they are closed for an hour over lunch.

In the Sankey Valley Park area there is a pharmacist that has long opening hours but the free emergency contraception is not always available. There are a number of pharmacists working there but one of the pharmacists will not prescribe on religious grounds. There are all on a non-cyclic rota basis so they are not able to stipulate when this service can be offered. Clients have to phone prior to check, or if someone walks in off the street then it is hit or miss. There is a low level of service provision offered by the pharmacists in the area, mainly due to the ad hoc basis with which these services are offered.

Contraceptive Service
With regard to specific contraceptive services available in the three areas, there is a service located centrally in each area. There are a good range of services offered in each, including emergency contraception, contraception and advice on pregnancy. Chlamydia screening is also offered at Carr Mill Clinic. Rainford clinic offers the coil and the LARC every 4th Monday of the month.

All of these services operate very limited hours. The service located in Billinge operates for only two hours a week on a Thursday evening. The service located in Moss Bank operates for two hours a week on a Monday afternoon and the Rainford clinic for two hours on a Monday morning. Between the three services only Monday morning, Monday afternoon and Thursday evening are covered. There is no availability the rest of the week included weekends. The distance to travel from any of these towns into St. Helen is between 2 1/2 miles and 6 miles.

Youth Services, GUM and Hospitals
There are no youth services in any of the three areas that offer any sexual health services. There are also no Walk in services available in the three areas; the nearest GUM is in St.Helens. The nearest youth session is TAZ at the millennium centre. This is between 2 ½ to 5 miles from each area. No C-Card scheme seems to operate in any of the areas, unlike in Widnes and Halton where it seems to be widespread.


MAP B
Service Type
Contraceptive and Walk-in (46)
GUM and Hospitals (3)
Pharmacy (16)
Youth Service (13)
RAINFORD
BILLINGE
Houghwood
Crank
Rainford Hall
Clinkham Wood
Moss Bank
Windle Hall
Windle Fm
Haresfinch
Glass Wks.
Sankey Valley Park
Carr Mill Dam
Chadwick Green
Greenfield Ho
Birchley Hall
Blackley Hurst Hall
Sewage Wks
Laffak
Rainford Brook
A 580
A 570
A 571
B 5205
B 5207
B 5201
B 5203
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Halton & St. Helens PCT Map B

Contraceptive	Opening times																													
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		9-10		10-11
Monday																														
Tuesday																														
Wednesday																														
Thursday																														
Friday																														
Saturday																														
Sunday																														

Pharmacy	Opening times																													
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		9-10		10-11
Monday																														
Tuesday																														
Wednesday																														
Thursday																														
Friday																														
Saturday																														
Sunday																														

Map C covers the areas Haydock and Newton-le-Willows. There are contraceptive and pharmacy services available in the areas. Earlstown comes under the Newton-le-Willows area.

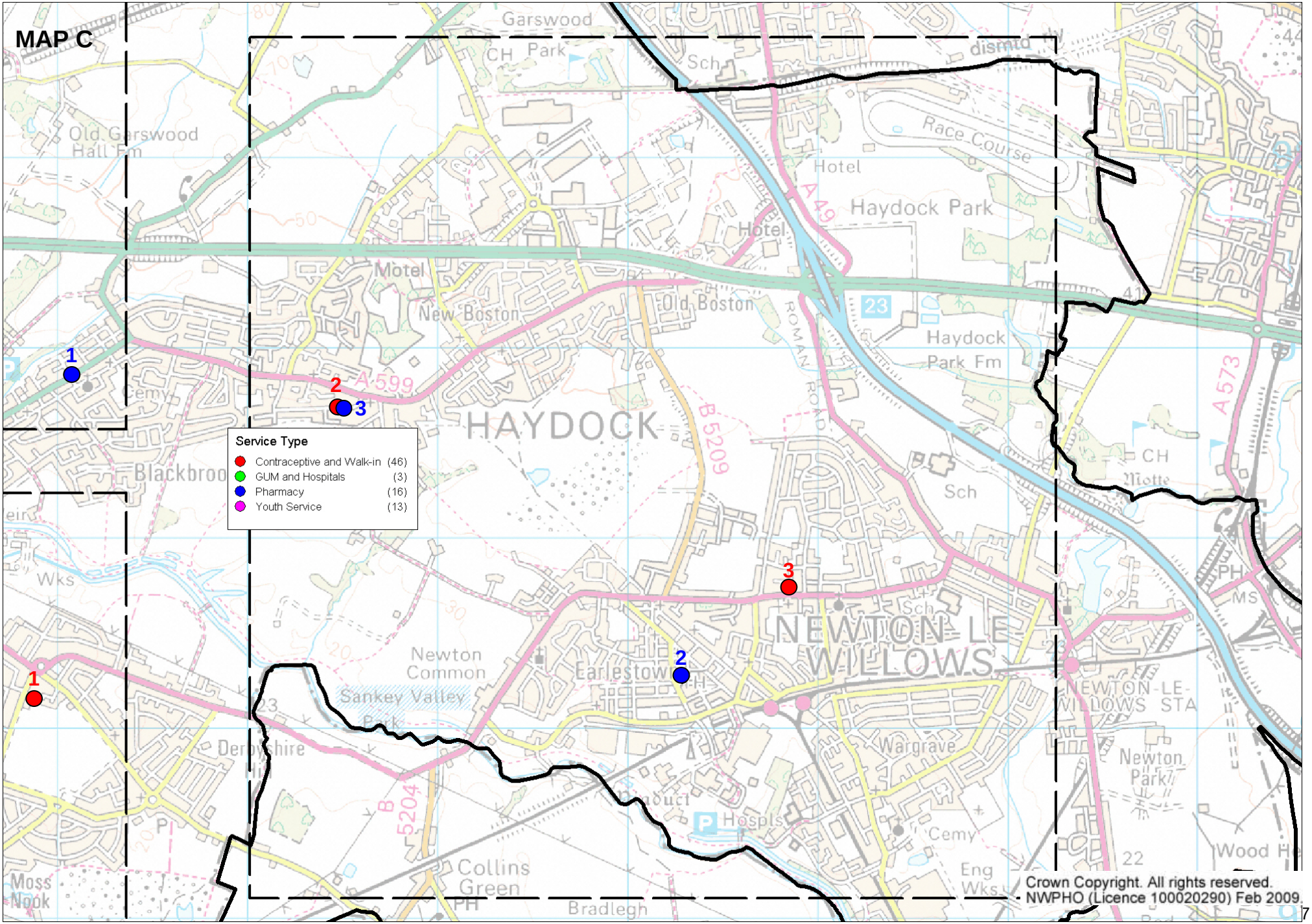
Pharmacy

There are three pharmacies in the area. All offer free emergency contraception and free male condoms with the EHC. The pharmacy in the Sankey Valley Park area however has long opening times but the free emergency contraception is not always available. There are a number of pharmacists working there but one of the pharmacists will not prescribe on religious grounds. There are all on a non-cyclic rota basis so they are not able to stipulate when this service can be offered. Clients have to phone prior to check or if someone walks in off the street then it is hit or miss. There is a low level of service provision offered by the pharmacists in the area, mainly due to the ad hoc basis with which these services are offered.

There is a pharmacy in the centre of Newton-le-Willows in the Earlestown area of the town. This has long opening hours and is also open on Saturday mornings. The branch in Haydock is by the Haydock Health centre. They have long opening hours also but are closed at the weekends.

Contraceptive

With regard to contraceptive specific services offered throughout Haydock and Newton-le-Willows, there are three individual services offered on three days of the week. These are for only two hours in the evening on a Monday and a Tuesday and for two hours on Thursday afternoon. They all provide contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy. Not all days are covered and there are no services from 3pm on a Thursday or until 5pm on a Monday evening.


MAP C
Service Type
Contraceptive and Walk-in (46)
GUM and Hospitals (3)
Pharmacy (16)
Youth Service (13)
HAYDOCK
NEWTON-LE-WILLOWS
Haydock Park
Haydock Park Fm
New Boston
Old Boston
Motel
Hotel
Race Course
Garswood
Old Garswood Hall Fm
Blackbrook
Newton Common
Earlestown
Sankey Valley Park
Wargrave
Newton Park
Collins Green
Bradlegh
Moss Nook
A49
A599
B5209
B5204
A573
ROMAN ROAD
23
1
2
3
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Halton & St. Helens PCT Map C

Pharmacy	Opening times																														
	7-8		8-9			9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		8-9		9-10		10-11
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Contraceptive	Opening times																														
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		8-9		9-10		10-11
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Map D covers the St. Helens area including the town centre, Sutton and Rainhill. There is a GUM, a walk-in centre, contraceptive services and a youth service that provides contraception and STI screening in certain sessions.

Pharmacy
There are 5 pharmacists in the St. Helens area that all provide emergency contraception and free condoms with the EHC. These are all concentrated in the town centre or just on the immediate outskirts. The availability of the service in this area is heavily dominated by one service available for 90 hours of the week. This service offers free emergency contraception and free male condoms with the EHC. The other pharmacies are also open long hours with 4 out of 5 opening on a Saturday.

There are no branches in the Rainhill part of St. Helens or on the outskirts. The nearest pharmacy providing any services is 4 miles away. There is a pharmacy north of the town that will be accredited in February. There is a pharmacist accredited within the branch but apparently she can not prescribe until the manager is accredited. There is a lack of pharmacies to the south of St. Helens that provide any emergency contraception.

Contraceptive
With regard to contraceptive services these seem to be well spread across the area, however 3 out of the 4 services are on a Thursday, the other two are on a Weds evening and a Friday afternoon. There are no services offered on a Monday, Tuesday and Wednesday day time. They all offer contraception, emergency contraception, free condoms, pregnancy testing and referrals of pregnancy. Within the same area there is a walk-in centre, the Millennium centre, in the middle of St. Helens that is open 104 hours a week where contraception can be obtained. A new “family planning” session started in January at St.Helens GUM. These sessions run alongside the normal GUM sessions but are specifically for contraception. The LARC, IUD coil and injections are being offered as well as the contraceptive pill and condoms.

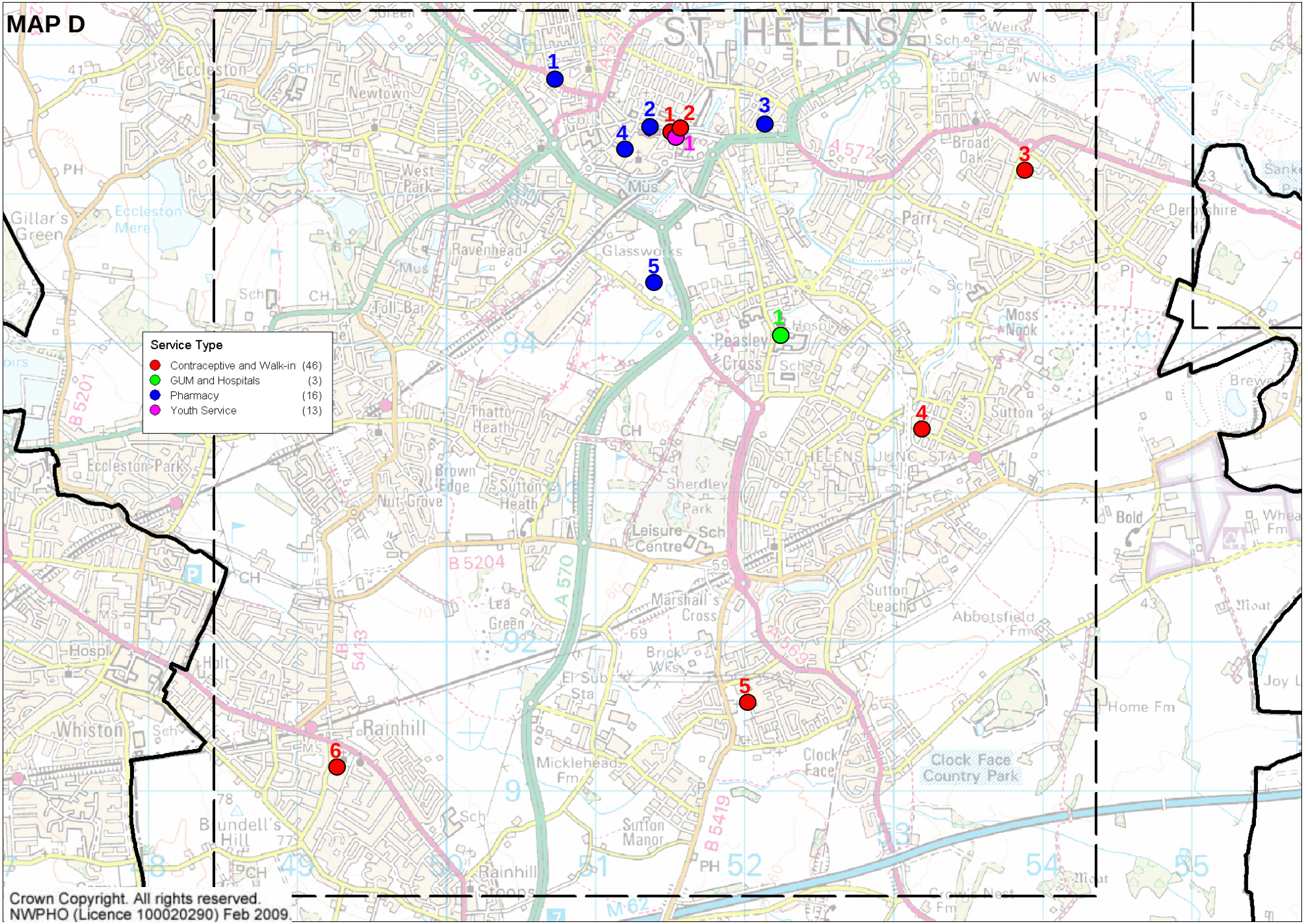
Walk-in Centres
The Walk-in centre at the Millennium Centre is located in the centre of St Helens. This offers 104 hours of service. It is a nurse led centre although a doctor is available between the core hours of 9am to 5pm. They offer contraception, emergency contraception, free condoms (although not as a rule), pregnancy testing and referrals for termination of pregnancy. There is a specific session at the centre on a Thursday evening where a doctor is available offering all of the services mentioned above.

Youth Services
The only youth service in the area, TAZ, is centrally located and offers services every other day in the afternoon through to the early evening. They offer a young people’s contraceptive service. It is nurse and youth worker led although a doctor is available in some of the sessions, but it was not stipulated when. STI screening is available when asked for. There are no other youth services in the St. Helens area; this also includes Rainford, Billinge, Haydock and Newton-le-Willows.

There is a shortage of provision for youth services in the St. Helens part of the PCT. They do have the opportunity to attend the GUM but there is no clinic there specifically for young people.

GUM and hospitals
There is a GUM in the area which is located just on the outskirts of the town, at St. Helens hospital. The GUM offers a wide range of services including STI screening, and HIV testing (including the Rapid HIV testing). Some of the sessions are appointment only and some are male based.

In January 2009 a new family planning session started which runs at the same time as the GUM session but is more specifically for contraception and has the expertise of the GUM staff .They have also recently introduced a clinic on Friday morning where LARC, IUD coils and the injections are offered, this is by appointment only.


MAP D
ST HELENS
Service Type
Contraceptive and Walk-in (46)
GUM and Hospitals (3)
Pharmacy (16)
Youth Service (13)
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Halton & St. Helens PCT Map D

GUM	Opening times																													
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		8-9		9-10	
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Pharmacy	Opening times																															
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		8-9		9-10		10-11		11-12	
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Contraceptive	Opening times																													
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		8-9		9-10	
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Youth Service	Opening times																													
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		8-9		9-10	
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Map E focuses on Widnes, Hale and Runcorn. These areas have pharmacy services, contraceptive services, youth services, a GUM, and a hospital which dominates the service provision in the area.

Pharmacy
There are 5 pharmacies in the area that provide free emergency contraception and most offer free male condoms with the EHC. They are all open throughout the day except Hale Village which closes for an hour for lunch. Two of the pharmacies are open on a Saturday although one of the branches has a locum and often the locum is not accredited. There are three pharmacists that were expected to provide free EHC and condoms but at the moment they do not provide any service. The pharmacies are concentrated in the town centre of Widnes and Runcorn, with not many in between.

There are no other service provisions offered in Hale Village. Hale village is near the border for Liverpool PCT, two miles to Speke centre, whereas Widnes is nearly 6 miles away, therefore it is possible that people may have to travel outside their PCT area to access other services. The Speke area does not offer any service provision, such as pharmacies, walk-in clinics or contraceptive services other than a youth clinic (Abacus). However, there is a regular bus service to Widnes and Runcorn and there is a specialist, door-to door minibus that can be pre-booked by women, girls and unaccompanied 14 year old boys. This service operates in Runcorn and Widnes between 5.30-11.30pm Monday to Saturday. For people with disabilities or mobility problems there is a similar service running Monday to Saturday 8.30-5.30.

Contraceptive Service
With regard to contraceptive service in Widnes, Runcorn and Hale there are three services that provide contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy. They all have similar opening times Monday evening, and Friday evening with the exception that one has an extra session on a Wednesday evening. These services are concentrated in the town centre; there are few services to the west and the far east of Runcorn. There are no services open from Thursday evening until Monday evening on the Widnes side of the river. Widnes does not have a walk in centre or a GUM as an alternative. People have to cross the river to access any services that are outside these times.

GUM and hospitals
There is a GUM in the area which offers a wide range of services including STI screening, HIV testing and counselling. Some sessions are by appointment only and run concurrently with the walk-in session. There are four sessions offered; two in the morning the others in the evening. There is a male only clinic offered on a Monday evening.

On the same site there is a walk-in centre at the hospital. They can provide free Emergency Contraception. It is nurse led but a doctor is available via a phone call. The service has long opening hours a total of 91 hours a week.

Youth Services
There are two types of service provisions grouped together in the area. There are the youth services that offer all forms of sexual health provisions and there is also the C-Card scheme.

There are a lot of places throughout the area that only offer the C-Card scheme for under 19's. These places are spread out across the area and range from youth clubs, Connexions, hostels for young homeless people, children's centres, colleges, learning centres and health centres. Some of these places also offer other services such as advice and pregnancy testing. The majority of these sessions last for a couple of hours once a week.

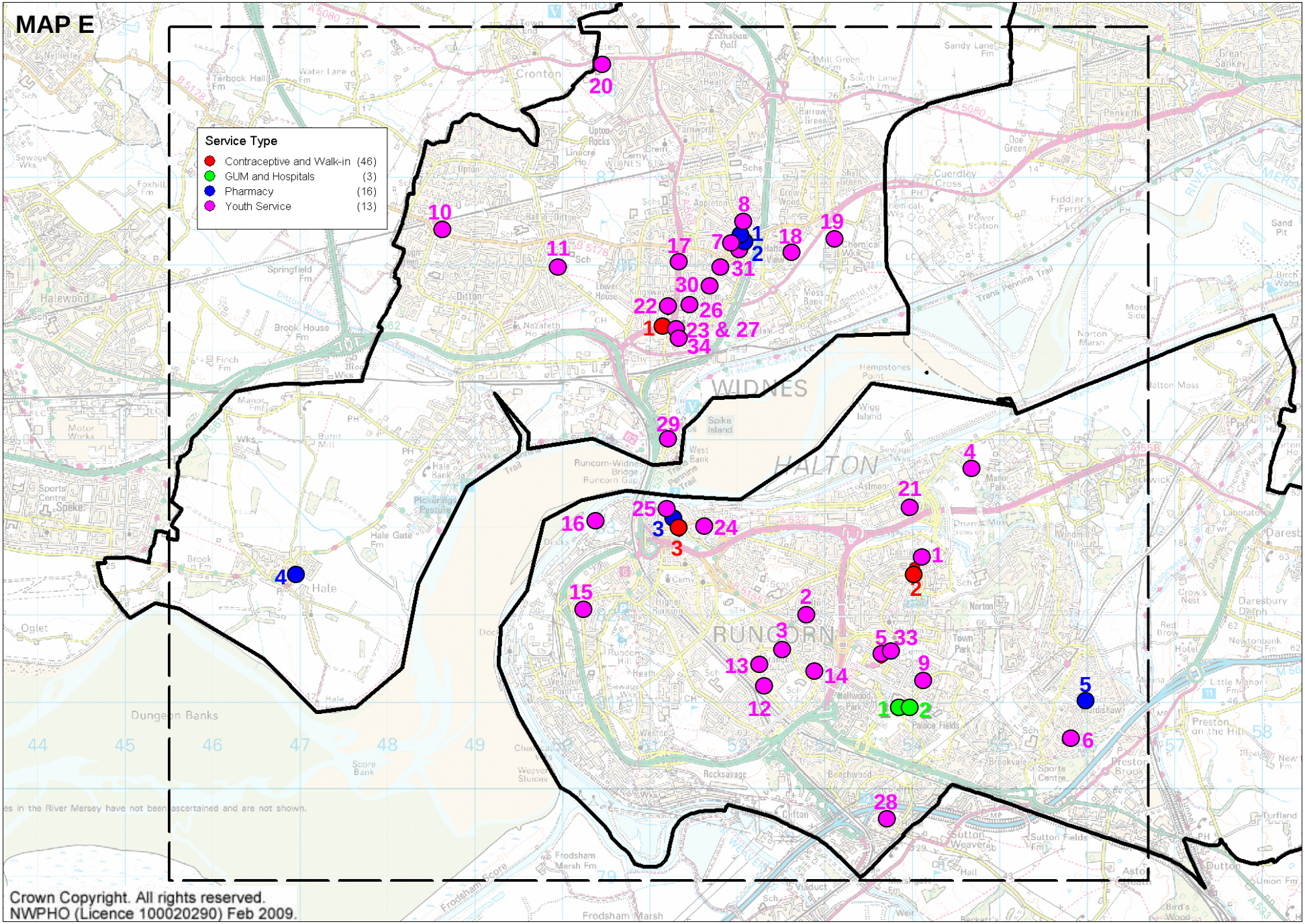
Runcorn Connexions is the only service that offers full sexual health provisions, offering contraception, emergency contraception, Chlamydia screening and pregnancy testing on a Monday and a Thursday afternoon. The Monday clinic is run by Choices and the Thursday clinic by the Teenage Pregnancy team. The scheduling of the service does enable the majority of young people in education to access

the services, although those in paid work may find it difficult with the closing time being 5.00pm and 5.30pm. They do have the option of attending the GUM although these sessions are on the same evenings, although the opening hours are longer. They could attend sessions at the walk-in centres and contraceptive clinics but these are in the daytime when young people are usually in education. Runcorn Connexions also runs the C-card scheme every day Mon-Fri.

There are no youth only full sexual health provisions in the west of Runcorn. Throughout the rest of Runcorn there are many places that offer the C-Card scheme, these are widely spaced and are offered in places such as colleges, youth clubs, learning centre and youth hostels. The youth hostel schemes are run by Young Addaction. The team travel to their clients in the following hostels; Belvedere, Halton Goals and the YMCA. The scheme is also open to all other hostel residents 24 hours a day.

There is a similar situation in Widnes there where there is one clinic that is available that offers contraception, emergency contraception, pregnancy testing, sexual health advice, referrals for termination of pregnancy and Chlamydia screening. They offer two sessions on a Monday evening and on a Tuesday afternoon. The scheduling of the service does enable the majority of young people in education and in paid work to access the services. There are no sessions available from Tuesday afternoon from 5.00pm until 6.30pm the following Monday. They would have to travel over to the Runcorn Connexions for any emergency contraception, youth services or the GUM in Runcorn. Failing this they would have to attend one of the adult clinics for emergency contraception. The C-Card scheme in Widnes is mainly concentrated around the town centre and a few to the west of the town centre.

There are no places that offer the C-Card scheme in the Hale village area, where there are no other services other than a pharmacy. The majority of the C-Card schemes are offered in youth centres and clubs.


MAP E
Service Type
Contraceptive and Walk-in (46)
GUM and Hospitals (3)
Pharmacy (16)
Youth Service (13)
WIDNES
HALTON
RUNCORN
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Halton & St. Helens PCT Map E

Pharmacy	Opening times																														
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		8-9		9-10		10-11
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Contraceptive	Opening times																														
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Youth Service	Opening times																														
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		8-9		9-10		10-11
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Sunday																															

GUM	Opening times																														
	7-8		8-9		9-10		10-11		11-12		12-1		1-2		2-3		3-4		4-5		5-6		6-7		7-8		8-9		9-10		10-11
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9. Findings and recommendations

The previous sections have outlined the needs and demands of service users throughout the PCT. This section aims to bring together the findings and make appropriate recommendations. There were many recommendations made by stakeholders throughout the event held as part of this project. Particular attention should be paid to section 8 where these are discussed in more detail; however some points are included below.

The Department of Health's guidelines on world class commissioning[18] includes seeking consultation of expert professionals about the best way to provide services, and also to consultation of patients and the public. This project has consulted relevant expert professionals in the region about their thoughts on service provision, however, the consultation of patients and public were beyond the scope of this study.

Recommendation 1
To conduct further work aimed at finding out patients' perspective of services, specifically in areas where access appears to be low such as parts of Runcorn.

9.1 Needs and Demands

9.1.1 STIs

Halton and St Helens has the third highest prevalence of chlamydia in comparison with the rest of Cheshire and Merseyside, the second highest being Warrington. Further, data show that young people aged 15-19 years have the highest prevalence of chlamydia (801 per 100,000) compared to other age groups. This is younger than the general pattern of North West infections and suggests a need to focus Chlamydia screening and prevention work on a younger age group than is currently targeted. GUM diagnosis rates of the key five STIs are low in Widnes and there seems to be a high level of sexual health services there. However, further investigation is needed to investigate whether these services are ensuring low levels of STIs or there are a disproportionate level of services in the area.

Data from community Chlamydia and Gonorrhoea testing shows that only 69% of positive patients receive clinician confirmation of treatment. This rate needs to be improved if the Chlamydia and Gonorrhoea figures are to be controlled. This could be improved by offering to send results via text message, a suggestion raised at the stakeholder meeting, so the patient is aware of their positive status and need for treatment. Further, not all of the positive cases who received treatment were treated through the community service. Given that the Chlamydia Screening Programme, run by Terrence Higgins Trust, is co-ordinating the community programme it is unexpected to find that not all treatment was performed at CSO locations. The data shown in figure 4E includes all screening outside of GUM setting, however there were a small percentage of positive patients still treated at GUM clinics, and a larger percentage at other locations. A definitive care pathway for testing and treatment of Chlamydia in a community setting may help to clarify the data.

There was a higher than expected rate of the key five STIs in the population group 'Suburban Stability'. This may mean the current prevention messages are not reaching this group. For example, this group may include older adults up to a pensionable age which are not always in the target group for prevention messages. Also, as this group tend to work, it is important to have services available to this group out of normal working hours. Perhaps it may be appropriate to map 'Suburban Stability' areas and ensure services within these areas are available at appropriate times. It might be useful to carry out further insight work with this group to identify motivations and barriers to change, with a view to using social marketing techniques.

There were high rates of the key five STIs in 'Disadvantaged Households', which is a group expected to have a high rate of STIs. However this group differs from 'Suburban Stability' insomuch that unemployment and long-term illness affects many in this group. Therefore this group may be more

able to attend services during working day hours, and weekend services may not be as essential in these areas.

Recommendation 2
Continue focussing chlamydia screening on younger age groups (15-19 years).

Recommendation 3
Implement a definitive care pathway for chlamydia testing and treatment in a community setting.

Recommendation 4
Carry out further social marketing insight work with suburban stability and disadvantaged household groups.

9.1.2 HIV
The rate of HIV infection continues to rise in the PCT, similar to that of the entire North West region. The rates have been rising steadily over the past few years. The majority of cases in Halton and St Helens are male, aged between 30-44 years, and infected through sex with other men. Recently The Armistead Centre has extended their work to Halton and this may have an impact upon reducing the prevalence and incidence within the PCT.

Recommendation 5
Continue and strengthen the work in partnership with The Armistead Centre throughout the PCT.

9.1.3 Teenage Pregnancy
The teenage pregnancy rates for the PCT are reported separately for Halton LA and St Helens LA. In the latest data Halton LA has the largest increase nationally in under 18 conceptions since the 1998 baseline figures. The sharp increase will have to be immediately reversed if they are to achieve the 50% reduction by 2010; this represents a considerable challenge for the LA. Conversely, St Helens are progressing steadily towards the 2010 target. With regard to St Helens' statistical neighbours (Stockton on Tees, Tameside, Darlington, Halton), St Helens had made the second best progress on under 18 conceptions target with a 11% decrease.

The difference between the two local authorities, both forming one PCT, progress towards the 2010 target is worthy of further investigation, as there may be some obvious disparity in the resources available to each LA. There may be the capacity to share resources across within the PCT to help achieve the targets.

The numbers of under 18 conceptions tend to be higher in the centre of St Helens, Runcorn, and Halton. Further mapping suggests that a high proportion of 15-17 year old females in the locality do not explicitly link to having a high proportion of under 18 conceptions. When comparing figure 4L to 3B it can be seen that there is some overlap of high rates of under 18 conceptions and high levels of deprivation; the centre of St Helens, Halton and Runcorn.

Recommendation 6
Primary research is required to determine what factors have influenced the recent sharp increase in under 18 conceptions in Halton.

Recommendation 7
To further investigate the reasons for different levels of progress towards the 2010 target between the two local authorities. Specifically, if there is scope to further share resources across each LA.

Recommendation 8
Maintain priority in the planning processes for good representation of the services in areas of high deprivation.

9.1.4 Contraception

Halton and St Helens PCT has a low prescription rate for LARC compared to national averages. This is contrary to NICE guidelines which recommend LARC are more cost effective than the combined oral contraceptive pill. Further, IUD, IUS and implants are more cost effective than injectable contraceptives and unintended pregnancies can be reduced with increased use of LARC methods[12].

In Halton and St Helens PCT in 2007, there were 1,090 legal abortions carried out with the largest proportion (29%) aged between 20 and 24 years and the next largest proportion (17%) between 18 and 19 years. This differs from the North West as a whole in which the largest proportion (31%) is aged between 20 and 24 years with the next largest proportion (19%) between 25 and 29 years. Under 18 abortions account for 13% of the total abortions in Halton and St Helens. There is a higher rate of abortions per 1,000 females in the under 18 age group (23 per 1,000) than in the general female population (18 per 1,000). In line with NICE recommendations, the use of LARC, EHC, and condoms to people having a termination should be encouraged. This is particularly salient as Halton and St Helens has a trend of younger people having abortions compared to the rest of the North West.

KT31 data further emphasise the need for services in the PCT to offer LARC as a primary source of contraception to young women. The combined pill and the male condom represented 66% of the total contraceptive requests at first contact with services for young women aged under 18 years. This shows a large difference to the contraceptive requests of females over 18 where the combined pill and the male condom represented 50% of the total contraceptive requests at first contact with services. This shows a heavy reliance on condoms and pills by young women in the PCT, which do not currently seem to be offering the protection required. The prescription data show that the most significant age group for emergency contraception was 16-17 years, all of which chose the hormonal pill as opposed to the IUD method. This could also be reduced by the increased uptake of LARC, particularly amongst younger women.

Recommendation 9

In line with NICE recommendation, the use of LARC, EHC, and condoms for people having terminations should be encouraged. This is particularly salient as Halton and St Helens has a trend of younger people having abortions compared to the rest of the North West.

9.1.5 Prescriptions

The combined oral contraceptive pills were the most popular method of contraception (between 2,433 and 2,890 each month). Progesterone only pills were the next most prescribed contraception (between 645 and 807 prescriptions). Prescriptions for injectable contraception remained steady throughout the period, with prescriptions ranging between 390 and 506 per month. The contraceptive patch and IUD prescriptions were generally low with a range between 11 and 40 per month. There were seasonal peaks of oral contraception prescription around yearly holiday periods including January, April, and July. As these times coincide with national holiday, perhaps it would be appropriate to allocate more staff and lengthen the opening times during these periods when there is clearly an increase in demand.

Recommendation 10

Increase availability of access to services during peak seasonal times (January, April, and July)

9.1.6 GUM departments

In Halton the majority of users were aged 25-34 (28%), all other age groups had 17% of people except for the 65+ class with only 6%. In St Helens, majority of users were in the 45-65 age class (29.7%) and the 35-44 age class (27%). There was a large difference in the ages of people attending the clinic. This warrants further investigation to establish reasons for this. However, this information is from questionnaires filled in by service users. This questionnaire was potentially affected by selection bias so care must be taken when interpreting these findings. In Halton, 40% thought the time to wait was

unacceptable when they didn't have an appointment. However, in both areas no-one regarded their experience as poor. Halton patients suggested weekday evenings and Monday mornings as the most appropriate. Generally in St Helens weekday times were most popular with Monday evening and Wednesday and Thursday mornings slightly preferred. Weekend opening times were not very popular.

Patients have fed back to stakeholders that the GUM clinics should also provide contraception services. Stakeholders also stated that same day testing is not conducted. It was said that results can take a week whilst saliva testing only takes 20 minutes; this may be an area upon which improvements can be made.

Recommendation 11
Implement a same day testing and results service.

Recommendation 12
Expand opening times at Halton GUM, service users' specifically highlighted weekday evenings and Monday mornings as desirable.

9.1.7 Community Service
The questionnaire carried out in the community services offered some insight into the views of service users on their experiences, however there were some issues with the questionnaire process including selection bias. Most of the respondents (96%) were female which further emphasises the lack of male users in community services. The lack of male attendance at community sexual health services is clearly an area that warrants further in-depth investigation. Of those respondents who did not have an appointment 67.4% thought the time to wait was acceptable but 23.6% did not. Some of the comments made by the service users related to the levels of anonymity and confidentiality at the services, including "Everyone in the waiting area could hear everything said to the receptionist", "People in the queue to see the receptionist stand too close", "They call your name out". These issues are all practical in nature and could be resolved with standard guidelines issued for use across all services.

Recommendation 13
Further investigate the lack of male attendance at community services.

Recommendation 14
Ensure consistently high levels of confidentiality and professionalism by all staff at community services through a good practice training/refresher programme.

9.2 Insufficient services
9.2.1 Needs based service locations
This information could be valuable when considering where to place youth orientated services. Figure 2B shows the percentage of the male population who are under 25 by LSOA, and shows that there are high concentrations around Newton-le-Willows, the east of St Helens centre (Parr), Farnworth, and Halton. The young female population mirrors that of the young males with the highest concentration areas, however there is more of a presence in Widnes.
When considering the link between deprivation and negative sexual health outcomes (e.g. early age sexual activity), areas around Widnes, east of the centre of St Helens, and Astmoor are most deprived. Figure 3B shows Halton and St Helens LSOAs split into quintiles locally so that comparisons can be made across the area. If we consider that Halton and St Helens, in comparison to the rest of England and Wales, are deprived we see that these areas are especially deprived. It would be most appropriate to maintain and enhance services in these high deprivation areas.

There is clearly a gap in provision for emergency contraception and other pharmacy based services in the Billinge area where there is no currently no accredited pharmacists. There are no youth services in the Rainford, Billinge and Moss Bank area of St. Helens that offer any sexual Health Services. No C-

Card scheme appears to operate in any of the areas, unlike in Widnes and Halton where there seem to be more options.

With regard to contraceptive specific services offered throughout Haydock and Newton-le-Willows, there are three individual services offered on three days of the week. These are for only two hours in the evening on a Monday and a Tuesday and for two hours on Thursday afternoon. This represents limited access to free contraception in these areas. Similarly, there are no contraceptive services offered on a Monday, Tuesday and Wednesday day time in St Helens town centre, Sutton, and Rainhill.

There are no services open from Thursday evening until Monday evening on the Widnes side of the river, which is concerning as much of young peoples social activity occurs on weekends. Widnes does not have a walk in centre or a GUM as an alternative. People have to cross the river to access any services that are outside these times. This presents a problem to the people living in the area, particularly as there are no services available on weekends when demand for emergency contraception often increases.

There are no places that offer the C-Card scheme in the Hale village area, where there are no other services other than a pharmacy.

Recommendation 15
Ensure a consistent availability of services through the PCT. This should help to address specific service gaps as highlighted in section 8.

9.2.2 Insufficient data
As is the case for many areas there is no specific data is available on asylum seekers in Halton. This is also the case for refused asylum seekers. Feedback from the stakeholder meeting suggested there had been a recent increase in migrants from a number of places including Eastern Europe (including Poland), North Africa (Libya) and Albania. There is a similar problem with data for Gypsies and Travellers. Stakeholders also informed us that there has been a recent increase in the numbers of travellers in Halton, which has led to permanent accommodation sites being set up. The recent increase in the numbers of these high risk and hard to reach groups emphasises the need to collect specific population and service use data. Only by collecting data on hard to reach groups can the PCT ensure they are adequately meetings the needs of high risk groups. The influx of non-English speaking service users is presenting a problem to some front-line staff.

Recommendation 16
Modify data collection forms throughout the PCT to include ethnicity options including Gypsy and Traveller. This is also the case for Asylum Seekers; however, confidentiality and sensitivity of data must be reiterated to the service users in order for reliable data to be collected.

Recommendation 17
Produce sexual health leaflets in a variety of languages.

9.3 Mismatched services
There do not appear to be any mismatches of services within the PCT. Services are generally located in appropriate areas in terms of deprivation, under 18 conceptions, population density of young people, births to lone mothers, and barriers to housing.

9.4 Service reconfiguration
The GUM departments are still the primary place for diagnosis of Chlamydia which is surprising given the amount of community testing sites available. Therefore by advertising the availability of community testing it may reduce the demand on GUM services. However, this trend is mainly due to males therefore the community services could be made to appeal more to males (e.g. male only sessions, or

re-branding from 'Family Planning'). It is acknowledged there are some difficulties in testing all types of Chlamydia in a community setting.

The majority of services are located in the most deprived areas. However, there are some areas of median and second level deprivation that have no sexual heath services e.g. the area south east of Newton-le-Willows. It can also be seen that sexual health services are generally located in the areas with highest conception rates. However there is a relatively high conception rate in Thatto Heath (54-74 per year) but few sexual health services are available.

The majority of chlamydia screening sites are located in or near areas of high deprivation. However, there are no screening sites in Hale where level of deprivation is quite high.

Connexions data show the majority of young people not in education, employment or training (NEET) are male (65%). The perhaps offers an opportunity to offer sexual health services to young males at times not suited to other young people in education or employment, such as male only sessions during the day.

Stakeholders reported that the GUM service needs to increase access. It was suggested that this could partly be achieved by configuring the service so doctors see the more complex cases and nurses see the more 'straightforward' cases. Stakeholders thought this was already happening to a certain degree but it needed be improved.

Stakeholders suggested that a pathway for emergency contraception use needed to be established and the coordination and delivery improved. It was said that it is "pot luck" whether a pharmacist is trained (to provide EHC), and stakeholders stressed that all pharmacists should be trained to give out EHC to people aged 16 and above. The effectiveness of pharmacy emergency contraception services can be jeopardised by the trained staff not being on duty or having moved on; rude and condescending staff or the religious and moral beliefs of the staff.

Access to termination of pregnancy is not available in St. Helen's, where women have to travel to Liverpool for both their appointments. Women in Halton do have slightly better options with their first appointment being in Widnes, whilst the second appointment is in Liverpool.

Recommendation 18

Increase the advertising of services available in a community setting.

Recommendation 19

To offer male only sexual health clinics during working hours that may appeal to those not in education or employment.

Recommendation 20

Improve and standardise training of pharmacists in emergency contraception accreditation to increase availability. Also to be extended to meet the guidelines set out in *Pharmacy in England* (2008)[67].

9.5 General Findings

The vast majority of service users are female, and this trend becomes evident as the age of the service users increases. Females over 20 years (55%) are the main users of contraceptive services, with 25-34 year olds representing the main user group (23%). The only clinics with noticeable male representation are the youth services, TAZ. The main reason for attending the services was to obtain free contraception (i.e. condoms).

The percentage of patients seen within 48 hours remained consistent between May 2007 and August 2008 between the 70%-80% region, however there has been a positive increase between August and

November 2008 with the figure of seen patients now at 93%. This is just below the target rate which remains at 95%.

Twenty-eight percent of respondents to the Halton GUM questionnaire travelled to the service using a bus, this was 18% in St Helens. This highlights the importance of having services accessible by public transport. Over a quarter of people attending the community services travelled to the clinics by walking. When asked which days and times would be most appropriate for the services to be provided weekday evenings received most votes. Other popular times were weekday afternoons and Saturday mornings and afternoons. These suggestions differ from that of the GUM which may reflect the difference client base for each type of service.

Condom distribution from GP practices was reported to be working well and achieving good coverage in Halton and St Helens. However, some stakeholders were concerned that the promotion of condoms was now a lower priority and reflected a general decline in prevention activities across the PCT area. In addition it was said that the public associated sexual health clinics with treatment rather than prevention and this leads to increased stigma among some potential service users.

Posters for *Clinic In A Box* services in St Helens were reported to not work but assemblies in schools did because of the captive audience. However, it was reported that some head teachers are big barriers to the development of effective sexual health programme in schools. By actively engaging with local head teachers there may be an increase in service use by young people.

It was reported that internet chat rooms and access to appropriate websites such as Kooth are blocked in school and at other young people services. This is an issue which requires immediate resolution as the websites provide a valuable service for young people not physically attending services in the PCT.

Participants at the stakeholder meeting stressed the importance of establishing integrated sexual health services. It was thought that at present there is no central referral point and no overarching clinical governance programme. Examples were provided of young people needing to access different practitioners for different needs; and the GUM and contraceptive services working separately from each other. Clearly the merger of the two former PCT areas has created uncertainty among stakeholders. There were numerous examples of the availability of a service in one area but not in another. There is a risk that inconsistencies and inequalities will increase without the development of a shared vision.

The Armistead Centre provides extremely valuable work throughout the PCT. They are able to collect data and offer services to a specific population and this ensures their data is of high significance. Specifically, their work with MSM communities and sex workers provides the users with more appropriate services. It appears sex workers seek support from The Armistead Centre for drugs and alcohol issues rather than for sexual health. This could suggest that it is the only place they can seek good support from for a range of issues.

Encouragingly, there are many examples of good work in Halton and St Helens. The *Clinic in a Box* initiative in St Helens has enabled young people to have access to sexual health services in schools and youth clubs. This programme alongside other initiatives that are working well should increase in size to meet the needs of the population across Halton and St Helens.

Currently, local HIV surveillance is detailed and comprehensive, providing information for PCTs in the North West region over and above what is available nationally. The recently established enhanced STI surveillance system in Cheshire and Merseyside collected and used disaggregated data. These data provided the opportunity for analysts at PCTs to analyse data at a small area level to identify hotspots of infection and inform services. It is recommended that this level of data collection for both HIV and STIs continues at a local level as the presentation of the data provides a useful local resource for commissioners, clinicians and HIV and STI specialists.

Recommendation 21

Strengthen links with schools to ensure maximum exposure is given to the Clinic in a Box service, and also websites such as Kooth.com are visible on school computers.

Recommendation 22

Make data collection part of the service level agreement with all commissioned services. As a minimum this should be individual level data with age, gender, and sexual orientation, postcode.

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Appendix 1

Halton and St Helens PCT Map B

	Contraceptive	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Billinge Clinic								17.30-19.30						
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy.*													
2	Carr Mill Clinic		13.00-15.00												
	Services	*Full contraceptive menu and Pregnancy testing, Referral for TOP, Chlamydia screening, referral to GUM if necessary.*													
3	Rainford Health Centre	10.30 12.30													
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy. Every 4th Monday of the month there is a doctor who does the Coil and the LARC*													

	Pharmacy	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Co-op Pharmacy	8.45	18.15	8.45	18.15	8.45	18.15	8.45	18.15	8.45	18.15				
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over. Free condoms with ERC.*													
2	Heatons Chemist	09.00-13.00	14.00-18.00	09.00-13.00	14.00-18.00	09.00-13.00	14.00-18.00	09.00-13.00	14.00-18.00	09.00-13.00	14.00-18.00	09.00-13.00			
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over.*													
3	Taylors Pharmacy	09.00	22.00	09.00	22.00	09.00	22.00	09.00	22.00	09.00	22.00	09.00			
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over. Only specific times when available, A number of pharmacists work there but one will not prescribe because of religious beliefs. On a rota basis so can not stipulate when – need to phone before asking.*													

Halton and St Helens PCT Map C

	Contraceptive	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Ashtons Green Clinic								13.00-15.00						
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy*													
2	Haydock Health Centre				17.30-19.30										
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy.*													
3	Newton Clinic		17.00-19.00												
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy.*													

	Pharmacy	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Taylors	09.00	22.00	09.00	22.00	09.00	22.00	09.00	22.00	09.00	22.00	09.00	22.00	10.00	22.00
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over. Only specific times when available, A number of pharmacists work there but one will not prescribe because of religious beliefs. On a rota basis so can not stipulate when – need to phone before asking.*													
2	Lloyds	08.45	18.00	08.45	18.00	08.45	18.00	08.45	18.00	08.45	18.00	08.45	12.45		
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over and Free condoms*													
3	Donlons	9.00	18.30	9.00	18.30	9.00	18.30	9.00	18.30	9.00	18.30				
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over and Free Condoms*													

Halton and St Helens PCT Map D

	GUM	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	St Helens Hospital	9.30-12.00	13.00-15.30 16.00-18.30	10.00-12.30	15.00-17.30	09.00-12.00	13.30-16.00	09.00-12.00	13.30-18.30	09.00-12.00					
	Services	*Testing for STI's, Chlamydia and Gonorrhoea, HIV testing including Rapid HIV, ONE HOUR HIV testing. A new family planning session offering the same as the other clinic with the added benefit of having the expertise of the GUM staff there too. LARC methods, IUD coil and injections will be offered in our Friday morning session – appointment only.*													

	Contraceptive	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Millennium Centre (Adult)	7.00	22.00	7.00	22.00	7.00	22.00	7.00	22.00	7.00	22.00	7.00	22.00	7.00	22.00
	Services	*Walk-in centre, nurse led. Doctor available if necessary in the core hours 9-5 from the A&E at Whiston. Provides contraception, emergency contraception, (free condoms- but not as a rule), pregnancy testing and referrals for termination of pregnancy.*													
2	Millennium Centre Family Planning								17.00-20.30						
	Services	*Provides contraception, emergency contraception, (free condoms), pregnancy testing and referrals for termination of pregnancy. They have a Doctor who comes in once a week for a family planning session.*													
3	Ashtons Green Clinic								13.00-15.00						
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy*													
4	Rainbow Medical Centre										13.00-15.00				
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy.*													
5	Four Acre Health Centre						18.00-20.00								
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing and referrals for termination of pregnancy.*													
6	Rainhill Clinic								16.00-18.00						
	Services	*Full contraceptive menu and Pregnancy testing, Referral for TOP, Chlamydia screening, referral to GUM if necessary.*													

Halton and St Helens PCT Map D

	Pharmacy	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Lloyds	8.45	18.00	8.45	18.00	8.45	18.00	8.45	18.00	8.45	18.00	08.45	12.45		
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over and Free condoms*													
2	Co-op	9.00	17.30	9.00	17.30	9.00	17.30	9.00	17.30	9.00	17.30	9.00	12.30		
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over. Free condoms with ERC.*													
3	Farley	9.00-13.00	14.00-18.00	9.00-13.00	14.00-18.00	9.00-13.00	14.00-18.00	9.00-13.00	14.00-18.00	9.00-13.00	14.00-18.00				
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over and free condoms.*													
4	Boots	9.00	17.30	9.00	17.30	9.00	17.30	9.00	17.30	9.00	17.30	9.00	17.30		
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over and free condoms with the ERC.*													
5	Boots	9.00	12.00 midnight	9.00	12.00 midnight	9.00	12.00 midnight	9.00	12.00 midnight	9.00	12.00 midnight	9.00	18.00	10.30	16.30
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over and free condoms always with the ERC.*													

	Youth Service	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	TAZ – Millennium Centre		15.30-18.00				15.30-17.30				15.30-17.30		12.30-14.30		
	Services	*Dedicated, confidential youth clinic. Young people's contraceptive service. (Nurse and youth worker led although doctors are available in some sessions Screening available*													

Halton and St Helens PCT Map E

	GUM and Hospitals	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Halton General Hospital GUM		14.00-16.00 (male) 17.00-21.00 (both)	9.30-11.00			17.00-18.30	9.30-11.30							
	Services	*Testing and treatment for sexually transmitted infections. Appointments preferred. HIV pre- & post-test counselling and sexual health advice. Walk in clinics available. Full Sexual Health Screening but not the Rapid HIV.(Some sessions are appointment only and run concurrently with the walk-in)*													
2	Halton General Hospital – Minor Injuries Dept	9.00	22.00	9.00	22.00	9.00	22.00	9.00	22.00	9.00	22.00	9.00	22.00	9.00	22.00
	Services	*Emergency contraception provided. Nurse led but a doctor can be available via a phone call.*													

	Contraceptive	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Widnes Health Care Resource Centre		18.30-20.00				18.30-20.00		18.30-20.00						
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing, sexual health advice and referrals for termination of pregnancy.*													
2	Castlefields Health Centre								16.00-18.00						
	Services	*Full contraceptive menu and Pregnancy testing, Referral for TOP, Chlamydia screening, referral to GUM if necessary.*													
3	St. Paul's Health Centre		18.30-20.00						18.30-20.00						
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing, sexual health advice and referrals for termination of pregnancy.*													

Halton and St Helens PCT Map E

	Youth Services	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Castlefields Youth Centre		18.45-20.45												
	Services	*C-Card condom distribution scheme for under 19s*													
2	Halton Brook Children's Centre				12.00-14.00										
	Services	*Teen Parents to be, ante natal classes for under 19's, various topics relating to pregnancy, childcare, sexual health*													
3	Halton Lodge Children's Centre														
	Services	*Ante Natal and post natal groups for young mums and fathers*													
4	TAP(The alternative Project)														
	Services	*C-Card condom distribution scheme for under 19s*													
5	Runcorn Connexions	9.30	15.30	9.30	17.00	9.30	17.00	9.30	17.00	9.30	16.30				
	Services	*C-Card condom distribution scheme for under 19s See 33 for other sessions held at Runcorn connexions.*													
6	Murdishaw Youth Club														
	Services	*C-Card condom distribution scheme for under 19s. Unable to obtain opening times.*													
7	Youth Centre, Albert Road														
	Services	*C-Card condom distribution scheme for under 19s. Unable to obtain opening times*													
8	Kings Cross Project														
	Services	*Counselling for 'decision making' around a pregnancy, and also for those who continue with the pregnancy who may be experiencing post-natal depression, physical and sexual abuse, relationship issues and life as a young parent. (for under 19's) Referral times only*													
9	Palacefields Youth Club						18.30-20.30								
	Services	*C-Card condom distribution scheme for under 19s*													
	Youth	Opening times													

	Services														
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
10	Chapelfield Youth Club						18.30-20..30								
	Services	*C-Card condom distribution scheme for under 19s*													
11	Ditton Youth Centre		18.30-20.30						18.30-20.30						
	Services	*C-Card condom distribution scheme for under 19s*													
12	Hits, Bridgeview,	9.00	17.00	9.00	17.00	9.00	17.00	9.00	17.00	9.00	17.00				
	Services	*This Centre also hands out the condoms - as well as Co-ordinates the C-Card condom distribution scheme for under 19s in Halton.*													
13	Grangeway Youth Centre				19.00-21.00										
	Services														
14	YMCA – Halton Lodge														
	Services	*C-Card condom distribution scheme for under 19s – residents only 24 hours a day. They have never had anyone walk in off the street and ask for them.*													
15	West Runcorn Youth Centre								19.00-21.00						
	Services	*C-Card condom distribution scheme for under 19s*													
16	Riverside College									11.30	14.00				
	Services	*C-Card condom distribution scheme for under 19s.*													
17	Widnes Youth Centre c/o Kingsway Learning Centre		18.30-20.30				18.30-20.30								
	Services	*C-Card condom distribution scheme for under 19s*													
18	Warrington Road Youth Centre		18.30-20.30				18.30-20.30								
	Services	*C-Card condom distribution scheme for under 19s*													
19	TVC (The Alternative Project)	8.40	14.20	8.40	14.20	8.40	14.20	8.40	14.20	8.40	14.20				
	Services	*C-Card condom distribution scheme for under 19s*													
	Youth	Opening times													

	Services															
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
20	Riverside College, Cronton					11.30	14.00								
	Services	*C-Card condom distribution scheme for under 19s*													
21	Riverside College - Astmoor														
	Services	*C-Card condom distribution scheme for under 19s. Unable to obtain opening times.*													
22	Riverside College - Kingsway	11.30	14.00												
	Services	*C-Card condom distribution scheme for under 19s*													
23	Connexions Widnes Session by- Teenage Pregnancy Team		18.30-20.30		15.30-17.00										
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing, sexual health advice and referrals for termination of pregnancy. Chlamydia screening.*													
24	Halton Goals														
	Services	*C-Card condom distribution scheme for under 19s. This service is for residents only. They have 24 hour access to the condoms. Operated by Young Addaction.*													
25	Belvedere														
	Services	*C-Card condom distribution scheme for under 19s. This service is for residents only; they have 24 hour access to the condoms. Operated by Young Addaction.*													
26	The Vocational College														
	Services	*C-Card condom distribution scheme for under 19s. – unable to obtain opening times.*													
27	Kingsway Children's Centre		16.30-18.30		12.00-14.00										
	Services	*Run ante natal & post natal groups for teenage parents on a Tuesday and a Health clinic on a Monday. They also are part of the C-Card Scheme for under 19's.*													
	Youth	Opening times													

	Services														
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
28	Total People/ Rathbones Training														
	Services	*C-Card condom distribution scheme for under 19s.Unable to obtain opening times.*													
29	West Bank Youth Centre								19.00-21.00						
	Services	*C-Card condom distribution scheme for under 19s.*													
30	Teenage Pregnancy Team at Kingsway Learning Centre	9.30	15.00	9.30	17.00	9.30	17.00	9.30	17.00	9.30	16.30	10.00	16.00		
	Services	*C-Card condom distribution scheme for under 19s. Unable to obtain opening times. No. 23 for other services*													
31	Young People's Team														
	Services	*C-Card condom distribution scheme for under 19s. Unable to obtain opening times.*													
32	Choices at Widnes Health Care Resource Centre				15.30-17.30										
33	Runcorn Connexions - Teenage Pregnancy Team and Choices		15.30-17.30						15.30-17.00						
	Services	*Provides contraception, emergency contraception, free condoms, pregnancy testing, sexual health advice and referrals for termination of pregnancy. Chlamydia screening in the Thursday session run by Teenage Pregnancy Team. Choices on a Monday run by NHS nurses.*													
34	Widnes Connexions	9.30	15.00	9.30	17.00	9.30	17.00	9.30	17.00	9.30	16.30	10.00	16.00		
	Services	*C-Card condom distribution scheme for under 19s. See Teenage Pregnancy Team No. 23 for other services*													

	Pharmacy	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Co-op	08.30	18.30	08.30	18.30	08.30	18.30	08.30	18.30	08.30	18.30				
	Services	*Pharmacy providing free emergency contraception to women aged 14 and over. DO NOT OFFER THE FREE CONDOMS WITH THE ERC.*													
2	National Co-op	08.30	18.30	08.30	18.30	08.30	18.30	08.30	18.30	08.30	18.30				
	Services	*Pharmacy providing free emergency contraception, they do not provide condoms with ERC.*													
3	NC & B Lunt Chemists	09.00	17.30	09.00	17.30	09.00	17.30	09.00	17.30	09.00	17.30				
	Services	*Pharmacy providing free emergency contraception and free condoms with ERC.*													
4	Hale Village Pharmacy	9.00-13.00	14.00-18.00	9.00-13.00	14.00-18.00	9.00-13.00	14.00-18.00	9.00-13.00	14.00-18.00	9.00-13.00	14.00-18.00	9.00	13.00		
	Services	*Pharmacy providing free emergency contraception and Free condoms with ERC. (locum on Sat so not always accredited*													
5	Murdishaw Pharmacy	08.30	18.00	08.30	18.00	08.30	18.00	08.30	18.00	08.30	18.00	9.00	17.00		
	Services	*Pharmacy providing free emergency contraception, to over 12's and free condoms if they ask for them*													

Appendix 2

Description of the P^2 People and Places Category

Adapted from Beacon Dodsworth Ltd, www.p2peopleand places.co.uk

1. **Mature Oaks**
   - Older, prosperous adults. May include pensioners;
   - Tend to live in large detached houses which they own outright having finished paying mortgage;
   - Live as married couples, grown up children who have moved away;
   - Tendency for them to have a car each, generally powerful;
   - Read broadsheet and black top newspapers and have keen interest in politics;
   - Use leisure time to go on holiday;
   - Tend to shop in Sainsbury's;
   - Likely to have worked as managers, professionals or employers, many work from home;
   - Likely to hold academic qualifications and command a good income.
2. **Country Orchards**
   - People working in agriculture in rural areas;
   - Older adults, mostly as part of family units;
   - Each household has two cars, which are likely to have powerful engines;
   - Keen interest in politics and read broadsheet newspapers;
   - Tesco supermarket of choice;
   - Split between land owners and less wealthy farmers and agricultural workers;
   - Many work from home on their own farms. Can have a high income and many also well educated.
3. **Blossoming families**
   - Young families with the parents being young adults aged 25-34 with young infants;
   - Parents likely to be a married couple;
   - Still paying a mortgage on their homes which tend to be detached properties or semi-detached or terraced;
   - These families have at least two cars. Majority have large powerful engines. Family cars with mid-sized engines also popular;
   - Black top newspapers are read and shopping mainly done in Sainsbury's, although Tesco is popular;
   - Adults well qualified and well paid. Tend to be professionals, managers or employers;
   - A large proportion of the females in this category work.
4. **Rooted households**
   - Made up of older adults, generally aged 45 and over. Also includes some young families where the parents are aged 25-34;
   - Generally semi-detached properties and mortgages are still being paid though some will own their houses outright;
   - Typically will have two or more cars, predominantly family cars with mid-sized engines;
   - Generally not interested in politics and read black top newspapers;
   - Tend to do grocery shopping at Tesco;
   - Tend to be skilled manual workers on high wages.
5. **Qualified metropolitans**
   - Mainly single, highly qualified adults living in cities, predominantly London;
   - Live in single households, mainly flats and bedsits and tend to rent their homes;
   - Tend not to have cars and use public transport to get to work, mainly trains;
   - Extremely interested in politics and read broadsheet newspapers;
   - Majority shop in Sainsbury's;
   - Hold higher qualifications and work as professionals in well paid jobs;
   - Also includes some cultural diversity
6. **Senior neighbourhoods**
   - Live in detached houses that they own, having finished off paying their mortgages. Some may own a second home;
   - Likely to have one car, varying sizes and power;
   - Very interested in politics and read broadsheet and black top newspapers;
   - Grocery shopping varies from Aldi and Lidl to Tesco, Morrisons and Somerfield;
   - Contains pensioners, incomes generally low. However, for some affluence comes from assets rather than income.
7. **Suburban stability**
   - The average group encompassing all ages living in the suburbs;
   - Families common with parents aged between 25 and 34. Also co-habiting couples in same age group and older adults up to pensionable age;
   - Tend to be buying the houses and will still have mortgages to pay. Some also live in rental accommodation, housing association and council properties. Mostly semi-detached or terraced properties;
   - Households likely to have one car, generally with a small engine;
   - Adults tend not to be interested in politics and read tabloids. Grocery shopping generally done in Asda but also Aldi, Lidl, Morrisons and Somerfield;
   - Tend to be skilled manual workers with some being in routine and semi-routine occupations and use cars, bus or foot to get to work.
8. **New starters**
   - Young adults aged between 16 and 34. Include students and young working adults;
   - Live mainly in single households and women are well represented amongst them;
   - Accommodation rented and tends to be bedsits and purpose built flats. Though many live in single households, also a high proportion of couples co-habiting;
   - New starters likely to not have a car;
   - Very interested in politics and read broadsheet newspapers;
   - Likely to smoke;
   - Shopping done cheaply in Aldi and Lidl;
   - Predominantly students with high levels of qualifications but do not work.
9. **Multicultural centres**
   - Predominantly families and includes a broad ethnic mix and includes those of different ethnicity and religion;
   - This category includes some richer and some poorer families;
   - Live mostly in terraces housing that is housing association or council property. Many also live in bedsits or purpose built flats;
   - Generally do not have a car, commuting by train;

- Quite interested in politics and predominantly read tabloid newspapers, although some read broadsheets;
- Some likely to be smokers. Shopping is split between Aldi and Lidl and Sainsbury's;
- Tend to be employed as semi-skilled manual and unskilled workers.

10. Urban producers

- Younger adults between the ages of 16 and 34, many with children. A lot of families are single parent households;
- Tend to live in terraced housing, many of these homes can be without central heating;
- Likely to have one car with a small engine per household;
- Not interested in politics and tend to read tabloid newspapers;
- Likely to be smokers and to shop in Asda;
- Do not hold academic qualifications and tend to work as in routine and semi-routine occupations as well as skilled manual, semi-skilled manual or unskilled labour;
- Incomes are low and unemployment and long-term unemployment are high, as is long-term illness.

11. Weathered communities

- Contains mostly pensioners but also some young adults, aged 16-24 years with children who tend to be single parent families;
- The pensioners in these communities tend to live alone;
- Housing likely to be housing association or council housing, small, semi-detached or purpose build flats;
- Households unlikely to have a car;
- Uninterested in politics and likely to read tabloid newspapers and likely to shop in Asda, Aldi and Lidl;
- Mostly made up of retired adults but some work in routine and semi-routine as well as semi-skilled manual and unskilled jobs which tend to be in manufacturing;
- Unemployment also high as is unemployment due to long-term illness.

12. Disadvantaged households

- Conventional and single parent families. Young adults between the ages of 25 and 34 with children;
- Live in council and housing association properties which are mainly purpose built flats and terraced houses which are unlikely to have central heating;
- Unlikely to have a car;
- Not interested in politics, read tabloid newspapers.
- Extremely likely to smoke and do their shopping at Asda;
- Unlikely to have qualifications and employed in routine and semi-routine as well as semi-skilled manual and unskilled labour.
- Many in this category are unemployed and also a lot of long-term illness preventing employment.

13. Urban challenge

- Mainly pensioners, particularly aged over 75. Also some young adults between 16 and 24 years, centred mainly in urban areas;
- Tend to be purpose built flats. Accommodation tends to be small and council or housing association owned;
- A lot of these households are pensioners who live alone;
- Very unlikely to own a car;
- Unlikely to be interested in politics and tend to read tabloid newspapers;
- Tend to be smokers and shop at Asda;
- Very unlikely to have any qualifications. Those with jobs work in routine and semi-routine occupations;
- Unemployment, including long term unemployment s high, as are incidences of long term illness.

Notes:
Unclassified: these describe people whose characteristics are too different for them to fall into another category;
Occupations: routine occupations include jobs such as machine operators, packers, cleaners, labourers, sales assistants, HGV drivers and bar staff. Semi-routine occupations include jobs such as salesmen, agricultural workers, those working in childcare and service industries.
Newspapers: Broadsheet sinclude The Times, The Telegraph, The Guardian, The Independent, Financial Times. Black tops include The Daily Mail and The Daily Express. Tabloids include The Sun, The Mirror, The Daily Star and The Daily Record.