Rapid Sexual Health Needs Assessment Warrington Primary Care Trust

Leighton Jones Hayley Jones Suzy C. Hargreaves Hannah Madden
Andrew Bennett Penelope Phillips-Howard Penny A. Cook

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liverpool JMU
Centre for Public Health

Executive Summary

Introduction

A rapid sexual health needs assessment for Warrington 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 Warrington PCT. Additionally, a sexual health service audit was carried out to confirm the location and provision of services throughout Warrington 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

- Warrington has the second highest prevalence of chlamydia in comparison with the rest of Cheshire and Merseyside.
- There was a higher than predicted prevalence of key five STIs in the population group 'Blossoming Households'.
- The majority of HIV cases in Warrington are male, aged between 35-44 years, infected through sex with other men, and of white ethnicity.
- In terms of Warrington's statistical neighbours (Cheshire, Solihull, Stockport, Staffordshire), Warrington has had the largest percentage decrease (-35%) in under 18 conceptions between 1998 and 2007, despite having the second highest deprivation score of the five.
- Warrington PCT has a low prescription rate for LARC compared to national averages.
- There were seasonal peaks of emergency contraception prescription around yearly holiday periods including January, April, and July.
- There was a 4% reduction in the amount of clinics run for the under 25s, and a subsequent decrease in the amount of people attending the clinics.
- The overwhelming majority of service users in a community setting are female.
- There is very limited work in the area to engage the MSM population, and the GLYSS service only caters for the needs of young people in the population.
- There are specific locations in the PCT with a lack of certain services, for example: There are no pharmacies in Stockton Heath, Grappenhall, and Appleton Thorn that offer free EHC.
- There are no specific data is available on Asylum Seekers, Gypsies or Travellers in Warrington.

Selected Recommendations

- Continue focussing chlamydia screening on younger age groups (15-19 years).
- Carry out further social marketing insight work with blossoming households groups.
- Ensure the recent reduction in teenage pregnancy rate continues, this would guarantee the 2010 target is reached.
- To further invest and promote LARC within the general female population.
- Increase availability of access to services during peak seasonal times (January, April, and July).
- To increase the number of clinics run for the under 25s to counteract the recent drop in attendance that coincided with a reduction in clinics.
- 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.

- There is very limited work in the area to engage the MSM population, and the GLYSS service only caters for the needs of young people in the population.
- 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.
- 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 Warrington). 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' reassesses 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

[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.

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 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; Sexually Transmitted Infections (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 Warrington primary care trust (PCT). 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 Warrington 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 where appropriate. A stakeholder meeting formed a qualitative phase of intelligence gathering. The findings from the this meeting were collated from notes and recordings and were analysed using a thematic technique.

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

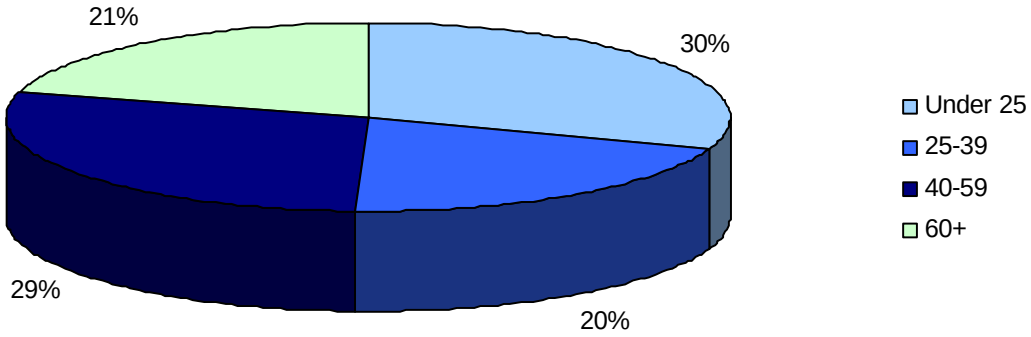
2.1 PCT Profile

Warrington PCT, an area co-terminus with Warrington LA, came into existence in 2004. Warrington LA is one of the 70 local authority areas 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 Warrington are generally representative of the North West as a whole. **Figure 2A** shows the largest proportion of the population are aged under 25 (30%) and between 40-59 years (29%). 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%) than male (49%) residents in Warrington.

Figure 2A Age profile of population in Warrington



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

Table 2A Age group by sex in Warrington (Rounded figures)

Age Group	Sex				
	Males		Females		Total
0-14	18,200	*51%*	17,200	*49%*	35,400
15-19	6,500	*51%*	6,300	*49%*	12,800
20-24	5,800	*52%*	5,400	*48%*	11,200
25-29	5,300	*50%*	5,200	*50%*	10,500
30-34	6,300	*50%*	6,300	*50%*	12,600
35-39	7,600	*49%*	7,900	*51%*	15,500
40-44	8,300	*49%*	8,500	*51%*	16,800
45-49	7,100	*51%*	6,900	*49%*	14,000
50-54	6,200	*50%*	6,100	*50%*	12,300
55-59	6,400	*50%*	6,500	*50%*	12,900
60+	18,100	*45%*	22,200	*55%*	40,300
Total	**95,600**	***49%***	**98,400**	***51%***	**194,300**

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

Figures 2B and 2C demonstrate the dispersion of younger people (aged under 25) in Warrington. The figures illustrate the areas where there are high concentrations of young males and females. This information is valuable when considering where to place youth orientated services. Figure 2B shows the percentage of the male population who are aged under 25 by LSOA, and shows that there are high concentrations around Appleton Thorn, Burtonwood, and the north of the town centre. In these areas the young males contribute between 39-47% 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 the highest concentration areas, with the exception of Appleton Thorn. Female youths contribute between 37 and 43% of the general female population in these areas. Conversely, the areas to the very north of the PCT 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.

The projections forecast a rise in the overall population of Warrington of almost 6% by 2020. This overall rise masks quite dramatic changes within different age bands; the under 44 population is projected to decrease by 7% (by 6% in the under 15s, 4% in the 15 to 24 band, and 9% in the 25 to 44 age group). The 45 to 64 age band is projected to increase by 16%, and much bigger increases are projected in the over 65s: 38% in the 65 to 74 band and 46% in the 75+ age group.

Looking at shorter term projections, an increase in population is forecast in Warrington of approximately 2% 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.

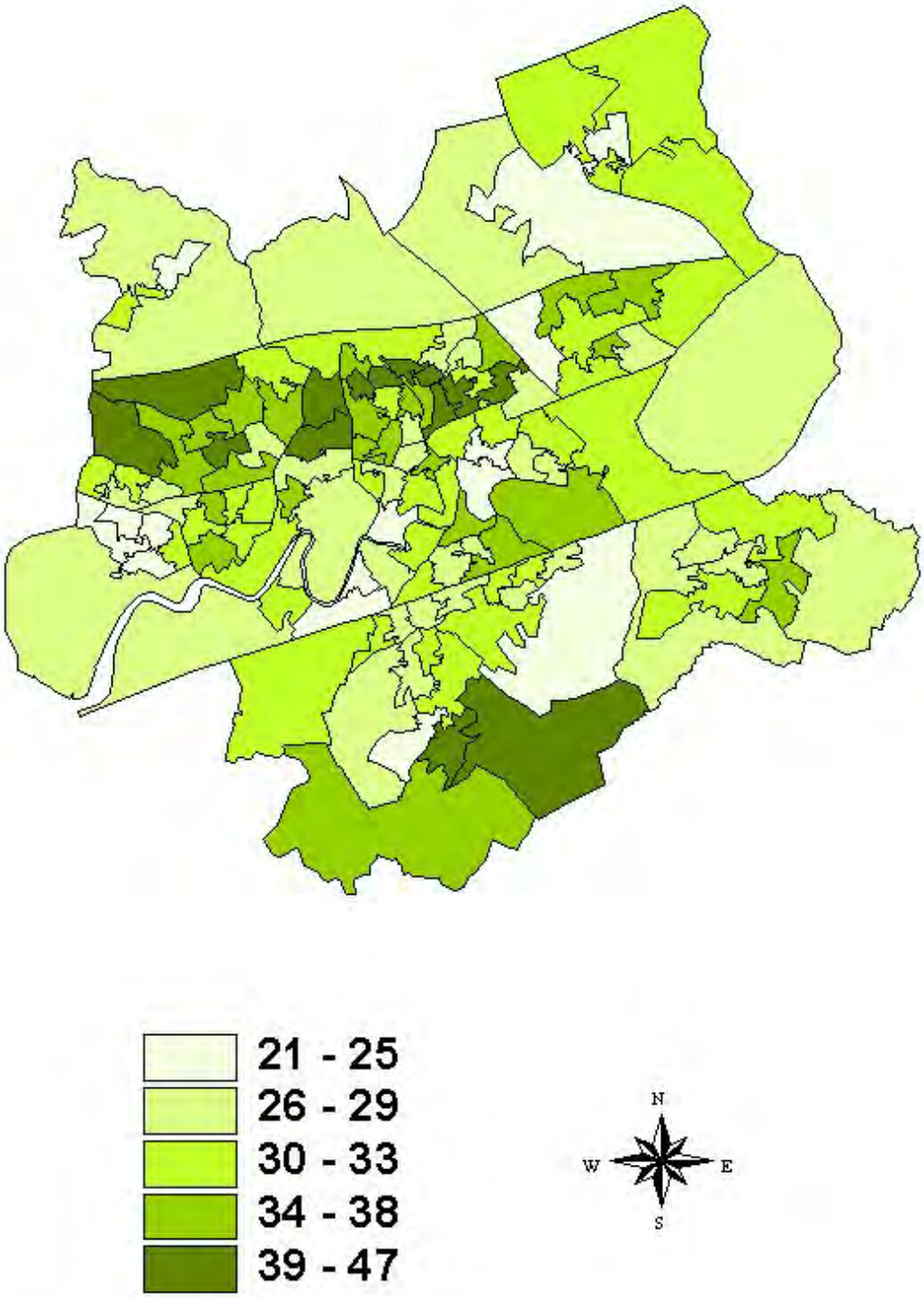
2.1.3 Ethnicity

Figure 2D shows the white population as a percentage of the total populations in each ward. It can clearly be seen that Warrington has a small black and minority ethnic (BME) community of approximately 3% of the total population. However, the areas with the largest BME communities are Westbrook and Whistle Hall. The population of BME communities continues to increase at a higher rate than white communities. The BME population is relatively small, although 2005 estimates suggest that numbers are increasing. The estimates show that residents of white ethnicity comprise 97% of the PCT residents, compared to the figure 93% for the total North West area.

2.1.4 Religion

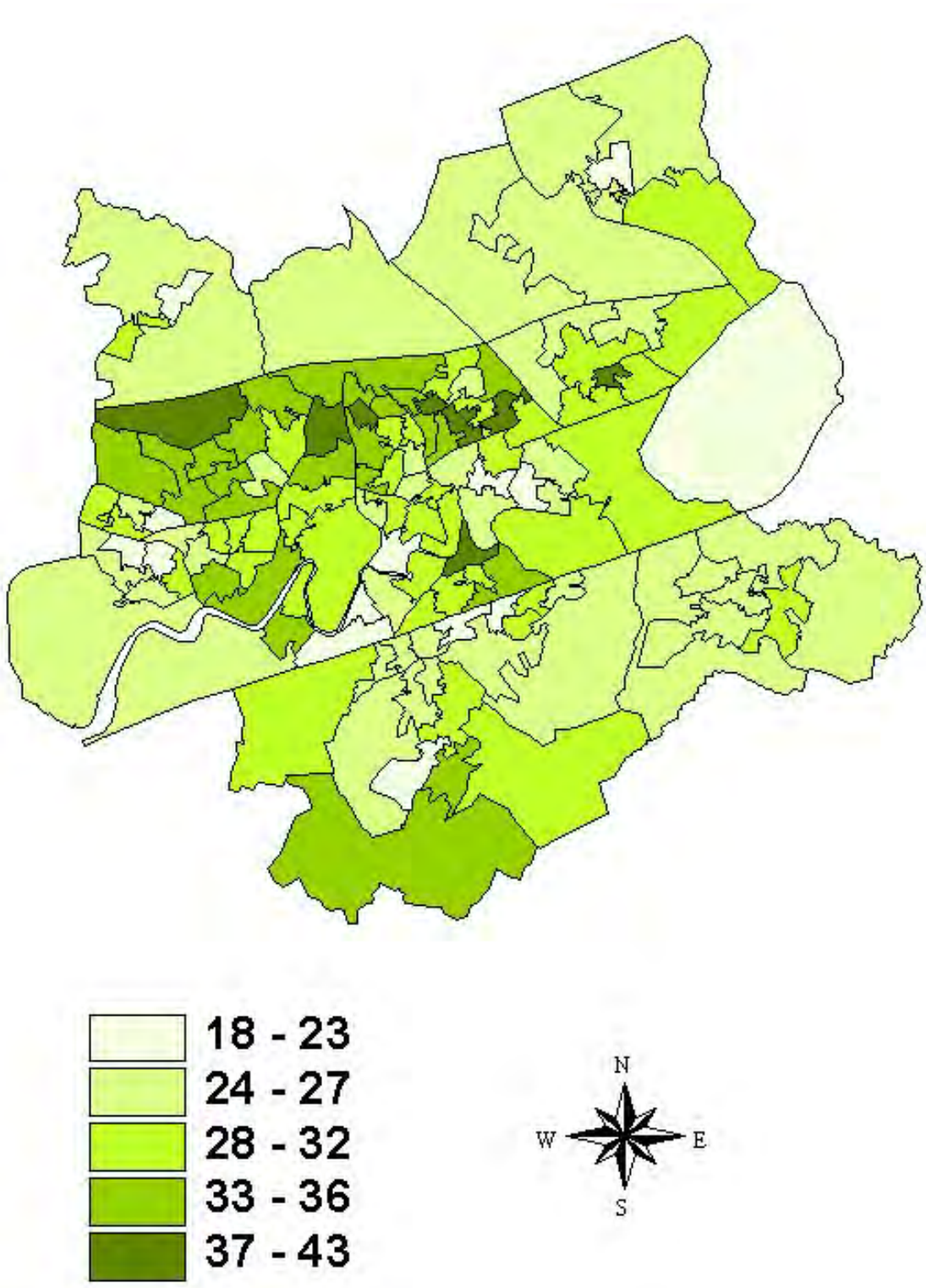
The 2001 census data shows the vast majority of residents within the three boroughs of Halton, St Helens, and Warrington identified themselves as belonging to the Christian faith; 82% in Warrington, 84% in Halton and 87% in St Helens. There were relatively low proportions of people on the region who stated they did not have a religion, or chose not to answer; 12.5% of people in St Helens, 16.7% in Warrington and 15.7% in Halton.

Figure 2B Percentage of the male population who are aged under 25 in each LSOA, Warrington PCT



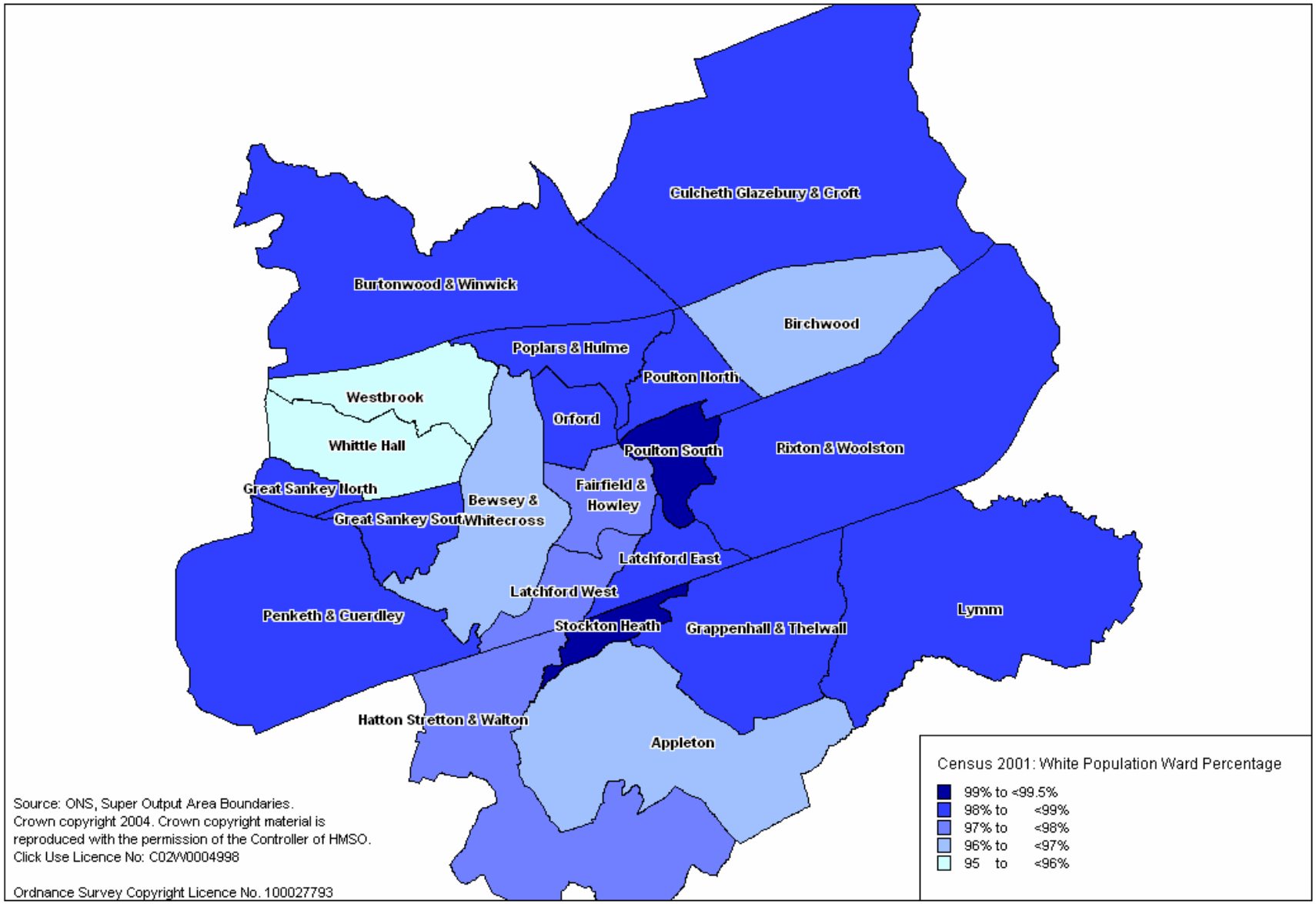
Source of data: Mid-2006 population estimates. Office for National Statistics © Crown Copyright 2008
Source of map boundaries: 2007 Output Area Boundaries. © Crown copyright 2008

Figure 2C Percentage of the female population who are aged under 25 in each LSOA, Warrington 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 White populations as a percentage of the total population for the electoral ward of Warrington.



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 more 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 (MSM) 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 Warrington's 2008 health profile[27] which show that the population health is below national and regional averages. Life expectancy in Warrington for both males (76.2 years) and females (81.0 years) is below the national average (77.3 years for males, and 81.6 years for females). Also, the number of hospital stays due to alcohol is significantly higher than the national and regional average. There are however some positive health indicators for Warrington, specifically better than national and regional averages for GCSE achievement and children in poverty.

According to health indicators[28] there is a mixed picture of sexual and reproductive health in Warrington. There is a higher than regional averages in the incidence of pelvic inflammatory disease, corpus uteri cancer, and ovarian cancer. There is also a high rate of abortions in all ages, and specifically a high rate of teenage pregnancies ending in abortion. With regard to the health indicators specifically for male residents, there is a lower than average incidence of prostate cancer and there is a relatively low use of erectile dysfunction drugs. Further, Warrington has lower than average fertility rates and use of combined hormonal contraceptive.

3.2 Health of young people

Children and young people's health indicators for the North West region[29] show that Warrington has significantly worse levels of female admissions to hospital as a result of alcohol. There is also a significantly worse uptake of MMR vaccines and whooping cough vaccine by the child's fifth birthday. Indicators also show positively that absence, both authorised and unauthorised, in primary and secondary schools is better than the regional average.

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[30]. 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[31].

Figure 3A shows the index of multiple deprivation (IMD, 2007) national quintiles by LSOA. Much of the centre of Warrington falls within the poorest fifth of the country, however there are areas towards the south of the PCT that fall into the least deprived national quintile. **Figure 3B** shows Warrington LSOAs split into quintiles locally so that comparisons can be made across the area. Areas of the town centre fall into the most deprived quintile. If we consider that Warrington, in comparison to the rest of England and Wales, is deprived we see that these areas are especially deprived.

Figure 3C shows barriers to housing and services by LSOA for Warrington. 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[32].

The map shows that many of the areas around the perimeter of Warrington have the highest rates, including Appleton Thorn and Winwick.

The income support claimant rate is a measure of income deprivation and **Figure 3D** shows income claimant rate as a ratio compared to the North West average of 100. The map shows that areas around the town centre have the highest levels of claimants. There are very lows levels of claimants in the south of the PCT. However, as the map is only to Middle Super Output Area (MSOA) it is difficult to highlight specific locations within these areas due to the score being averaged over a larger 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).

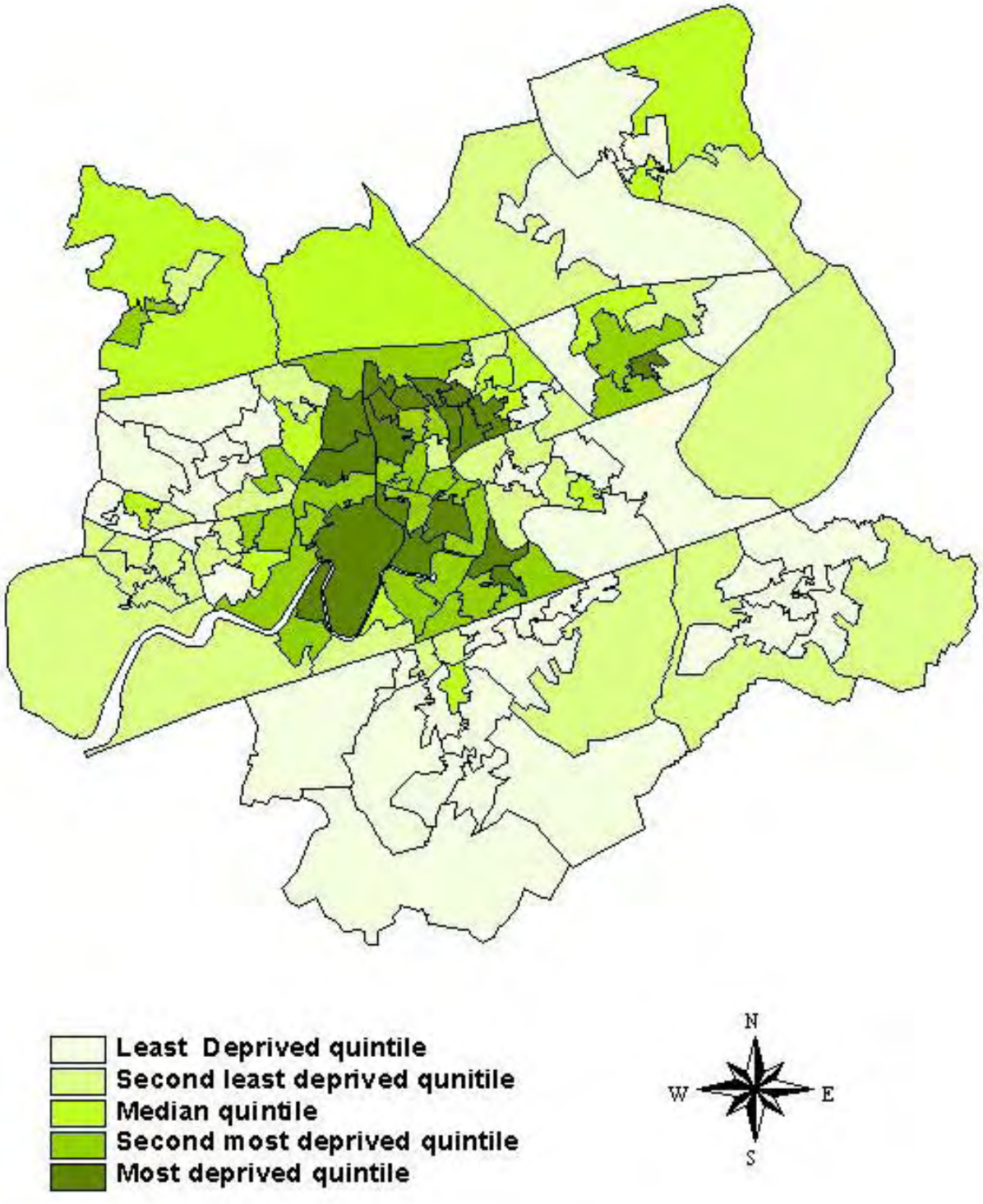
Table 3A shows the proportion of the population of Warrington PCT falling within each category. As previously mentioned there is no population in five categories for Warrington PCT. The largest proportion (22%) falls into 'Rooted Households', however 18% fall into the more deprived classification of 'Urban Producers'.

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

P^2 People & Places	Warrington LA population	% of Warrington LA population
Mature Oaks	40964	21.2
Blossoming Families	32361	16.7
Country Orchards	0	0.0
Rooted Households	43228	22.4
Senior Neighbourhoods	1501	0.8
Qualified Metropolitans	0	0.0
Suburban Stability	20597	10.7
New Starters	0	0.0
Urban Producers	35096	18.2
Weathered Communities	12347	6.4
Multicultural Centres	0	0.0
Disadvantaged Households	7212	3.7
Urban Challenge	0	0.0
Total	**193306**	**100.0**

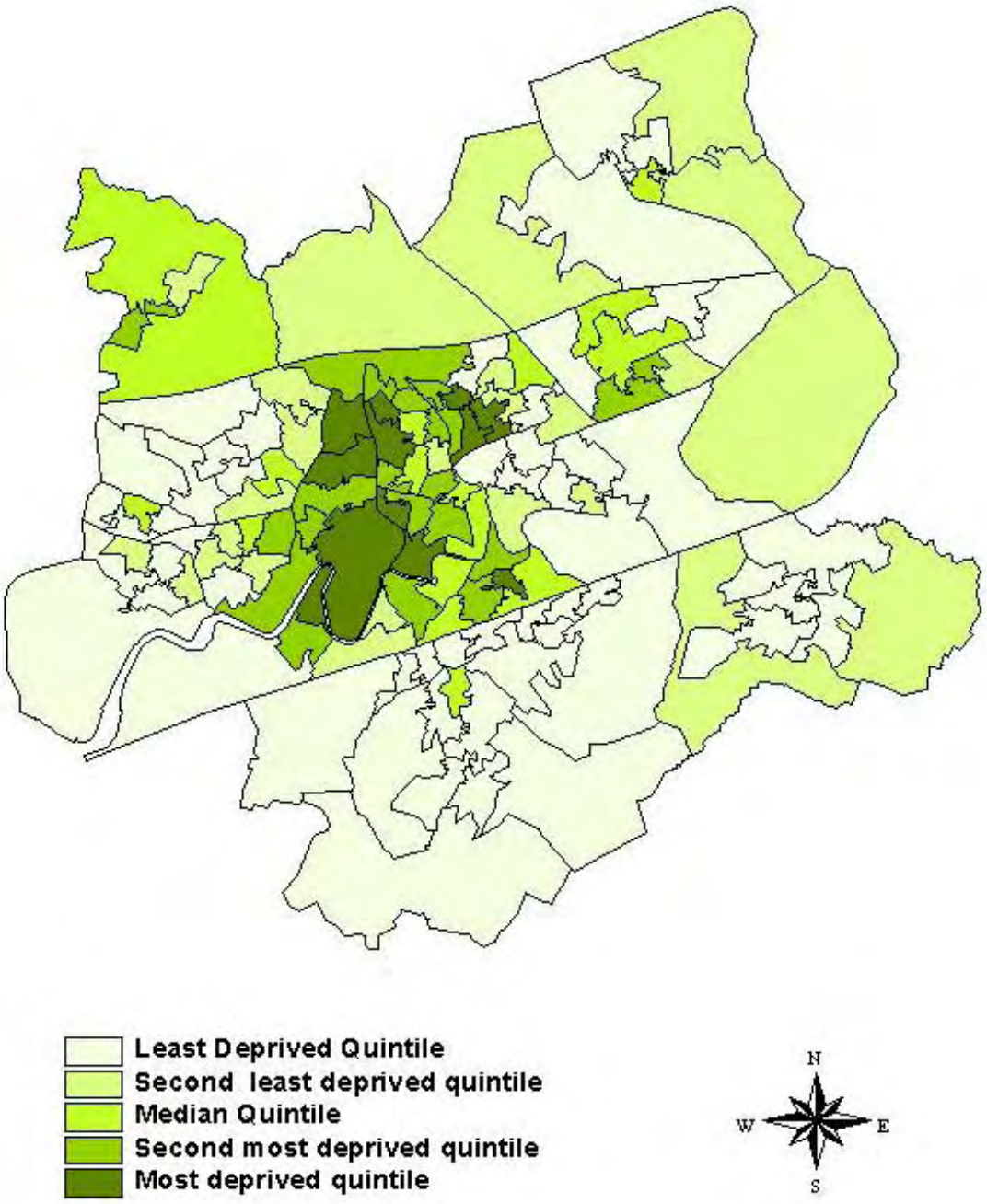
Source of data: Office for National Statistics Mid-2006 population estimates. Crown copyright 2007

Figure 3A Index of Multiple Deprivation (IMD 2007) national quintiles by LSOA, Warrington PCT



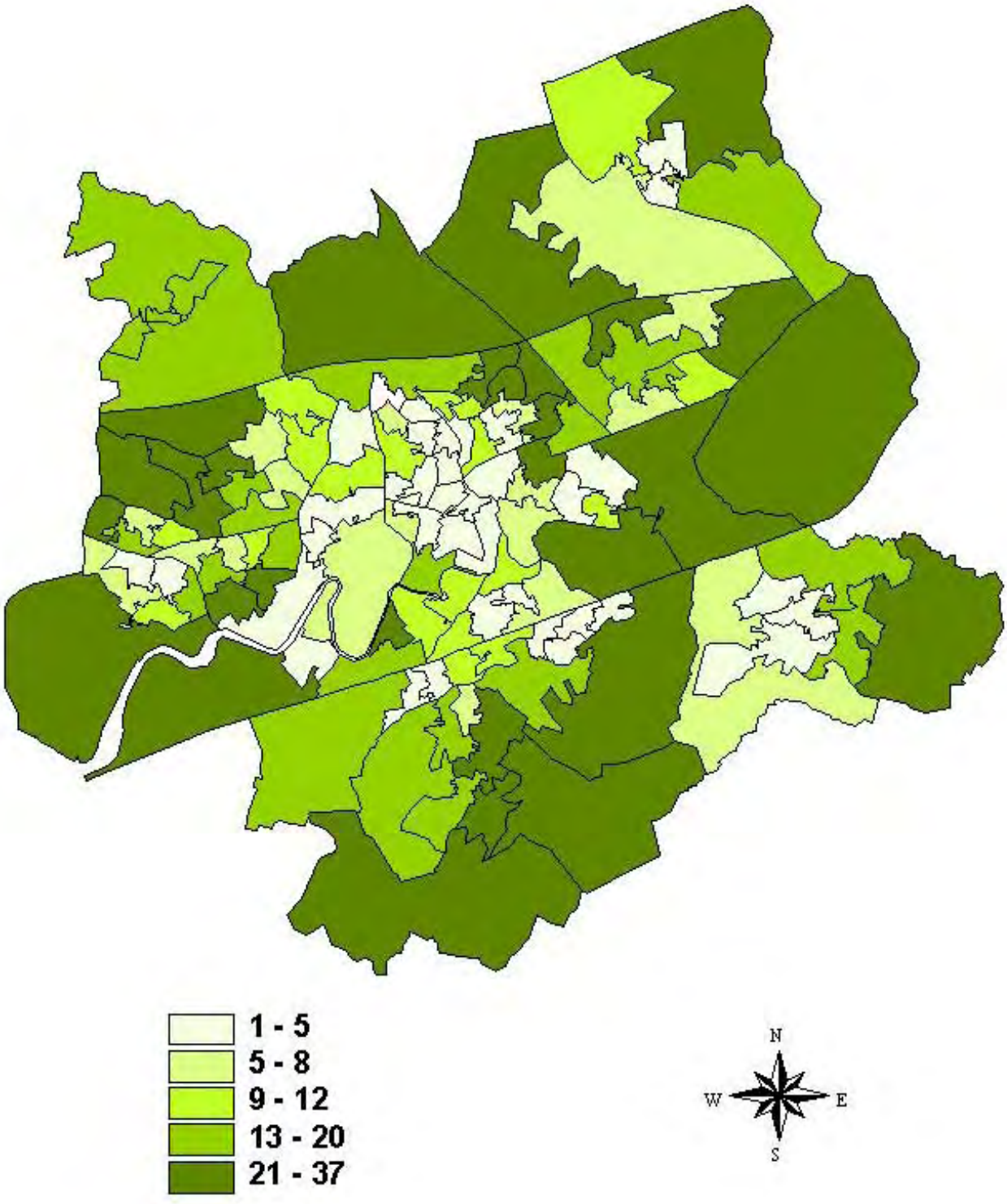
Source of data: Department of Communities and Local Government, Indices of Deprivation 2007
Source of map boundaries: 2007, Output Area Boundaries. © Crown copyright 2008

Figure 3B Index of Multiple Deprivation (IMD 2007) local quintiles by LSOA, Warrington PCT



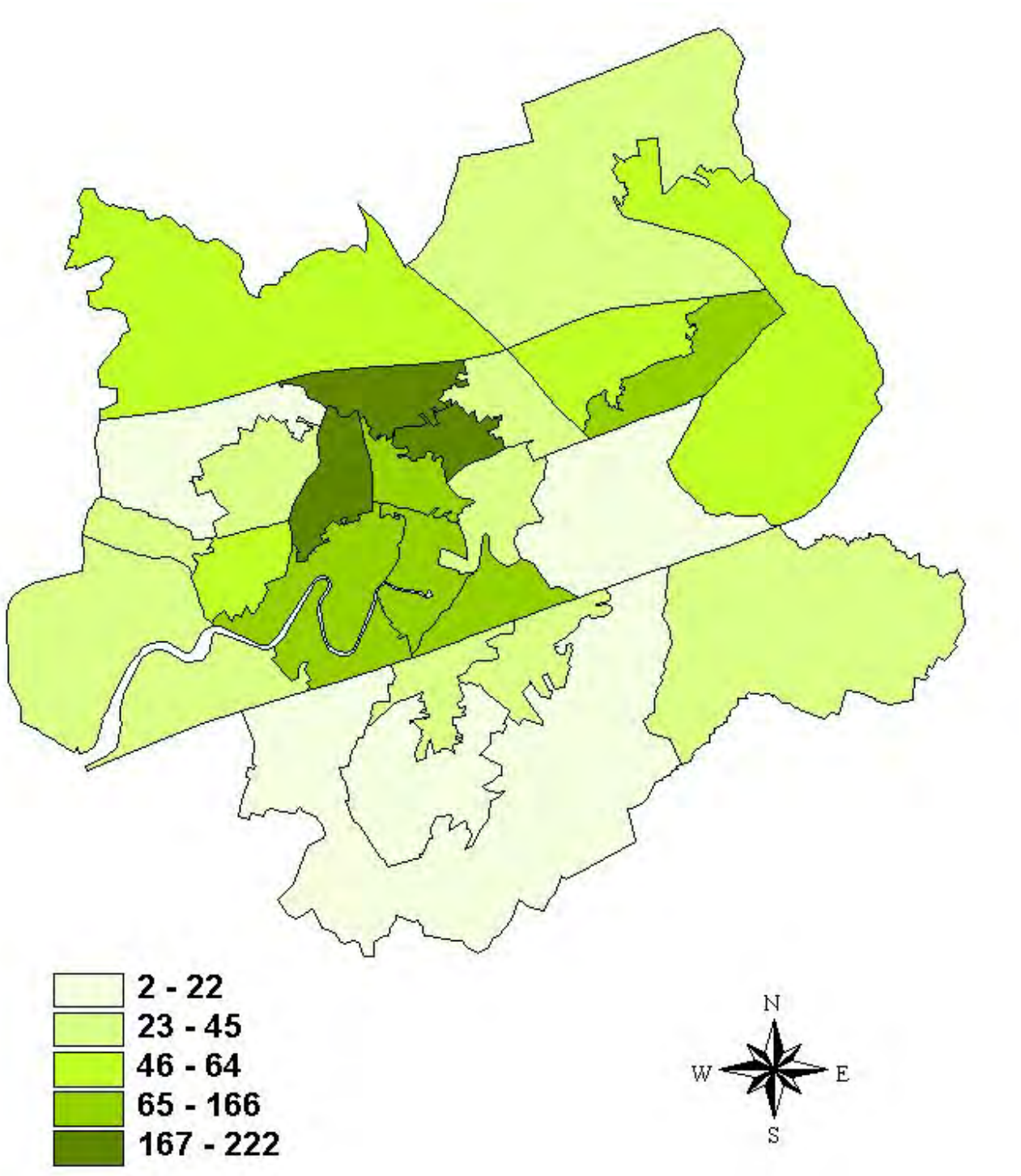
Source of data: Department of Communities and Local Government, Indices of Deprivation 2007
Source of map boundaries: 2007, Output Area Boundaries. © Crown copyright 2008

Figure 3C Index of Multiple Deprivation: barriers to housing and services score by MSOA, Warrington 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 3D Income support claimant rate by MSOA, Warrington PCT
*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[33]. 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[34]. 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[35].

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 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[36].

This section will look at the sexual health needs and demands of Warrington 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 HIV and 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. In addition, MSM are disproportionately affected by HIV, and those of black African ethnicity are at higher risk of HIV. Furthermore, young people from black Caribbean backgrounds have a higher incidence of chlamydia and gonorrhoea compared with any other ethnic group[37]. However, in Cheshire and Merseyside in 2006, for the majority of infections (STIs) diagnosed, the individuals were of white ethnicity[38].

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 are 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 Warrington show the highest STI prevalence (over 750 per 100,000 population) in parts of Appleton Thorn, Birchwood, and Stockton Heath.

Table 4A shows the prevalence (per 100,000 population) of the key five STIs in Warrington PCT. 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. Overall prevalence of the key five infections is higher amongst males. For males and females, uncomplicated chlamydia was the most prevalent infection (188 per 100,000 population) and was greater amongst females than males residing in

Warrington 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[37].

Table 4B presents the prevalence of the key five infections by age group for Warrington PCT. Data show that those aged 15-19 years have the highest prevalence (1,711 per 100,000 population), with 20-24 year olds representing the next highest (1,463 per 100,000 population). The 15-19 year olds reveal a high prevalence of chlamydia (1,011 per 100,000) and the 20-24 year olds record the highest prevalence of genital warts overall (497 per 100,000 population). The over 50s reported a low prevalence of genital herpes, gonorrhoea, and genital warts. This differs from other areas in the region (e.g. Halton and St Helens, and Sefton PCT) where there is also prevalence for chlamydia in those aged over 50 years.

Table 4C displays the prevalence of chlamydia using both GUM and community data from the National Chlamydia Screening Programme (NCSP) testing sites. In Warrington PCT, the total numbers of community diagnoses were 245 compared to the 269 diagnosed in GUM clinics. Combining the data gives total prevalence estimates of 360 per 100,000 population. A greater number of females were diagnosed in the community than in GUM providing a prevalence of 211 per 100,000 females in Warrington. Conversely more males were diagnosed in a GUM setting than a community setting providing a prevalence of 124 per 100,000 males in Warrington. This may be due to availability and practicality of testing for male chlamydia in a community setting. Warrington has the second highest prevalence of chlamydia in comparison with the rest of Cheshire and Merseyside. 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 Cheshire and Merseyside between January and June 2007, most infections were diagnosed amongst individuals of white ethnicity.

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

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

Infection	Prevalence		
	Male	Female	Total*
Warrington PCT			
Primary and secondary syphilis	2.8		1.4
Uncomplicated gonorrhoea	23.8	19.7	21.7
Uncomplicated chlamydia	173.7	203.7	188.7
Genital herpes	15.4	21.1	18.2
Genital warts	142.9	111.0	127.0
Total**	**358.6**	**355.4**	**357.0**

* 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	
Warrington PCT												
Primary and secondary syphilis			9.0	9.4								1.4
Uncomplicated gonorrhoea	7.7	143.3	72.3	9.4			12.2		8.2			21.7
Uncomplicated chlamydia	30.9	1010.7	822.0	290.6	37.5	31.0	24.3	14.6				188.7
Genital herpes		79.6	63.2	46.9	7.5	6.2		7.3	8.2			18.2
Genital warts	7.7	477.5	496.8	243.8	104.9	55.8	54.8	43.9		7.7		127.0
Total**	**46.3**	**1711.1**	**1463.4**	**600.0**	**149.9**	**93.0**	**91.3**	**65.9**	**16.4**	**7.7**		**357.0**

* 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
Warrington PCT	GUM (number)	124	145	269
	Community (number)	34	211	245
	Total number	**158**	**356**	**514**
	Prevalence	**221.3**	**500.1**	**360.5**

*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

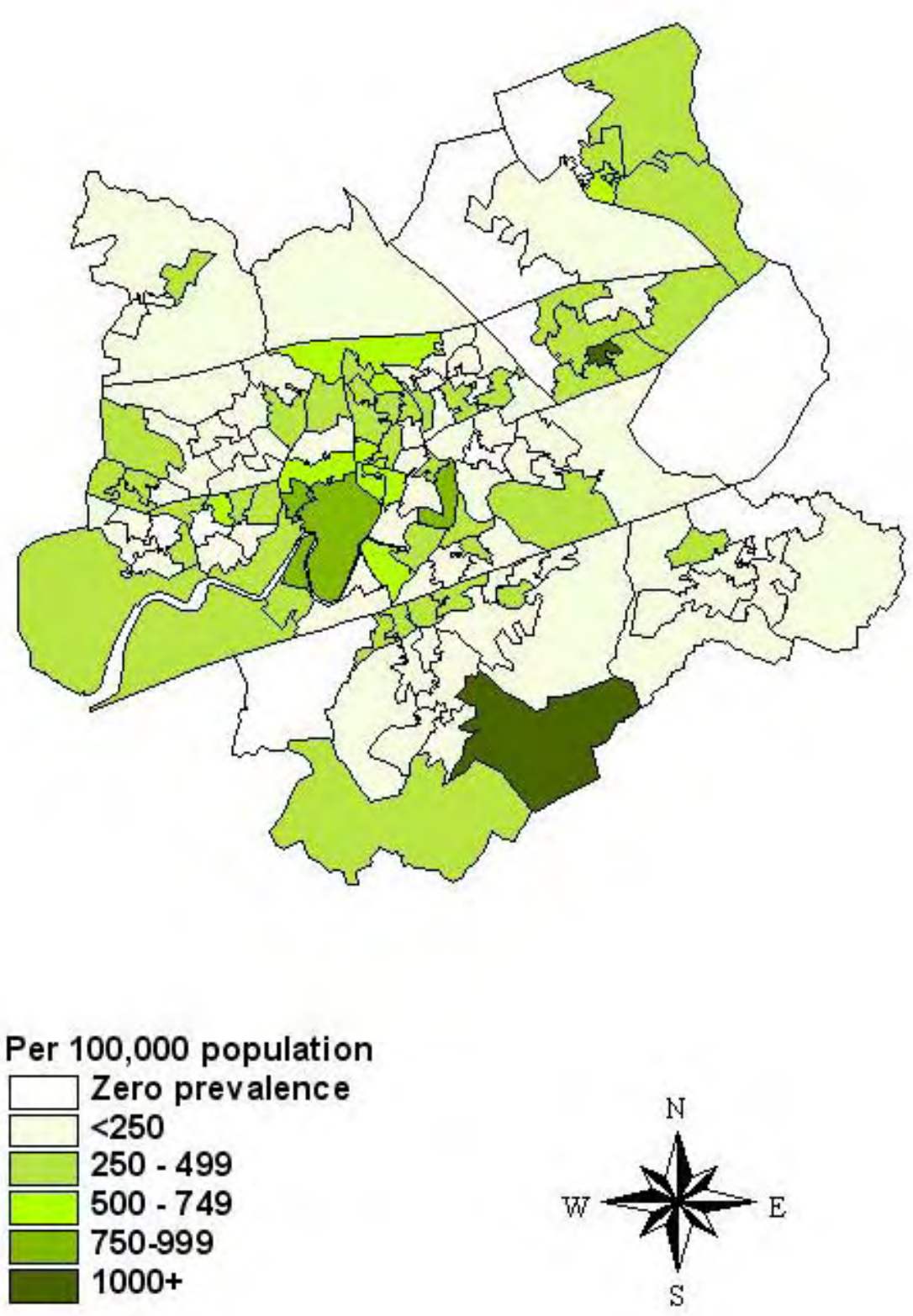
Source of data: Terrence Higgins Trust

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' which is a population segmentation tool 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 left to right with 'Mature Oaks' representing the least deprived and 'Urban Challenge' representing the most deprived group (please see appendix 2 for a definition of all classifications). Figure 4B shows that there are no areas in five classifications within Warrington. The five classifications are: 'Country Orchards', 'Qualified Metropolitans', 'New Starters', 'Multicultural Centres', and 'Urban Challenge'. The group with the highest STI prevalence is 'Blossoming Households', with the second highest group being 'Mature Oaks'. However, due to the size of the confidence intervals care should be taken when interpreting these results. These findings do not follow the expected relationship between rates of STIs and level of deprivation. These groups share some similarities, for example, likely to be well qualified and well paid, but do represent two different target populations. The classification with the lowest STI prevalence is the 'Disadvantaged Households' which is also different to the expected relationship between STIs and deprivation. This group tend to include conventional and single parent families, who are unlikely to own a car and read tabloid newspapers. When compared to the results for the neighbouring PCT of Halton and St Helens (figure 4C) the differences in the groups of people affected by STIs can be seen. The highest prevalence in Halton and St Helens is among the 'Suburban Stability' and 'Disadvantaged Households'; which reflects the different demography between PCTs.

Figure 4C, illustrates the P^2 for Halton and St Helens, for comparative purposes, and also shows there is no 'Country Orchard', 'Qualified Metropolitans', and 'Multicultural Centres' population. However, there is much higher STI prevalence for 'Urban Challenge' in Halton and St Helens where Warrington has none. The group with the highest rate of STIs is 'Suburban Stability'. This would suggest that it is imperative to have individual local programmes as the populations and needs are clearly different between the two areas. 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, Warrington 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, Warrington

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

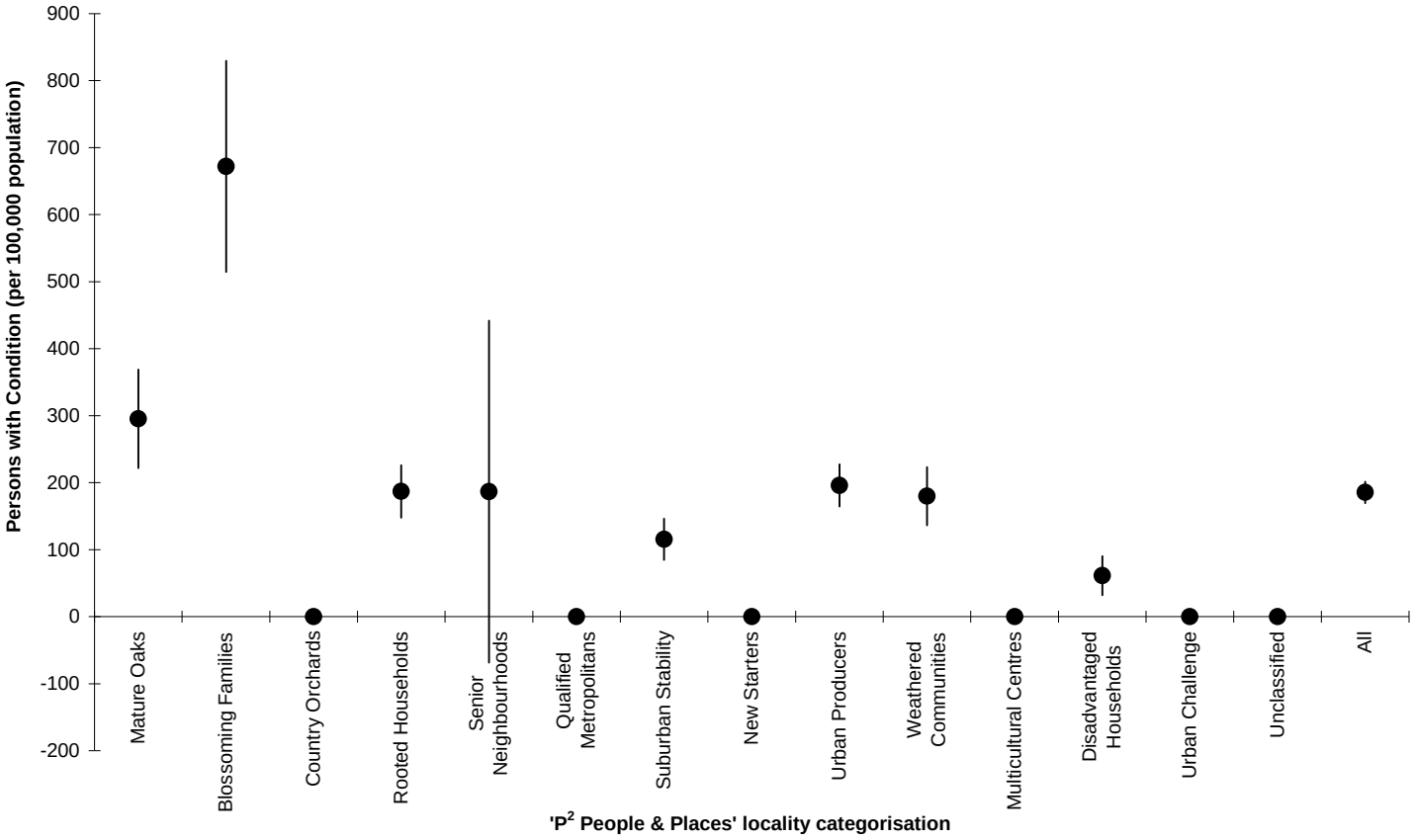
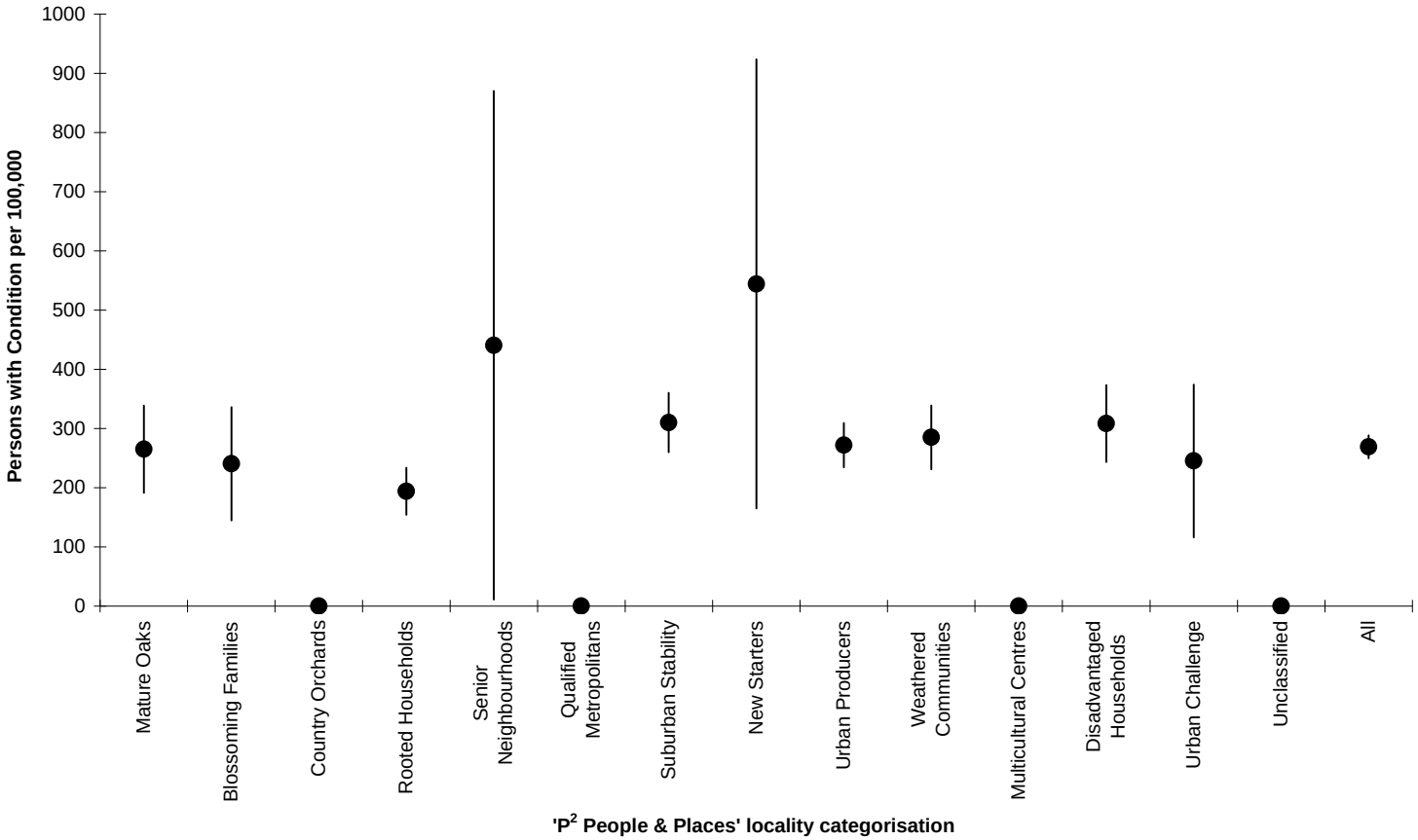


Figure 4C Prevalence of an STI* diagnosed in GUM by people and places categorisation, Halton and St Helens

*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 MSM (52%), followed by 41% who were exposed through heterosexual sex. Over a third of people in treatment and care were infected outside 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[39]. 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 the increase has slowed down in recent years (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 cases acquired 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 show 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 in 2007 compared to 1996. The actual numbers 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[39].

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, 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 remain in Greater Manchester. This is consistent with the fact that the Manchester area has a large gay community and evidence of high

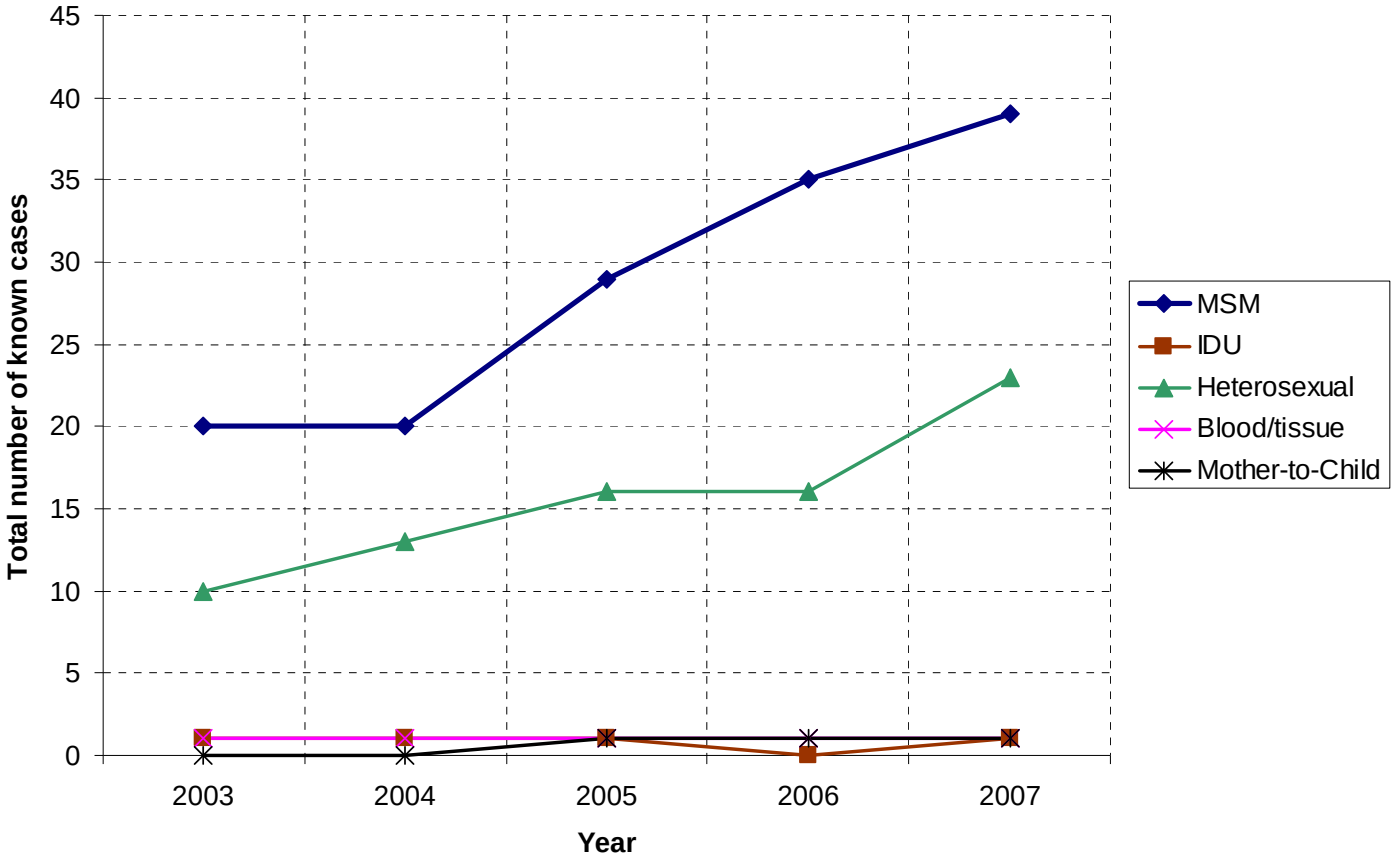
levels of sexual risk behaviour (as revealed in investigations of the syphilis outbreak). There was, nevertheless, a drop in new MSM cases by 21% between 2006 and 2007.

Warrington has a low HIV prevalence compared to other parts of the North West. **Figure 4D** shows the known HIV cases in Warrington since 2003. There were 65 individuals in treatment and care for HIV residing in Warrington PCT in 2007 and the HIV prevalence in the PCT was 33 per 100,000 population. The prevalence for the North West is 72 per 100,000 population, but there are large variations within the regions; Manchester LA being 348 per 100,000, and Liverpool being 85 per 100,000 population. Of the individuals in Warrington, 42% were in the age range of 35-44. Moreover, the majority of the cases are amongst male residents (80%). The predominant mode of exposure to HIV in Warrington PCT is via men who have sex with men (60%), with 35% infected heterosexually. The majority of people in treatment and care for HIV in Warrington were of white ethnicity (86%), with 62% of infections acquired in the UK. A low proportion of individuals (18%) in treatment and care for HIV had received an AIDS defining illness, which differs from the North West proportion of 23%.

Upon further investigation of the treatment locations for the 65 HIV positive individuals resident in Warrington, it is clear that many residents seek treatment and care outside of Warrington GUM. Of the 65 individuals only 25 receive treatment and care at Warrington GUM.

Overall there were a total of 515 outpatient episodes recorded at statutory centres in 2007 from HIV positive residents in Warrington. This is an average of just under eight visits per individual over the year, which is slightly higher than the North West average of seven. Warrington's HIV positive residents required a less than average number of inpatient stays in hospital and home visits. 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 comment on the levels of HIV testing in the region.

Figure 4D Diagnosed HIV cases for Warrington PCT from 2003 – 2007



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 which is broken down by strategic health authorities. The results for the North West in 2007[40] were compiled from 683 respondents from all over the region. There were respondents to the survey in Halton and St Helens PCT (26), and Warrington (6). 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 nearly half (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.

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 a positive feeling 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[41]. 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 Gay and Lesbian Youth Support Service (GLYSS) operates within Warrington and offers support to young people who are lesbian, gay, bisexual, trans (LGBT) or unsure of their sexuality. They help with such problems as: sexuality, identity and coming out, family and relationship problems, homophobic bullying at school and work, sexual and mental health, and how to meeting other LGBT young people and groups. Service use data for GLYSS shows an almost even split of male (48%) and female (52%) users, with a total of 660 young people using the service between April 2008 and December 2008. The majority (75%) of male service users are between 13-19 years, with the remaining proportion over 20 years. The same proportions are noted for the female members. Sessions for members run include a specific sexual health session which runs approximately once a month and is attended by around 10 to 15 members.

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[42]. 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[42]. 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[42]. Children involved in sex work are particularly vulnerable[43].

4.3.3 Asylum seekers

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[44]. Asylum seekers with HIV are a particularly vulnerable group of immigrants. In the North West of England, in 2007, 1,082 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[39].

4.3.4 Refused asylum seekers

In the UK, healthcare for asylum seekers is free of charge[45,46], 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[44,47]. 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[48]. 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[49]; 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[50].

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 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

populations decreased by 3% to 4,201 for females[51]. Prisoners are recognised as a socially excluded group. They are more likely to have grown up in care, in poverty or in a disadvantaged family, less likely to be in a stable relationship, more likely to be teenage or single parents, 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[52]. Warrington PCT has both a prison and a young offenders institution within its boundary.

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 as part of an induction day for all new prisoners. A nurse led sexual health clinic is held one morning a week, supported by an 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 prisoners have access to full sexual health screenings and are taken as required. Due to the increase of drug users in prison many also request hepatitis and HIV screening. Condoms are also available to all prisoners. The sexual health service sees approximately six 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 high waiting list as many of the prisoners 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[53]. 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[53].

Thorn Cross Young Offender Institution 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 approximately 800 males passing through each 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 The 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. Demands fluctuate 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 incidences 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 incidences 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[54].

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[54].

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[55]. Youth offending in some cases leads to young people becoming young prisoners. Young prisoners are likely to be involved in risky sexual behaviour[53] and a large proportion of young people in custody aged 15-21 are parents. A quarter of young offenders in custody are estimated to be fathers and 39% of female young offenders in custody are estimated to be mothers[53,56].

4.3.8 Students

There are three college and university campuses in Warrington. One of these is a campus for the University of Chester and houses a relatively small number of students. The two other student areas are Priestley College and Warrington Collegiate. There has recently (since September 2008) been sexual health provision established at the two colleges. Data show a difference in attendees between the two colleges. The majority of service users (89%) at Warrington Collegiate were female. User ages ranged between 16 and 25 years however 56% of users were 16 or 17 years. The majority of service users (63%) at Priestley College were male. There was a smaller age range of attendees at Priestley, between 16 and 19, with the majority (59%) of users being 16 years. Further investigation could be warranted to establish why there is such a difference in male and female attendance at each campus, and also to ascertain the specific services the students use.

4.3.9 Care Leavers

There were a total of 249 care leavers in Warrington between April 2006 and April 2008. Fifty seven percent of care leavers were male, which shows an equal representation of male and female care leavers. Seventy six percent of care leavers were of white British ethnicity, and 16% were of black and minority ethnicity which shows an over-representation of black and minority ethnicity people leaving care. This shows the need for appropriate services to be in place to cater for the differing ethnicities of care leavers.

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[57]. Young fathers are more likely to live in deprived areas, to be unemployed and to be in receipt of benefits and have similar characteristics to teenage mothers[57].

The national target for teenage conceptions is a reduction of 50% in the rates of conception amongst girls aged under 18 by 2010. Differential stretched targets apply to local authorities 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. The teenage pregnancy rate (40.6 per 1,000 females aged 15-17) in 2004 was marginally lower than the target set (41.5 per 1,000 females aged 15-17). The data since has shown an increase in 2005, followed by a decrease in 2006 to 40.5 per 1,000 females aged 15-17. The most recent figures for 2007 show a marked reduction in the rate which now stands at 31.7 conceptions per 1,000 females aged 15-17. This represents a 35% decrease on the baseline figure, and is the second best progress towards the target nationally. The latest reduction in under 18 teenage pregnancy rates will be required to continue if Warrington is to reach a 50% reduction in the rate of teenage pregnancy in 2010. In terms of Warrington's statistical neighbours[②] (Cheshire, Solihull, Stockport, Staffordshire), Warrington has had the largest percentage decrease (-35%) in under 18 conceptions between 1998 and 2007, despite having the second highest deprivation score of the five (see **Table 4E**).

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[58].

Figure 4F shows the change in outcomes of under 18 conceptions from 1997/99 until 2005/07. There is now a more similar rate of births and abortions in the outcomes of under 18 conceptions. This has shifted from the previous figures which showed the rate of birth much higher than that of abortion. The change has been drastic and there are now much abortions as an outcome than births. There has been a 19% reduction in under 18 conceptions, a 11% decrease in abortions, and a 27% reduction in births. This is contrary to the national trend which also shows higher rates of abortion in women across England[59].

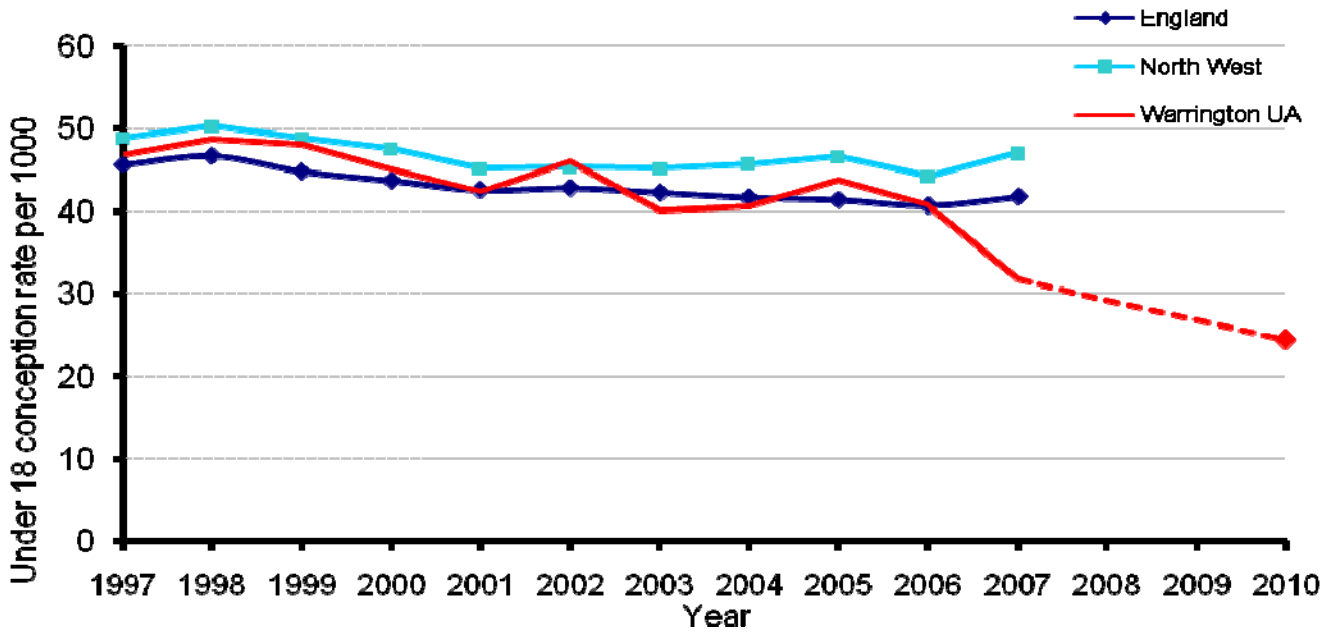
Figure 4G highlights a link between level of deprivation and number of conceptions attributable to under 18s. There is a strong relationship between the two variables. The figure is of all local authorities across England, and Warrington can be seen with the larger diamond shaped data point. Warrington has a proportionate figure compared to its statistical neighbours. These results suggest that Warrington's under 18 conceptions are as expected for the level of deprivation in the PCT. This achievement is in line with Warrington's statistical neighbours (Cheshire, Solihull, Stockport) who also have under 18 conception rates proportionate to level of deprivation, with the exception of Stafford who have a higher than expected conception rate.

Figure 4H shows the number of under 18 conceptions between 2003 and 2005 by electoral ward (2003 boundaries) for Warrington. Under 18 conceptions only include females between 15 and 17 years of age. Numbers of under 18 conceptions are higher in the centre of Warrington. When compared to the proportion of females aged 15-17 across Warrington, **figure 4I,** 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 4J shows that in some areas of Warrington 5-6% of the total proportion are females aged between 15-17 years. There are some areas where a high rate of under 18 conceptions

[②] To produce statistical neighbours using this information 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.

matches a high young female population (e.g. the town centre) but equally there are others which do not (e.g. Culcheth). The two maps suggest that a high proportion of 15-17 year old females in the locality does not automatically mean there is a large number of under 18 conceptions. When comparing figure 4I to 3B it can be seen that there is an overlap of high rates of under 18 conceptions and high levels of deprivation.

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



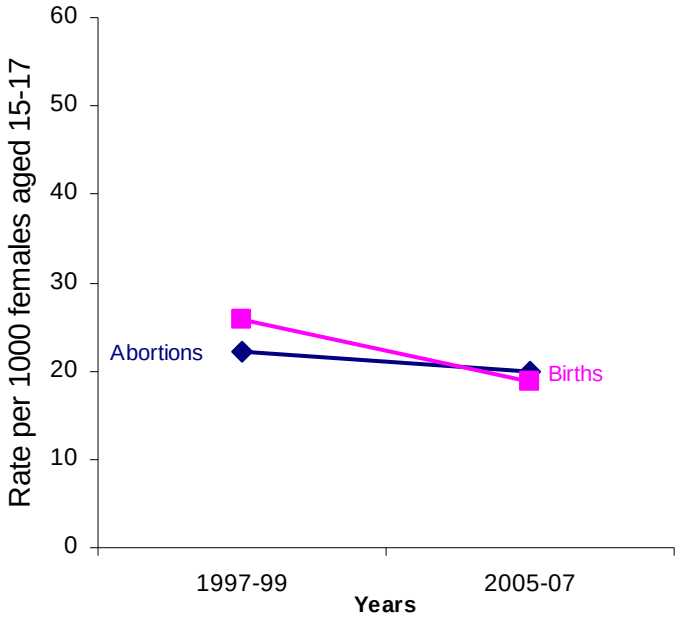
Source: Teenage Pregnancy Unit, DfES, 2009

Table 4E Under 18 conception rates by DfES statistical neighbours

Local Authority	Deprivation score	Under-18 conception rate		% difference 1998-2007
		1998	2007	
Warrington UA	17.9	48.8	31.7	-35.0%
Cheshire	14.9	37.8	39.3	-4.1%
Solihull	16.2	40.3	40.2	-0.3%
Stockport	18.1	43.2	38.8	-10.2%
Staffordshire	16.2	43.2	42.0	-2.8%

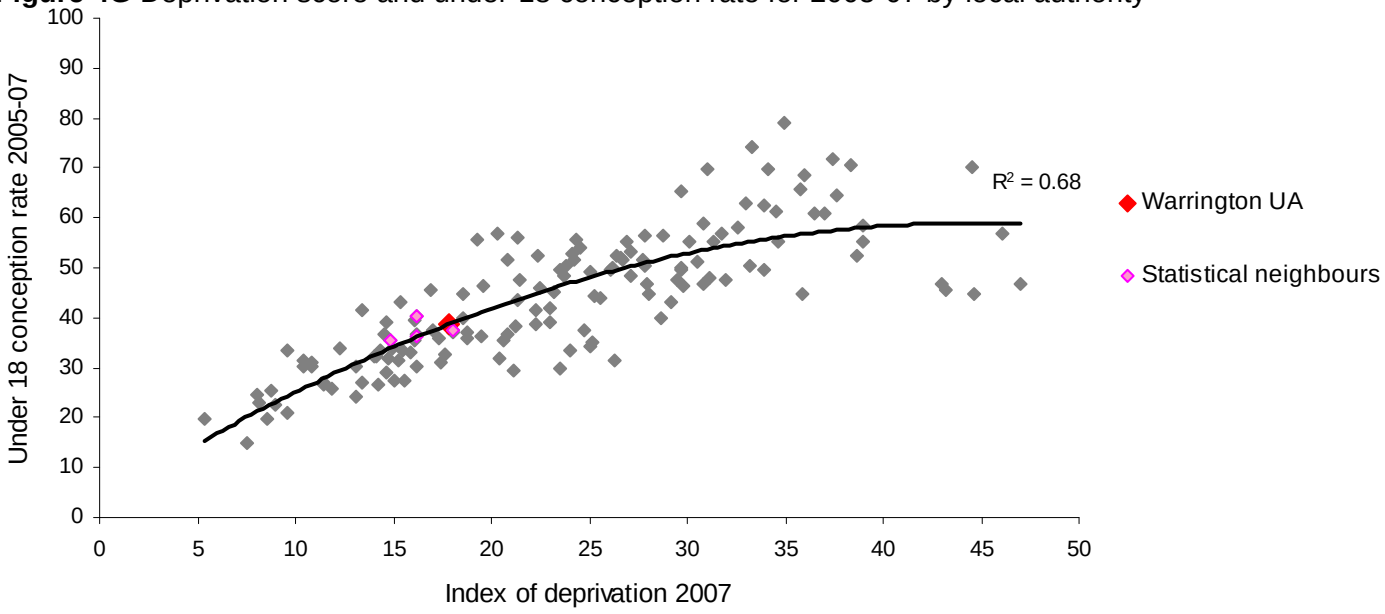
Source: Teenage Pregnancy Unit, DfES, 2009

Figure 4F Outcome of under-18 conception 1997-99 and 2005-07, Warrington



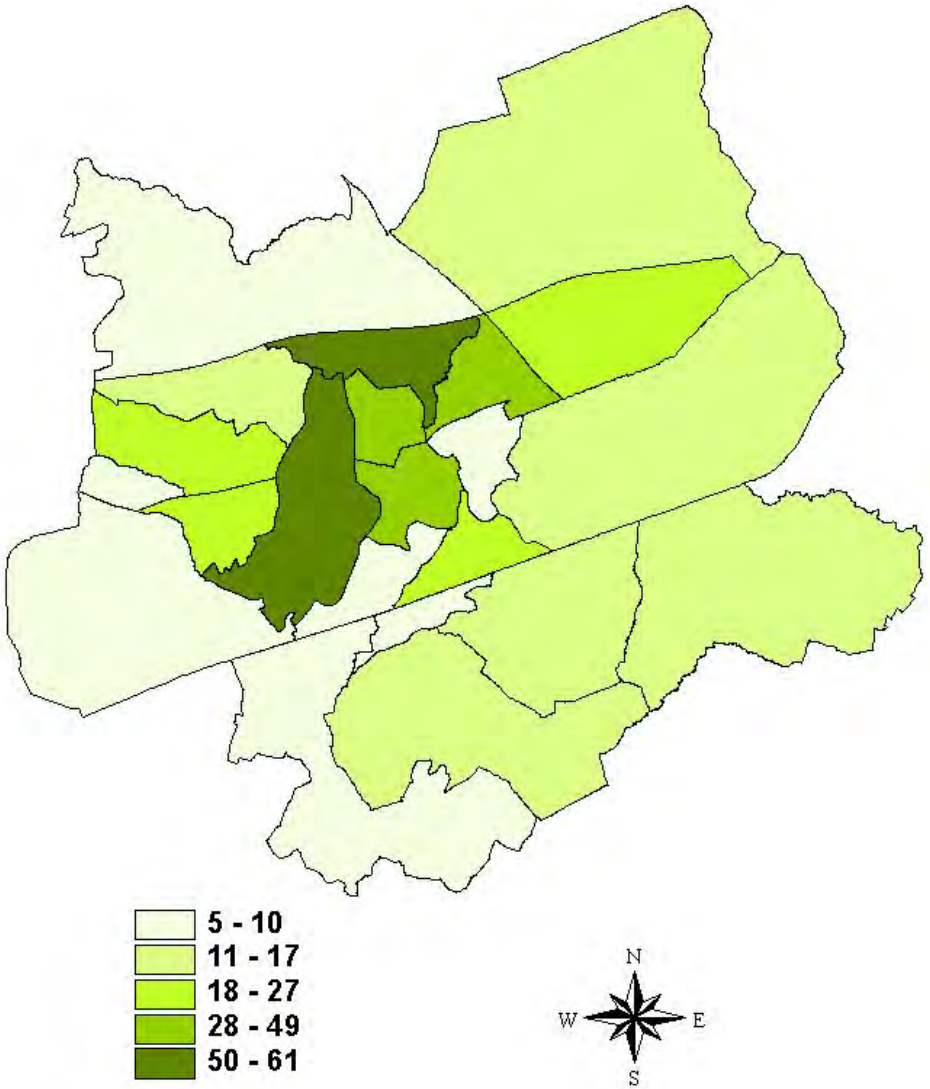
Source: Teenage Pregnancy Unit, DfES, 2009

Figure 4G Deprivation score and under-18 conception rate for 2005-07 by local authority



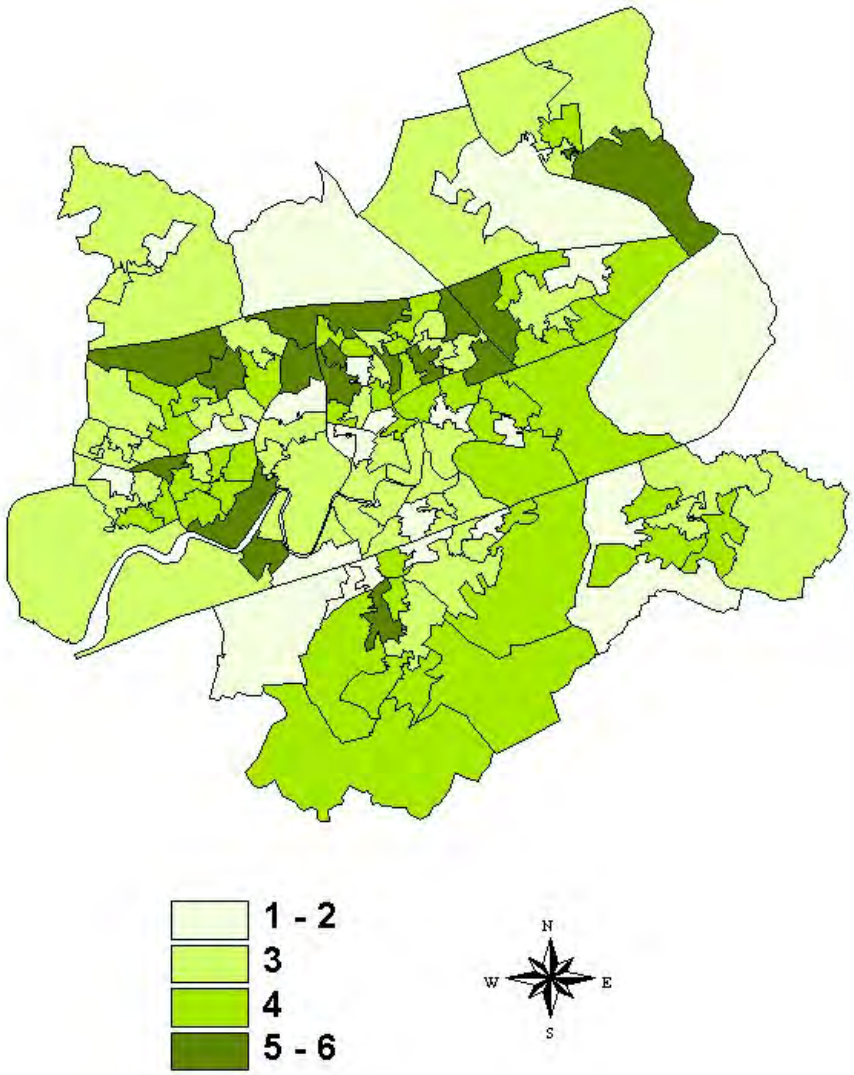
Source: Teenage Pregnancy Unit, DfES, 2009

Figure 4H Under 18 conceptions 2003-2005 by electoral ward, Warrington PCT



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

Figure 4I Percentage of the female population who are aged 15-17 years in each LSOA, Warrington 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[11,35]. 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)[35].

4.5.2 Emergency contraception

Seventy percent 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 and attitudes can be negative towards emergency contraception but that it was felt that having it available was useful[60].

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, Warrington 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[61]. 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[62].

In Warrington PCT in 2007, there were 631 legal abortions carried out with the largest proportion (28%) aged between 20 and 24 years with the next largest proportion (17%) between 25 and 29 years. This is consistent to the North West as a whole where the largest proportion (31%) were aged between 20 and 24 years with the next largest proportion (19%) aged between 25 and 29 years. Under 18 abortions account for 10% of the total abortions in Warrington. There is a similar rate of abortion per 1,000 females for both under and over 18s (16 per 1,000 females). The majority (91%) of abortions in Warrington 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 gestation was 70% which is similar to the North West and also the national figure.

Data from Sankey Clinic in Warrington show that a wide range of ages sought termination of pregnancy services between April 2007 and March 2008. There were 16 attendees who were under the age of 16, however it was females aged between 18 and 20 who provided the highest attendance figures (152). Data also show that 15% of scheduled appointments resulted in non-attendance which impacts upon service planning at the clinic.

4.5.5 Lone mothers

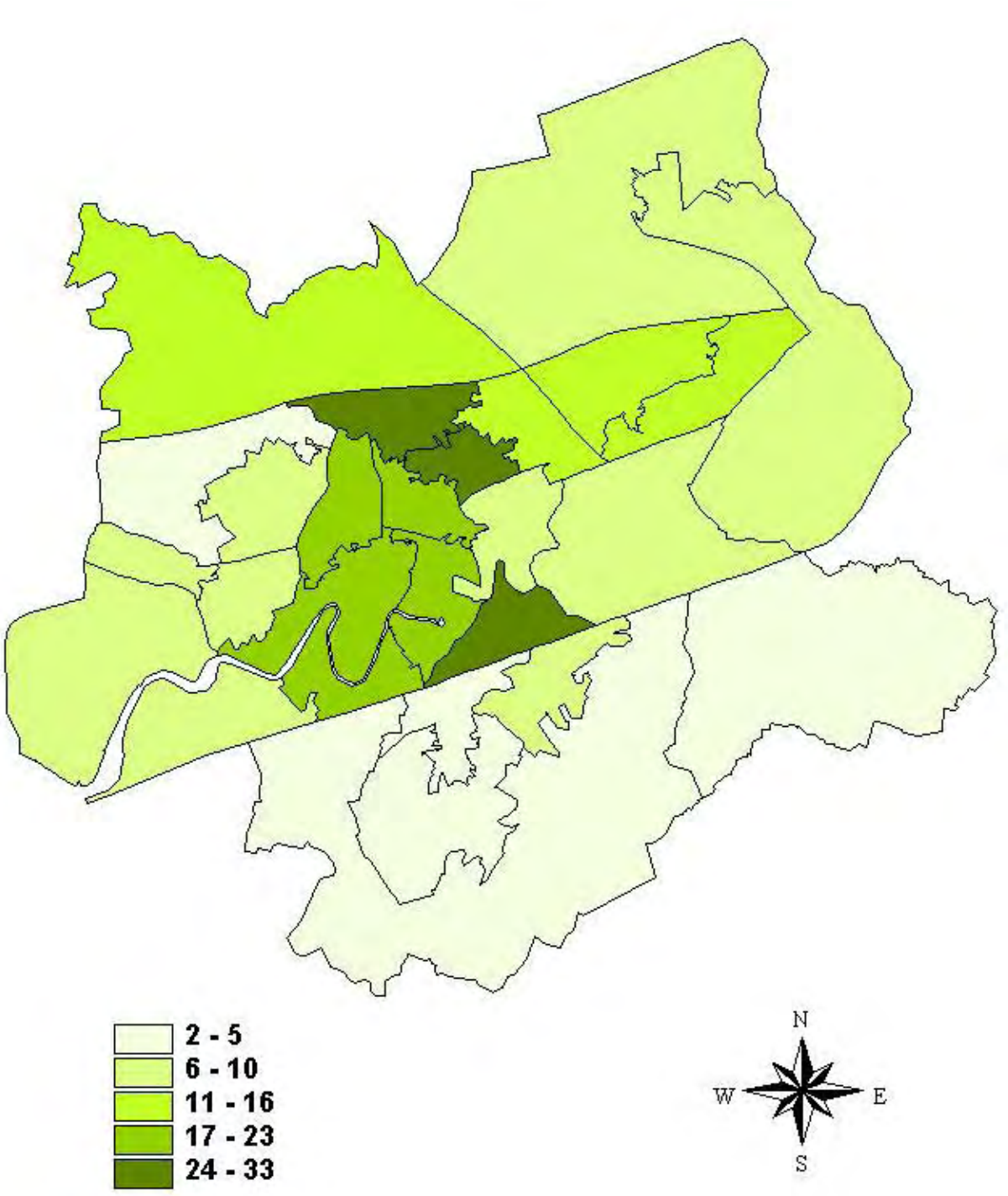
It is acknowledged that in the UK, lone mothers with pre-school children are a materially disadvantaged group when compared to mothers with partners. It has also been found that lone motherhood is associated with poorer mental health, although not consistently with poorer physical health[63]. Lone motherhood 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)[64].

Warrington PCT has a significantly better than average rate of lone parents with dependent children and has the tenth lowest rate of all local authorities in the North West.

Figure 4J illustrates the percentage of all births attributable to mothers living alone across Warrington PCT; showing Fearnhead and Grappenhall are areas with particularly high percentages of births to lone mothers.

Figure 4J Percentage of live births to mothers living alone by MSOA, Warrington 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.



Source of data: North West Public Health Observatory

Source of map boundaries: 2001 Census, Output Area Boundaries. © Crown copyright 2003

4.6 Summary of KT31 data for Warrington PCT

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

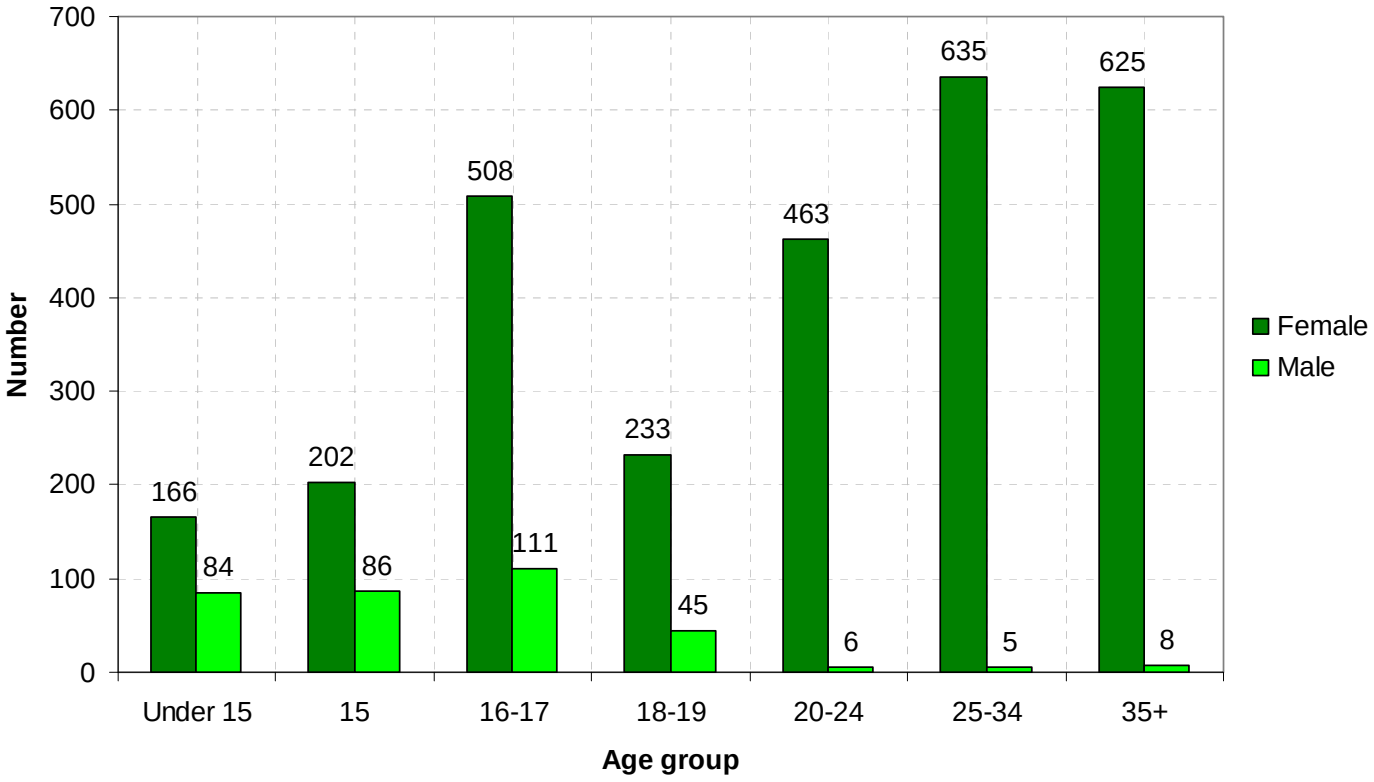
Figure 4K shows use of contraceptive services by sex and age group. There is an unequal split of males and females accessing services through all ages. Further, the difference between the number of male and female attendees becomes more evident as the age of the service users increases. Females aged over 25 years (44%) are the main users of contraceptive services, with 25-34 year olds representing the main user group (22%). The data presented in **figure 4L** shows use of contraceptive services by males only. There is very low use of services by males throughout all age groups, and particularly amongst those age over 20 years. Of the visits to the contraceptive services, all apart from one were for male condoms, and no visits were made for vasectomies or other methods of contraception.

The data presented in **figure 4M** show use of contraceptive services by females. Two thirds of visits were for contraceptive products or consultation. This is quite a low figure compared to other PCTs in the North West region and shows that females are using the services for more than contraceptive contact. The most common contraceptive used by females accessing contraceptive services is the combined pill (33%), with 32% requesting male condoms, and 9% of women using the contraceptive injection (e.g. Depo Provera). However, the pattern of contraceptive choice differs when looking at females under 18 years (**figure 4N**). Females aged under 18 years make up 31% of the total female population accessing contraceptive services (as recorded by the PCT). Twenty seven percent of females under 18 accessed services for non-contraceptive purposes, which is a smaller proportion than that of the total female population (34%). The combined pill and the male condom represented 90% 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 66% of the total contraceptive requests at first contact with services.

Figure 4P demonstrates the overall 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 low in all age groups and as such there is no difference in emergency contraceptive methods across ages.

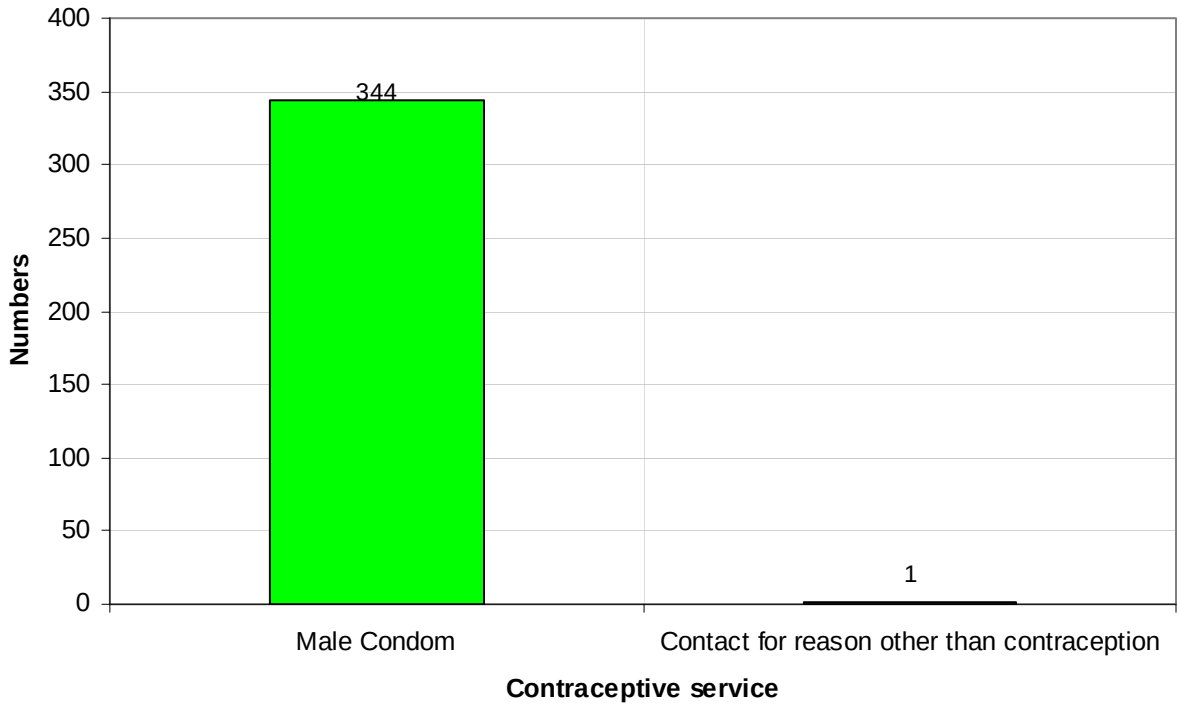
Overall the KT31 data show a reduction in use of services compared to the previous year. There was a 4% reduction in the number of clinics run for the under 25s and a subsequent decrease in the number of people attending the clinics. There was a 7% reduction in female attendance to the services compared to the previous year and a 41% reduction in male attendance, although this may in part be due to a change in premises.

Figure 4K KT31 data by sex and age group, April 2007 – March 2008, Warrington PCT



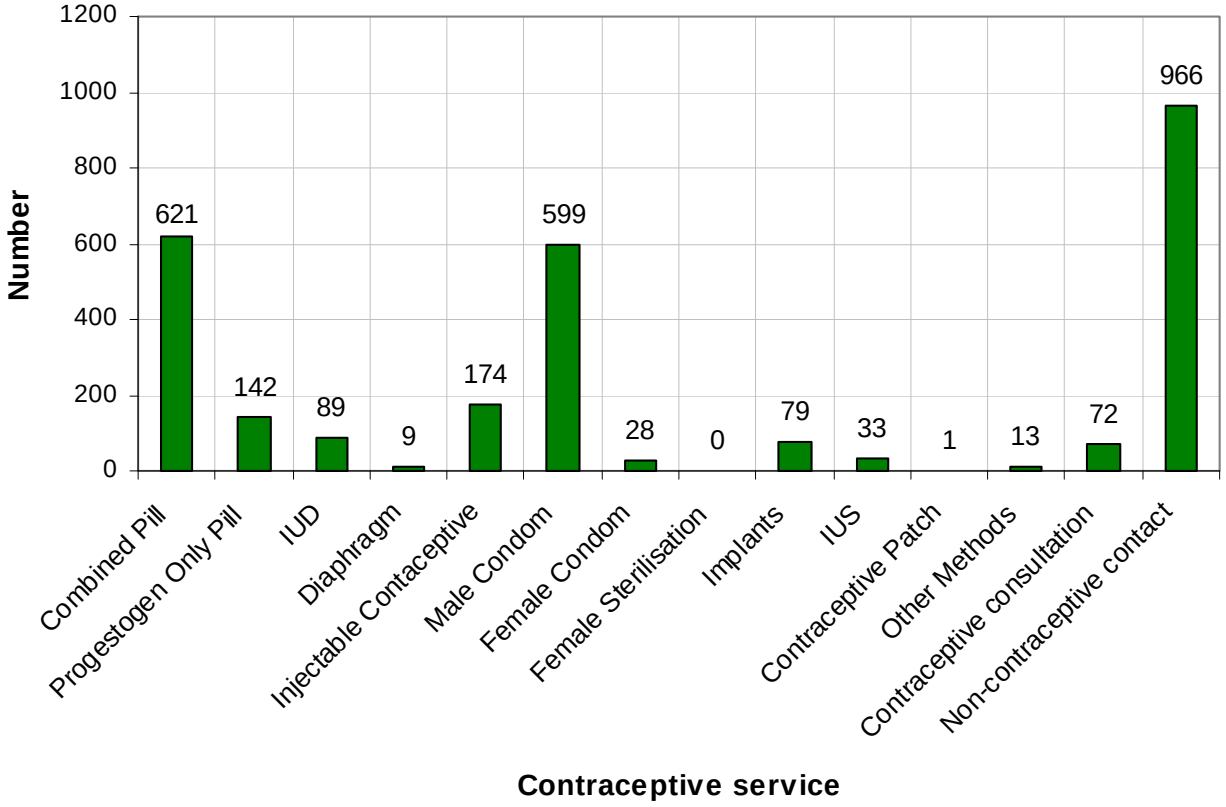
Source of data: Warrington PCT

Figure 4L Contraceptive services accessed by males, April 2007 – March 2008, Warrington PCT



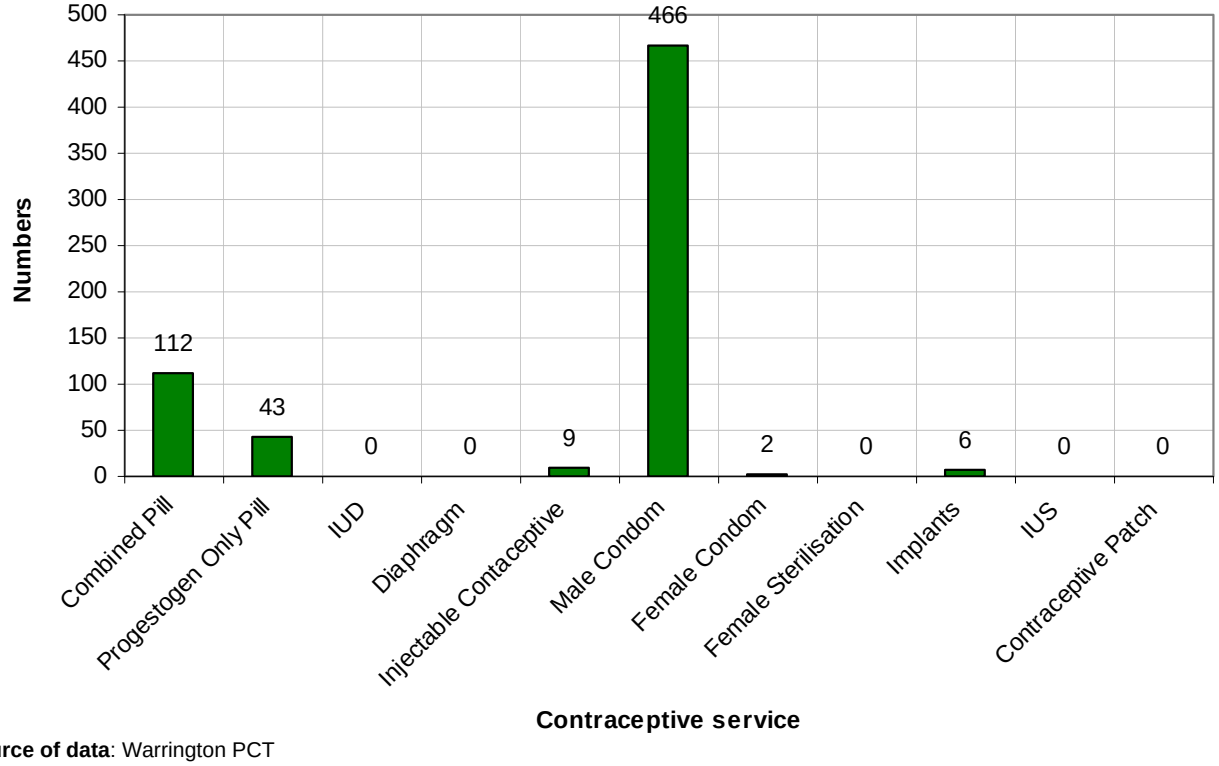
Source of data: Warrington PCT

Figure 4M Contraceptive services accessed by females, April 2007 – March 2008, Warrington PCT



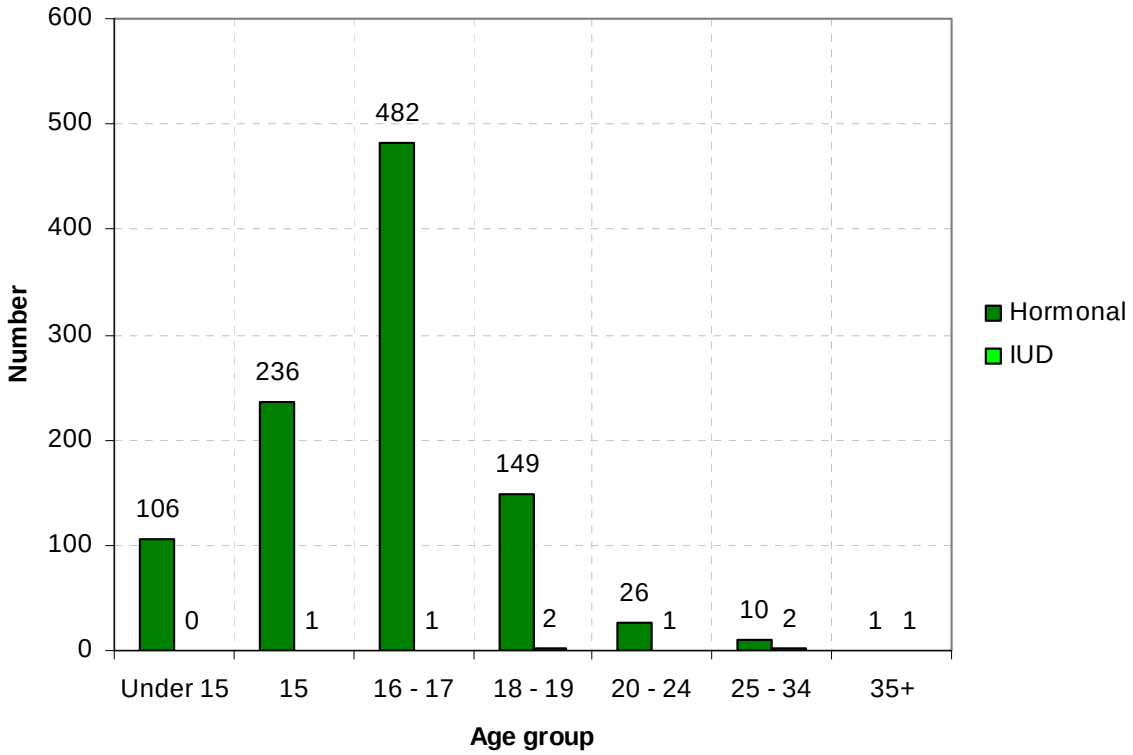
Source of data: Warrington PCT

Figure 4N Contraceptive services accessed by females under 18 years, April 2007 – March 2008, Warrington PCT



Source of data: Warrington PCT

Figure 4P KT31 data by age group and type of emergency contraception, April 2007 – March 2008, Warrington PCT



Source of data: Warrington PCT

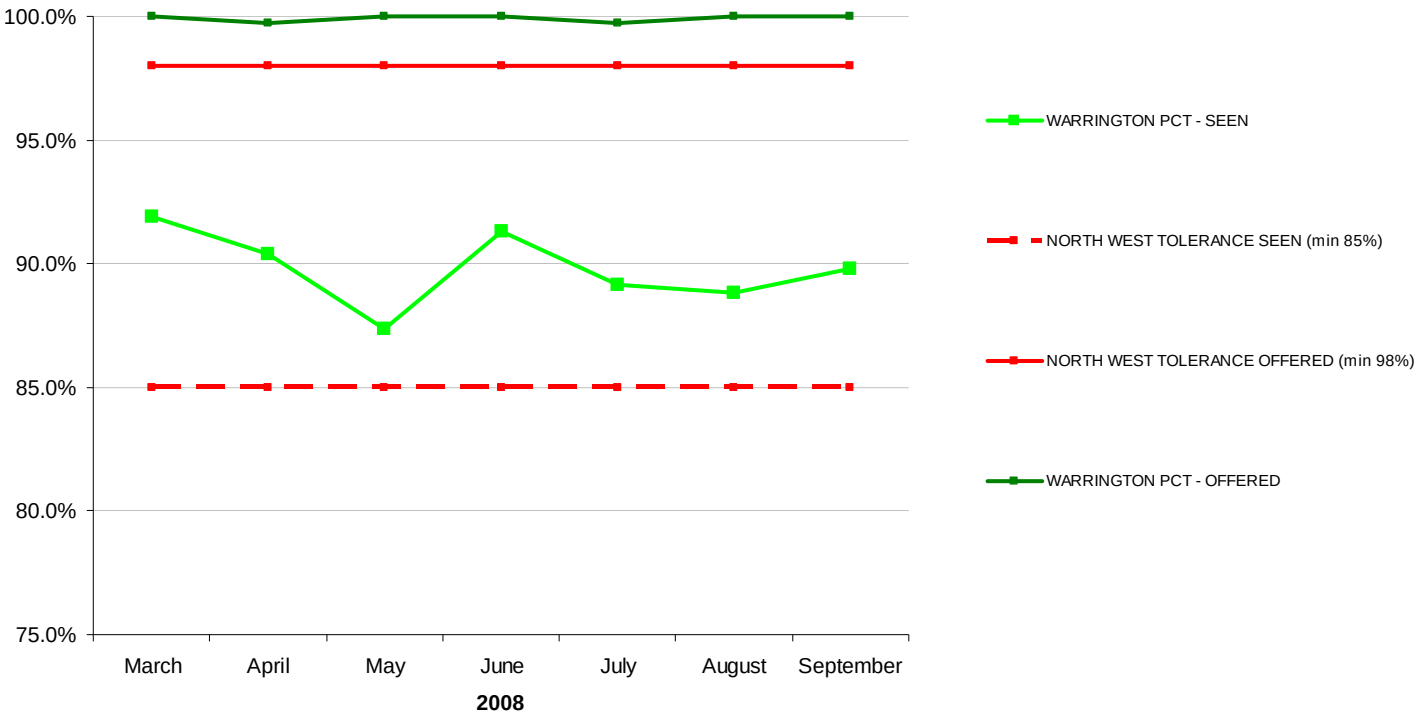
4.7 Waiting times

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[65].

Figure 4Q shows the percentage of patients offered appointments within 48 hours and the percentage of patients seen within 48 hours of contacting the service for Warrington PCT. Also included in the figure are the North West tolerances for offered appointments and seen patients within 48 hours. The percentage of people offered an appointment within 48 hours has improved from below 20% in August 2005 to 100% in September 2008 (not shown). The percentage of appointments offered within 48 hours fluctuated greatly prior to 2008 but they are now consistently high. The figure shows that between March 2008 and September 2008 there has been around 100% of patients offered an appointment within 48 hours of contacting the service. This shows excellent attainment of the governmental targets. The percentage of patients seen within 48 hours has shown some variation recently but has remained around the 90% mark. The rates of offered appointments and seen patients are in line with the North West averages and remain above the tolerance rates.

Figure 4Q Percentage of patients offered an appointment and seen in 48 hours for Warrington PCT



4.8 Pharmacy data

The importance of community pharmacies has been highlighted in a 2008 White Paper, *Pharmacy in England'*[66]. 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 Warrington PCT.

Figure 4R shows data on prescriptions of emergency and non-emergency contraception from October 2007 to September 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 oral contraceptive pills were the most prescribed in the period (between 2,000 and 2,500 each month). The numbers of prescriptions of the injectable contraception are the next most prescribed (between 216 and 274 prescriptions per month). Prescriptions of the contraceptive patch were generally steady with a slight peak in April and June (20 prescriptions). Prescriptions of IUD were generally low with the largest number (25 prescriptions) in June. Prescriptions for the implants were consistently low throughout the period but peaked in February with 26 prescriptions.

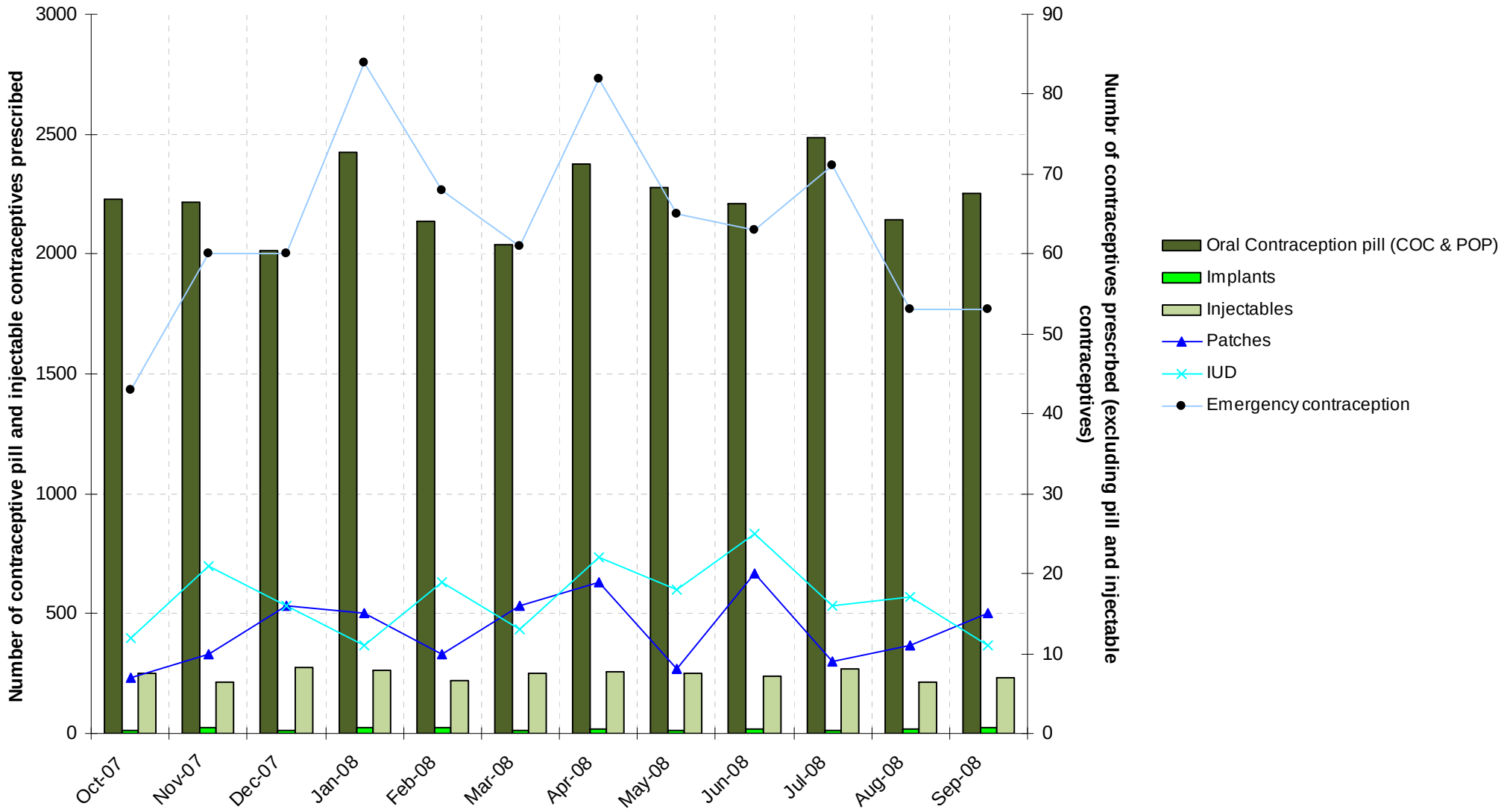
Figure 4S shows the proportion of each method of contraception used. The most significant proportion, 86%, was for oral contraception (combined oral contraceptive and progesterone only pill). The second largest proportion, with 9%, was injectable contraception. Emergency contraception made up 2% of all contraceptive prescriptions between October 2007 and September 2008.

Figure 4T shows data on prescriptions of emergency and non-emergency contraception by month between October 2007 and September 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.

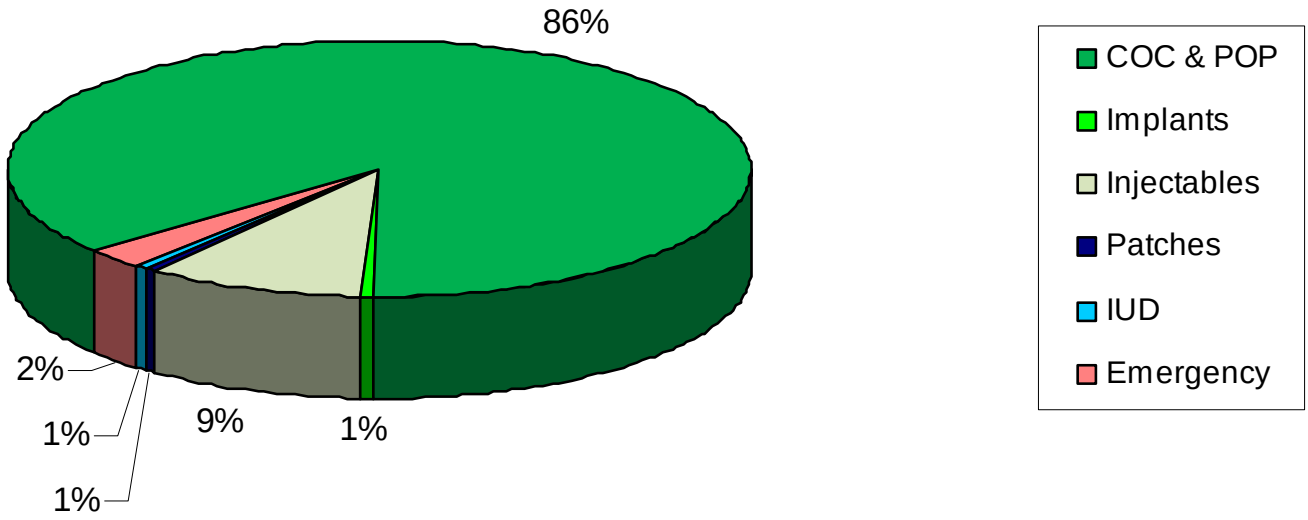
Figure 4U shows the difference in type of emergency contraception prescribed. The hormonal pill is the most prescribed method; however the proportion of IUS varied due to the small number involved. The largest peaks in prescribed emergency contraception were in January and April, with IUS constituting approximately 40% of emergency contraception in April.

Figure 4R Prescription data for Warrington PCT from October 2007 to September 2008



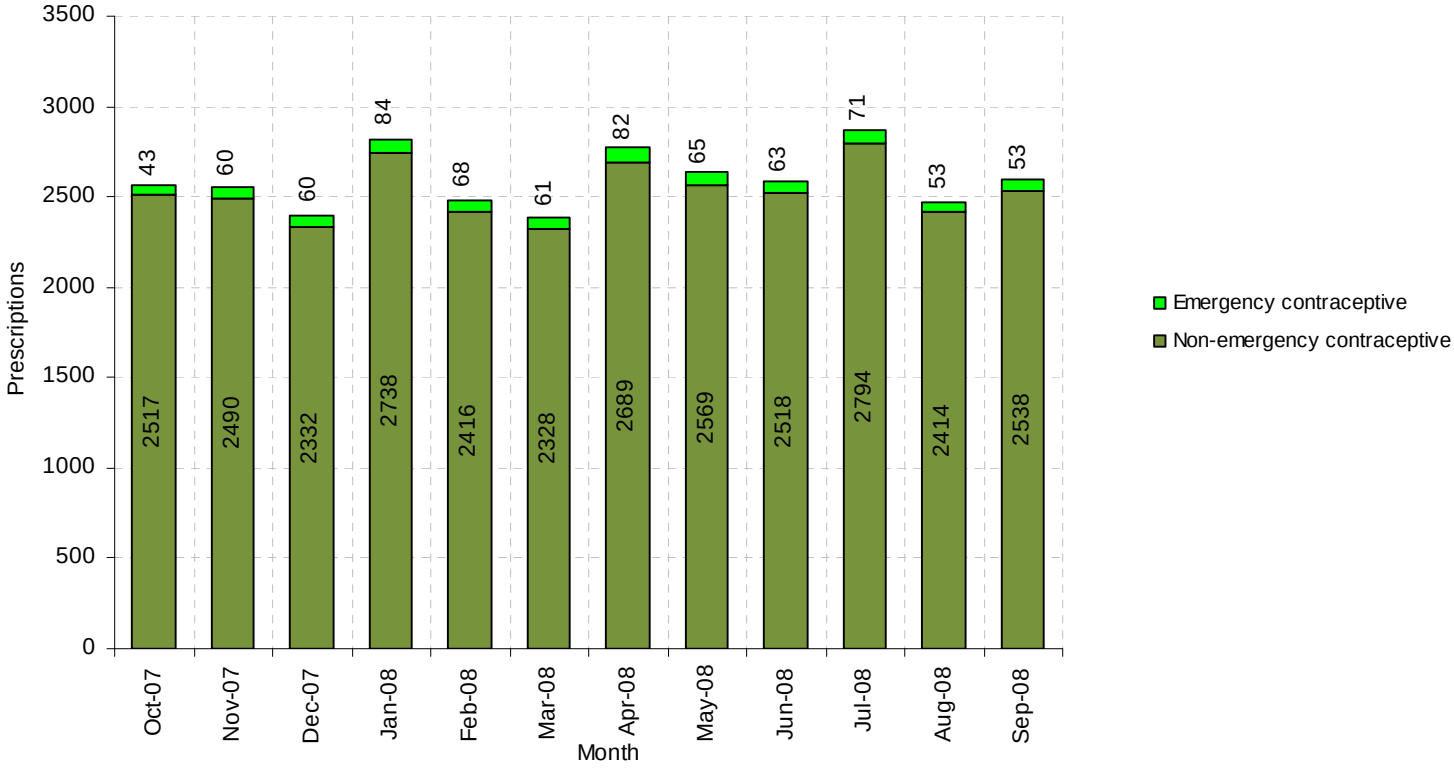
Source: Medicines Management, Warrington PCT

Figure 4S Prescription data for Warrington from October 2007 to September 2008



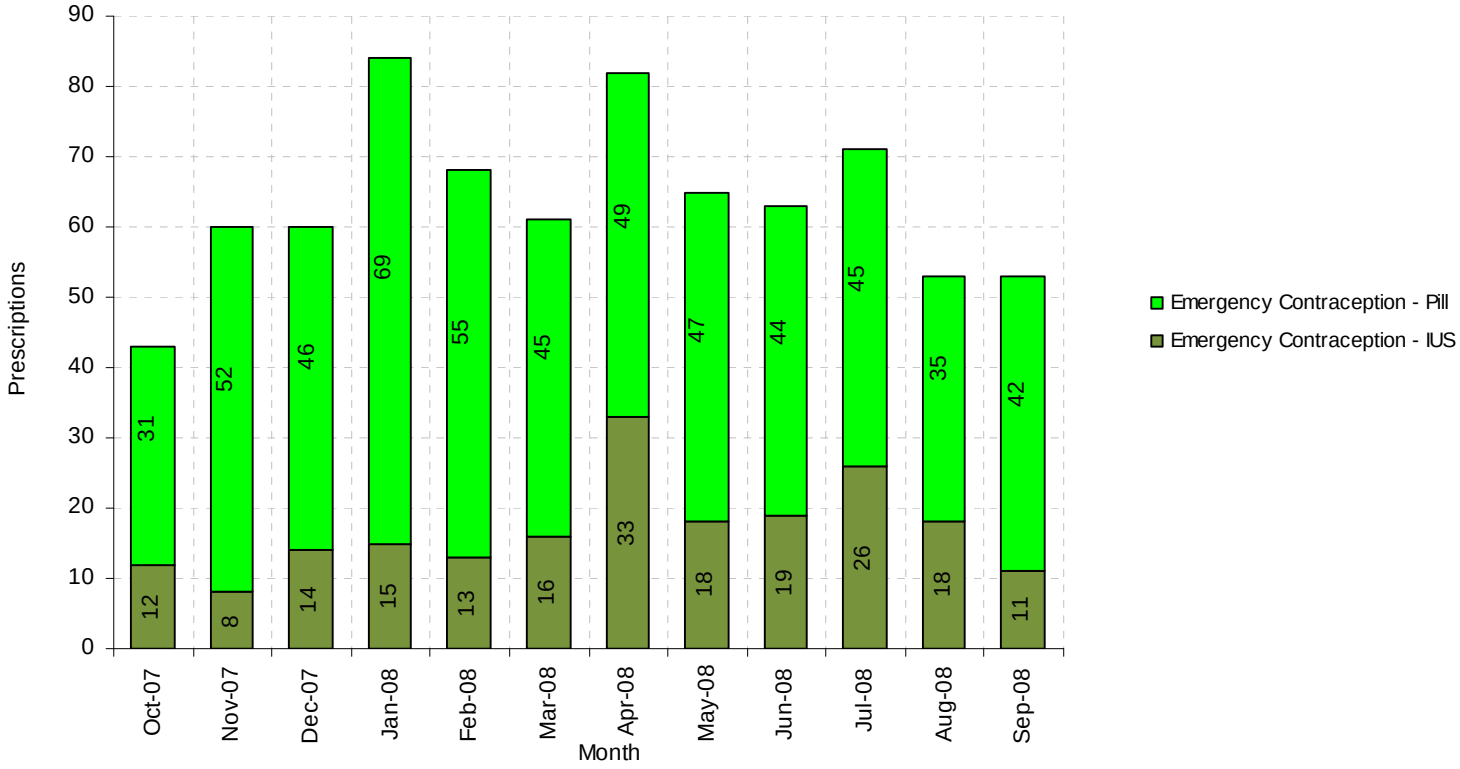
Source: Medicines Management, Warrington PCT

Figure 4T Emergency and non-emergency contraception prescribed by pharmacies in Warrington, October 2007 – September 2008



Source: Medicines Management, Warrington PCT

Figure 4U Method of emergency contraception used in Warrington, October 2007 – September 2008



Source: Medicines Management, Warrington PCT

5. Services

Figure 5A overlays selected sexual health services available in Warrington with Index of Multiple Deprivation (IMD) local 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 some areas within Warrington when compared to national levels. Areas of the town centre falls into the most deprived quintile and if we consider that Warrington as a whole, in comparison to the rest of England and Wales, is deprived we see that these areas are especially deprived.

This map shows that the majority of services provided throughout the PCT are pharmacy services and youth services. Sexual and reproductive healthcare services are also provided throughout the PCT, although they are far fewer in number. There is one walk-in service based at the GUM department. 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 or very few sexual heath services e.g. North of Fearnhead, and Birchwood. 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, sexual and reproductive health (SRH), pharmacy, and GUM and termination of pregnancy (TOP). The highest rates of under 18 conception are in the centre of Warrington (rate 50-61 per year). It can be seen that sexual health services are located in the areas with high conception rates. However there is a high conception rate in north of Fearnhead but no sexual health services are available. Therefore clusters of services exist in some areas whilst other areas have no or few sexual health services. However, service provision needs to be carefully examined alongside service opening times (Section 9 and Appendix).

Figure 5C shows the distribution of chlamydia screening sites throughout Warrington PCT. The sites are located around the most populated areas Warrington, with the possible exception in the west of the PCT. Some testing sites are in areas with high percentage of under 25s, but there is an exception to this in the Great Sankey and Penketh 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 Burtonwood where there median to high levels of deprivation.

Figure 5A Index of multiple deprivation (IMD 2007) local quintiles showing sexual health services by LSOA, Warrington PCT

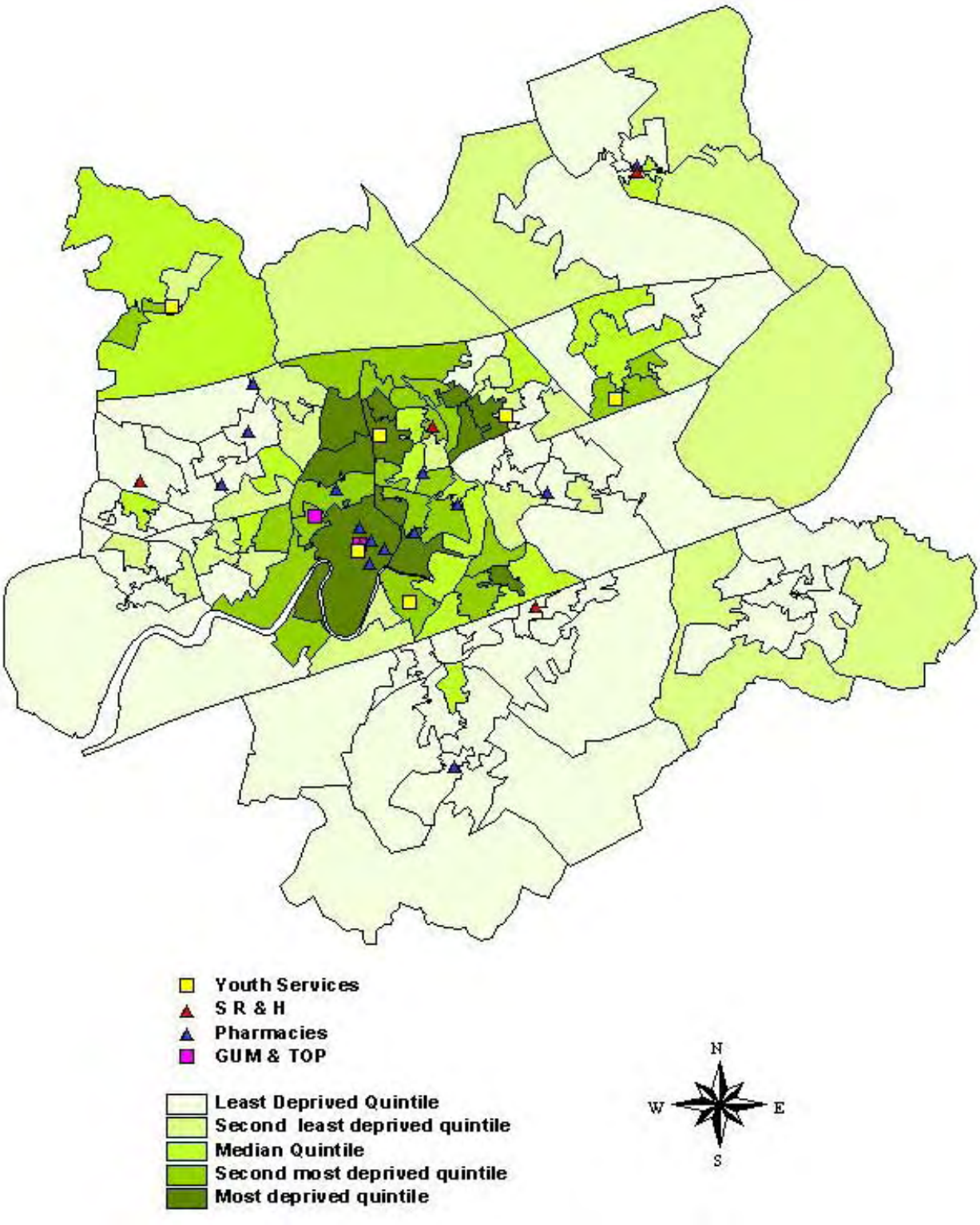


Figure 5B Under 18 conceptions 2003-2005 by electoral ward showing selected sexual health services, Warrington PCT

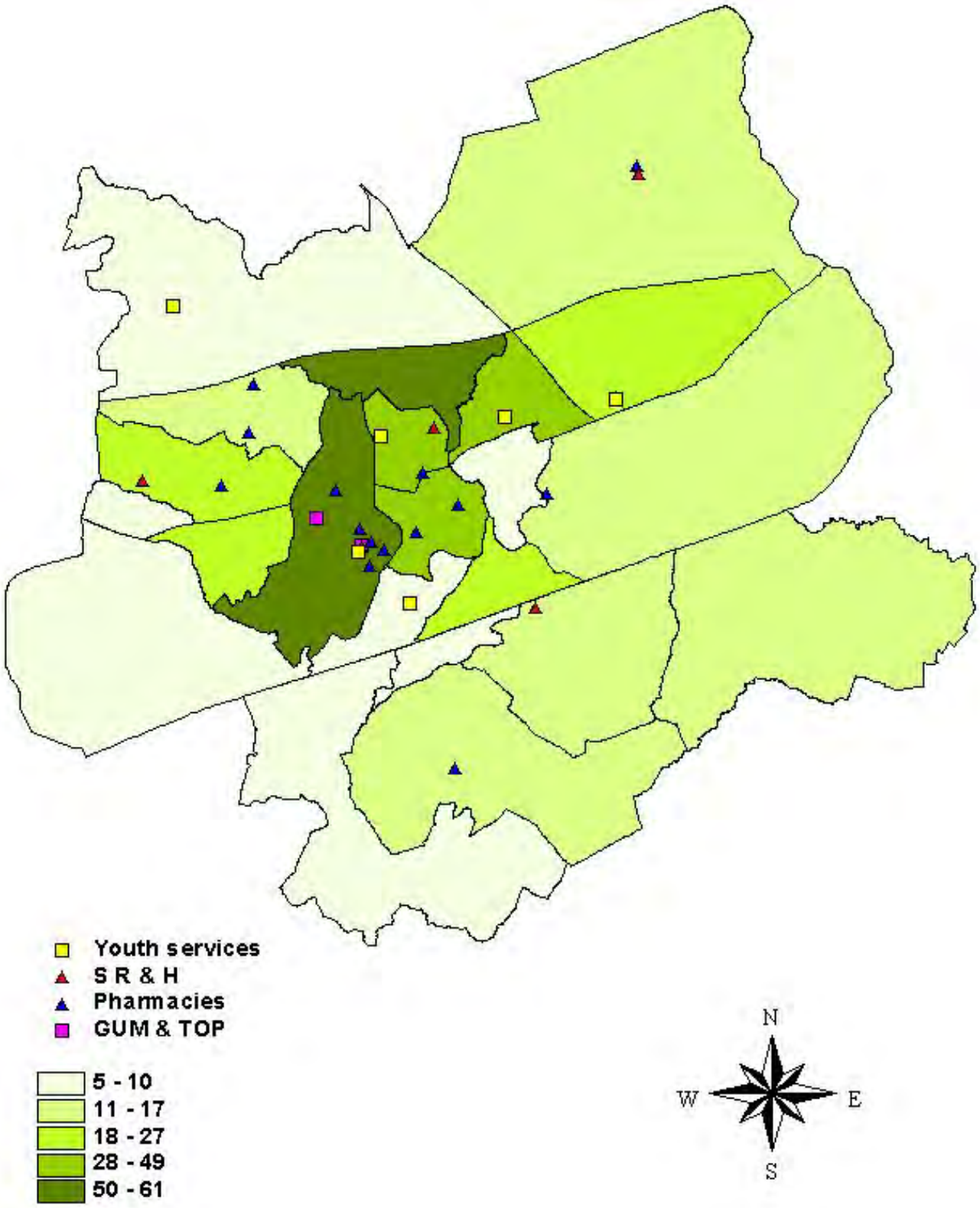
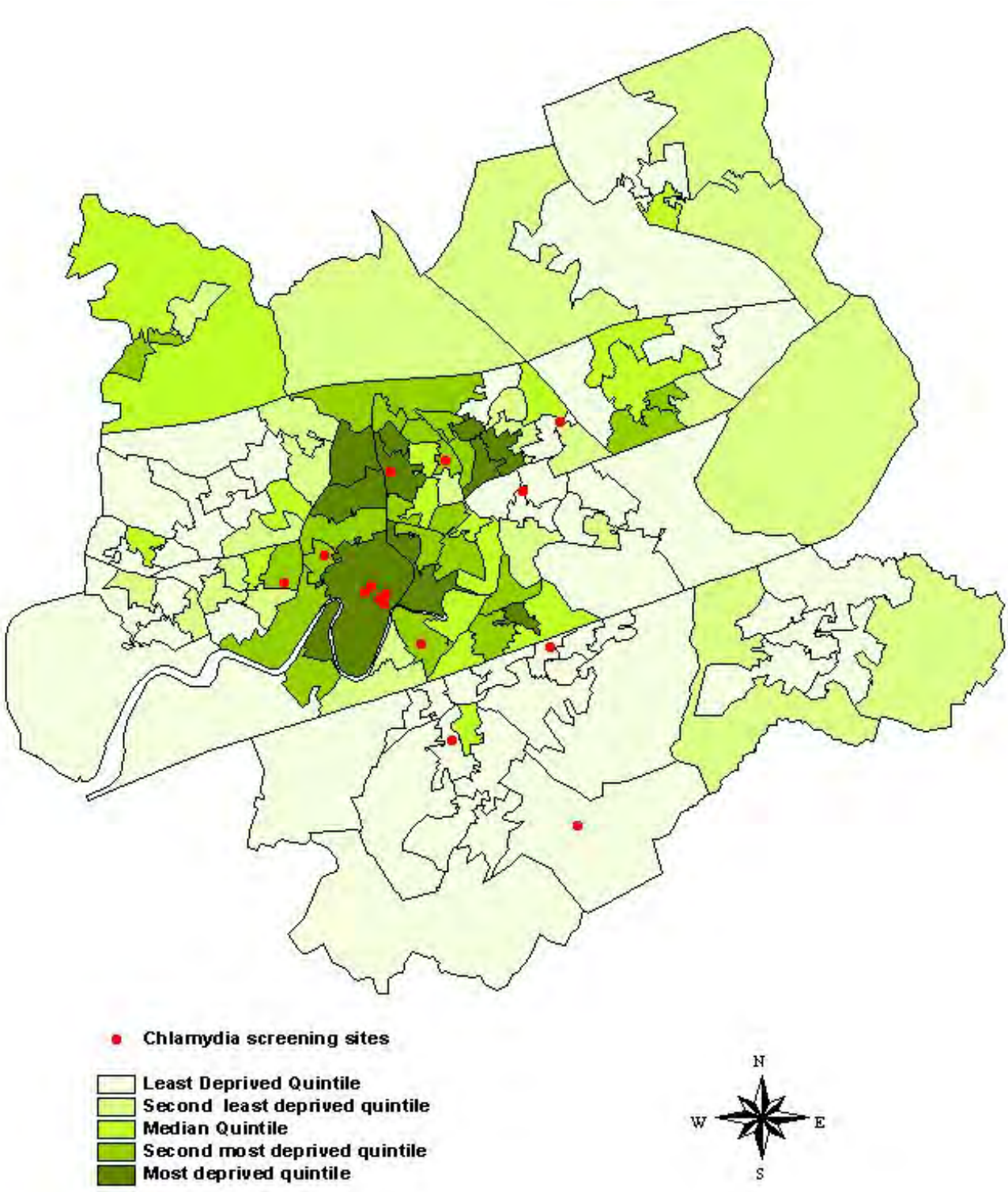


Figure 5C Location of chlamydia screening sites in Warrington PCT by IMD (2007) local quintiles, LSOA



5.1 Youth Service attendance

The four Youth Advice Shops (YAS) throughout Warrington (Birchwood, Collegiate, Fearnhead, and the central clinic) saw a total of 8,849 people between April 2007 and April 2008. The majority (94%) of these visits were to the central clinic at 'The Gateway'. Although these clinics are aimed at young people in the PCT, there was some service use by the over 25s which was predominantly for contraception. The majority of service users, when looking at all clinics combined, were female but at Fearnhead the majority were male users (78%). The primary reason for attending YAS appears to be for contraception in the form of male condoms. It can be seen that advice on several issues was also given to people attending the service, which further highlights the benefits of trained staff giving out the free contraception who can also use the opportunity to advise the service user on several issues. However, the data also show that contraception advice is not always given when contraception is dispensed. This is an area in which improvement could be made to ensure the service users are aware of all options available to them. This is particularly important given the low levels of LARC uptake in the PCT, which could possibly be increased by more service users being advised on its availability and benefits. The data from Fearnhead clinic, where the majority of service users are male, show that contraceptive advice is always given with all contraception. This is not always the case at 'The Gateway' central clinic which receives the majority of visitors. There were also a substantial proportion of the users seeking emergency contraception from the YAS with the next greatest proportion requesting pregnancy tests.

Table 5A shows combined data from all four clinics across the PCT from attendances between April 2007 and April 2008. The table shows the wide variety of services available at the clinics and how frequently each option is used.

Table 5A Youth Advice Shop attendance data, April 2007 – April 2008

	Sex			
Attendance information	**Female**	**Male**	**Not Specified**	**Total**
Levonelle	963	3	0	966
Condoms	2954	2137	2	5093
Femidom	8	0	0	8
Dental Dams	19	1	0	20
Contraception	1572	1	0	1573
Pregnancy Test	608	0	0	608
GUM Referral	8	3	0	11
GUM Advice	17	5	0	22
Termination Referral	27	0	0	27
Termination Advice	11	1	0	12
Smear	0	0	0	0
Visit For Swab	433	94	0	527
Breast Exam	0	0	0	0
Pelvic Exam	5	0	0	5
Testicles Exam	0	1	0	1
Abdomen Exam	7	0	0	7
Contraception advice	3420	1412	2	4834
HIV safer sex advice	3167	1271	2	4440
Relationship advice	1045	940	1	1986
Condom or Femidom demo	443	473	0	916
Body development advice	94	76	0	170
Law & Sexual health advice	527	677	1	1205
Pre-contraception parenting advice	29	8	0	37
Sexual support advice	31	24	0	55
Smoking advice	240	81	0	321
Dietary advice	187	52	0	239
Alcohol & drugs advice	248	146	0	394
General health advice	475	339	0	814
Negotiation & assertiveness advice	412	498	1	911
Value & attitude advice	497	576	1	1074

6. Service users questionnaires

6.1 GUM service users

Service users at Warrington GUM department were asked to complete a short questionnaire regarding the services they received. These questionnaires were conducted during November and December 2007 and were completed by 54 patients. 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 with which they visited the clinic. Questionnaires were handed out during clinic time and people were asked to respond within 5 days using the pre-paid envelope. A response rate could not be calculated as the number of questionnaires disseminated was not systematically recorded.

6.1.1 Demographics

There was a slightly higher proportion of males visiting the clinic (54%) compared with females (46%). The 25-34 age range had the most representation (38%) with other age ranges having an even representation; the next highest being 15-19 (18%) and 20-24 (16%). The vast majority of clinic users were White British. Also, the vast majority of people defined themselves as heterosexual (92%), with quite a low proportion as gay men (6%) or bisexual (2%). No questionnaire respondents classed themselves as lesbian. Ninety five percent of users did not have a disability.

6.1.2 Patients' experiences of the service

The majority (98%) of respondents felt they were able to discuss their condition openly and freely. However, one respondent said that the "*Doctor had poor interpersonal skills*". A similar proportion felt the clinician treated them with dignity and respect. Just over half (53%) of the patients who had appointments were seen within 10 minutes but a quarter (24%) had to wait longer. Some comments included "*waited 20 minutes*", "*This was generally poor had to 50 mins even first thing in the morning*". Of those respondents who did not have an appointment, 65% thought the time to wait was acceptable, 4% thought it was unacceptable. One user commented that "*the sign said the wait was 1 and half hours we waited 2 and half to 3 hours*"

Four percent of respondents felt they were not given adequate information about the treatment options available, but these responses were due to treatment options that were not appropriate for their visit (e.g. still awaiting test results). All but one respondent felt they were able to ask questions that were important to them, with the one patient not feeling comfortable enough to ask the doctor. All patients felt explanations were given to them in a manner they could understand and also felt the services met their needs. Most visitors to the clinic felt their experience was 'excellent' (58%) or 'good' (40%), and only one person answered 'poor'.

6.1.3 Contacting the service

Most users found out about the GUM clinic though a GP/ other doctor (24%). Some found out either via the internet (12%) or previous use of the service (11%). Eighty two percent of visitors were self-referrals and the remaining were referred by their GP or other doctor. When asked if they were offered an appointment or asked to attend a walk in session within two working days of contacting the service, 85% of users answered yes. Ninety three percent thought the opening times of the clinic were convenient. The 7% who thought they weren't said "*Had to wait 1 week for an evening appointment*", "*Might not be free that day*", "*More evening appointments better*", "*Only Thursday am had to take time off work*". Nearly all (98%) answered yes when asked if the venue was convenient for them. However, this was not the case for all individuals: "*Hard to find when I got there*", "*Signage of the building poor – easy to miss*", "*Signs were wrong, had to ask which embarrassed me*".

Eleven percent had used other sexual health services in the last six months including community sexual health and a pharmacy for emergency contraception. All Warrington service users thought their clinic was clean. Only one respondent thought the service was not confidential or friendly.

6.1.4 Travel
Over half of the users travelled by car (54%) or as a car passenger (11%), the next mode of transport most frequently used was the bus (14%). Ninety one percent found their journey easy. Negative comments were mostly about the lack of parking at the facility and the bad traffic.

When asked which days and times would be most appropriate for the services to be provided, Monday to Saturday mornings were the most popular times closely followed by weekday evenings. The least preferred times were Friday afternoons, Saturday and Sunday evenings.

6.2 Community sexual health service users
A patient questionnaire was distributed between November and December 2007 within community sexual health clinics in Warrington. Questionnaires were distributed during the clinic time and people were asked to respond within five days and return in the pre-paid envelope. However the service in Warrington helped people to fill in the questionnaire and collected all questionnaires within the service. There may therefore be a bias as service users may have felt less able to give an honest reflection of the service when being asked questions by staff within the service. A response rate could not be calculated for Warrington as the amount of questionnaires disseminated was not systematically recorded, however 257 people responded to the questionnaire.

6.2.1 Demographics
Almost all of the respondents (99.2%) were female. Many of the respondents were in the 25-34 age category (32.1%), closely followed by the 20-24 (21.4%) and 35-44 (22.6%) age range. The 15-19 age group was the next highest with 14.4%. Only small numbers were found to be under 15 or over 45 years. The vast majority of respondents were White British (93.1%). Ninety seven percent of people described themselves as heterosexual, with one person as bisexual and one person recording 'other'. Six people did not wish to answer the question on sexuality. Ninety six of people attending the clinic had no disability.

6.2.2 Patients' experiences of the service
Almost all (99.6%) respondents felt they could openly and freely discuss their condition with the clinician. A similar proportion felt the clinician treated them with dignity and respect. Of the patients without an appointment only 1.9% of people thought the time to wait was unacceptable whereas 46.4% thought it was acceptable. Most patients (98.8%) thought they were given adequate information, but three respondents thought they did not. Ninety nine percent of people felt the information they were given allowed them to decide for themselves what the best course of action was. All respondents felt they were able to ask questions that were important to them and all responded positively to the clarity of explanations given to them by the clinician.

Nearly all (99%) respondents felt the service met their needs. Most of the respondents reported their experience at the clinic as 'excellent' (64%) or good (34.4%). A small percentage rated it as 'adequate' (1.6%). No-one rated it as poor.

6.2.3 Contacting the Service
By far the majority of patients had used the service before. A lot had heard about the clinic through their GP/ other doctor or via a friend. Some users selected 'other', these included baby clinic, Brook, family, health advisor, hospital, internet, leaflet, Youth Advice Shop, live close by and knew of the clinic, came to enquire at reception. Most users thought the clinic was clean (99.6%), confidential (98.4%) and friendly (99.6%). One person thought the clinic was not clean and one person thought it was not friendly. Four people regarded the clinic as not confidential. Some of the comments were "*At reception everyone could hear in the waiting area*", "*Nurses were asking questions regarding cases in the corridor whilst the door to the waiting areas was open*", "*Reception announced previously contraception obtained & issued tablets*".

Only a small proportion of respondents (7%) thought the opening times were not convenient and the following comments made were:

- "*Evenings would be better but realise this is not always possible*"
- "*Full time had to come out in lunch time*"
- "*Half day holiday but doctor did explain about the evening surgery*"
- "*It'd be nice to have more day/times available*"
- "*More evening services would make service more accessible*"
- "*Need more late appointments after 5pm*"

Only a small proportion (2%) thought the venue was not convenient. Fourteen percent of the patients had used other services within the last 6 months including:

- Young people's services (5 people)
- GUM (17 people)
- HIV counselling (2 people)
- EHC from pharmacy (10 people)
- Other family planning clinic (3 people)

6.2.4 Travel

The majority of the service users travelled to the community sexual health services by car (62.1%) or as a car passenger (15.4%). Bus (9.9%) and walking (10.7%) were other main forms of travel. Four percent did not find their journey easy with problems such as parking, traffic and getting lost.

When asked which days and times would be most appropriate for the services to be provided weekday evenings were by far the most popular times. Monday, Thursday, Friday mornings and Saturdays were also highly scored. Sunday was not a popular day.

7. Stakeholder meeting

This section summarises the discussion that took place at the stakeholder meeting held on 2nd December 2008 in Warrington. The meeting was attended by range of people including doctors, nurses, public health practitioners and young people workers. Body Positive North West, Mencap and rape and sexual abuse support services represented the voluntary sector. Participants had responsibilities for commissioning, managing and providing services. A total of 23 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 Warrington. Consequently, there are a number of important points and priorities embedded in many of the paragraphs below as well as those in the final part.

7.1 Are services providing what people need?

7.1.1 Genitourinary Medicine (GUM)

The GUM service was judged to be performing well. The GUM service offers 48-hour access and is achieving an uptake of 90%. GUM opening times have improved and the walk-in clinic and weekend and evening clinics are proving beneficial. However, it was also reported that some GPs are not meeting their access/appointment targets.

It was stated that the focus is on achieving national targets – other problems such as erectile dysfunction and the provision of psychosexual counselling for people are not as available as they should be. It was reported that psychosexual services are poor in Warrington. There is a counselling service but GPs cannot prescribe for erectile dysfunction so if it is not something psychological (that psychosexual counsellors can treat) they are limited what they can do. Patients can get Viagra if they have diabetes but not if they have cardiovascular problems (which is becoming increasingly implicated in erectile dysfunction). Other participants said that the psychosexual service (in Warrington) is good but the medication issue is what is holding the service back.

It was also stated that contact tracing is limited in Warrington.

A number of other concerns were raised with regards to the accessibility in the community of GUM services. Garven Place provides a limited service. A nurse can only carry out urine and blood tests and is unable to conduct examinations. Culcheth has no contraception services. There was a GP there who ran a sexual health clinic but she has now left. All services are very limited if anyone is sick or on annual leave. The infrastructure needs to be able to cope at all times and not be reliant on one person.

7.1.2 HIV services
A few clients from Warrington attend Body Positive North West (BPNW), an HIV voluntary service, in Manchester. It is reported that they choose to go further afield to Manchester because of fear, stigma or concerns about confidentiality. Also, there is no such voluntary service in Warrington. It was reported that there is no service for instant/60 second testing for HIV, which BPNW provide in Manchester.

Further insight work should determine whether this situation reflects patient choice or is born out of necessity. It is said that there is a big difference between medical care and support services.

7.1.3 Chlamydia trachomatis (CT) screening
A range of encouraging initiatives were reported including GPs providing CT screening with a high uptake. Pharmacies with good opening hours reported a huge public demand for CT screening.

7.1.4 Contraception
It was stated that the long acting reversible contraception (LARC) provision is encouraging. There is an extra LARC clinic each week and an increased provision across all services. There is also a domiciliary service for people with physical disabilities and young mothers.

7.1.5 Termination of pregnancy (TOP) services
A number of positive aspects of TOP services were reported:

- The abortion assessment clinic provides an established referral route for TOP. There is a well established referral route among health and medical services in the area;
- Every age group is covered;
- There is a good central booking service for assessment;
- Performance is within CHI targets (TOP at <10 weeks gestation – 69%);
- CT testing and LARC are offered at TOP assessment.

A major concern is the out-of-town nature of all TOP services. Women have to go to Liverpool for all procedures. They either go to Liverpool Women's Hospital or to BPAS, which is in Aigburth – a suburb of Liverpool four miles outside the city centre. It was said that BPAS is very difficult to get to, especially for younger women.

Late abortions are not done locally. Women have to go to London, Leamington or Doncaster.

Other concerns were also raised:

- When patients go through their GP it takes a lot longer and can delay access to TOP services. There is very little awareness of the feasibility of self-referral for TOP in primary care. This needs to be communicated to GPs and the public. However the less than 10 weeks performance against the CHI target in Warrington implies that the under 12-week abortion service works well.
- There was discussion about whether HIV testing should be offered as part of the TOP service. No consensus was reached. This should be discussed at higher levels.
- GPs do not see many clients for TOP and so sometimes let their knowledge lapse.

7.1.6 Sexual assault
Concern was expressed about people who present to GPs who do not possess the appropriate knowledge about the correct course of action. Referrals should be made directly to the GUM service. There was concern that delays in signposting people to the right place means that it is too late to provide post exposure prophylaxis (PEP) for HIV. This is disappointing since the uptake and adherence of PEP is good.

7.1.7 Geography
The impact of Warrington's geography was considered. Young people always mention accessibility and transport when discussing their sexual health needs. Transport is a major issue – especially out of hours. For example, there are no buses back to Burtonwood (from Warrington town centre) after 6.30pm. Buses are also poor for other outlying areas such as Lymm and Culcheth. Young people say they like a centralised service in town. Consideration needs to given to the provision of outreach interventions and satellite clinics.

The issue of cross boundary flow was mentioned. People often travel far for services (especially HIV) but knowledge of how far people travel and how many cross boundaries is limited.

7.1.8 Information and awareness
A number of information and communication issues were raised during the meeting:
There is a lack of publicity promoting awareness of services in Warrington. Some participants were particularly concerned about the lack of information in GP surgeries. "*Everything is on their desk and nothing is on the walls about sexual health services*". The public need to see information that signposts them to appropriate services. Participants also said that TOP leaflets need to be sent to GP services; HIV testing leaflets are only visible in GUM settings; and some services need to be promoted more effectively e.g. the Gay and Lesbian Youth Support Service (GLYSS).

Participants said that health promotion campaigns should be provided on a more regular basis. Currently, they are only provided at certain times such as Christmas and New Year. It was also reported that Warrington Wolves Rugby League Club promote chlamydia screening.

7.2 Are services accessible to all potential users?
7.2.1 Young people
"*There is good networking between YP services - everyone works well together*"

There is a well-established young people's service in Warrington. An integrated youth model has been developed across Connexions and the Youth Service that comprises building based and outreach services.

The Youth Advice Shop in the town centre sees about 8,000 people a year. It was agreed that there is good awareness of the advice shop, which was established 15 years ago. The advice shop provides contraception including condoms and LARC; smears and CT screening.

A number of other young people initiatives were documented.

- A number of GP practices provide access to free condoms (*n* = 26);
- Chlamydia services in two 6th form colleges;
- Sexual health clinics have been established in 6th form colleges;
- A 7-day a week emergency contraception via out of hours services is available;
- Pharmacies screen 6-days a week - dual CT and gonorrhoea screening;
- Tracking system of under 16's who become pregnant; pre- and post-counselling; nurses track girls to make sure they get support;
- The Gay and Lesbian Youth Support Service (GLYSS), which is part of the Warrington Youth Service is also well established. Referrals are received from schools and colleges. Concern was

expressed about the perception of confidentiality because Warrington is a small town. Promotional activity needs to emphasise the confidentiality aspect of the service;
- HMP Risley and Thorn Cross YOI screen for CT on arrival and provide condoms on day leave. Offender related groupwork includes aspects sexual health;
- The NSPCC provides support to care leavers from the Peace Centre including sexual health information and condoms;
- Pre- and post abortion counselling service as well as general counselling is available for YP. It is promoted via the Kooth website, Year 9 SRE school health nurse; Connexions booklet for Year 10;
- Support is provided to teenage mothers including the prevention of second pregnancies.

Concerns were also raised. These included:

- The advice shop building needs modernising. A base is also needed in the Orford area- currently outreach work is carried out in the area;
- More emphasis should be placed on preventative services;
- Young people have confidentiality concerns in GP settings – especially with 'family practices'.

7.2.2 Older people

While young people's services are strong, it was agreed that there is very little being provided specifically for older people. It was reported that those aged over 40 are a potential risk group. They are unlikely to be in contact with sexual health services other than their GP and have poor knowledge about sexual health risks.

7.2.3 Black and minority ethnic groups (BME)

Little evidence of diversity monitoring was reported. Anecdotally, it was agreed that the majority of service users are white heterosexuals. Two workers are employed to look at how to best develop services for BME populations.

Very few Asians, particularly young females use services. Participants were concerned that this may be because there is a lack of awareness (of the service) or fear that prevents them from attending. It was also said that the growing Chinese population is not accessing services.

7.2.4 Migrants and asylum seekers

There have been noticeable changes in the demographics of Warrington in relation to migrants in the last decade. Immigrant populations are relatively low but gradually increasing e.g. there has been an increase in Polish workers in the area - often young single males. Anecdotally, stakeholders suggested that abortion rates have increased slightly because of eastern European immigrants. The group thought it could be similar to places like Peterborough, a town that has seen their TOP statistics double because of Eastern European migrants.

Concern exists that the population of Warrington is changing and local services may not be 'geared up' to meet different needs.

Encouragingly, a multicultural society forum has been established, links are being made with homeless people who do not speak English; and Polish shops are being used to provide health information.

7.2.5 Travellers

Travellers are not currently receiving sexual health services in Warrington. It was reported that a new commissioning Equitable Access Centre model is to be established.

7.2.5 Homeless people
It was reported that there was only limited work with homeless people. Condoms are given out but no other support is provided. It was recognised that homeless people have difficulty keeping appointments.

7.2.6 People with learning difficulties (LD)
It was reported that there are difficulties associated with meeting the needs of people with learning difficulties. GPs and other health workers are not 'tuned into' needs of people with LD. It was recognised that people with LD can easily become isolated. It is important to work with colleges to improve access for people with LD.

Warrington MENCAP supports people with learning difficulties. There are several houses with facilities to support independent living for people with LD. It was said that there is little else for young adults other than a social group for people with autism. Nationally, there is poor provision for when people with LD, especially for those who fall between child and adult services.

7.2.7 Men who have sex with men
"*Warrington still has quite a small town approach and there is nothing for gay men here*"

It was reported that Warrington's first gay bar recently opened and has established links to sexual health services. Participants suggested that a gay men's GUM clinic is needed and would be popular with clients.

7.2.8 Sex workers
The extent of sex work in Warrington is relatively unknown. It is thought that there is a small or nonexistent visible street sex work.

7.2.9 Drinkers and drug users
Participants spoke about the link between sexual risk-taking and alcohol and drugs. A number of encouraging initiatives were mentioned including the deployment of an alcohol worker to the STI prevention group; and a recent campaign aimed at 13-19 year olds, which focused on sex, drugs and alcohol. It was reported that there is a high need for PEP (for HIV) and emergency contraception on Monday mornings - a proportion of which are thought to be substance related.

Other participants spoke about the overlap between substance use and sexual health. In surveys, nine out of ten young people have concerns about alcohol rather than illegal drugs. Discussion centred on whether this was a true reflection of the relative risks of different substances or a consequence of poor intelligence.

7.3 How can capacity and competence be improved
7.3.1 Workforce development
Some examples of training initiatives were provided:

- All young people workers have been trained in sexual health related issues;
- Training is being provided to the drug and alcohol team to provide sexual health advice. Midwives are also being trained to give sexual health advice;
- Training staff on 'You're Welcome' will roll out across GP practices soon.

It was reported that primary care staff do not see many patients with sexual health concerns. This sometimes means that the incentive to keep knowledge of treatment or care pathways up-to-date is limited.

Communication between different sexual health services needs to improve. The current approach depends on the personality and drive of people networking rather than systematic infrastructure being in place.

7.3.2 Planning, review and commissioning
Participants thought that the STI targets are good because they are making the PCT focus on the accessibility of services.

It was stated by some participants that there is a lack of a 'champion' for sexual health within primary care in Warrington but there are enough GPs with an interest in the issue.

The development of integrated sexual health services is being held back. Some argued that there should be more openness about where the money for services is and how to access it.

Concern was expressed about what will happen after initial funding or pilot schemes come to an end. The teenage pregnancy grant ends in 2010. Questions were asked about what will happen to the services and roles funded by this funding source.

7.4 What are the priorities for change?
7.4.1 Make the strategy clear
Stakeholders felt it important to understand and agree the sexual health strategy in Warrington. Some participants stated that they did not think that everyone was doing the same thing or working to the same priorities. The perceived separation between GPs and other sexual health services was noteworthy.

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 agency's contribution to the strategy via a series of workshops or meetings. A number of participants at the event on 2nd December 2008 had not met each other before.

7.4.3 Get the system right
A system of integrated sexual health services for current and potential service users was viewed as vital. Ensuring the right mix between hospital, primary care and community services is also important. Workforce development initiatives will be needed to underpin system changes.

7.4.4 Ensure public and patient involvement
Public and patient involvement in the design and delivery of sexual health services could 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.

This issue is particularly important since the demographics of the population are changing especially in terms of race and ethnicity. The knowledge of some potential risk groups is currently limited, for example, 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 improving knowledge of sexual health and well-being as well as signposting people to appropriate services.

7.4.6 Publicise good news
Clearly, there are many examples of good work in Warrington. Targets are being met and the youth orientated work was universally approved. This success should be communicated to all stakeholders and used to raise the aspirations and expectations of the public, professionals and patients.

8. Information on sexual health services in Warrington PCT

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

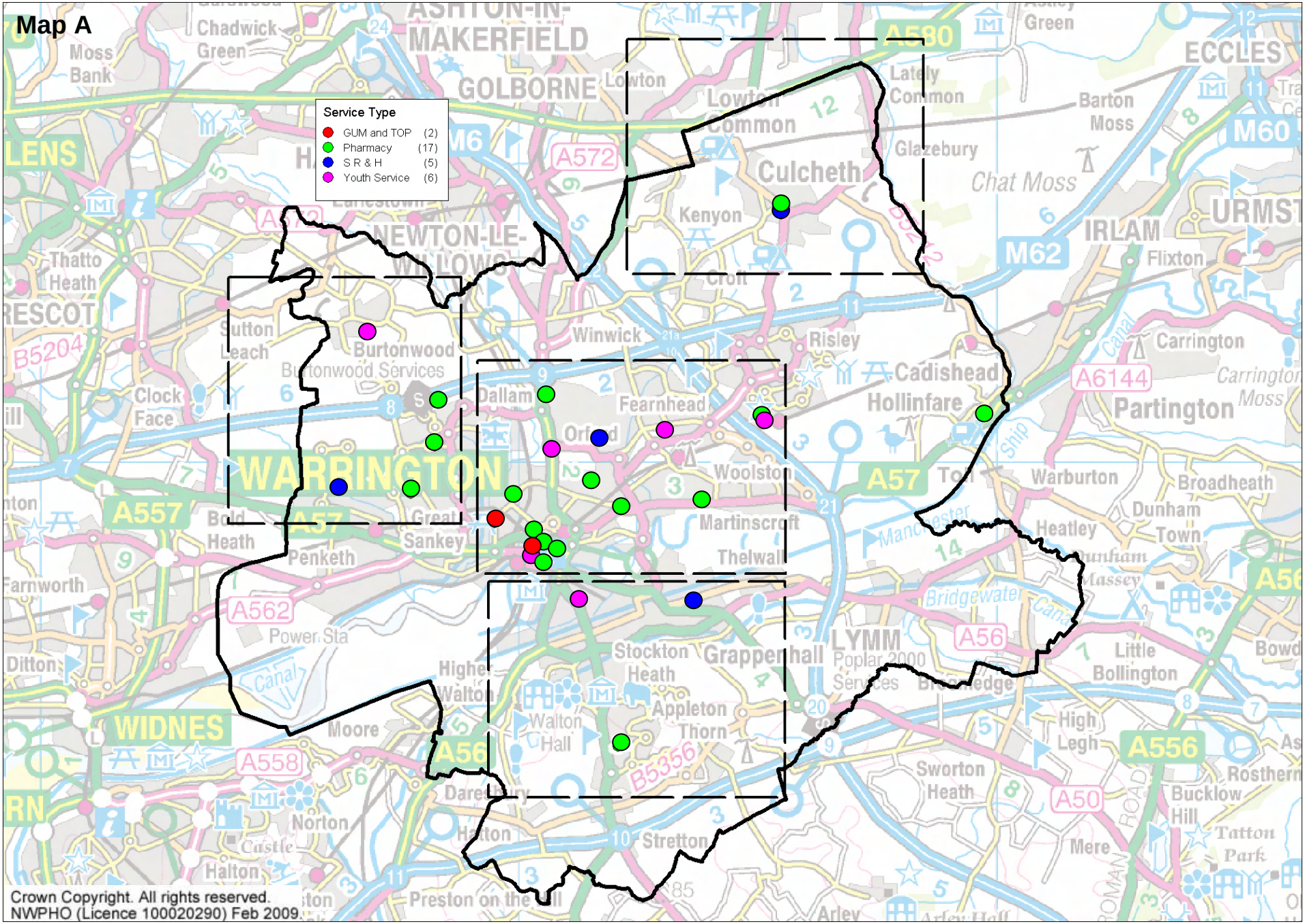
Map A –	gives an overview of all services in Warrington	(Scale 1cm = 1.3km)
Map B –	Culcheth and Glazebury	(Scale 1cm = 0.4km)
Map C –	Burtonwood, Warrington and Westbrook	(Scale 1cm = 0.4km)
Map D –	Town Centre, Padgate, Woolston, Paddington, Bewsey, Hulme and Fernhead	(Scale 1cm = 0.4km)
Map E –	Widnes, Halton and Hale Village	(Scale 1cm = 0.4km)

Maps A-E show each sexual health service across Warrington 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 areas were chosen to indicate what was deemed a reasonable distance to travel to services, with particular regard to young people. The maps show all major roads and railway lines across the PCT.

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 this needs assessment, unless otherwise stated.

On the map it can be seen that there is a lack of provision for sexual health services in the Lymm area or to the far north of the PCT. Lymm in particular has no sexual health service provision. It was expected that Lymm had a pharmacy that offered emergency contraception but from the telephone audit this is not the case. People in this area may travel to Altrincham for their service provision.

Map A


Service Type
GUM and TOP (2)
Pharmacy (17)
S R & H (5)
Youth Service (6)
WARRINGTON
WIDNES
LYMM
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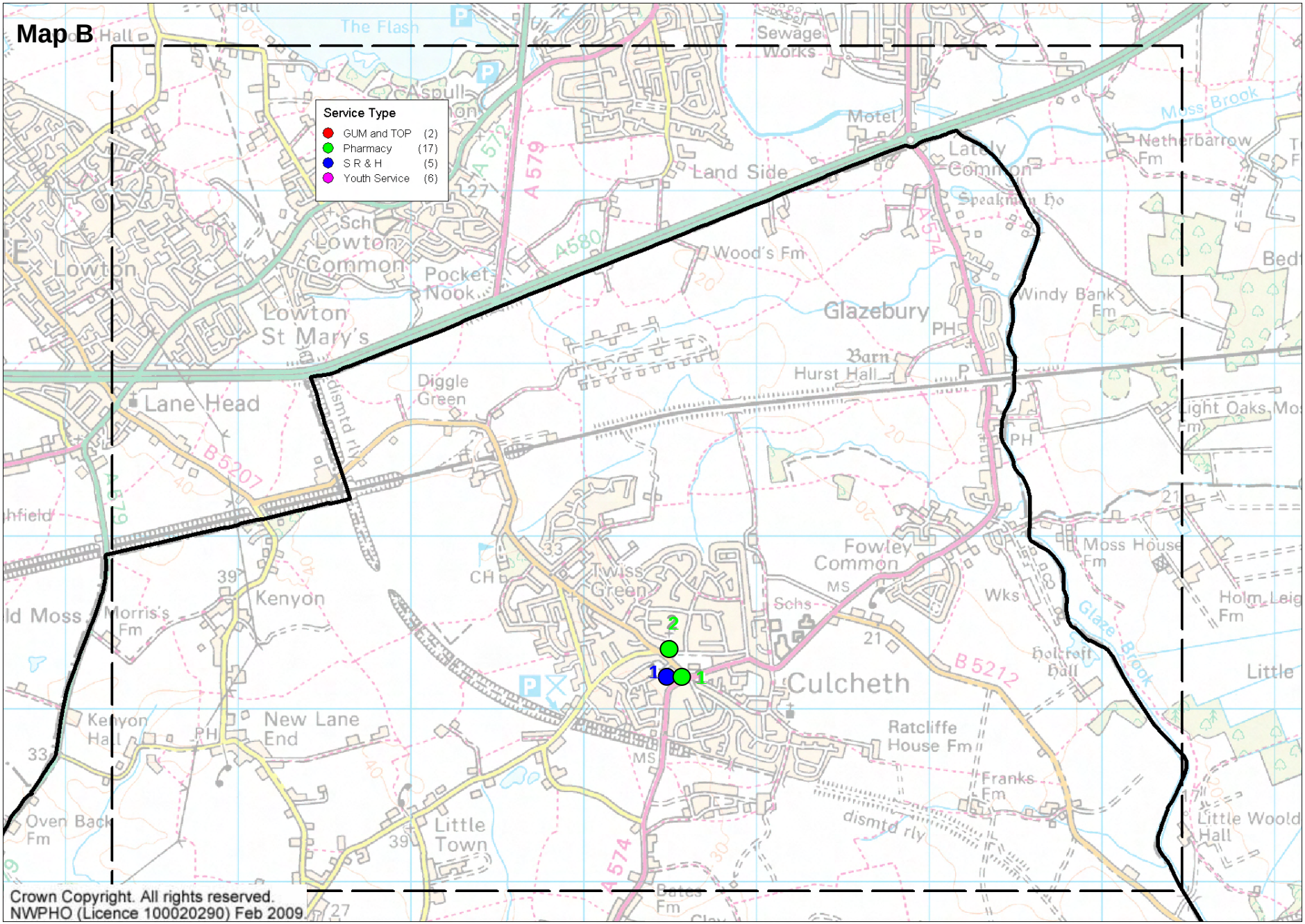
Map B covers Culcheth and Glazebury. This is a mainly rural area apart from these two villages with Culcheth being a very large village.

Contraceptive Services
A clinic conducting cervical screening is held every six to eight weeks depending on numbers at Culcheth Clinic. This was mentioned in the table but the times were not entered as it is not held on a regular basis. There are no other contraceptive services in the area. There are two pharmacies but they only supply emergency contraception. The nearest contraceptive clinic, Orford Health Centre, is just over five miles away. This clinic is every Tuesday and Thursday evening between 6-8pm.

Pharmacy services
There are two pharmacies in the area offering sexual health services. Both offer free emergency contraception (EHC) to woman of any age and one also offers free condoms with EHC. Pharmacy opening times cover Monday to Friday 9am – 6pm and Saturday 9am – 5pm, however there is no provision on a Sunday.


Map B
Service Type
GUM and TOP (2)
Pharmacy (17)
S R & H (5)
Youth Service (6)
Culcheth
Glazebury
Lowton
Lowton St Mary's
Lane Head
Kenyon
New Lane End
Little Town
Fowley Common
Twiss Green
Diggle Green
Pocket Nook
Land Side
Hurst Hall
Ratcliffe House Fm
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Warrington PCT Map B

S & R H	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																												
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Wednesday																												
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Saturday																												
Sunday																												

Map C covers the area to the west of the town centre covering Burtonwood to the north and the outskirts of Warrington and Westbrook. There are few services covering the suburbs to the west and north of Warrington. There is only one service (a youth service) in Burtonwood towards the north west of Warrington PCT. This is a relatively sparely populated area with lots of rural land. There is a bus service in to Warrington town centre that takes around 35 minutes and run every half an hour until 6.15pm. Most of the services in Warrington are 6-8pm or they are in the daytime at GUM. Accessing the services would prove difficult for anyone working in the daytime outside Warrington town centre and having no access to their own transport. Approximately 11,000 people live across the two areas.

Contraceptive Services

There is one service in Lingley Mere that offers contraception, emergency contraception, free condoms, pregnancy testing and referrals to Garven Place for termination of pregnancy. From January 2009 it will be offering emergency IUDs. This service is only open once a week on a Wednesday 6pm-8pm. It is located by a school and leisure centre so is easily accessible. There are no other service provisions other than at this time. Burtonwood is on the other side of the motorway. There is a bus service that runs every hour and takes around 40 minutes into the town centre.

Youth services

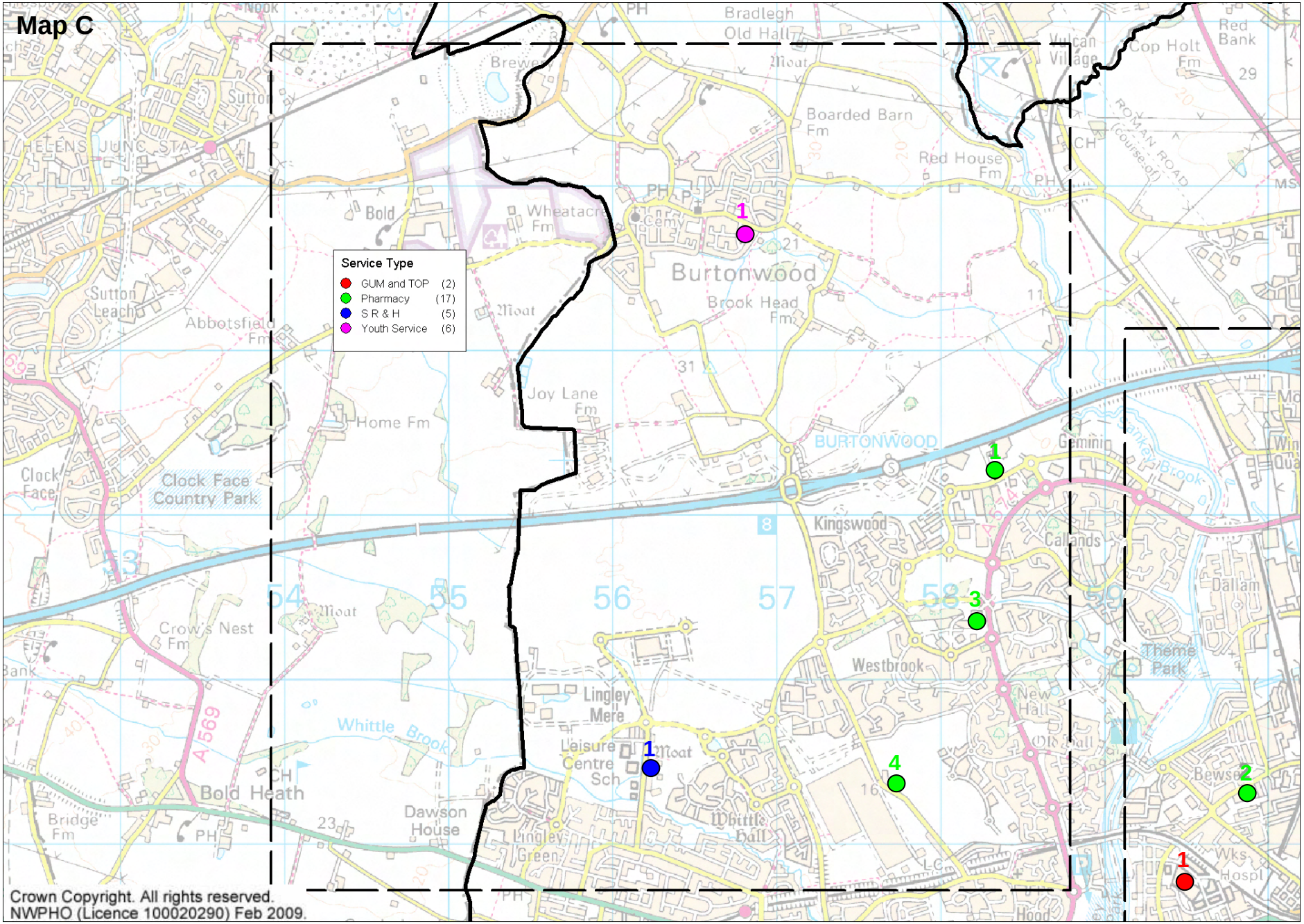
The only service in the area is a youth service in Burtonwood. This service runs a clinic on a Monday afternoon only (3.30pm – 5.30pm). It was difficult to get hold of someone to talk to so we have no further information about the service.

Pharmacy services

There are comprehensive opening times in this area. Sexual health services offered by pharmacies cover the whole week; Monday – Saturday 8.30 - 9pm and 11am till 5pm on Sunday. The pharmacies are in the suburbs of Warrington, one of which is on the edge of the town centre (details on Map D). However, there are no services that is easily accessible for those living in Burtonwood. These services all offer free emergency contraception to women of any age and two offer free condoms with emergency contraception.

Genito-urinary medicine (GUM) services

GUM services are offered at Warrington District Hospital with services 9.30am -11am Monday, Tuesday, Wednesday and Friday and Monday and Wednesday afternoons (1.30pm - 3pm). There are two evening clinics running from 5pm - 6.30pm on a Monday and Thursday. These clinic times are evenly spread throughout the day, giving the public a lot of choice as to when they can visit. However, they only offer 12 hours a week. They offer testing and treatment covering all aspects of STIs and HIV care and management (including HIV testing), family planning, advice and condoms. The clinic operates both a walk-in and booked service. It is located within easy reach of the town centre, about one mile out of town. There is a regular frequent bus service to the GUM clinic.


Map C
Service Type
GUM and TOP (2)
Pharmacy (17)
S R & H (5)
Youth Service (6)
Burtonwood
BURTONWOOD
Kingswood
Westbrook
Bold
Bold Heath
Clock Face Country Park
Crow's Nest Fm
Joy Lane Fm
Home Fm
Abbotsfield Fm
Sutton Leach
Boarded Barn Fm
Red House Fm
Brook Head Fm
Wheatacre Fm
Bradlegh Old Hall
Cop Holt Fm
Red Bank
Callands
Dallam
Theme Park
New Hall
Lingley Mere
Leisure Centre
Sch
Whittle Hall
Lingley Green
Dawson House
Bridge Fm
Whittle Brook
A569
Bewsey
Wks
Hospl
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Warrington PCT Map C

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
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		8-9		9-10		10-11
Monday																															
Tuesday																															
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Sunday																															

S & R H	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
Monday																															
Tuesday																															
Wednesday																															
Thursday																															
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Sunday																															

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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Map D covers the town centre of Warrington and suburbs to the north and east of the town centre including Padgate, Woolston, Paddington, Bewsey, Hulme and Fearnhead. There are a wide range of services available in this area: pharmacies, contraceptive services, youth services and GUM (including HIV services).

Contraceptive Services
There is one contraceptive service in this area of Warrington. This offers contraception, emergency contraception, free condoms, pregnancy testing and emergency IUDs. Any patients requiring termination of pregnancy are referred to Garven Place to discuss. These cases are in turn referred to Liverpool Women's Hospital. This service is only open 6pm - 8pm on Tuesday and Thursdays.

Youth services
In the centre of Warrington is the Youth Advice Clinic at Gateway House which is open everyday between 3.30-5.30pm and for three hours on Saturday afternoon. The scheduling of the service allows young people to attend the service after school if in education. These times may prove difficult to young people in full time work. They offer advice and support for young people including referrals to other agencies. There are youth advice shops in Fearnhead and Birchwood on a Friday both at 3.15-4.45pm. These offer condoms and pregnancy testing but no other forms of contraception. These two clinics are within a few miles of each other. They are on the opposite side of the motorway but there are buses every 30 minutes or less and it is only a five minute journey from one to the other. However, the times of the clinics are scheduled at the same time. This means that there are no services from Saturday to Thursday in these areas, they would have to attend the central clinic at Gateway House. This is a journey of around 30 minutes each way by public transport. If they were to go after school then the journey would take a fair amount of time as well as the time taken for the appointment.

A further service is offered based at Warrington Collegiate which is just on the outskirts of the town centre. This runs for two hours on a Monday lunchtime and is mainly for the pupils at the college. They offer EHC, condoms, pregnancy testing and most other forms of contraception.

There are no youth services offered to the west of the town centre in the Padgate and Paddington area, although there are regular transport links in to the town centre. On the whole there are no other provisions for young people other than the main service at Gateway House. There are no services at all to the south or the north of the PCT.

Pharmacy services
In terms of opening times, sexual health services offered by pharmacies in this area cover almost the entire week; Monday to Saturday 7am - 11pm and 10am - 4pm on Sunday. There are 11 pharmacies in the area all offering free EHC. The majority offer free condoms with EHC. Of the 11 pharmacies one stipulated that they only provide the EHC to over 16s and another said that they would only provide the EHC to under-16s with adult supervision. The availability of the service in this area is heavily dominated by one pharmacy opening 102 hours a week. The majority of the pharmacies are located in the centre of Warrington but with a number located in the suburbs as well. Opening times for one pharmacy based in the town centre were unavailable.

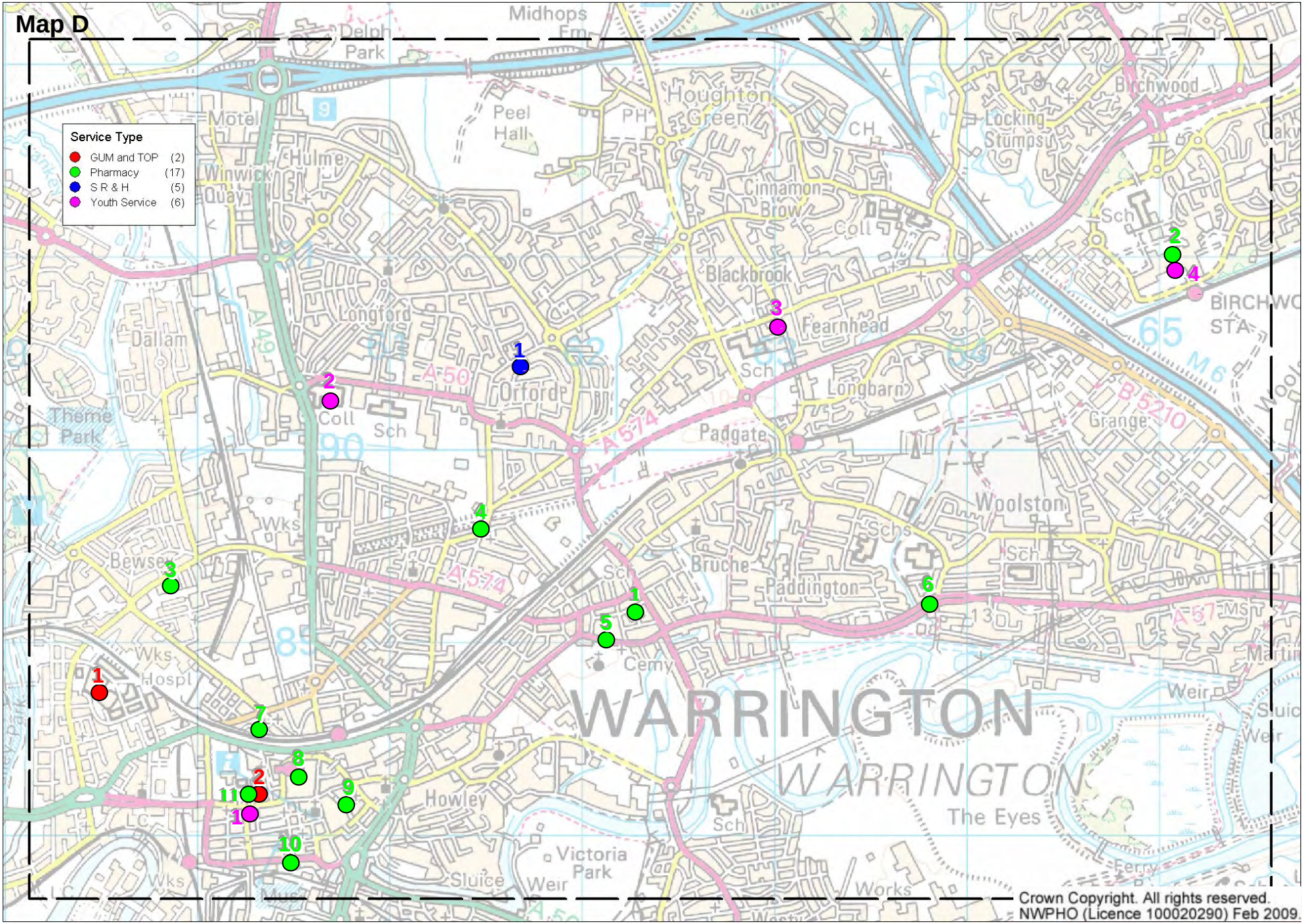
Genito-urinary medicine (GUM) services
GUM services are offered at Warrington District Hospital. The session times are 9.30-11 Monday, Tuesday, Wednesday and Friday mornings and Monday and Wednesday afternoons 1.30-3pm.

There are two evening clinics running from 5pm - 6.30pm on a Monday and Thursday evening. These clinic times are evenly spread through out the day, giving the public a lot of choice as to when they want to visit. However they only offer 12 hours a week in total. They offer a wide range of sexual health services including testing and treatment. This covers all aspects of STIs and HIV care and management (including HIV testing), family planning, advice and condoms. The clinic operates both a walk-in and booked service. It is located within easy reach of the town centre, about 1 mile out of town. There is a regular frequent bus service to the GUM from the town centre.

The Sankey Clinic at Garven Place offers information and advice, counselling and referral on termination by appointment only. All referrals for termination of pregnancy within the PCT are sent to the Sankey Clinic. The terminations are then carried out at in Liverpool. They started an extra session in January on a Tuesday and will see how these works out. It operates within Garven place and is completely confidential. It is open 1pm - 3.15pm on Tuesday and 9am -11.30am on Wednesday. There is no GUM service at the weekend.

There are no sexual health services within Warrington PCT on a Saturday or Sunday except for the youth clinic on a Saturday morning. The last appointment for adults is 11am on a Friday morning. Emergency contraception is available from pharmacies.

There are no sexual health services to the far north and the far south of the PCT. Lymm in particular has no sexual health service provision. It was expected that Lymm had a pharmacy that offered emergency contraception but from the telephone audit this was found not to be the case. People in this area would have to travel to Warrington town centre for their service provision. They may also travel across into another PCT to towns like Altrincham.


Map D
Service Type
GUM and TOP (2)
Pharmacy (17)
S R & H (5)
Youth Service (6)
WARRINGTON
WARRINGTON
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Warrington 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		10-11
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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		8-9		9-10		10-11
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Friday																															
Saturday																															
Sunday																															

S & R H	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
Monday																															
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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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Map E covers the areas to the south of the town centre including Latchford and Stockton Heath, Grappenhall, Dudlow's Green and Appleton Thorn. There are very few services in this mainly residential area. There were expected to be more services offered but this was found not to be the case once the telephone audit was carried out.

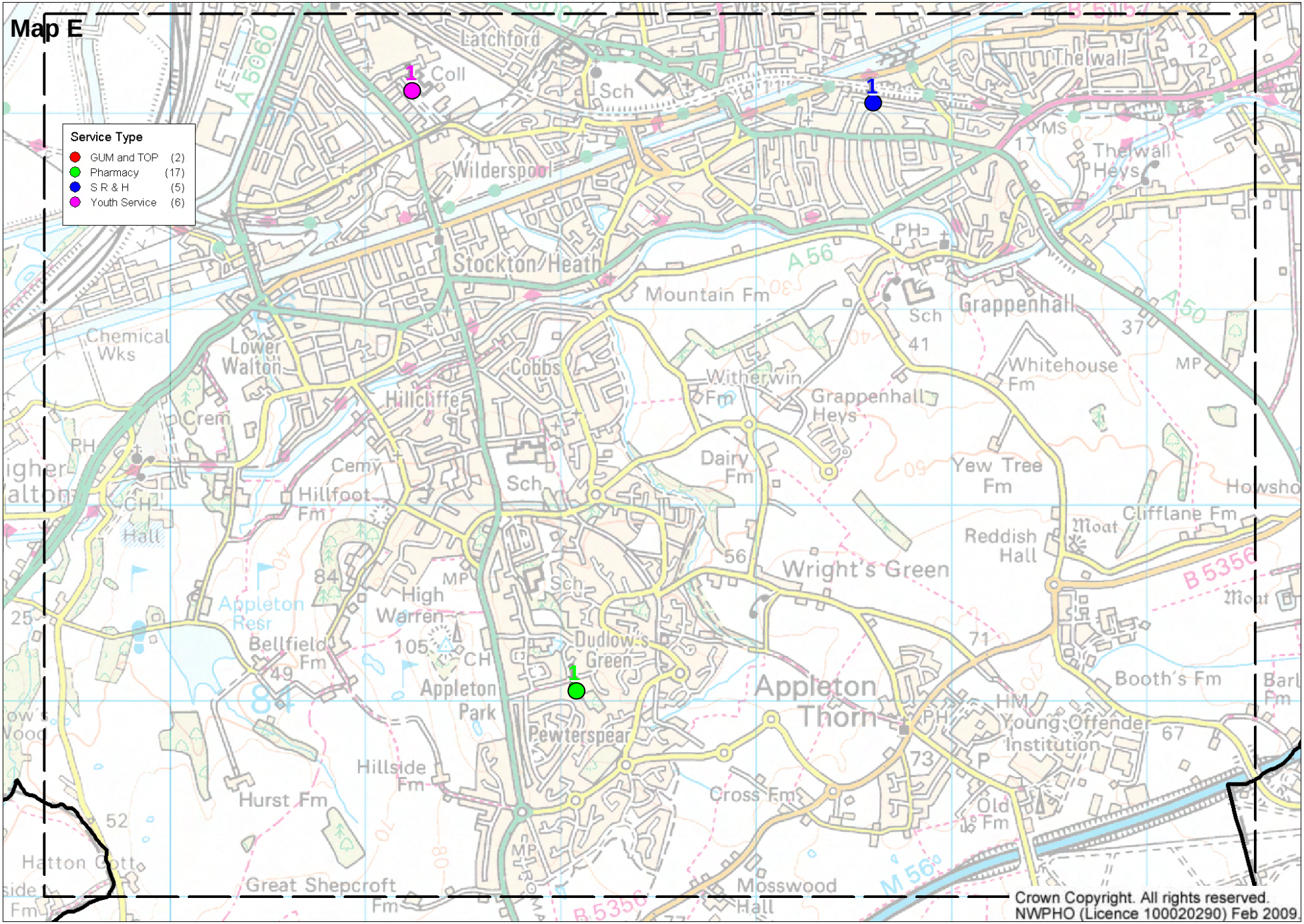
Contraceptive Services
There is a contraceptive service in Grappenhall every Monday evening 6pm - 8pm. The services provided are: contraception (including IUD and implants), emergency contraception pregnancy testing, emergency IUDs and free condoms. They also provide referrals for TOP services at Garven Place. The service runs on an appointment only basis, though emergencies can often be seen.

Pharmacy services
One pharmacy in the residential area of Dudlow's Green offers emergency contraception (free condoms are offered with the EHC) to women (including under-16).

The pharmacy is open Monday to Friday 9am – 6pm but the accredited pharmacist only works 4 of the days so it cannot be guaranteed that the EHC can be offered on a particular day. People need to phone and check beforehand to see if that particular pharmacist is working.

In the other areas there are no other pharmacies that offer the EHC. It was expected that the pharmacies in Grappenhall and Stockton Heath would provide emergency contraception. From the telephone audit it was discovered that the pharmacists are not accredited. This leaves a gap of service provision in the area.

Youth Service
There is a lunchtime session between 12pm - 2pm on a Thursday at Priestly College that offers advice and support for young people as well as emergency contraction, condoms, pregnancy testing and most other forms of EHC. However, this is for the pupils of the college however. No other youth service is offered in the immediate area.


Map E
Service Type
GUM and TOP (2)
Pharmacy (17)
S R & H (5)
Youth Service (6)
Latchford
Coll
Sch
Thelwall
Wilderspool
Stockton Heath
Mountain Fm
Grappenhall
Chemical Wks
Lower Walton
Cobbs
Witherwin Fm
Grappenhall Heys
Whitehouse Fm
Hillcliffe
Crem
Cemy
Hillfoot Fm
Dairy Fm
Yew Tree Fm
Clifflane Fm
Reddish Hall
Moat
Wright's Green
Appleton Resr
High Warren
Bellfield Fm
Dudlow's Green
Appleton Park
Pewterspear
Appleton Thorn
HM Young Offender Institution
Booth's Fm
Hillside Fm
Hurst Fm
Cross Fm
Old Fm
Great Shepcroft Fm
Mosswood Hall
Hatton Cott
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Warrington 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
Monday																															
Tuesday																															
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Friday																															
Saturday																															
Sunday																															

S & R H	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
Monday																															
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Friday																															
Saturday																															
Sunday																															

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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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.

9.1 Needs and Demands

9.1.1 STIs

Warrington PCT has the second highest prevalence of chlamydia in comparison with the rest of Cheshire and Merseyside, the third highest being Halton and St Helens PCT. Further, data show that young people aged 15-19 years have the highest prevalence of chlamydia (1,990 per 100,000)[38] compared to other age groups. This is the highest prevalence of all PCTs in the Cheshire and Merseyside area and shows an area for vast improvement. The diagnosis of chlamydia in the 30-34 years age group is the lowest in Cheshire and Merseyside and shows the problem is mainly amongst younger people in comparison with the North West. This would suggest a need to focus chlamydia screening and prevention work on a younger age group than is currently targeted.

Data from community chlamydia and gonorrhoea testing shows that only 69% of positive patients receive clinician confirmed treated. This rate needs to be improved upon if the chlamydia and gonorrhoea figures are to be controlled. Further, not all of the positive cases who received treatment were treated through the community service. Given that the Chlamydia Screening Programme, is co-ordinating the community programme it is unexpected to find that not all treatment was performed at CSO 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 predicted prevalence of key five STIs in the population group 'Blossoming Households'. Conversely, there was a lower than predicted prevalence of the key five STIs in 'Disadvantaged Household'. These unexpected findings could represent the need to target different groups within the PCT with sexual health interventions and messages.

Recommendation 1

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

Recommendation 2

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

Recommendation 3

Carry out further social marketing insight work with 'Blossoming Family' groups.

9.1.2 HIV

The rate of HIV infection continues to rise in the PCT similar to that of the North West region as a whole. The rates have been rising consistently since 2003. The majority of cases in Warrington are male, aged between 35-44 years, infected through sex with other men, and of white ethnicity. However, there has been a recent increase in the number of heterosexually infected individuals. There is very limited work in the area to engage the MSM population, and the GLYSS service only caters for the needs of young people in the population. Services, such as The Armistead Centre, that can offer

more specialised help and introduce outreach work may be of benefit to the affected community. The Armistead Centre are currently involved in projects in neighbouring PCTs.

It was reported in the stakeholder meeting that there is no service for 60 second testing for HIV in the PCT, although Body Positive North West provide this in Manchester.

Recommendation 4
Initiate specialised services to engage with the local MSM population.

9.1.3 Teenage Pregnancy
The steady progress towards the 2010 target since the 1998 baseline needs to continue if the 50% reduction is to be achieved. In terms of Warrington's statistical neighbours (Cheshire, Solihull, Stockport, Staffordshire), Warrington has had the largest percentage decrease (-35%) in under 18 conceptions between 1998 and 2007, despite having the second highest deprivation score of the five. Findings show that Warrington's under 18 conception rates are as expected for the level of deprivation in the PCT. This achievement is in line with Warrington's statistical neighbours who also have under 18 conception rates proportionate to level of deprivation.

The numbers of under 18 conceptions tend to be higher in the centre of Warrington. 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; Great Sankey and north of Fearnhead.

Recommendation 5
Maintain priority in the planning processes for good representation of services in areas of high deprivation.

Recommendation 6
Ensure the recent reduction in teenage pregnancy rate continues, this would guarantee the 2010 target is reached.

9.1.4 Contraception
Warrington PCT has a low prescription rate for LARC compared to national averages. This suggests that NICE guidelines, recommending LARC as more cost effective than combined oral contraceptive and injectable contraception at reducing unintended pregnancy, are not currently being met in this area[11].

There has been a 7% decrease in abortions, and an 18% reduction in births. This is contrary to the national trend which also shows higher rates of abortion in women across England[67].

In Warrington PCT in 2007 there were 631 legal abortions carried out with the largest proportion (28%) aged between 20 and 24 years with the next largest proportion (17%) between 25 and 29 years. This is consistent with the North West as a whole which has 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 10% of the total abortions in Warrington. There is a similar rate of abortion per 1,000 females for both under and over 18s (16 per 1,000 females).

The stakeholders raised a major concern about the out-of-town nature of all TOP services. Women have to go to Liverpool for all procedures. They either go to Liverpool Women's Hospital or to BPAS, which was reported as being very difficult to get to, especially for young women.

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 90% 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 66% 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. The 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.

Overall the KT31 data show a reduction in use of services compared to the previous year. There was a 4% reduction in the amount of clinics run for the under 25s, and a subsequent decrease in the amount of people attending the clinics. There was a 7% reduction in female attendance to the services compared to the previous year, and a 41% reduction in male attendance however this may in part be due to a change in premises.

Recommendation 7

In line with NICE recommendations, the use of LARC, EHC, and condoms for women having a termination should be encouraged.

Recommendation 8

To further invest and promote LARC within the general female population.

Recommendation 9

To increase the number of clinics run for the under 25s to counteract the recent drop in attendance that coincided with a reduction in clinics.

9.1.5 Prescriptions

The oral contraceptive pills were the most prescribed in the period (between 2,000 and 2,500 each month). The numbers of prescriptions of the injectable contraception are the next most prescribed (between 216 and 274 prescriptions per month). Prescriptions of the contraceptive patch were generally steady with a slight peak in June and (20 prescriptions). Prescriptions of IUD were generally low with the largest number (25 prescriptions) in June. Prescriptions for the implants were consistently low throughout the period but peaked in February with 26 prescriptions. There were seasonal peaks of emergency contraception prescription were around yearly holiday periods including January, April, and July. As these times coincide with national holidays, 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

There was a slightly higher proportion of male patients visiting the clinic (54%) compared to females (46%). The 25-34 age range had the most representation (38%) with other age ranges having an even representation. However, this information is derived from questionnaires filled in by service users. This questionnaire was potentially affected by selection bias so care must be taken when interpreting these findings. Just over half (53%) of the patients who had appointments were seen within 10 minutes but a quarter (24%) had to wait longer. However, most visitors to the clinic felt their experience was ‘excellent’ (58%) or ‘good’ (40%), and only one person answered ‘poor’.

Ninety three percent thought the opening times of the clinic were convenient. When asked which days and times would be most appropriate for the services to be provided, Monday to Saturday mornings were the most popular times closely followed by weekday evenings. The least preferred times were Friday afternoons, Saturday and Sunday evenings.

Recommendation 11
Expand opening times at Warrington GUM, service users specifically highlighted Monday to Saturday mornings.

Recommendation 12
Implement a same day testing and results service.

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 (99%) 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. As 97% of respondents described their sexuality as heterosexual, it could be asserted that the community services are not appealing to LGBT individuals. Most of the respondents reported their clinic as 'excellent' (64%) or good (34.4%). However, some people did not regard the service as confidential with practical issues such as nurses and reception staff discussing names and specific case information in public. As these issues are all practical in nature they could be resolved with standard guidelines issued for use across all services.

Only 14% of service users had used other sexual health services in the last six months. Therefore for a large number of Warrington PCT residents, their contact with the community services is their only contact with sexual health services. This emphasises the need to offer a full range of services, at convenient times, in community settings. When asked which days and times would be most appropriate for the services to be provided weekday evenings were by far the most popular times. Monday, Thursday, Friday mornings and Saturdays were also highly scored. Sunday was not a popular day.

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.

9.1.8 Students
The majority of service users (89%) at Warrington Collegiate were female. User ages ranged between 16 and 25 years however 56% of users were 16 or 17 years. The majority of service users (63%) at Priestley College were male. There was a smaller age range of attendees at Priestley, between 16 and 19, with the majority (59%) of users being 16 years. Further investigation is warranted to ascertain possible reasons for the different attendance patters, and the specific services the students are using.

Recommendation 15
Enhance the quality and quantity of data collected on the services being accessed by students.

9.1.9 Care Leavers
Over three quarters of care leavers were of white British ethnicity, which does show an over-representation of black and minority ethnic people leaving care. This emphasises the need for appropriate services to be in place to cater for the differing ethnicities and religions of care leavers.

9.2 Insufficient services
9.2.1 Needs based service locations
This information could be valuable when considering where to place youth orientated services. There are high proportions of males under the age of 25 around Appleton Thorn, Burtonwood, and the north

of the town centre. The young female population mirrors that of the young males with the highest concentration areas, with the exception of Appleton Thorn. The high proportion of young males in Appleton Thorn is mainly due to the young offenders' institute.

When considering the link between deprivation and negative sexual health outcomes (e.g. early age sexual activity), areas of the town centre fall into the most deprived. It would be most appropriate to maintain and enhance services in these high deprivation areas (see figure 3B).

9.2.2 Specific locations

There are no youth services offered to the west of the town centre in the Padgate and Paddington area, although there are regular transport links in to the town centre. On the whole there are no other provisions for young people other than the main service at Gateway house. There are no youth services at all to the South or the North of the PCT.

There are no sexual health services within Warrington PCT on a Saturday or Sunday except for the youth clinic on a Saturday morning. The last appointment for adults is 11am on a Friday morning.

Lymm in particular has no sexual health service provision. It was expected that Lymm had a pharmacy that offered emergency contraception but from the telephone audit this was found not to be the case. People in this area would have to travel to Warrington town centre for their service provision. They may also travel across into another PCT.

There are no pharmacies in Stockton Heath, Grappenhall, and Appleton Thorn that offer free EHC. It was expected that the pharmacies in Grappenhall and Stockton Heath would provide emergency contraception, but current information from the audit suggests that no pharmacists are accredited. This leaves a gap of service provision in the area. There is also no youth service offered in the immediate area other than those provided at the colleges, during college opening hours.

Recommendation 16
Ensure a consistent availability of services throughout the PCT. This should help to address specific service gaps as highlighted in section 8.

9.2.3 Insufficient data

The Armistead Centre provides extremely valuable work throughout neighbouring PCTs. 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 as well as sexual health. This suggests it is a main place where they can seek support from on a range of issues.

As is the case for many PCTs there are no specific data is available on asylum seekers in Warrington. 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 Poland. There is a similar problem with data for Gypsies and Travellers. 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. A recommendation is that data collection forms across the PCT are modified 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. 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. This could, in part, be helped by producing sexual health leaflets and information in a variety of languages.

Stakeholders were concerned that very few Asians, particularly young women use services. Participants were concerned that this may be because there is a lack of awareness (of the service) or fear that prevents them from attending. It was also said that the growing Chinese population is not accessing services.

Recommendation 17

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 18

Produce sexual health leaflets in a variety of languages.

9.3 Service reconfiguration

The GUM department is still the primary place for diagnosis of chlamydia which is expected given the few amount of community testing sites available. Increasing the availability of chlamydia screening in the community could reduce the burden on the GUM department. By advertising the availability of community testing, demand on GUM services may be reduced. However, this trend of high diagnosis in the GUM clinic is mainly due to males therefore the community services could be made to appeal more to males (e.g. male only sessions). 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 or very few sexual heath services e.g. north of Fearnhead, and Birchwood. It can be seen that sexual health services are located in the areas with high conception rates. However there is a high conception rate in the area north of Fearnhead but no 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 Burtonwood where there are median to high levels of deprivation. There is a particularly high prevalence of STIs in the Appleton Thorn area. However, this is likely due to the young offenders institute in that area.

Recommendation 19

Increase the availability and advertising of community services.

Recommendation 20

To implement community based male only sexual health clinics.

9.4 General Findings

There is an unequal split of males and females accessing services through all ages. Further, the difference between the number of male and female attendees becomes more evident as the age of the service users increases. Females over 25 years are the main users of contraceptive services. The KT31 data show very low use of services by males of all ages. This is particularly evident in males over 20 years of age. This could be rectified by changing the marketing of the community contraceptive services to be more ‘male-friendly’.

The majority (94%) of these visits were to the central clinic at ‘The Gateway’. The majority of service users, when looking at all clinics combined, were female but at Fearnhead the majority were male users (78%). The primary reason for attending YAS appears to be for contraception in the form of male condoms. However, the data also show that contraception advice is not always given when contraception is dispensed. This is an area in which improvement could be made to ensure the service users are aware of all options available to them. This is particularly important given the low levels of LARC uptake in the PCT, which could possibly be increased by more service users being advised on

its availability and benefits. The data from Fearnhead clinic, where the majority of service users are male, show that contraceptive advice is always given with all contraception. This is not always the case at 'The Gateway' clinic which receives the majority of visitors.

The percentage of patients seen within 48 hours has shown some variation recently but has remained around the 90% mark. The rates of offered appointments and seen patients are in line with the North West averages, and remain above the tolerance amounts. These encouraging results need to continue to ensure patients continue to be seen promptly.

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 collects and uses disaggregated data. These data provide 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

Ensure contraceptive advice is given with the supply of all contraception.

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, sexual orientation, and postcode.

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Appendix 1

Warrington PCT Map B

	S & R H	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Culceth Place Clinic														
	Services	*Smear clinic held every 6-8 weeks*													

	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	PCT Healthcare	9.00-1.30	2.00-6.00	9.00-1.30	2.00-6.00	9.00-1.30	2.00-6.00	9.00-1.30	2.00-6.00	9.00-1.30	2.00-6.00	9.00-1.00			
	Services	*Pharmacy offering free emergency contraception to women of any age.*													
2	Co-op	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00	9.00	5.00		
	Services	*Pharmacy offering free emergency contraception to women of any age, inc Under 16 and free condoms with the ERC*													

Warrington PCT Map C

	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	Warrington District Hospital GUM	9.30-11.00	1.30-3.00 & 5.00-6.30	9.30-11.00		9.30-11.00	1.30-3.00		5.00-6.30	9.30-11.00					
	Services	*Testing and treatment for STI's, HIV testing, pre & post test counselling and sexual health advice. Walk in Clinics and Booked Clinics.*													

	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	Boots the Chemist	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	11.00	5.00
	Services	*Pharmacy offering free emergency contraception to women of any age, only every other week though.*													
2	Rowland's Pharmacy	8.45	6.15	8.45	6.15	8.45	6.15	8.45	6.15	8.45	6.15	9.00	12.30		
	Services	*Pharmacy offering free emergency contraception to women of any age and free condoms*													
3	Cohens Chemist	8.30	6.30	8.30	6.30	8.30	6.30	8.30	6.30	8.30	6.30	9.00	1.00		
	Services	*Pharmacy offering free emergency contraception to women of any age, haven't provided yet to Under 16 but would if asked. Do not offer any free condoms at any time*													
4	Eastbane Ltd (Hall & Stevens)	8.30-1.00	2.00-6.00	8.30-1.00	2.00-1.00	9.00-1.00	2.00-6.00	9.00-12.30		9.00-1.00	2.00-6.00				
	Services	*Pharmacy offering free emergency contraception to women of any age and free condoms*													

Warrington PCT Map C

	S & R H	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Barrowhall Lane Clinic						6.00-8.00								
	Services	*Contraception, emergency contraception, free condoms, pregnancy testing and referrals to Garven place for termination of pregnancy. Also provides emergency IUDs (from Jan 09)*													

	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	Choices Youth Base, Westbrook		3.30-5.30												
	Services	*Youth Clinic – no details*													

Warrington 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	Warrington District Hospital GUM	9.30-11.00	1.30-3.00 & 5.00-6.30	9.30-11.00		9.30-11.00	1.30-3.00		5.00-6.30	9.30-11.00					
	Services	*Testing and treatment for STI's, HIV testing, pre & post test counselling and sexual health advice. Walk in Clinics and Booked Clinics.*													
2	Sankey Clinic @ Garven Place Clinic				1.00-3.15	9.00-11.30									
	Services	*Information and advice, counselling and referral on termination – appointments only on both days.*													

	S & R H	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Orford health Clinic				6.00-8.00				6.00-8.00						
	Services	*Contraception, emergency contraception, free condoms, pregnancy testing & emergency IUDs. Refers terminations of pregnancy to Garven Place.*													

Warrington PCT Map D

	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	Youth Advice Clinic @ The Gateway Clinic		3.30-6.15		3.30-5.15		3.30-5.15		3.30-6.00		3.30-5.15		12.45-15.45		
	Services	*Confidential advice and support for young people between 11-19 years old Offer a wide range of services & referrals to other agencies. Takes referrals form colleges.*													
2	Warrington Collegiate		12.00-2.00												
	Services	*Advice and support for young people. Emergency contraception, condoms, pregnancy testing, and most forms of contraception.*													
3	Youth Advice Shop - Fearnhead										3.15-4.15				
	Services	*Advice and support for young people. Condoms, pregnancy testing, no contraception. TERM TIME ONLY*													
4	Youth Advice Shop - Birchwood										3.15-4.45				
	Services	*Advice and support for young people. Condoms, pregnancy testing, no contraception. TERM TIME ONLY*													

Warrington 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	Sainsbury's Pharmacy	7.00	11.00	7.00	11.00	7.00	11.00	7.00	11.00	7.00	11.00	7.00	10.00	10.00	4.00
	Services	*Pharmacy offering free emergency contraception to women of any age inc under 16 offers free condoms with ERC.*													
2	Co-op Pharmacy	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00	9.00	5.00		
	Services	*Pharmacy offering free emergency contraception to women of any age with condoms*													
3	Rowland's Pharmacy	8.45	6.15	8.45	6.15	8.45	6.15	8.45	6.15	8.45	6.15	9.00	12.30		
	Services	*Pharmacy offering free emergency contraception to women of any age and free condoms*													
4	Rowland's Pharmacy	9.00	6.00	9.00	6.00	9.00	6.00	9.00	5.30	9.00	6.00	9.00	1.00		
	Services	*Pharmacy offering free emergency contraception to women of any age and condoms with the ERC.*													
5	Co-op Pharmacy	8.30	6.15	8.30	6.15	8.30	6.15	8.30	6.15	8.30	6.15				
	Services	*Pharmacy offering free emergency contraception to women of any age – Will only give to Under 16 under adult supervision – no free condoms*													
6	Lloyds Pharmacy			8.45	6.15	8.45	6.15	8.45	6.15	8.45	6.15				
	Services	*Pharmacy offering free emergency contraception to women of any age, inc under 16. Free condoms with ERC.*													
7	Green Cross Pharmacy	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00	9.00	1.00		
	Services	*Pharmacy offering free emergency contraception to women of any age and free condoms*													
8	Boot's	9.00	6.00	9.00	6.00	9.00	6.00	9.00	8.00	9.00	6.00	9.00	6.00	11.00	5.00
	Services	*Pharmacy offering free emergency contraception to women of any age.*													
9	Corker's Pharmacy	9.00	5.00	9.00	5.00	9.00	5.00	9.00	5.00	9.00	5.00	9.00	1.00		
	Services	*Pharmacy offering free emergency contraception to women of any age, only condoms with the pill.*													
10	Co-op Pharmacy	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00	9.00	12.30		
	Services	*Pharmacy offering free emergency contraception to women OVER 16 ONLY condoms with emergency contraception.*													
11	Co-op														
	Services	*Pharmacy offering free emergency contraception to women of any age. No answer on phone with regards to times.*													

Warrington PCT Map E

	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	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00	9.00	6.00				
	Services	*Pharmacy offering free emergency contraception to women of any age inc under 16's with free condoms. The accredited Pharmacist only works 4 out of 5 days so days vary.*													

	S & R H	Opening times													
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Grappenhall Clinic		6.00-8.00												
	Services	*Contraception, emergency contraception, free condoms, Coils and implants, pregnancy testing and referrals for termination of pregnancy to Garven Place. Also provides emergency IUDs. Appointments only - emergencies will be seen*													

	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	Priestley college								12.00-2.00						
	Services	*Advice and support for young people. Emergency contraception, condoms, pregnancy testing, and most forms of contraception.*													

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.