



## Liverpool Sexual Health Services Report 2010

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Sexual Health Services Task and Finish Chair

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October 2010

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## **1.0 Executive Summary**

### **1.1 Introduction**

This report, like other LINK reports, is not designed to be a piece of academic research. It was produced by volunteer members of Liverpool LINK, supported by members of Liverpool Charity and Voluntary Services, LINK Support Team, with the cooperation of the public and appropriate service provider and commissioning staff. The report is an evidence based exploration of what local people have to say about Sexual Health Services in the City, whose main components are the results of a LINK open space discussion, LINK questionnaires, an online poll, summaries of LINK desk based research, and a conclusion with LINK recommendations for commissioners.

### **1.2 Where this report is to be submitted**

The Sexual Health Services Task and Finish Group, asks Liverpool PCT to accept this report in the spirit in which it is intended: as a contribution from the local community to support the continuous improvement of local Sexual Health Services in Liverpool. Liverpool LINK expects Sexual Health Commissioners to respond to each of the seven recommendations contained in this report so that Liverpool LINK can feedback to the public and LINK members who participated in producing the report.

### **1.3 How LINK produced this report**

The Sexual Health Services Task and Finish Group met 10 times between April and October 2010. The Task and Finish Group had an active core of 8 LINK members who participated in the meetings. 5 of the group were Core Group Members. Paula Williams, Commissioning Lead for Sexual Health Services and Community Based Provider Services, Liverpool PCT was in attendance at the majority of the meetings in a non-voting capacity. With the assistance of her colleague Scott Aldridge, Paula provided the group with the necessary background information about City Centre Sexual Health Services. The Task and Finish Group conducted desk based research to explore the national and local strategic setting in which Sexual Health Services operate. To gather qualitative evidence, Task and Finish members conducted an Open Space discussion with the public at a LINK event on Thursday 27<sup>th</sup> May, at LACE Conference Centre Liverpool. To gather further qualitative and quantitative evidence the Task and Finish Group also compiled a questionnaire to allow local residents to have their say regarding Sexual Health Services in Liverpool, and an online poll was conducted in September and October 2010.

### **1.4 Conclusion**

1.4.1 The Task and Finish Group has developed the overall impression that Liverpool PCT has been systematically working to improve the sexual health of local people and has ambitious aspirations for further improvement. This view was arrived at in consideration of the evidence provided via the conversations between LINK members and PCT delivery arm staff who took part in the LINK Seminar 2009 and PCT commissioning staff who attended Task and Finish Group meetings.

1.4.2 The Liverpool LINK issues form Appendix 2 supplied the Task and Finish Group with clear evidence to suggest the need for efficient Sexual Health Services in Liverpool. Liverpool LINK has found no evidence to suggest that this need is significantly diminishing. Liverpool's Sexual Health Services are currently delivered at a number of different sites and by a combination of statutory and voluntary sector organisations. Liverpool LINK found no generally corroborated evidence of significant dissatisfaction with the way services are currently delivered in the City. Despite this, Liverpool LINK does recognise that commissioners need to be able to review ways of delivering services if they are going to be able to rise to the challenges of continuing to significantly improve the sexual health of Liverpool residents and make the efficiency savings that are likely to be necessary to maintain an effective service in the coming years of more restricted budgets. So, Liverpool LINK welcomes the proposed review of City Centre Sexual Health Services by Liverpool PCT.

1.4.3 Liverpool LINK keenly awaits the findings of the PCT's review and the LINK is committed to ensure that local people have their say concerning any proposed changes resulting from the review. The Chair of the Sexual Health Services Task and Finish Group will not, therefore, be recommending the dissolution of the group to the Liverpool LINK Core Group, until the Liverpool PCT review report is made available to the public and the Task and Finish Group is satisfied that Liverpool PCT have made sufficient arrangements for community consultation and engagement regarding any proposed changes to services or the way they are delivered. Liverpool LINK may well return to this subject to conduct further work if the LINK is not satisfied that local people are engaged with sufficiently regarding any proposed changes to services. In the interim, the Sexual Health Services Task and Finish Group make the following recommendations to Sexual Health Commissioners in Liverpool:

## **1.5 Recommendations**

1.5.1 The issue of "empowering" people to take their sexual health, and that of their partner(s) more seriously and pro-actively has been raised during discussion groups and independently by LINK members. In the light of this, the current Liverpool PCT emphasis on screening for sexually transmitted diseases in Liverpool seems sensible and appropriate. Liverpool LINK recommends that any proposed changes to Sexual Health Services in Liverpool maintain or increase the current emphasis and funding levels for screening and continues to promote the use of social marketing (including the use of accessible formats) in order to target information effectively and reassure people about the confidentiality, easy access to and efficacy of such services.

1.5.2 Liverpool LINK found no evidence of any general dissatisfaction with the current level of Sexual Health Service provision in the City. Liverpool LINK recommends that any proposed changes to services be based on clear evidence of the need for such a change and any relevant non-confidential evidence should be made publicly available by submitting it to Liverpool LINK.

1.5.3 Given the current economic uncertainty, and the large savings that the NHS have to make, it is important that the public be adequately reassured that any planned changes to services are not going to reduce the variety and efficiency of those services or their uptake by the public. Liverpool LINK recommends that the public are adequately informed and consulted on any proposed changes to Sexual Health Services in Liverpool. In order to achieve this, any public consultation around any proposed changes should be in line with current national Compact guidelines regarding consultation processes.

1.5.4 In order to ensure adequate and ongoing inclusion of Local people in the decision making process, Liverpool LINK recommends that LINK participation should be accommodated by Sexual Health Service commissioners in any steering group set up to guide the consultation and implementation of any proposed major changes to the way Sexual Health Services are delivered in Liverpool.

1.5.5 Equality Impact Assessment is required for all plans to make changes to public services. In order to ensure the informed consultation of Liverpool residents, Liverpool LINK recommends that any consultation regarding proposed changes to Sexual Health Services explicitly inform local people about and make available to participants, any relevant Equality Impact

Assessments, by submitting copies of the relevant assessment to Liverpool LINK for scrutiny and publication.

1.5.6 Liverpool LINK recommends that Liverpool PCT explore the possibilities for more effective promotion of the Sexwise Helpline service to Liverpool residents.

1.5.7 The National Government have publicly stated that they will “support the creation and expansion of mutuals, co-operatives, charities and social enterprises, and support these groups to have much greater involvement in the running of public services. Liverpool LINK recommends that any plans to centralise Sexual Health Services in Liverpool, wherever possible, support the inclusion or extension of service delivery by voluntary sector organisations. And where any changes are planned that may appear to run counter to this support for voluntary sector service delivery, a clear rationale is given to Liverpool LINK by commissioners.

## **2.0 Introduction to Liverpool LINK**

2.1 Liverpool Local Involvement Network (LINK) is an independent network of local residents and organisations established as part of a National Government initiative across England. LINKs have been established in each Local Authority area and have been set up to make sure that health and social care services are planned and delivered to meet the needs of the people that use them.

2.2 A LINK provides local people with an opportunity to: -

- say what they think about local health and social care services. What’s working well and what is not so good.
- influence how services are planned, run and reviewed
- give feedback to commissioners and services providers about what local people have said collectively about services so that things can change for the better.

2.3 A LINK also has powers to: -

- ask health and social care commissioners for information about services and expect a response within 20 days
- make recommendations and expect a response from commissioners within 20 days

- refer matters to the Overview and Scrutiny Committee of the Local Authority

2.4 Liverpool LINK has been officially operational since January 2009 and now has a membership of over 2551.

2.5 The structure of LINK is operated through an elected Core Group of 15, plus many active members with key roles and responsibilities who enable it to operate both strategically across the City as well as on local issues within the 5 neighbourhood management areas that the Local Strategic Partnership operate in.

2.6 Liverpool LINK receives issues from a variety of sources and prioritises the issues it works on via the application of a fair and transparent process, in the form of an adopted scoring system. On completion of priority scoring the Core Group nominate one of its members to lead and chair a Task and Finish group to action plan and work through that issue. Task and Finish groups are open to members, statutory officers and anyone who can assist the group in reaching informed and evidenced based recommendations.

2.7 In 2009 the network prioritised the following themes; Alcohol related hospital admissions, Healthy weight and Personalisation. These in depth, evidenced based reports with clear recommendations have been published and sent to the appropriate commissioners, responses have been received and actions have been taken regarding some of the recommendations. Further information can be found on the Liverpool LINK website. [www.liverpoolink.org.uk](http://www.liverpoolink.org.uk).

### **3.0 Why Liverpool LINK reported on Liverpool Sexual Health Services**

3.1 The topic of Sexual Health Services in Liverpool is among the three major issues that Liverpool LINK has chosen to work on in 2010, others are: The Healthy Cities Initiative and Emotional Health and Wellbeing of people with Sensory and Physical Impairments.

3.2 Sexual health is an issue that has been raised in several different contexts for Liverpool LINK – not least in relation to alcohol use, which the LINK reported on in 2009. This led to Sexual Health Services being included as a workshop theme discussed at the Liverpool LINK Annual Seminar at Lace

Conference Centre on, 14<sup>th</sup> September 2009. There was a clear desire expressed amongst those present, that LINK look into the issue of Sexual Health Services in Liverpool and find appropriate means to do this, see Appendix 1. The issue of sexual health was submitted for initial scoring to the LINK Strategic Group meeting on 7<sup>th</sup> December 2009, see Appendix 2. The Liverpool LINK Core Group agreed to include Sexual Health Services in the 2010 LINK Work Plan at their meeting held on 14<sup>th</sup> January 2010.

#### **4.0 Membership of the Sexual Health Services Task and Finish Group:**

- Dorcas Akeju OBE - Liverpool LINK Core Group Member Co-Chair of Sexual Health Services Task and Finish Group.
- Reverend Maria Renate - Liverpool LINK Core Group Member Co-Chair of Sexual Health Services Task and Finish Group
- Marie Wheldon - Liverpool LINK Core Group Member
- Jacqui Jones - Liverpool LINK Core Group Member
- Stella Cairns - Liverpool LINK Core Group Member
- Maggi Williams - Liverpool LINK Member
- Belinda Shaw - Liverpool LINK Member
- Peter Ogunsiji - Liverpool LINK Member
- Mike Marsh – Chair of Liverpool LINK

#### **4.1 Others in attendance**

- Paula Williams - Commissioning Lead for Sexual Health Services and Community Based Provider Services, Liverpool PCT, attended many of the meetings to inform and advise the group.
- Scott Aldridge - Senior Project Manager Primary Care Commissioning, Liverpool PCT
  
- Andrew Lynch - LCVS Liverpool LINK Support Team
- Inez Bootsgezel - LCVS Liverpool LINK Support Team

#### **5.0 Aims of Liverpool LINK Sexual Health Task and Finish Group**

5.1 Liverpool LINK Task and Finish Chairs have the responsibility to take into account the practicality of undertaking any piece of work they are assigned and adjust the aims and timescales, with the agreement of the LINK Core

Group to ensure that their task and finish group has the best possible opportunity of successfully completing their task.

5.2 The group aimed to:

- Map the main current Sexual Health Services in Liverpool
- Identify any gaps in Sexual Health Services in Liverpool
- Find out if local people know about and are satisfied with Sexual Health Services in Liverpool
- Seek to represent the range of views relevant to the issue under consideration and to solicit and take account of feedback from the public
- Develop recommendations for Sexual Health Services, which will contribute towards improving the commissioning, delivery and/or monitoring of those services in the short and longer term.

5.3 The Sexual Health Task and Finish group originally envisaged finishing their work in June 2010. However, it soon became clear that in order to improve the opportunities of the final report influencing commissioning, it was advisable to wait until the proposed 2010 Liverpool PCT review of City Centre Health Services was circulated and use that document to focus the work. However, the review document was still not available to the Task and Finish group during the drafting of this report, so the group decided to complete the report without further delay in order to minimise any potential impact on other scheduled LINK work.

## **6.0 How LINK produced this report**

6.1 The Sexual Health Services Task and Finish group met 10 times between April and October 2010. The Task and Finish Group had an active core of 9 LINK members who participated in the meetings. 6 of the group were Core Group Members. Paula Williams, Commissioning Lead for Sexual Health Services and Community Based Provider Services, Liverpool PCT was in attendance at the majority of the meeting in a non-voting capacity. With the assistance of her colleague Scott Aldridge, Paula provided the group with the necessary background knowledge about City Centre Sexual Health Services. The Task and Finish Group conducted desk based research to explore the national strategic setting in which Sexual Health Services operate. Task and Finish members conducted an Open Space discussion with the public at a

LINK event on Thursday 27<sup>th</sup> May, at LACE Conference Centre Liverpool. The Task and Finish Group also compiled a questionnaire to allow local residents to have their say about Sexual Health Services in Liverpool, and an online poll was conducted in September and October 2010.

## **7.0 The Sexual Health Services that this LINK report is relevant to**

7.1 Liverpool PCT Supplied the Task and Finish Group with a list of the relevant Sexual Health Services in Liverpool, these are as follows:

- Abacus Reproductive and Sexual Health Service – NHS Liverpool Community Health
- Great Charlotte Street Sexual Health Service - NHS Liverpool Community Health
- Liverpool Brook Young Persons Sexual Health Service
- Sahir House – Charity HIV Services
- Armistead – NHS Liverpool Community Health
- GUM – The Royal Liverpool and Broadgreen University Hospital Trust
- British Pregnancy Advisory Service
- Bedford Clinic – Liverpool Women’s NHS Foundation Trust

## **8.0 What local people said to LINK about Sexual Health Services in Liverpool in the LINK Discussion Group**

### **8.1 Liverpool LINK Open Space Discussion Group**

Feedback notes taken by facilitators at the Liverpool LINK Open Space Event – Thursday 27<sup>th</sup> May 2010 at LACE Conference Centre Liverpool. The full evaluation summary of this event is available on request from the LINK Support Team, contact details are given below.

8.2 The Sexual Health Discussion Group was facilitated by Dorcas Akeju OBE and Reverend Sister Maria Renate

8.3 Question: Is access to Sexual Health Services in Liverpool an issue/difficult for men?

- Importance of self esteem to sexual health

- Young ones are ignorant, young teenage girls not realising they have 2 orifices – one for passing urine and one for periods
- We live in a highly sexual society
- Sexualisation through the media
- Looking at differences in relationship. Gender expectations
- Peer pressure on when to have sex can effect young women and men's mental health which could lead to how they relate in their future life
- Sexualised society heading to loss of boundaries
- How do we get across to young ones that not everybody is doing it
- People to be aware of risk in having casual sex i.e. HIV, sexually transmitted diseases
- Providers and families should work together
- Services in Liverpool for men. Brooks has a dedicated male worker giving choice to men
- Men do not access Sexual Health Services
- Do the young men know about the services
- Homosexuality – when is it discussed
- At Brooks – during consultation they go through issues such as same partner session around relationship
- Do you advertise Sexual Health Services? People still look at these services as stigma such as Abortion clinic, having pelvic inflammatory disease, HIV
- Older male/female accessing services. Do they get referred appropriately? What are the views of men? Some do think Chlamydia is a women's problem
- How do you go about providing information to fill the gaps?
- Sex education in schools/relationship/self esteem
- Accessing Sexual Health Services – notices behind toilets of available services
- Partnership working between multi agencies
- For SH Task and Finish to identify SH Services for men and sign post them through advertisement, media
- Sexual Health Services for people with hearing difficulty and with physical impairment
- Access to opening time
- Of particular importance is relationship education from a very young age, building up to sexual relationships.

8.4 Liverpool LINK asked that Commissioners of Sexual Health Services in Liverpool take note of the above comments from individual members of the public.

## **9.0 What local people said to LINK about Sexual Health Services in the LINK Questionnaire**

9.1 Liverpool LINK Sexual Health Services Questionnaire 2010.

9.2 Liverpool LINK decided to develop a questionnaire to find out what people know and think about local Sexual Health Services. The questionnaires were distributed between members of the task and finish group and they asked members of the public to complete and return the questionnaires. Between 14<sup>th</sup> August and 30<sup>th</sup> September, 103 completed questionnaires were returned and those completed questionnaires form the basis of this summary.

### **9.3 Questions and Narrative/summaries:**

**Q1** Answers to question: Do you know where to get information about your sexual health?

Narrative/summary: Of the people who responded to question 1, a total of 90 (87.4%) knew where to get information about their sexual health. 12 (11.7%) of people did not know where to get the information and 1 form was blank on this question.

**Q2** Answers to question: Do you, or have you used any Liverpool Sexual Health Services?

Narrative/summary: Of the people who responded to question 2, a total of 57 (55.3%) had used Liverpool Sexual Health Services. 46 (44.7%) had not.

**Q3** Answers to question: Do you want to access contraception and testing and treatment for Sexually Transmitted Infections (STI's – e.g. Chlamydia, Herpes etc.) in one location?

Narrative/summary: Of the people who responded to question 3, a total of 65(63.1%) want to access contraception and testing and treatment for Sexually

Transmitted Infections (STI's – e.g. Chlamydia, Herpes etc.) in one location. 37 (35.9%) answered no and 1 form was blank regarding this question .

**Q4** Answers to question: If you answered 'No' to the previous question, where would you like to access these services, (e.g. Community based Clinics)?

Narrative/summary: Of the people who responded to question 4, a total of 29 (28.2%) said they would like to access Sexual Health Services via GP. 1 (1.0%) said they would like to access Sexual Health Services via the Youth Service. 67(65.0%) left this question blank (presumably because they had answered yes to the previous question) and 6 (5.8%) answered other. Other places where respondents said they want to access services were:

- Walk ins
- Don't know where
- GUM Clinic at the Royal Liverpool

**Q5** Answers to question: Have you ever taken part in the Chlamydia screening?

Narrative/summary: Of the people who responded to question 5, a total of 44 (42.7%) had taken part in Chlamydia screening. 57 (55.3%) answered no and 2 (1.9%) forms were blank regarding this question. From those who answered "No" the following comments were received:

- No longer sexually active
- Seriously no risk to me
- Past the age for testing (illegible) for 30 years
- The wait
- 18 years marriage
- Never had to
- No need happily married
- Don't think it is necessary
- Not necessary
- Never been offered
- Only have been in with one partner
- Not sexually active at present
- No reason to
- Haven't got round to it
- Not been given opportunity
- Because I have only had sex once
- I have never had sex

- Scared
- Not had sex
- I am not sexually active
- Don't know
- Haven't had any reason to go
- Never Offered
- Did not realize it was available
- Never felt need
- I have not made time for it

**Q6** Answers to question: What opening times for Sexual Health Services would be most suitable for you?

Mornings (From 9a.m. to 12 noon) <input type="checkbox"/>	Afternoons (From 12 noon to 5p.m. ) <input type="checkbox"/>
Evenings (From 5p.m. to 8p.m.) <input type="checkbox"/>	Other Please state (From to )

Narrative/summary: Of the people who responded to question 6, a total of 18 (17.5%) answered that opening times from 9 a.m. to 12 noon were most suitable for them. A total of 20 (19.4%) answered that opening times from 12 noon to 5p.m were most suitable for them. A total of 37 (35.4%) answered that opening times from 5p.m. to 8p.m. were most suitable for them. A total of 18 (17.5%) answered that other opening times were most suitable for them. A total of 10 (9.7%) forms were blank regarding this question.

**Q7.1** Answers to question: Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to:  
Race or Nationality? (e.g. language barriers)

Narrative/summary: Of the people who responded to question 7.1, a total of 91 (88.3%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Race or Nationality. 6 (5.8%) answered no, and 6 (5.8%) forms were blank regarding this question.

**Q7.2** Answers to question: Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to:  
Religion or belief? (e.g. opening times)?

Narrative/summary: Of the people who responded to question 7.2, a total of 92 (89.3%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Religion or belief. 5 (4.9%) answered no, and 6 (5.8%) forms were blank regarding this question.

**Q7.3** Answers to question: Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to:  
Sexual Orientation (e.g. targeted information)?

Narrative/summary: Of the people who responded to question 7.3, a total of 88 (85.4%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Sexual Orientation. 9 (8.7%) answered no, and 6 (5.8%) forms were blank regarding this question.

**Q7.4** Answers to question: Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to:  
Gender? (e.g. single sex clinics)

Narrative/summary: Of the people who responded to question 7.4, a total of 86 (83.5%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Gender. 10 (9.7%) answered no, and 7 (6.8%) forms were blank regarding this question.

**Q7.5** Answers to question: Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to:  
Transgender? (e.g. specialist advice)

Narrative/summary: Of the total people who responded to question 7.5, a total of 73 (70.9%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Transgender. 10 (9.7%) answered no, and 20 (19.4%) forms were blank regarding this question.

**Q7.6** Answers to question: Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to:  
Age? (e.g. younger people's clinics)

Narrative/summary: Of the total people who responded to question 7.6, a total of 81 (78.6%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Age. 13 (12.6%) answered no, and 9 (8.7%) forms were blank regarding this question.

**Q7.7** Answers to question: Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to: Disability? (accessible information)

Narrative/summary: Of the total people who responded to question 7.7, a total of 76 (73.8%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Disability. 11 (10.7%) answered no, and 16 (15.5%) forms were blank regarding this question. Those who answered No to any of question seven gave the details of any failings.

Answers:

- (Re: Race or Nationality) Sometimes doesn't understand all the questions
- (Re: Race or Nationality) I don't have any need for specialist or targeted specific advice, so yes could be don't know/not applicable
- (Re: Sexual Orientation, Gender, Transgender, Disability) Insufficient advertising of where these specific services are available
- (Relevant diversity strand not specified) I have never really accessed the Sexual Health Services
- (Relevant diversity strand not specified) Sexual Orientation, gender, transgender and disability do not affect me so I wouldn't know if needed to be improved
- (Relevant diversity strand not specified) Haven't seen any single sex clinics
- (Relevant diversity strand not specified) Locally based services feel centralised
- (Relevant diversity strand not specified) Sometimes feel treated like a young promiscuous individual, would like to have an environment suitable for mature women

**Q8** Answers to question: Please tell us anything you would like us to know about your local Sexual Health Services or if you have suggestions for improving these services. See Appendix 3 for further statistical analysis of this questionnaire.

Answers:

- Would like to have doctors or nurses who can speak Chinese
- Information on post menopause issues regarding sex
- Counsellors to help emotional problems relationships

- If there are services in neighbourhood areas
- Are the information in different Languages
- Older people would appreciate a clinic that is not full of teenagers
- Later opening hours. Difficult to access when working 9 – 5pm
- Need more outreach work – Access over weekends Sat/Sun
- Should be an environment where you go but do not feel like you are an outcast. Sexual Health is part of life and should be treated like any other check up
- Regular check ups for people
- More information about where to seek services provided for sexual health

## **10.0 What Liverpool LINK found out by an online poll.**

10.1 Liverpool LINK conducted an online poll on the LINK website ([www.liverpoollink.org.uk](http://www.liverpoollink.org.uk)) to gather information on where local people want to access Sexual Health Services. The poll covered the following period:

10.2 Start date Tuesday 31<sup>st</sup> August 2010.  
End date Thursday 22<sup>nd</sup> October 2010.

10.3 Do you want to access contraception testing and treatment for Sexually Transmitted Infections (STI's e.g. Chlamydia Herpes etc) in one location?

10.4 **12** respondents answered **Yes**  
**2** respondents answered **No**

### **10.5 LINK Comment on the online poll:**

This small sample indicated support for a combination of services being delivered at a single location.

## **11.0 What Liverpool LINK found out by the desk based research**

11.1 In order for members to obtain an understanding of the strategic context in which local Sexual Health Services are delivered, Liverpool PCT supplied the Task and Finish Group with the following list of relevant policy documents:

- 'National Teenage Pregnancy Strategy' (1999)

- ‘Better Prevention, Better Services, Better Sexual Health’ (2001);
- National Strategy for HIV and Sexual Health: DH, 2001
- Effective Commissioning of Sexual Health and HIV Services DH 2003
- Government white paper – “Choosing Health – Making Healthier Choices Easier: 2004
- Recommended medFASH standards for Sexual Health Services: MedFASH, 2005
- HIV in Primary Care MedFASH 2005
- Government white paper: Our Health, Our Care, Our Say: DH 2006
- Service Standards for Sexual Health Services (Faculty of Family Planning and reproductive Health Care 2006)
- Evaluation of One-Stop Shop Models of Sexual Health Provision (UCL and University of Bristol 2007)
- Performing Better? A Focus on Sexual Health Services in England: Healthcare Commission 2007
- “You’re Welcome” Quality Criteria: Making Health Services Young People Friendly: DH April 2007
- Moving Forward: Progress and Priorities – working together for high- quality sexual health. DH 2009
- The Independent Advisory Group IAG for sexual health and HIV Annual Report: IAG, 2009
- The NHS in England: the Operating Framework 2010-11
- Equality Impact Assessment for National Sexual Health Policy (DH January 2010)
- Standards for the Management of sexually Transmitted infections (STI’s) BASHH and MedFASH Jan 2010

#### 11.2 General health reform:

- “Commissioning a Patient-Led NHS’ (2005)
- “World Class Commissioning” (WCC) in 2007
- “Practice Based Commissioning” (PBC) 2005
- “Transforming Community Services”

11.3 Task and Finish Group members chose to summarise and comment on policy documents as follows:

## **12.0 Feedback from - Liverpool LINK Task and Finish Group Members:**

### **12.1.1 Feedback on Progress and Priorities – Working together for high quality sexual health – MedFASH – July 2008.**

12.1.2 The period since the 2001 National Strategy for Sexual Health and HIV was introduced has been a time of unprecedented policy change – both in health and local government, including developments in commissioning as well as arrival of a more diverse range of providers.

At a local level progress has been characterised by the development of more modern, integrated services but progress across the country has been patchy due to the impact of constant policy reform, financial deficits etc.

12.1.3 Original vision of the Strategy – holistic sexual health and integrated care, based on patient need is still current but the clinical model on which it is based has limited the degree to which its implementation has successfully addressed the wider determinants of sexual health including social exclusion, poverty, stigma and substance abuse.

12.1.4 Key barriers have included:-

- (i) National targets and indicators that include only some elements of sexual health
- (ii) Diversion of sexual health funds and top slicing to meet PCT deficits
- (iii) Lack of champions with experience in sexual health commissioning
- (iv) Competition between community and hospital based services
- (v) Variable progress in engaging GP's
- (vi) Continued disinvestment in community contraceptive clinics
- (vii) Lack of progress in tackling stigma
- (viii) Absence of a strong voice for sexual health service users

12.1.5 Elements of sexual health have remained prominent in the national priority frameworks i.e. reducing teenage conceptions; 48 hour GUM referral, Chlamydia screening and improved access to abortion have all been key national targets.

12.1.6 Choosing Health represented a renewed commitment to health improvement and reducing health inequalities.

12.1.7 Two NIS (National Indicator Set) which directly relate to sexual health – Under 18 conceptions and Chlamydia prevalence – offer potential lever for the engagement of Local Authorities – need for this involvement to become increasingly recognised.

12.1.8 Educational attainment targets also important for sexual well-being – clear link between low attainment and a risk of unwanted pregnancy, STI's as well as HIV. Need to target most vulnerable children and young people and tackle inequalities.

12.1.9 Tackling health inequalities will continue as a central plank of future NHS strategy

12.1.10 This strategic priority reinforces the commitment in sexual health Strategy to tackle inequalities in sexual health – highest burden borne by women; gay men, teenagers, young adults, black and minority ethnic groups and more deprived communities.

12.1.11 Involvement of service users and public – statutory duty for providers to demonstrate response to patient feedback.

12.1.12 Commissioning framework for health and wellbeing also lays out steps needed to commission health and social care jointly and therefore reflected in the contemporary commissioning framework. Required skills for commissioning Sexual Health Services under the new arrangements ensuring collaboration across a diverse range of providers while maintaining quality have become increasingly complex. Practice based commissioning (PBC) introduced in 2005 as part of wider move to improve quality of care in general practice and the community – outcome will depend on how GP's and other commissioners choose to explore and develop it...Patient choice another key "plank" of the reform agenda.

12.1.13 Financial reform- Payment by Results (PbR) 2006 – tariff system which has been rolled out slowly in some areas of healthcare - does not cover contraception. However development of tariffs for only some areas of sexual health has hampered implementation of another fundamental principle of the Strategy – service integration.

12.1.14 Much of the information which relates to the organisation of services is now irrelevant due to the impending deconstruction of PCT'S etc.

12.1.15 Sexual Health in 2008 – Diagnoses of STI's continues to increase most alarmingly among young people, some BRM groups and gay men with recent rises also seen among those over 45's.

Teenage conceptions still high (best referring to Teenage Pregnancy Strategy for more recent references).

12.1.16 Access to both late and early abortion services vary significantly across the country.

11.1.17 Services for those experiencing sexual problems or who have suffered sexual assault remain fragmented – though "cross government action plan on sexual violence and abuse" seeks to address this.

12.1.18 Recent surveys among different population groups suggest risky behaviour is continuing. One third of young people report inconsistent condom use and almost half of gay men report an episode of unprotected anal intercourse in the preceding year. Frequent use of alcohol and other drugs is associated with higher numbers of sexual partners and decreased likelihood of using protection.

12.1.19 Large survey of almost 8000 people over 50 2/3 said they were sexually active with more than 1:10 not using contraception to avoid STI's whilst not knowing their partner's sexual history. Borne out by evidence of increasing GUM attendance and a doubling in STI diagnoses

12.1.20 National Support Team (NST) for Sexual health formed in 2006 and tasked with working to support the 20% of PCT'S most challenged in meeting GUM access target.

12.1.21 Further action required:

- Improve public and professional knowledge of most effective methods of preventing pregnancy and ensuring access to the full range of methods including LARC.
- Improving support to all young people and adults to acquire knowledge and skills to stay healthy and to improve sexual health at all life stages.

### **13.2.0 Feedback on BETTER HEALTH, BETTER SERVICES, BETTER SEXUAL HEALTH:** The National Strategy for Sexual Health and HIV

13.2.1 The strategy was developed in 2001 by involving a range of stakeholders including service users, members of target groups and professionals in the field. It was the first Strategy developed to modernise Sexual Health and HIV services in England, to address the rising prevalence of sexually transmitted infections (STI's) and HIV.

13.2.2 Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are equitable relationships and sexual fulfilment which are facilitated by access to information and services to avoid the risk of unintended pregnancy, illness and disease. There is a clear relationship between sexual ill health, poverty and social exclusion.

13.2.3 The Strategy's fundamental aim is to improve England's sexual health and takes its principles from the NHS Plan of 2000 as follows:

- Shaping services around patients, their families and their carers.
- Working with others-partnership at all levels is central to the strategy

- Keeping people healthy and reducing health inequalities.
- Providing a comprehensive service-sexual health services can be patchy and poorly co-ordinated.
- Responding to the different populations-services should meet the needs of local communities.
- Continuously improving services.
- Respecting confidentiality and providing open access to information about services treatment and performance.

13.2.4 In 2001, the survey in the report highlighted that there was an increase in Chlamydia infection by 12% and HIV was at its highest in 2000. The report also highlighted the consequences of poor sexual health as follows:

- Pelvic inflammatory disease which can cause ectopic pregnancies and infertility.
- HIV
- Cervical and other genital cancers
- Hepatitis, chronic liver disease and liver disease
- Recurrent genital herpes.
- Bacterial vaginosis and premature delivery.
- Unintended pregnancies and abortions.
- Psychological consequences of sexual coercion and abuse.
- Poor educational, social and economic opportunities for teenage mothers

13.2.5 Sexual ill health is not equally distributed among the population. The highest burden is borne by women, gay men, teenagers, young adults and black and minority ethnic groups.

13.2.6 Better prevention is about the following:

- National information campaigns-role of mass media.
- Health Development Agency guidance on evidence-based prevention.
- Clear targets and new reporting guidelines for local HIV prevention.
- A national target for reducing the number of newly acquired HIV infections.
- Sexual health information for specific groups e.g. Black Ethnic Minority groups, gay and bisexual men, sex workers.
- Help lines for public.

13.2.7 Better Service - to develop better services the following measures were suggested in the strategy:

- Screening for Chlamydia for targeted groups – a screening programme for the ages 17-25.
- Strengthening the role of primary care in sexual health.
- National standards for sexual health services.
- Managed service networks.
- Better access to services.
- Pilot one stop shops in sexual health.
- Evaluate the role of GPs and primary care teams with a special interest in sexual health.
- Target to reduce the number of diagnosed HIV infections.
- Target for hepatitis B vaccination.

13.2.8 The strategy suggests three levels of services and commissioners should be working towards funding those levels.

13.2.9 Better commissioning – the effective implementation of the strategy depends on good local planning and commissioning services. Better commissioning depends on:

- Local multi-agency commissioning panels with identified lead commissioners.
- Local targets linked to national priorities, based on local needs assessment, user and professional and partnership working.
- User and community involvement in service planning and commissioning.

13.2.10 Commissioners should identify the current level of investment in sexual health services and HIV, the cost effectiveness of those services and any gaps in resources. Local planning will need to match capacity to need, priorities and targets and set out the resources necessary for meeting the targets.

13.2.11 Providers and Commissioners are encouraged to support the change in delivering services according to the strategy. To support the change the followings were identified:

- Review of current information and data collation.
- Improved evidence base.
- Development of professional education and training.

13.2.12 The Strategy has raised a lot of questions (please refer to document - [www.doh.gov.uk/nhs](http://www.doh.gov.uk/nhs)). Although the Strategy may seem ambitious it is believed that it will provide a basis for developing sexual health services and prevention in a way that can really make a difference.

#### **14.0 LINK Comment on Desk Based Research:**

14.1 Task and Finish Group Feedback on the National Teenage Strategy suggested that an important Sexual Health Service (“Sexwise Helpline”) which is mentioned in the document could be better promoted to the public.

14.2 Liverpool LINK recommends that Liverpool PCT explore the possibilities for more effective promotion of the Sexwise Helpline service to Liverpool residents.

### **15.0 Government policy background**

15.1 The Task and Finish group chose to take account of two wider policy issues as background in framing its recommendations. The first was the “Big Society” launch, from which extracts are given in this section of the report.

#### **15.2 *Government launches “Big Society” programme***

Tuesday 18 May 2010

<http://www.number10.gov.uk/news/latest-news/2010/05/big-society-50248>

##### **15.2.1 Building the Big Society**

15.2.2 Our Conservative - Liberal Democrat Government has come together with a driving ambition: to put more power and opportunity into people’s hands.

15.2.3 We want to give citizens, communities and local government the power and information they need to come together, solve the problems they face and build the Britain they want. We want society – the families, networks, neighbourhoods and communities that form the fabric of so much of our everyday lives – to be bigger and stronger than ever before. Only when people and communities are given more power and take more responsibility can we achieve fairness and opportunity for all.

15.2.4 Building this Big Society isn't just the responsibility of just one or two departments. It is the responsibility of every department of Government, and the responsibility of every citizen too. Government on its own cannot fix every problem. We are all in this together. We need to draw on the skills and expertise of people across the country as we respond to the social, political and economic challenges Britain faces.

15.2.5 This document outlines the already agreed policies that we believe will help make that possible. It is the first strand of a comprehensive Programme for Government to be published in the coming days, which will deliver the reform, renewal, fairness and change Britain needs.

15.2.6 1. Give communities more powers

- We will introduce new powers to help communities save local facilities and services threatened with closure, and give communities the right to bid to take over local state-run services.
- We will train a new generation of community organisers and support the creation of neighbourhood groups across the UK, especially in the most deprived areas.....
- 4. Support co-ops, mutuals, charities and social enterprises
- We will support the creation and expansion of mutuals, co-operatives, charities and social enterprises, and support these groups to have much greater involvement in the running of public services.
- We will give public sector workers a new right to form employee-owned co-operatives and bid to take over the services they deliver. This will empower millions of public sector workers to become their own boss and help them to deliver better services.

**15.2.7 LINK comment on “Big Society” programme:**

This is clear evidence that services should be delivered by a combination of statutory and voluntary and community sector organisations.

**16.0 The second national level policy issue that LINK used as background in framing its recommendations is the National Compact Guidance: “Compact: Working better together IMPLEMENTATION GUIDE for community groups and local public bodies October 2010”. The relevant passages are quoted in this section:**

16.1.1 The Compact is an agreement between government and the third sector (often known as the voluntary sector, see the note on the right). It sets out how both parties should treat each other, in order for them to work better together. There is a national Compact agreement, and nearly all local areas have their own Local Compacts as well.

16.1.2 All local public bodies should follow the ways of working set out in the Compact whenever they engage with community groups.

16.1.3 Pages 14 and 15 set out Guidance for local public bodies and state the following:

16.1.4 If you are running a consultation or making a decision about a particular issue, make sure that community groups are able to feed in their views. Making sure consultations are accessible to community groups is an important part of the Compact. Some ideas for how to do this are:

»» As well as advertising the consultation on your website, also use other methods such as putting up posters in community centres, sending out emails to your contact lists and putting adverts in local newspapers and community newsletters. Sending out press releases can help with this as well.

»» Make sure any documents you publish are easy to read and are available in different formats, such as in community languages. If proposals are very complicated, consider producing a summary for people who don't have time to read the entire document.

»» Use different methods of asking for people's views and make the most of new technology. For example, you could run a short poll or survey on a few different websites, or make use of interactive features such as forums. You could also ask to attend existing community events and meetings and use them as an opportunity to ask groups for their views.

»» Ask any community development workers in your area for their advice on how to reach small groups.

»» Offer to pay any expenses that community groups incur in responding to consultations (e.g. travel or childcare costs).

»» Allow lots of time for responses – 12 weeks should be the minimum for formal consultations.

»» When you have made your decision, take the time to explain to groups whether you have been able to act on their suggestions or not, and why.

### **16.1.5 LINK comment on National Compact guidance:**

The national compact guidance should be taken as a minimum standard to which any consultation relating to changes to Sexual Health Services in Liverpool should abide or offer an adequate explanation as to why it can't.

## **16.2.0 Local Government policy background**

16.2.1 In framing its recommendations, the Task and Finish Group chose to take account of the: “Compact for Liverpool, *A COMPACT ON RELATIONS BETWEEN THE VOLUNTARY AND COMMUNITY SECTOR AND LIVERPOOL PARTNERSHIP GROUP PARTNER AGENCIES, SEPTEMBER 2002*”

16.2.2 The relevant passages from this local policy document are quoted in this section:

16.2.3 Liverpool PCT is a leading member of Liverpool Partnership Group (LPG) and as such is signed up to the Compact for Liverpool, which is a compact on relations between the voluntary and community sector and Liverpool partnership group partner agencies adopted in September 2002.

16.2.4 Section 3 of the Compact for Liverpool sets out the agreement on information exchange, communications and consultation. There are a number of points relevant to consultation LPG partner agencies agree to, these include:

- Consult on all issues that may affect the Voluntary Community and Faith Organisations (VCF).
- Ensure that consultation takes place at the developmental stage so that possible implications for the sector can be identified.
- Enable the VCF to raise concerns at an early stage and have a role in shaping the agenda as well as responding to the agenda of others.
- Allow a reasonable time for the VCF to respond to consultation.
- Analyse and evaluate the results of consultation exercises and provide feedback of the results and their outcomes to the VCF.
- Achieve inclusive representation by co-operating with each other through intermediary bodies and regional or sub-regional networks.

- Identify the relevant networks and umbrella bodies for communication between the VCF and LPG partner agencies.

#### 16.2.5

- Section 4 of the Compact for Liverpool sets the agreement on Strategic Co-operation LPG partner agencies and the voluntary, community and faith sectors are committed to:
- Seeking to co-operate on matters such as planning, policy development, service delivery and other issues relevant to all parties.

#### **16.2.6 LINK comment on the Compact for Liverpool:**

The Compact for Liverpool implies that a Network such as Liverpool LINK, which has significant VCF participation should play a significant part in any consultation relating to changes to public health services in Liverpool.

### **17.0 Equality and Diversity**

17.1 The Task and Finish Group has taken account of equality and diversity both in its own work and as an aspect of what Sexual Health Service deliverers and commissioners need to focus on. Measures were taken to ensure that the LINK Open Space discussion, Appendix1 was promoted widely across the city and held in an accessible venue. The Task and Finish group also endeavored to distribute its questionnaires to a diverse cross section of the community. The results of the LINK questionnaire equality diversity monitoring are in, Appendix 4. Task and Finish Group members discussed the possibility of using Equality Impact Assessments as a means for LINK to ensure that any proposed changes to Sexual Health Services are equitable. Equality Impact Assessment is a process that public services have to use to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people. There is supposed to be an element of consultation in any adequate Equality Impact Assessment. The Task and Finish Group intends to examine any Equality Impact Assessment relating to any proposed changes stemming from the proposed review of Sexual Health Services by Liverpool PCT.

17.2 As and when Liverpool LINK deems it desirable it may carry out supplementary work to update or improve its reports. At the time of

publication, this Task and Finish Report is in the process of being screened for any negative impact on equality by the Liverpool LINK Equality and Diversity Working Group. Any findings will be submitted to the Chair of this Task and Finish Group and if the need for any further work is identified as a result of the equality screening, this will be implemented via a supplementary LINK report.

## **18.0 Conclusion**

18.1 The Task and Finish Group has developed the overall impression that Liverpool PCT has been systematically working to improve the sexual health of local people and has ambitious aspirations for further improvement. This view was arrived at in consideration of the evidence provided via the conversations between LINK members and PCT delivery arm staff who took part in the LINK Seminar 2009 and PCT commissioning staff who attended Task and Finish Group meetings.

18.2 The Liverpool LINK issues form Appendix 2 supplied the Task and Finish Group with clear evidence to suggest the need for efficient Sexual Health Services in Liverpool. Liverpool LINK has found no evidence to suggest that this need is significantly diminishing. Liverpool's Sexual Health Services are currently delivered at a number of different sites and by a combination of statutory and voluntary sector organisations. Liverpool LINK found no generally corroborated evidence of significant dissatisfaction with the way services are currently delivered in the City. Despite this, Liverpool LINK does recognise that commissioners need to be able to review ways of delivering services if they are going to be able to rise to the challenges of continuing to significantly improve the sexual health of Liverpool residents and make the efficiency savings that are likely to be necessary to maintain an effective service in the coming years of more restricted budgets. So, Liverpool LINK welcomes the proposed review of City Centre Sexual Health Services by Liverpool PCT.

18.3 Liverpool LINK keenly awaits the findings of the PCT's review and the LINK is committed to ensuring that local people have their say concerning any proposed changes resulting from the review. The Chair of the Sexual Health Services Task and Finish Group will not, therefore, be recommending the dissolution of the group to the Liverpool LINK Core Group, until the Liverpool PCT review report is made available to the public and the Task and Finish Group is satisfied that Liverpool PCT have made sufficient arrangements for

community consultation and engagement regarding any proposed changes to services or the way they are delivered. Liverpool LINK may well return to this subject to conduct further work if the LINK is not satisfied that local people are engaged with sufficiently regarding any proposed changes to services. In the interim, the Sexual Health Services Task and Finish Group make the following recommendations to Sexual Health Commissioners in Liverpool:

## **19.0 Recommendations**

19.1 The issue of "empowering" people to take their sexual health, and that of their partner(s) more seriously and pro-actively has been raised during discussion groups and independently by LINK members. In the light of this, the current Liverpool PCT emphasis on screening for sexually transmitted diseases in Liverpool seems sensible and appropriate. Liverpool LINK recommends that any proposed changes to Sexual Health Services in Liverpool maintain or increase the current emphasis and funding levels for screening and continues to promote the use of social marketing (including the use of accessible formats) in order to target information effectively and reassure people about the confidentiality, easy access to and efficacy of such services.

19.2 Liverpool LINK found no evidence of any general dissatisfaction with the current level of Sexual Health Service provision in the City. Liverpool LINK recommends that any proposed changes to services be based on clear evidence of the need for such a change and any relevant non-confidential evidence should be made publicly available by submitting it to Liverpool LINK.

19.3 Given the current economic uncertainty, and the large savings that the NHS have to make, it is important that the public be adequately reassured that any planned changes to services are not going to reduce the variety and efficiency of those services or their uptake by the public. Liverpool LINK recommends that the public are adequately informed and consulted on any proposed changes to Sexual Health Services in Liverpool. In order to achieve this, any public consultation around any proposed changes should be in line with current national Compact guidelines regarding consultation processes.

19.4 In order to ensure adequate and ongoing inclusion of Local people in the decision making process, Liverpool LINK recommends that LINK participation should be accommodated by Sexual Health Service commissioners in any steering group set up to guide the consultation and implementation of any

proposed major changes to the way Sexual Health Services are delivered in Liverpool.

19.5 Equality Impact Assessment is required for all plans to make changes to public services. In order to ensure the informed consultation of Liverpool residents, Liverpool LINK recommends that any consultation regarding proposed changes to Sexual Health Services explicitly inform local people about and make available to participants, any relevant Equality Impact Assessments, by submitting copies of the relevant assessment to Liverpool LINK for scrutiny and publication.

19.6 Liverpool LINK recommends that Liverpool PCT explore the possibilities for more effective promotion of the Sexwise Helpline service to Liverpool residents.

19.7 The National Government have publicly stated that they will “support the creation and expansion of mutuals, co-operatives, charities and social enterprises, and support these groups to have much greater involvement in the running of public services. Liverpool LINK recommends that any plans to centralise Sexual Health Services in Liverpool, wherever possible, support the inclusion or extension of service delivery by voluntary sector organisations. And where any changes are planned that may appear to run counter to this support for voluntary sector service delivery, a clear rationale is given to Liverpool LINK by commissioners.

## **20.0 Next Steps**

- **This report will be submitted to Liverpool PCT and Liverpool City Council and published on the Liverpool LINK Website in December 2010.**
- **Liverpool LINK will monitor any changes to services that may result from the recommendations contained in this report and publish details of any changes that are made.**

## **21.0 Acknowledgements**

21.1 Liverpool LINK Sexual Health Task and Finish Group would like to thank all of the people who have taken time out to contribute to this report in no specific order:-

- Local members of the public who participated in the discussions and questionnaires
- Liverpool LINK Members
- Liverpool PCT, both commissioning and service delivery staff.

## **22.0 Contact Information**

If you would like further information or if you would like to make any comments about this report please contact:-

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# Appendixes

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## Appendix 1

Extract from Liverpool LINK Annual Seminar Summary Report 2009.

Sexual health is, again, an issue that has been raised in several different contexts – not least in relation to alcohol use. It is also something which Liverpool PCT Providers (the branch of the PCT which includes primary care practitioners such as GPs, dentists, pharmacists and opticians) are keen to work with LINK members on.

### **Workshop 2b - Sexual Health**

This workshop was facilitated by:

- Susie Gardiner, Senior Public Health Practitioner, Liverpool Primary Care Trust
- Dr. Jim McVicker, Clinical Director, Abacus

Susie and Jim outlined the Sexual Health Services available to people in the Liverpool area and explained that they are currently engaged in a city wide Chlamydia screening campaign for young people aged 15-24 years.

There followed a wide ranging discussion on various aspects of sexual health promotion in which issues of stigma and lack of knowledge were identified as general barriers to public uptake of services.

The workshop also discussed the need for accessible sexual health information for disabled people and for the Chlamydia screening campaign to be promoted in Liverpool's diverse communities. Susie and Jim reassured the workshop by outlining various measures they undertake to reach the diverse communities. The workshop acknowledged the good work being done but was keen to help develop this further.

It was agreed that, through its many community contacts, Liverpool LINK could help the Liverpool Primary Care Trust in further developing its approach to sexual health promotion for disabled people, people from Black and Minority Racial backgrounds and other diverse communities.

**WORKSHOP 2B Conclusion:** Susie Gardiner of Liverpool Primary Care Trust is to liaise with Liverpool LINK to facilitate contacts with key people to further improved sexual health promotion to diverse communities.



## Talking to LIVERPOOL LINK Form

### **Liverpool LINK issues submission form with sexual health highlighted as a possible LINK priority.**

Please describe here the issue that you want Liverpool LINK to consider for inclusion in its current Work Plan:

Sexual health is an issue raised by:

- a) Liverpool PCT Providers who would like LINK support in reaching diverse communities and young people in particular
- b) the work of the LINK Alcohol Task and Finish group
- c) LINK members and members of the public at neighbourhood meetings and discussed at the Annual LINK Seminar

Please tell us here what you think Liverpool LINK can and should do regarding this issue:

Liverpool LINK has an opportunity to contribute to the improvement of Sexual Health Services for all Liverpool residents as well as to the general raising of awareness about sexual health and risky behaviour.

There are a number of reasons for doing this. For instance Chlamydia and gonorrhoea can cause infertility. STDs can also cause cervical and other kinds of cancers, chronic hepatitis and pelvic inflammatory disease.

Since Liverpool PCT Providers are actively seeking LINK support there is the possibility of making a real difference in partnership with the public sector.

Please tell us here of any evidence you can share with us regarding this issue:

See above and below

## Who the issue affects

Does the issue affect you directly? **Yes/No**

Does the issue affect other people directly? **Yes/No**

Does the issue affect you or other people indirectly? **Yes/No**

The issue potentially affects everyone – if not personally then certainly members of everyone’s family or friendship networks.

## Numbers affected by the issue

How many people do you think are affected by this issue?  
(Please tick)

~~Small numbers of people~~

Moderate numbers of people

~~Quite large numbers~~

~~Very large numbers~~ \_\_\_\_\_

Don't Know

Please tell us here about any evidence or information you have regarding the number of people who could be affected regarding this issue?

Statistics show that syphilis rates in the UK rose by over 1,800% in the decade between 1998 and 2007. In the same period gonorrhoea rates rose by 42%, Chlamydia by 150%, herpes by 51% and genital warts by 28%. Overall, new diagnoses of STDs rose by 63%.

### STD diagnoses at GUM (genitourinary medicine) clinics in the UK: 1998-2007

Year	Syphilis (primary and secondary)	Gonorrhoea (uncomplicated)	Chlamydia (uncomplicated)	Herpes (first attack)	Genital Warts (first attack)	All new diagnoses
1998	139	13,212	48,726	17,248	70,291	244,282
1999	223	16,470	56,991	17,509	71,748	261,406
2000	342	21,800	68,332	17,823	71,317	284,035
2001	753	23,705	76,515	18,944	73,458	303,169
2002	1,257	25,591	87,588	19,438	74,969	324,170
2003	1,652	24,973	96,159	19,233	76,599	346,168
2004	2,283	22,326	104,739	19,073	80,059	363,289
2005	2,721	19,248	109,418	19,830	81,201	368,258
2006	2,684	18,898	113,783	21,797	83,624	375,843
2007	2,680	18,710	121,986	26,062	89,838	397,990

% change (2006-2007)	0%	-1%	7%	20%	7%	6%
% change (1998-2007)	1,828%	42%	150%	51%	28%	63%

Source: [All new episodes seen at GUM clinics: 1998-2007. United Kingdom and country specific tables](#), Health Protection Agency, July 2008

Liverpool PCT Providers are particularly concerned with Chlamydia rates amongst young people but STD diagnoses are not the only indicator of sexual health risks. Teenage pregnancy can act as a 'proxy' indicator for unsafe sexual practice and potential risk of STDs.

### Under 18 pregnancy rates by Neighbourhood Management Area, Liverpool 2004/06

Area	Total number of conceptions <18 2004 - 06	Rate per 1,000 females ages 15 - 17 years
Alt Valley	249	42.7
South Central	189	38.4
City and North	283	58.2
Liverpool East	250	45.5
Liverpool South	201	38.5
<b>Liverpool</b>	<b>1,172</b>	<b>44.5</b>

Source: Key Demographic and Health Statistics by Neighbourhood Management Areas, Liverpool PCT (2009)

According to Liverpool PCT the greatest concentrations of Under 18 conceptions are in City and North and Liverpool East. However, the other areas have pockets of high teenage conception rates (e.g. Clubmoor in Alt Valley, Greenbank in South Central and Speke in Liverpool South).

In 2005-07, Liverpool overall had a higher teenage conception rate (46.9 per 1,000) than England (41.2 per 1,000). Nevertheless, trends analysis from 1998-00 and 2005-07 show a decrease in teenage pregnancies in Liverpool (approximately a 13.7% reduction in teenage conception rates since 1998-00).

Information obtained from Avert ([www.avert.org](http://www.avert.org)) show that the latest statistics on AIDS & HIV in the UK were published in August 2009 by the Health Protection Agency.<sup>1</sup>

There has been a dramatic increase in the number of women diagnosed with HIV. In the years up to and including 1993, females accounted for 13% of HIV diagnoses, but

in 2008 that figure was 37%. This is due predominantly to the rise in the number of women becoming infected through heterosexual contact.

Despite comprising less than 1% of the total UK population, according to the most recent census, the total number of Black-Africans diagnosed with HIV is similar to that of white people, who are more than 90% of the population. Heterosexual contact is by far the most likely transmission route for Black-Africans, and furthermore, more Black-African women have been diagnosed in the UK (20,071) than Black-African men (10,234). In contrast, sex between men accounts for the majority of infections (71%) among white people, with nearly 90% of all diagnoses among white people being attributed to men.

Those aged between 25 and 39 account for over 60% of total HIV diagnoses.

### **Deaths relating to the issue**

Do you think there will be an increase in deaths if this issue is not addressed? **Yes/No**

Although most STDs are not generally life threatening in the UK, there remains a risk for those who contract HIV that this will lead to death through AIDS related causes. Over 500 people in the UK die every year in this way.

If yes, please tell us here how you think this issue would cause the increase in deaths.

The risk is not generally high in the UK but STDs may be a contributory factor to mortality rates through their impact on e.g. cervical cancer rates.

Please tell us here about any information or evidence you have regarding an increase in deaths if this issue is not addressed.

### **The way people are affected by this issue**

Is the issue having a negative affect on how people live or does it have a significant, long term affect on how they carry out day to day activities.  
**Yes/No**

Please tell us about any information or evidence you have regarding how people are affected by this issue.

This issue has a potential negative impact on the lives of individuals, their partners and families. Affects may vary depending on the type of sexual health problem

experienced or depending on a range of other factors including age, race, faith, sexual orientation, disability etc.

Does the issue potentially affect some groups more than others? **Yes/No**

If Yes, what is this different affect based on? **(Please tick)**

Race, Gender, Sexual Orientation, Religion or Faith, Disability, Other

Please state:

STDs can affect all groups but issues around the discussion of sexual behaviour may vary amongst different sections of the community and have an impact on the awareness, diagnosis and treatment of STDs. For instance it has been estimated that in London some BRM groups, particularly the African-Caribbean community, have up to 20 times the infection rates of those in comparable white communities.



*Stronger Local Voices for Health and Social Care*

## **Sexual Health Services Questionnaire 2010 ANALYSIS**

Liverpool Link was interested to find out what people know and think about the local Sexual Health Services. We decided to develop a questionnaire to help us find this out. We distributed the questionnaires between members of the task and finish group and they were with asking members of the public to complete and return the questionnaires. Between 14<sup>th</sup> August and 30<sup>th</sup> September we received 103 completed questionnaires back and these 103 completed questionnaires form the basis of this summary.

## ANALYSIS

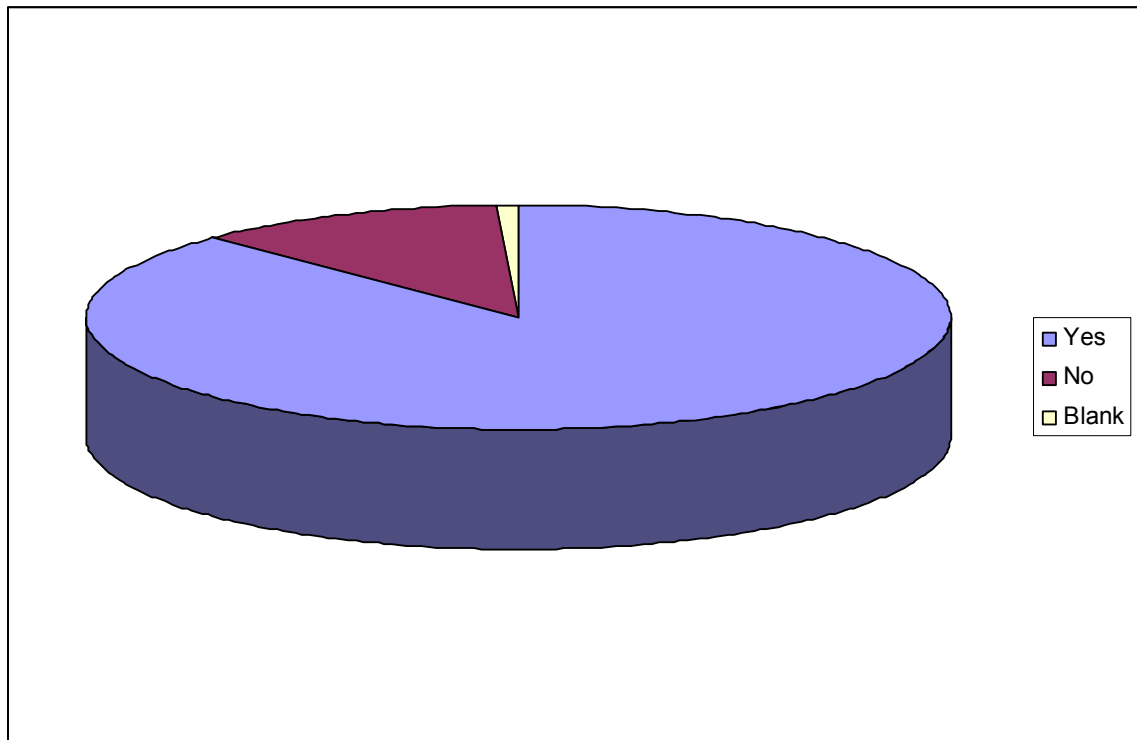
**Q1 Answers to question:** Do you know where to get information about your sexual health?

**Q1 Narrative/summary:** Of the people who responded to question 1, a total of 90 (87.4%) knew where to get information about their sexual health. 12 (11.7%) of people did not know where to get the information and 1 form was blank on this question.

### Q1 Statistics

Q1	Yes	No	Blank
Total	90	12	1
Percent	87.4%	11.7%	1.0%

### Q1 Pie Chart



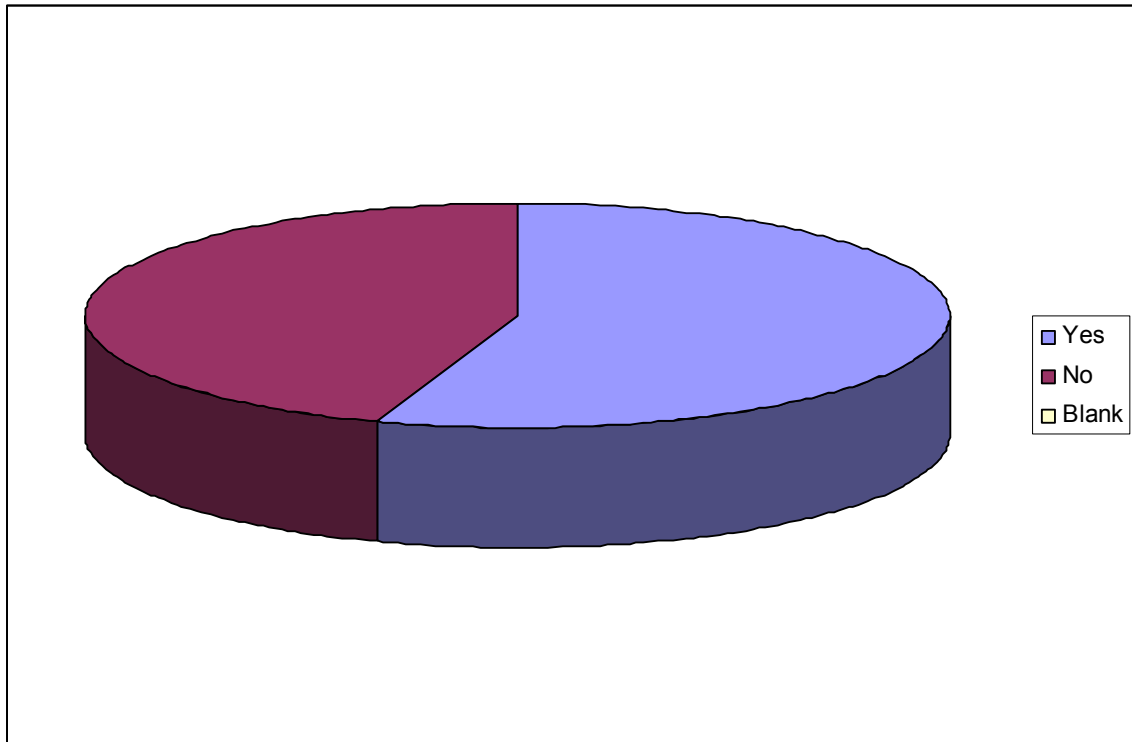
**Q2 Answers to question:** Do you, or have you used any Liverpool sexual health services?

**Q2 Narrative/summary:** Of the people who responded to question 2, a total of 57 (55.3%) had used Liverpool sexual health services. 46 (44.7%) had not.

### Q2 Statistics

Q2	Yes	No	Blank
Total	57	46	0
Percent	55.3%	44.7%	0.0%

### Q2 Pie Chart



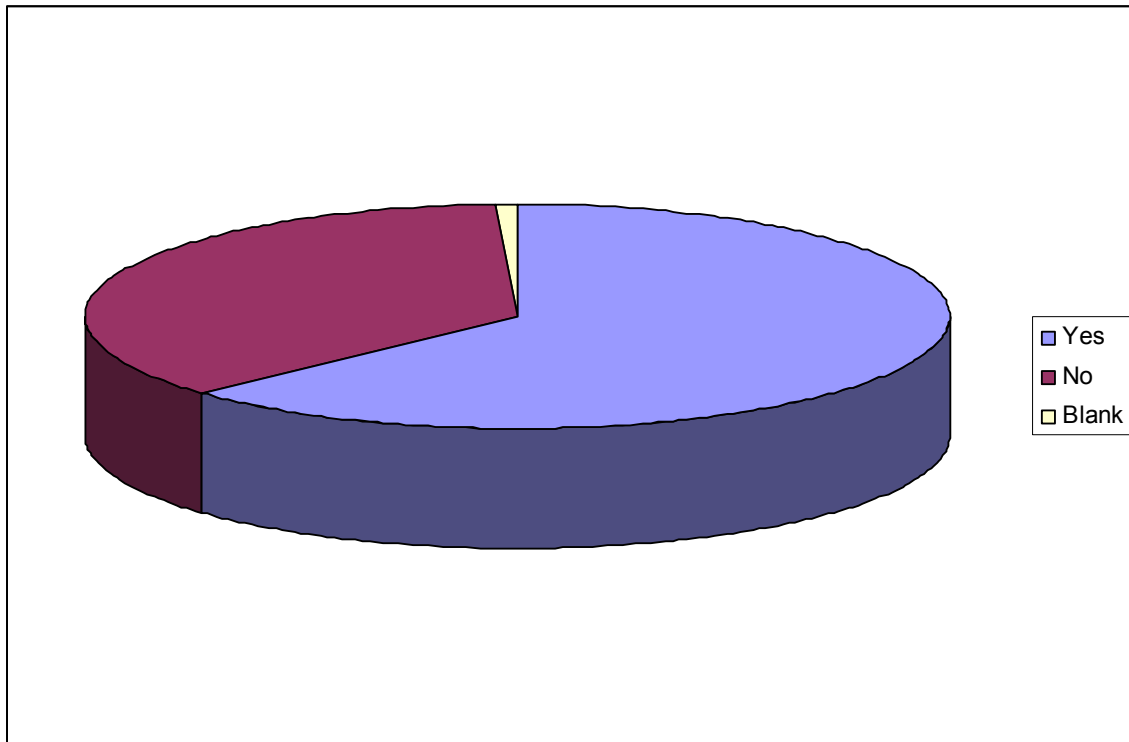
**Q3 Answers to question:** Do you want to access contraception and testing and treatment for Sexually Transmitted Infections (STI's – e.g. Chlamydia, Herpes etc.) in one location?

**Q3 Narrative/summary:** Of the people who responded to question 3, a total of 65(63.1%) want to access contraception and testing and treatment for Sexually Transmitted Infections (STI's – e.g. Chlamydia, Herpes etc.) in one location. 37 (35.9%) answered no and 1form was blank regarding this question .

### Q3 Statistics

Q3	Yes	No	Blank
Total	65	37	1
Percent	63.1%	35.9%	1.0%

### Q3 Pie Chart



**Q4 Answers to question:** If you answered 'No' to the previous question, where would you like to access these services, (e.g. Community based Clinics)?

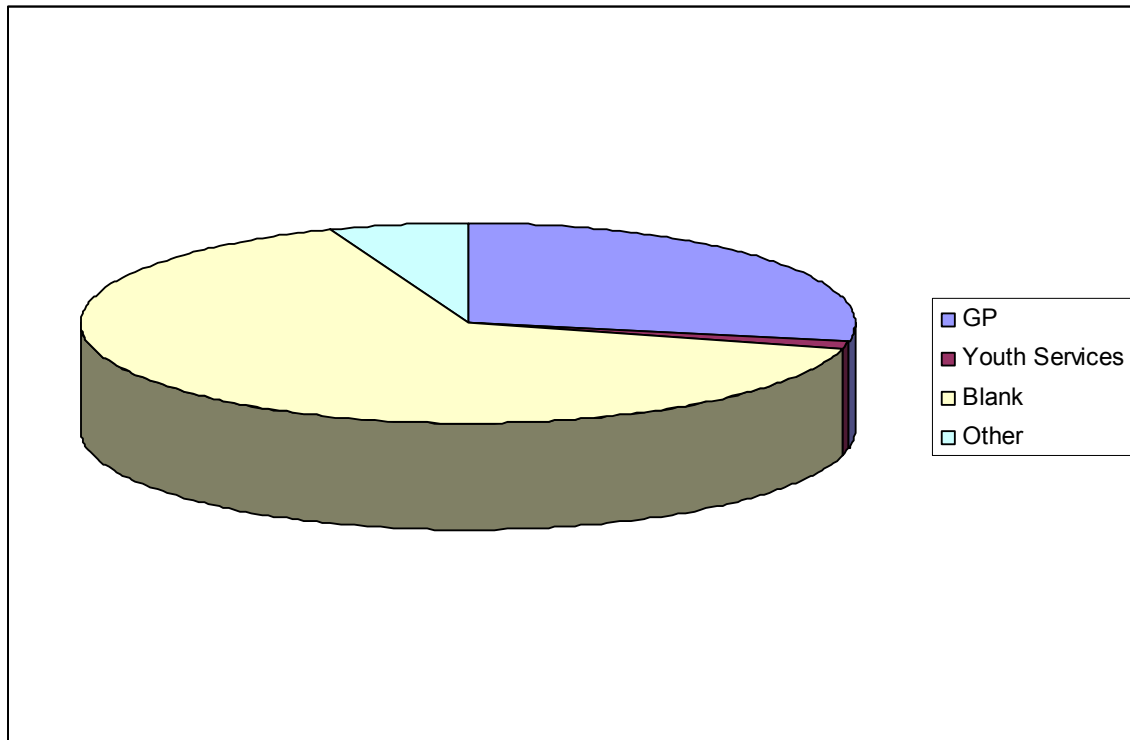
**Q4 Narrative/summary:** Of the people who responded to question 4, a total of 29 (28.2%) said they would like to access sexual health services via GP. 1 (1.0%) said they would like to access sexual health services via the Youth Service. 67(65.0%) left this question blank (presumably because they had answered yes to the previous question) and 6 (5.8%) answered other. Other places where respondents said they want to access services were:

- Walk ins
- Don't Know where
- GUM Clinic at the Royal Liverpool

#### Q4 Statistics

Q4	GP	Youth Services	Blank	Other
Total	29	1	67	6
Percent	28.2%	1.0%	65.0%	5.8%

#### Q4 Pie Chart



**Q5 Answers to question:** Have you ever taken part in the Chlamydia screening?

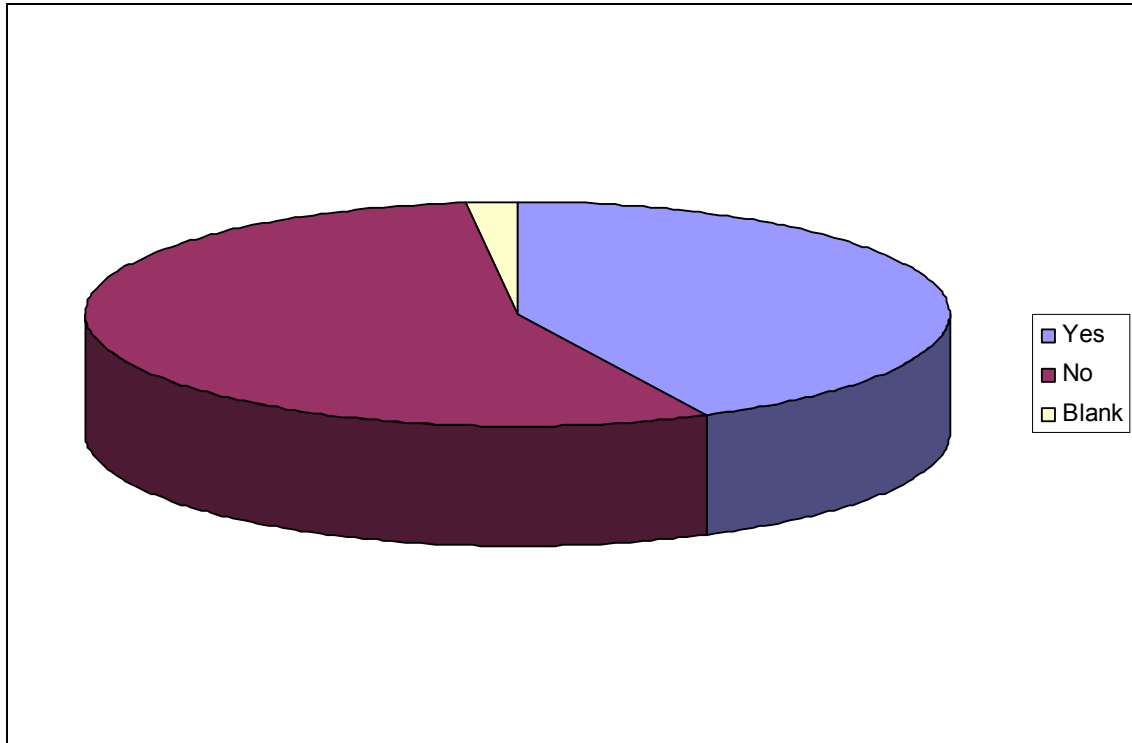
**Q5 Narrative/summary:** Of the people who responded to question 5, a total of 44 (42.7%) had take part in Chlamydia screening. 57 (55.3%) answered No and 2 (1.9%) forms were blank regarding this question. From those who answered “No” the following comments were received:

- No longer sexually active
- Seriously no risk to me
- Past the age for testing (illegible) for 30 years
- The wait
- 18 years marriage
- Never had to
- No need happily married
- Don't think it is necessary
- Not necessary
- Never been offered
- Only have been in with one partner
- Not sexually active at present
- No reason to
- Haven't got round to it
- Not been given opportunity
- Because I have only had sex once
- I have never had sex
- Scared
- Not had sex
- I am not sexually active
- Don't know
- Haven't had any reason to go
- Never Offered
- Did not realize it was available
- Never felt need
- I have not made time for it

## **Q5 Statistics**

Q.5	Yes	No	Blank
Total	44	57	2
Percent	42.7%	55.3%	1.9%

Q5 Pie Chart



**Q6 Answers to question:** What opening times for sexual health services would be most suitable for you?

<b>Mornings</b> (From 9a.m. to 12 noon) <input type="checkbox"/>	<b>Afternoons</b> (From 12 noon to 5p.m.) <input type="checkbox"/>
<b>Evenings</b> (From 5p.m. to 8p.m.) <input type="checkbox"/>	<b>Other</b> Please state (From to )

**Q6 Narrative/summary:** Of the people who responded to question 6, a total of 18 (17.5%) answered that opening times from 9 a.m. to 12 noon were most suitable for them. A total of 20 (19.4%) answered that opening times from 12 noon to 5p.m were most suitable for them. A total of 37 (35.4%) answered that opening times from 5p.m. to 8p.m. were most suitable for them. A total of 18 (17.5%) answered that other opening times were most suitable for them.

A total of 10 (9.7%) forms were blank regarding this question.

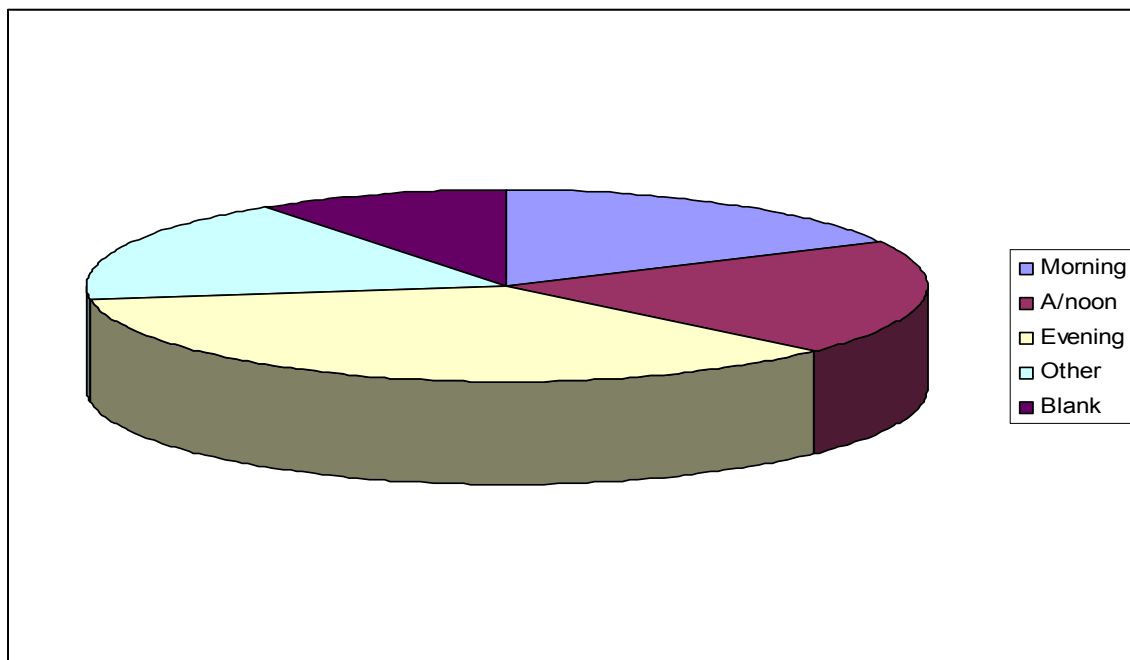
Other times stated in answer to question Q6 were:

- Open access with an appointment system
- Weekend access especially Saturdays

### Q6 Statistics

Q6	Morning	A/noon	Evening	Other	Blank
Totals	18	20	37	18	10
Percent	17.5%	19.4%	35.9%	17.5%	9.7%

### Q6 Pie Chart



**Q7.1 Answers to question:** Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to:

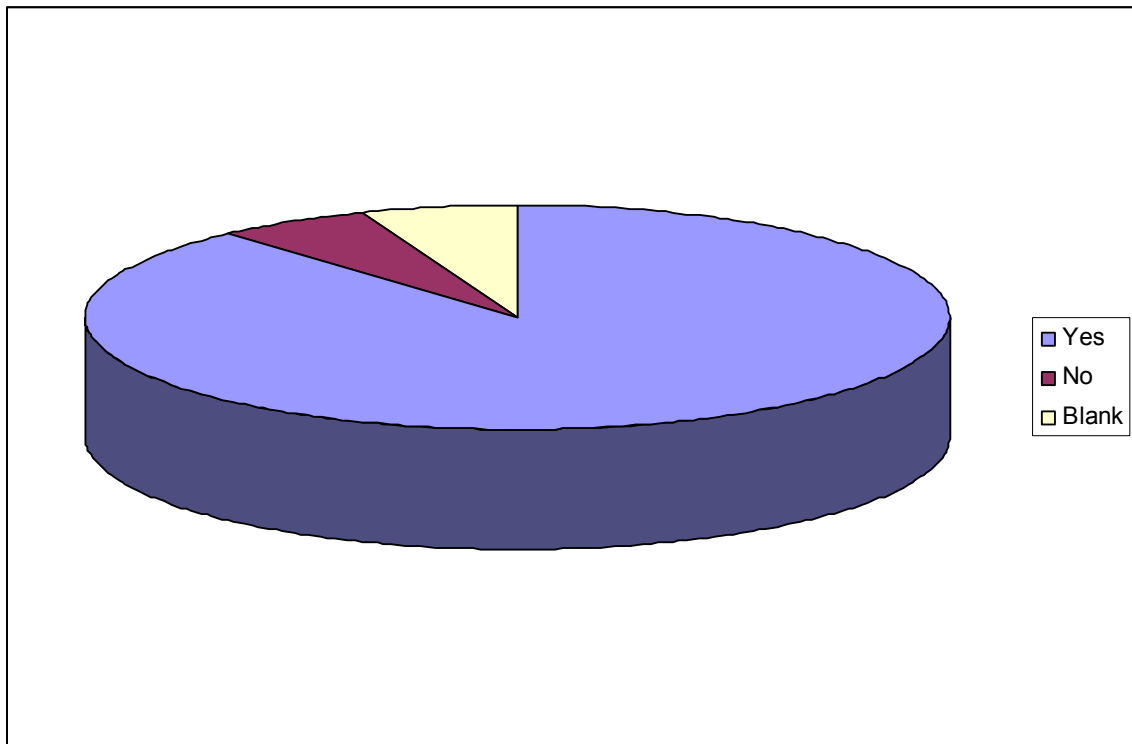
**Race or Nationality?** (e.g. language barriers)

**Q7.1 Narrative/summary:** Of the people who responded to question 7.1, a total of 91 (88.3%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Race or Nationality. 6 (5.8%) answered no, and 6 (5.8%) forms were blank regarding this question.

**Q7.1 Statistics**

Q7.1	Yes	No	Blank
Totals	91	6	6
Percent	88.3%	5.8%	5.8%

**Q7.1 Pie Chart**



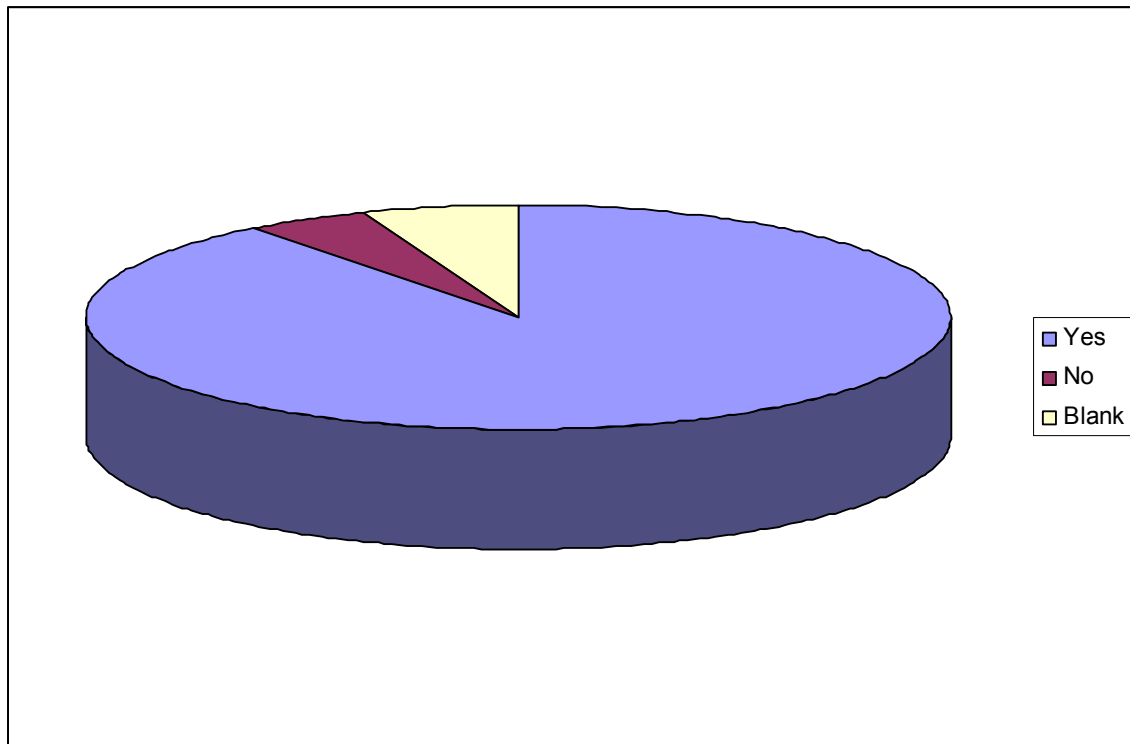
**Q7.2 Answers to question:** Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to: **Religion or belief?** (e.g. opening times)?

**Q7.2 Narrative/summary:** Of the people who responded to question 7.2, a total of 92 (89.3%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Religion or belief. 5 (4.9%) answered no, and 6 (5.8%) forms were blank regarding this question.

### Q7.2 Statistics

Q7.2	Yes	No	Blank
Totals	92	5	6
Percent	89.3%	4.9%	5.8%

### Q7.2 Pie Chart



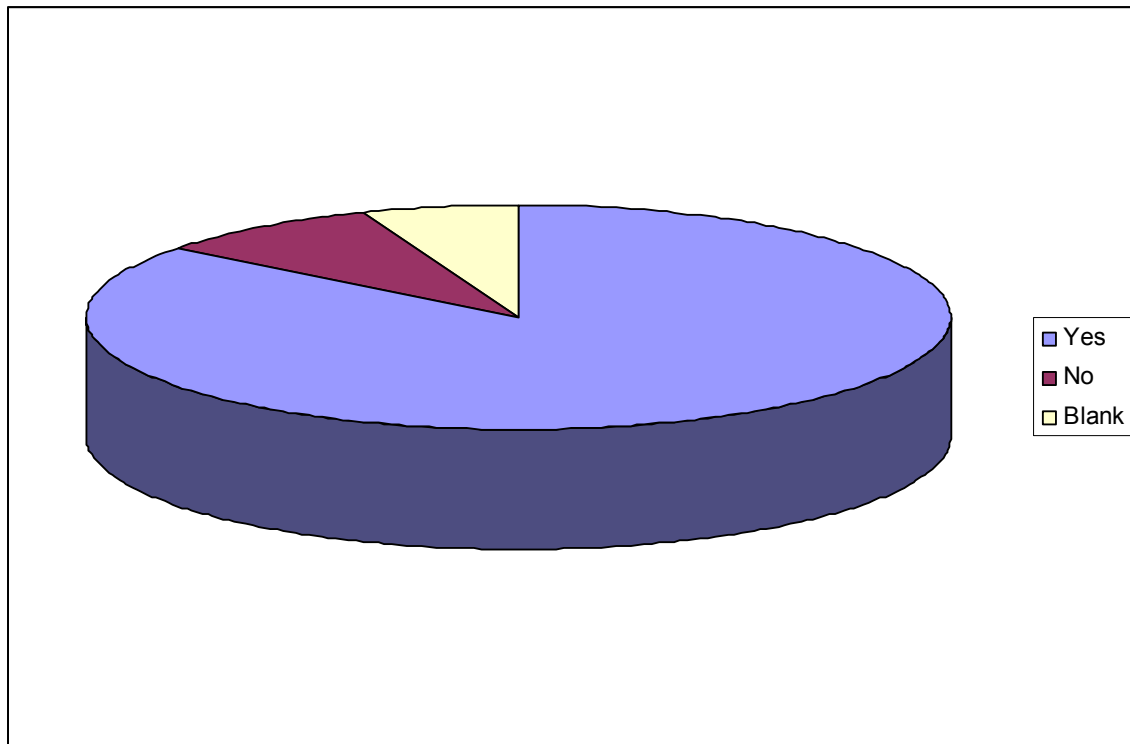
**Q7.3 Answers to question:** Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to: **Sexual Orientation** (e.g. targeted information)?

**Q7.3 Narrative/summary:** Of the people who responded to question 7.3, a total of 88 (85.4%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to Sexual Orientation. 9 (8.7%) answered no, and 6 (5.8%) forms were blank regarding this question.

**Q7.3 Statistics**

Q7.3	Yes	No	Blank
Totals	88	9	6
Percent	85.4%	8.7%	5.8%

Q7.3 Pie Chart



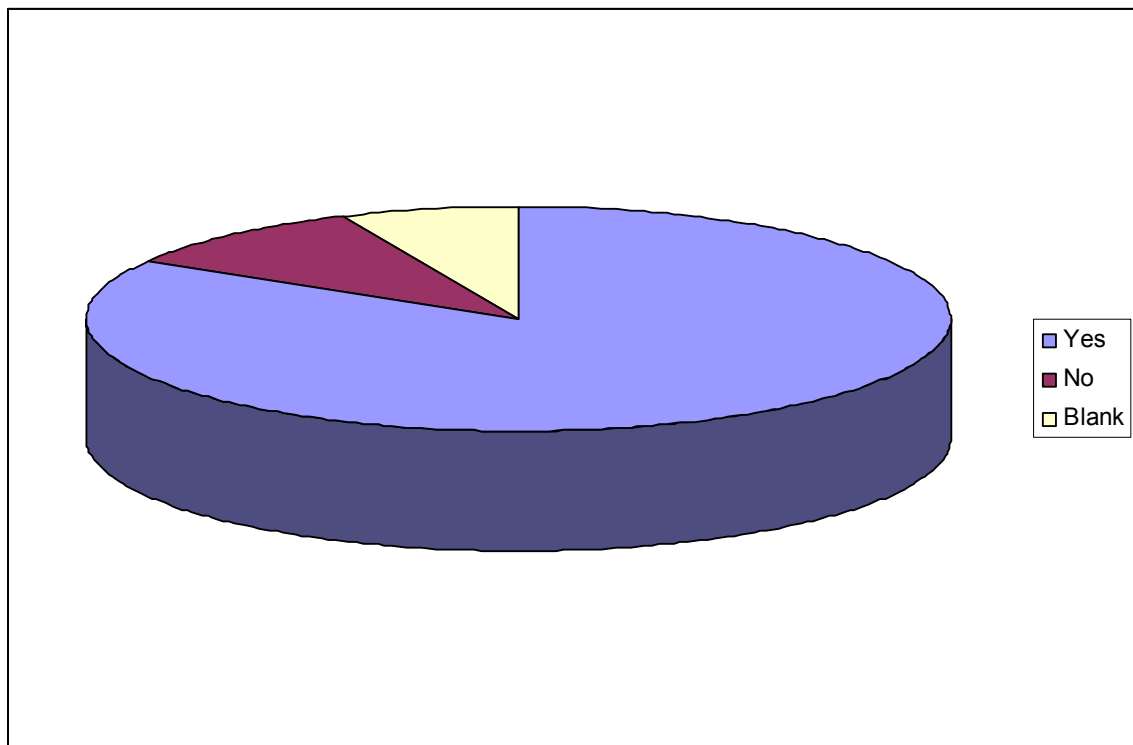
**Q7.4 Answers to question:** Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to: **Gender?** (e.g. single sex clinics)?

**Q7.4 Narrative/summary:** Of the people who responded to question 7.4, a total of 86 (83.5%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to **Gender**. 10 (9.7%) answered no, and 7 (6.8%) forms were blank regarding this question.

### Q7.4 Statistics

Q7.4	Yes	No	Blank
Totals	86	10	7
Percent	83.5%	9.7%	6.8%

### Q7.4 Pie Chart



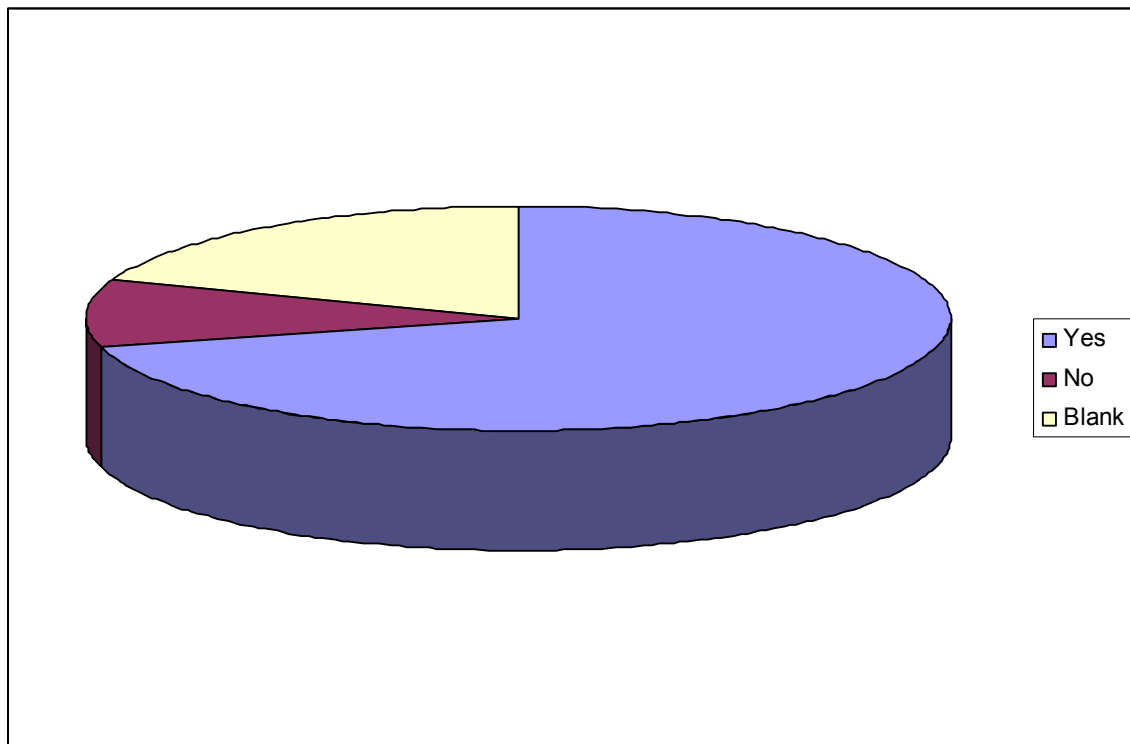
**Q7.5 Answers to question:** Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to: **Transgender?** (e.g. specialist advice)

**Q7.5 Narrative/summary:** Of the total people who responded to question 7.5, a total of 73 (70.9%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to **Transgender**. 10 (9.7%) answered no, and 20 (19.4%) forms were blank regarding this question.

### Q7.5 Statistics

7.5	Yes	No	Blank
Totals	73	10	20
Percent	70.9%	9.7%	19.4%

### Q7.5 Pie Chart



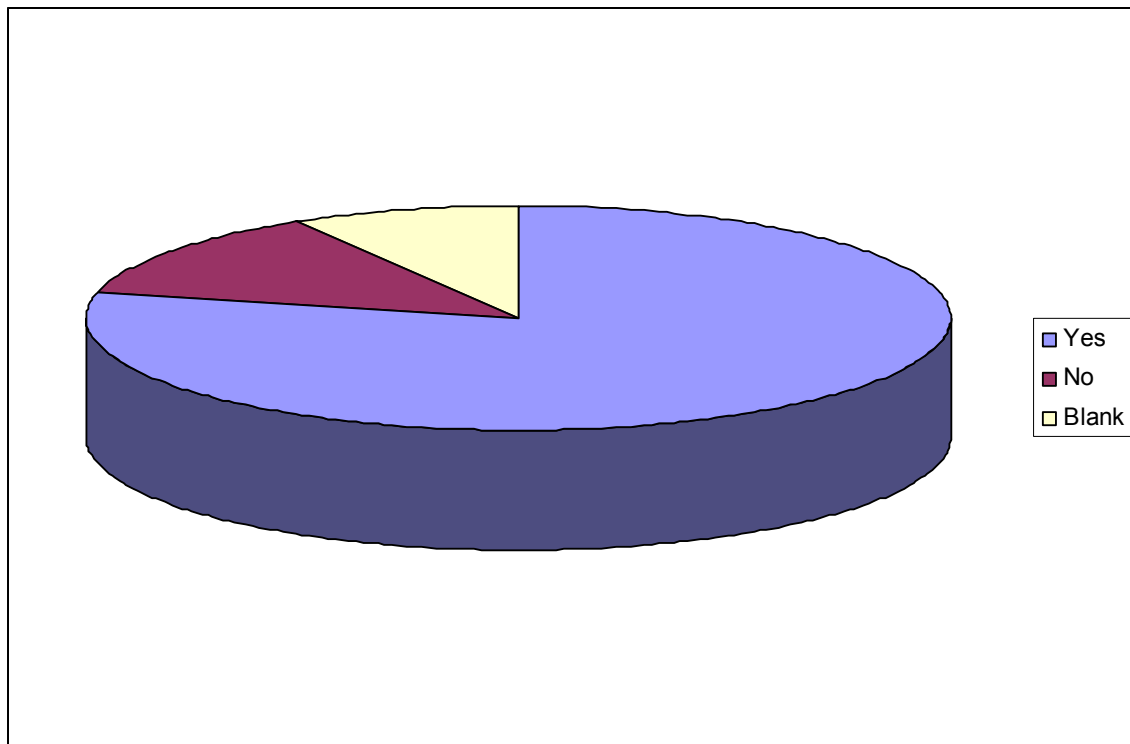
**Q7.6 Answers to question:** Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to: **Age?** (e.g. younger people's clinics)

**Q7.6 Narrative/summary:** Of the total people who responded to question 7.6, a total of 81 (78.6%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to **Age**. 13 (12.6%) answered no, and 9 (8.7%) forms were blank regarding this question.

### Q7.6 Statistics

Q7.6	Yes	No	Blank
Totals	81	13	9
Percent	78.6%	12.6%	8.7%

### Q7.6 Pie Chart



**Q7.7 Answers to question:** Do Liverpool Sexual Health Services meet your needs in relation to your background with regard to: **Disability?** (accessible information)

**Q7.7 Narrative/summary:** Of the total people who responded to question 7.7, a total of 76 (73.8%) answered yes, Sexual Health Services do meet their needs in relation to their background with regard to **Disability**. 11 (10.7%) answered no, and 16 (15.5%) forms were blank regarding this question. Those who answered No to any of question seven gave the details of any failings.

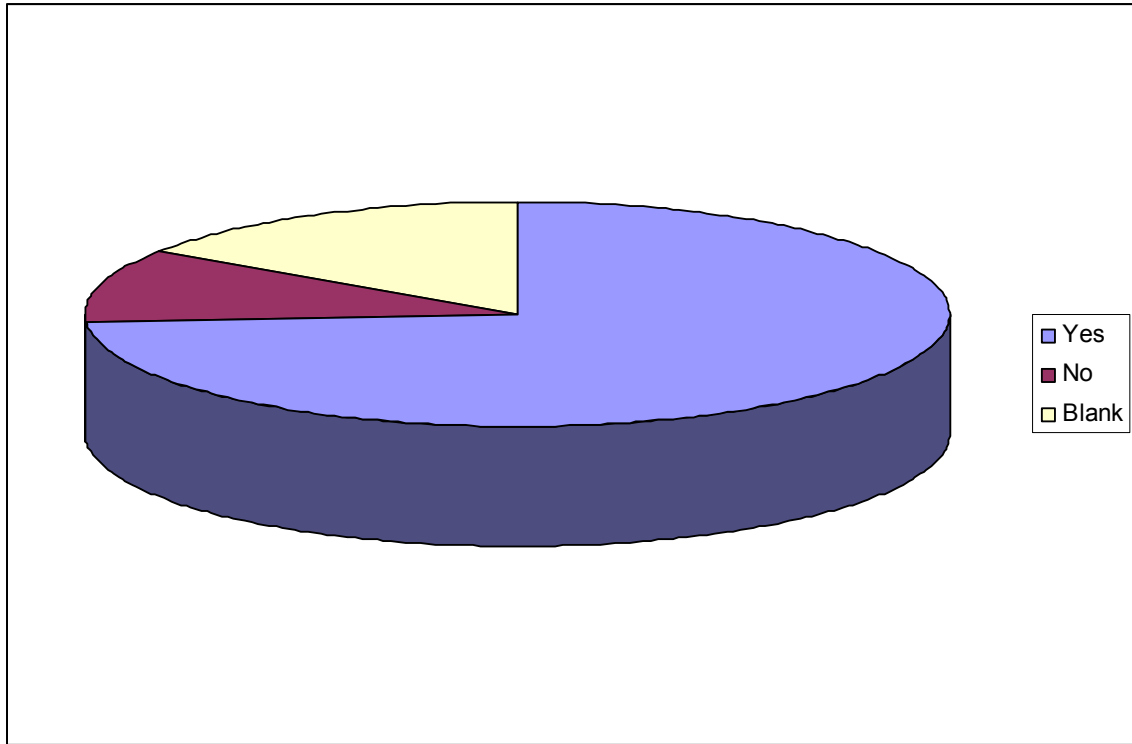
Answers:

- (Re: Race or Nationality) Sometimes doesn't understand all the questions
- (Re: Race or Nationality) I don't have any need for specialist or targeted specific advice, so yes could be don't know/not applicable
- (Re: Sexual Orientation, Gender, Transgender, Disability) Insufficient advertising of where these specific services are available
- (Relevant diversity strand not specified) I have never really accessed the Sexual Health Services
- (Relevant diversity strand not specified) Sexual Orientation, gender, transgender and disability do not affect me so I wouldn't know if needed to be improved
- (Relevant diversity strand not specified) Haven't seen any single sex clinics
- (Relevant diversity strand not specified) Locally based services feel centralised
- (Relevant diversity strand not specified) Sometimes feel treated like a young promiscuous individual, would like to have an environment suitable for mature women

### Q7.7 Statistics

Q7.7	Yes	No	Blank
Totals	76	11	16
Percent	73.8%	10.7%	15.5%

### Q7.7 Pie Chart



**Q8 Answers to question:** Please tell us anything you would like us to know about your local Sexual Health Services or if you have suggestions for improving these services.

Answers:

- Would like to have doctors or nurses who can speak Chinese
- Information on post menopause issues regarding sex
- Counsellors to help emotional problems relationships
- If there are services in neighbourhood areas
- Are the information in different Languages
- Older people would appreciate a clinic that is not full of teenagers
- Later opening hours. Difficult to access when working 9 – 5pm
- Need more outreach work – Access over weekends Sat/Sun
- Should be an environment where you go but do not feel like you are an outcast. Sexual health is part of life and should be treated like any other check up
- Regular check ups for people
- More information about where to seek services provided for sexual health



*Stronger Local Voices for Health and Social Care*

## Sexual Health Services Questionnaire 2010 ANALYSIS OF DIVERSITY MONITORING FORMS

### 1) Gender: (please tick)

Are you:

Male

Female

Prefer not to say

Q1

Male

Female

Prefer not to say

Total

26

72

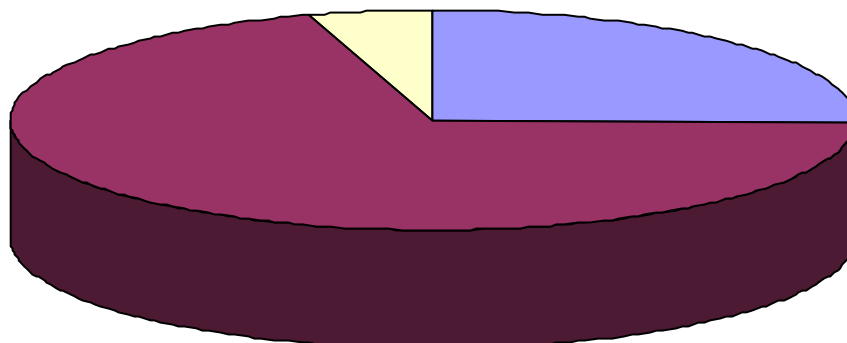
5

Percent

25.5%

70.6%

4.9%



**2) Gender ID:**

Q2

Is your gender identity the same as the gender you were assigned at birth?

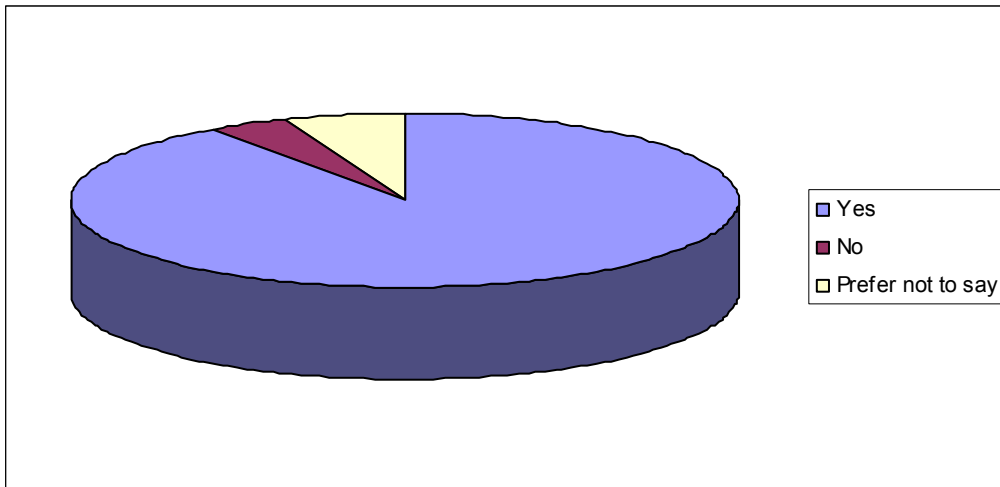
Yes       No       Prefer not to say

Do you live and work full time in the gender role opposite to that assigned at birth?

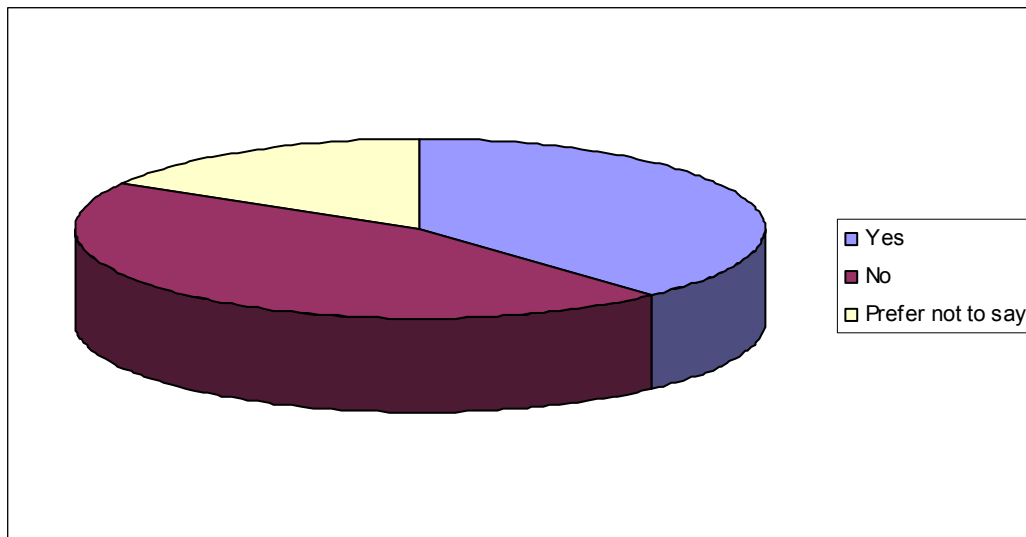
Q2

Yes       No       Prefer not to say

Q2	Yes	No	Prefer not to say
Total	92	4	6
	90.2%	3.9%	5.9%



Q2.1	Yes	No	Prefer not to say
Total	39	46	17
	38.2%	45.1%	16.7%



**3) Ethnicity: What is your ethnic group?**

**A White**

- English/Welsh/Scottish/Northern Irish/British
  - Irish  Gypsy or Irish Traveller
  - Any other White background (please write in below)
- .....

**B Mixed / multiple ethnic groups**

- White and Black Caribbean  White and Black African
  - White and Asian
  - Any other Mixed/multiple ethnic background (please write in below)
- .....

**C Asian / Asian British**

- Indian  Pakistani
  - Bangladeshi  Chinese
  - Any other Asian background (please write in below)
- .....

**D Black / African / Caribbean / Black British**

- African  Caribbean
  - Any other Black / African / Caribbean background (please write in below)
- .....

**E Other ethnic group**

- Arab
- Any other ethnic group (please write in below)

**F Prefer not to say**



Q3.A	White	White Irish	Traveller	White Other
Total	63	3	0	0
	61.8%	2.9%	0.0%	0.0%

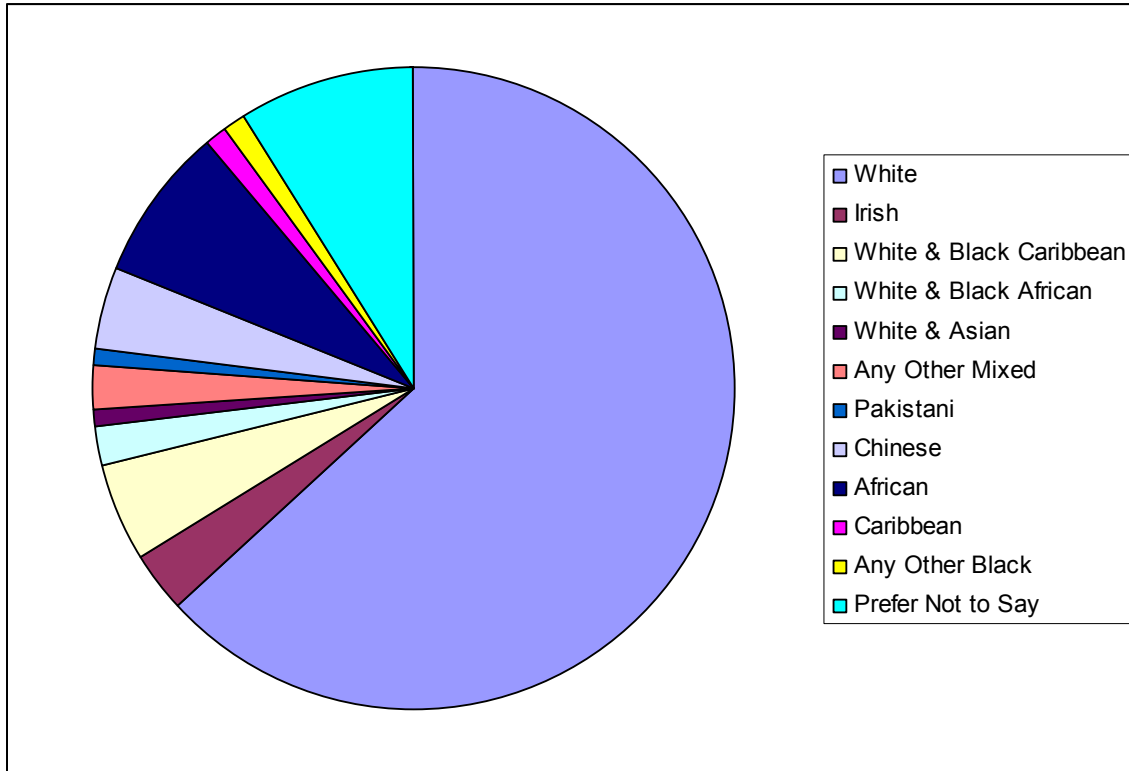
Q3.B	White & Black Caribbean	White & Black African	White & Asian	Mixed Other
Totals	5	2	1	2
Percent	4.9%	2.0%	1.0%	2.0%

Q3.C	Indian	Pakistani	Bangladeshi	Chinese	Other
Totals	0	1	0	4	0
Percent	0.0%	1.0%	0.0%	3.9%	0.0%

Q3.D	African	Caribbean	Other Black
Totals	8	1	1
Percent	7.8%	1.0%	1.0%

Q3.E.	Arab	Any Other	Prefer not to say
Totals	0	0	9
Percent	0.0%	0.0%	8.8%

Q3



**4) National Identity:** How would you describe your national identity? (for example English, Irish, Somali, Yemeni, Polish etc) Please write in below.  
 .....

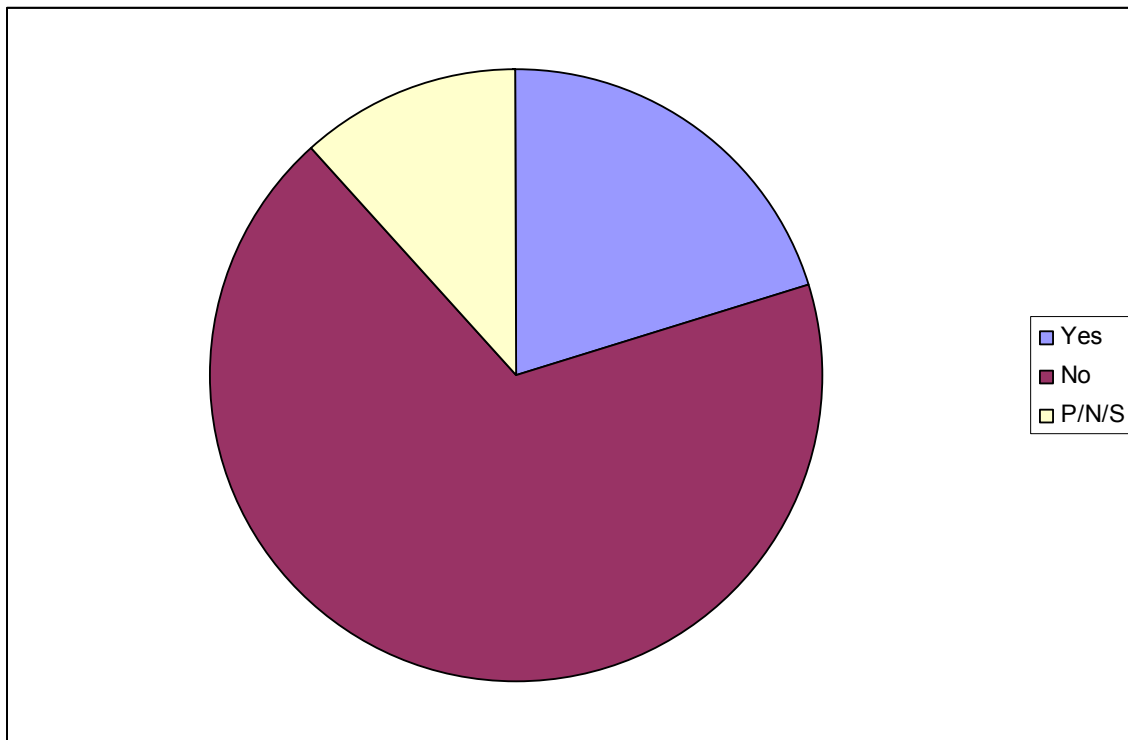
Q4										
46	39	12	1	2	1	1	1	1	1	1
Blank	English	British	Rwandan	Nigerian	Cameroonian	Irish	African	Earth Child	Spanish & French	

**5) Disability:** Do you consider yourself to have a disability?

Under the Disability Discrimination Act (1995) a person is considered to have a disability if s/he has a physical or mental impairment or illness such as HIV, cancer, diabetes, heart condition or similar which has a sustained and long-term adverse effect on her/his ability to carry out normal day-to-day activities.

Yes     
  No     
  Prefer not to say

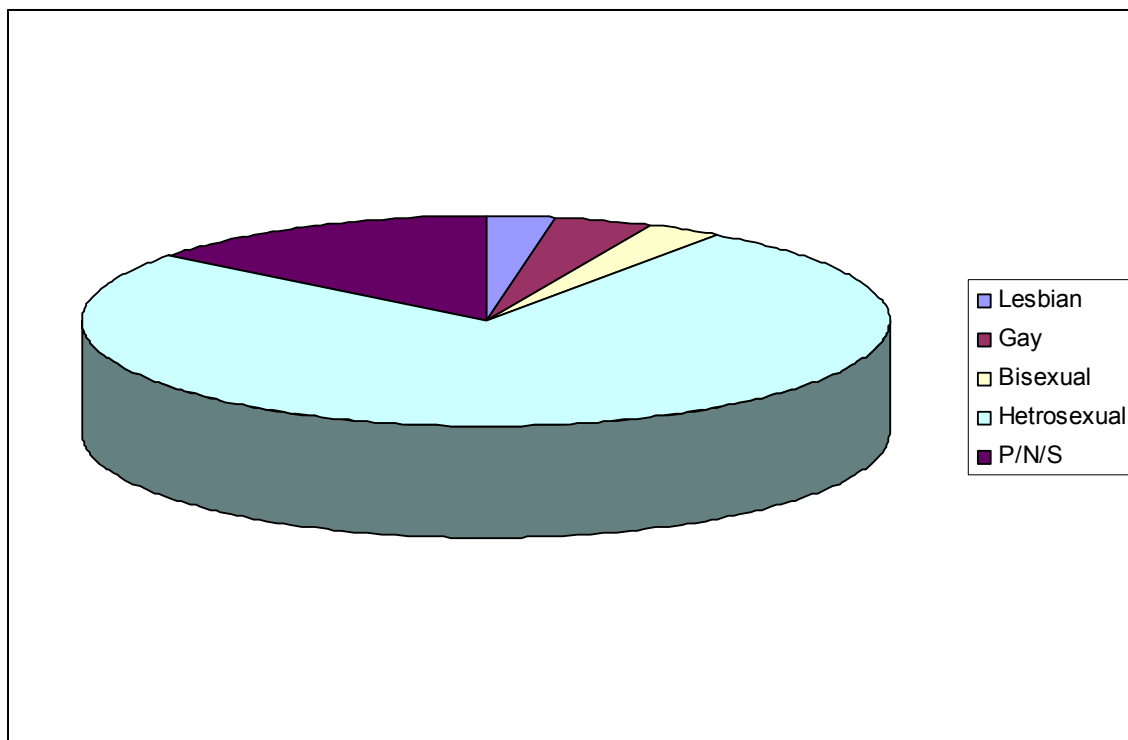
Q5	Yes	No	Prefer not to say
Totals	21	70	12
Percent	20.6%	68.6%	11.8%



**6) Sexual Orientation:** How would you describe your sexual orientation?

Lesbian     
 Gay     
 Bisexual  
 Heterosexual (straight)     
 Prefer not to say

Q6	Lesbian	Gay	Bisexual	Hetrosexual	Prefer not to say
Totals	3	4	3	78	15
Percent	2.9%	3.9%	2.9%	76.5%	14.7%



**7) Faith:** Would you describe yourself as being part of a Faith Community?

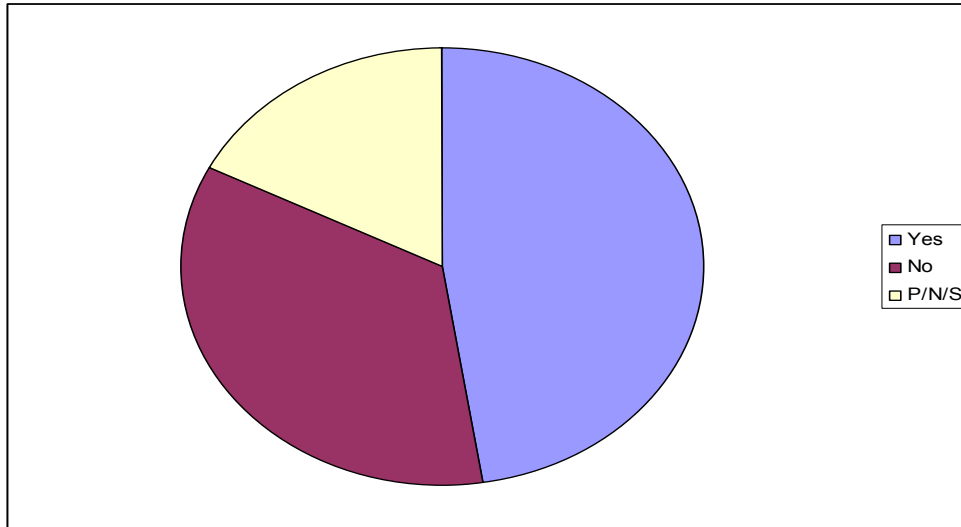
Yes       No       Prefer not to say

**7a)** If 'Yes', please select:

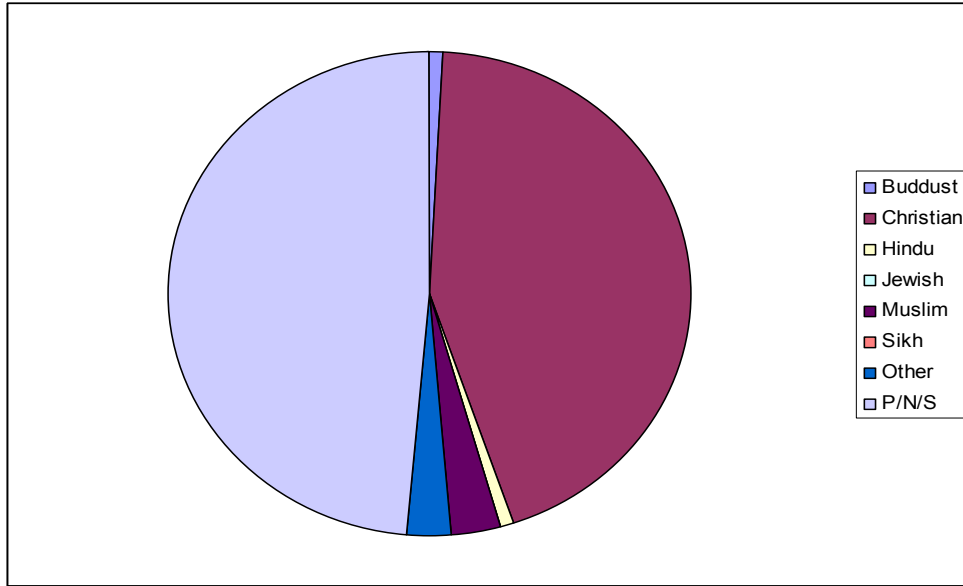
Buddhist       Christian       Hindu  
 Jewish       Muslim       Sikh  
 Other       Prefer not to say

(If 'Other' please write in) .....

Q7	Yes	No	P/N/S
Totals	49	36	18
Percent	48.0%	35.3%	17.6%



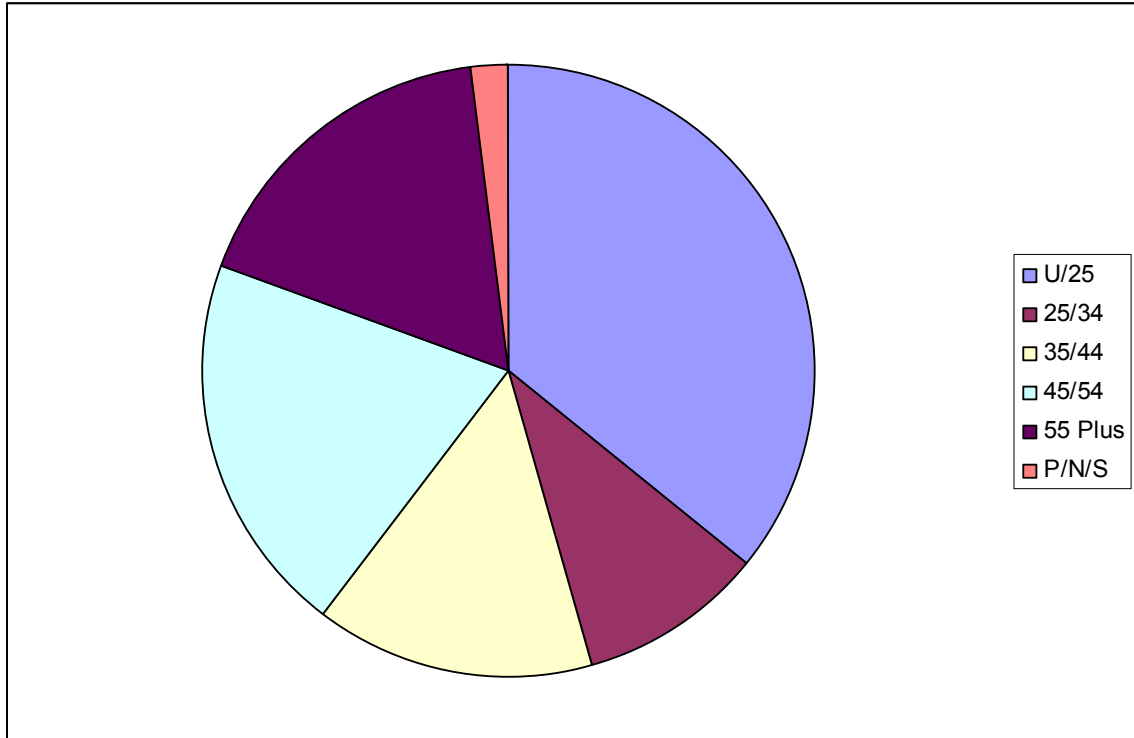
Q7.A	Buddhist	Christian	Hindu	Jewish	Muslim	Sikh	Other	P/N/S
Totals	1	45	1	0	3	0	3	50
	1.0%	44.1%	1.0%	0.0%	2.9%	0.0%	2.9%	49.0%



**8) Age: Which age group do you fall within?**

- Under 25
- 25 - 34
- 35 - 44
- 45 - 54
- 55 +
- Prefer not to say

Q8	U/25	25/34	35/44	45/54	55 Plus	P/N/S
Totals	37	10	15	21	18	2
Prevent	36.3%	9.8%	14.7%	20.6%	17.6%	2.0%



**9) Which of these activities best describes your situation? (Please note: you can tick more than one box in this section if it applies to you)**

- |  |   |
|--|---|
| <input type="checkbox"/> Full time work                | <input type="checkbox"/> Unemployed but available for work        |
| <input type="checkbox"/> Part time work                | <input type="checkbox"/> Carer                                    |
| <input type="checkbox"/> Self employed                 | <input type="checkbox"/> Full time education                      |
| <input type="checkbox"/> Government scheme             | <input type="checkbox"/> Looking after the home                   |
| <input type="checkbox"/> Retired                       | <input type="checkbox"/> Unable to work due to illness/disability |
| <input type="checkbox"/> Other (please write in) ..... |   |

Q9

F/Time Work	Unemployed	P/Time	Carer	Self Emp	F/T Educ	Gov scheme	At Home	Retired	ill/Disabled	Other	Blank
20	6	15	2	3	24	0	3	9	15	1	2
19.4%	5.9%	14.7%	2.0%	2.9%	23.5%	0.0%	2.9%	8.8%	14.7%	1.0%	2.0%

