

Select Committee on Health & Adult Social Care – 18th November 2010

Report of the Director of Public Health

Five Steps to Healthy Sex in Dudley: Summary

1. Purpose of Report

The needs assessment looks at the magnitude of sexual ill health in Dudley in terms of sexually transmitted diseases and teenage pregnancy (step1); a gap analysis of services available (step2); sexual health knowledge and behaviour, as described by different groups of people (step3); the effectiveness of different interventions to improve sexual health (step 4) and what should be done to match services to need (step 5).

2. Background

The main findings are:

Description of Dudley population in relation to sexual health

- 65% of the Dudley Borough population are classed as 'sexually active' (i.e. Aged 15-64).
- Over a quarter of sexually active residents live in Brierley Hill.
- Sexually active young people (aged 15-24) comprise 12% of the Borough population. The highest proportion is in Dudley and Netherton.
- Amblecote and Gornal Wood are the two wards with the highest number of sexually active residents.
- A larger proportion of Dudley residents live in the most deprived areas than in the least deprived.
- The proportion of ethnic minority groups varies from 15% in Dudley to 3% in Sedgley.
- The largest ethnic minority group in the Borough is Asian.
- 32% of 16-24 year olds in the Borough are in full-time education. The highest proportion is in Stourbridge, and the highest number is in Brierley Hill.

STIs in Dudley:

- Chlamydia is the most common STI.

- The rate of Gonorrhoea has fallen since 2001 while the rate for other STIs has increased.
- The indirectly standardised rates for Gonorrhoea and Syphilis in Dudley are significantly higher, while the rate for Chlamydia is significantly lower than the rates in England.
- The number of cases of Hepatitis B has increased by over 70% between 2004 and 2007.
- Sexually transmitted diseases are most common among the 20-24 years old age group, except HIV which is most common among 35-44 years old age group.
- There is a strong correlation between deprivation and higher rates of sexually transmitted diseases, including HIV.
- DY2 showed significantly higher rates of almost all sexually transmitted diseases compared to other post sectors in the Borough.

Teenage pregnancy:

- Since 1998 Dudley's teenage pregnancy rates have been consistently higher than England's rates, 47- 57 for Dudley versus 40-47 per 1000 per 1000 female aged 15-17 for England.
- The rate in England fell by 13% between 1998 and 2005, and Dudley fell by 11% over the same period.
- The England rate continued to fall in 2006, while Dudley's rate increased by 5% to 48.8 per 1000 in 2006.
- The largest number of under-18 conceptions is in Brierley Hill, and the second highest number in Dudley and Netherton locality.
- Both under 18 conceptions and termination rates show a strong correlation with deprivation.
- Dudley and Netherton is the hotspot area for under 18 conception and termination.

Sexual health services in Dudley:

Dudley Contraception and Sexual Health Services:

- Dudley has no full provision of level 3 contraception and sexual health services, it does not meet the need of the local population and is not fully in line with national and local standards and guidance. More specifically:
- CASH conducts a young person clinic every fortnight and there is no young person service on weekends.

- Although CASH provides most methods of contraception, intrauterine device insertion for emergency contraception is not offered during young person clinics.
- CASH does not offer the new combined oral hormonal contraception Yasmin.
- CASH does not provide Genitourinary Service at Central clinic or any outreach clinics.
- CASH current information system does not provide accurate information on client's demographic characteristics and contraception use. As a result, it does not meet the PCT information's need to track progress in service provision or to commission effectively on behalf of its population.
- Almost all CASH staff works on part time bases. This has implications on clinical governance, more specifically, on continuity of care and staff continuous professional developments.
- There is lack of leadership at a consultant level.
- Although patient satisfaction surveys were positive, the need for extended opening hours and more sessions were highlighted.
- The uptake of Chlamydia screening through CASH services is extremely low.

Dudley Brook

- A large proportion of clients who access Dudley Brook Service are from the hotspot area for teenage pregnancy, STIs and abortion.
- There is a need for further family planning training so that the service can increase its contraception capacity especially LARC provision.
- Brooks screened 40% of the total number screened for Chlamydia in Q1 08/09 in Dudley.
- As Brook sees 12% of the target age group for Chlamydia screening (15-<25) per year, the service is in a good position to make a measurable contribution towards achieving the Chlamydia target.

GUM services:

- GUM provides level 1, 2 &3 GUM services and level 1&2 contraception services.
- Contraception services are offered as part of the GUM consultation.
- GUM clinic doesn't conduct outreach services or dedicated young people's sessions.
- The system of receiving laboratory results is laborious and results in delays in processing results.

- To be able to maintain the 48hour access to GUM target, 60% of the clinics are walk in clinics.

Public opinion

The needs assessment included a series of public consultations with hard to reach groups, covering their views on existing services including gaps and their views on future development, it highlighted:

- The need for better information on sexual health services.
- The need for confidential one-stop-shops targeted specifically at young people.
- The need for culturally sensitive services and services suitable for people with physical and mental disabilities.

3. Finance

N/A

4. Law

N/A

5. Equality Impact

N/A

6. Recommendations arising from the report

- The development of a local performance framework for sexual health that covers mainstream sexual health services, strategic commissioning, local authority and the third sector.
- All sexual health services for young people across the Borough follow the DH “You’re Welcome” quality standards for young people. Moreover, the standards are monitored on a regular basis.
- Hotspot areas for teenage pregnancy and sexually transmitted diseases have readily accessible sexual health services, which provide contraception, TOP referral, EHC, and LARC prescribing.
- Increase Chlamydia screening uptake through the main stream sexual health services (CASH, Brook, primary care, and community pharmacies) through ensuring that all SLA/ contracts specify a target of Chlamydia screening uptake.
- Increase LARC training in primary care, Brook and CASH.
- Improve the information system for CASH, Brook Birmingham and the EHC scheme.

- The development of integrated care pathways for teenage pregnancy, sexually transmitted diseases, abortion and sexual health promotion to ensure functional integration of sexual health across the Borough.

Dudley PCT commissioning is to ensure the following:

- Expand EHC scheme through community pharmacy, from its current 10% coverage.
- Include a clear care pathway for women requesting TOP to improve access to TOP before 9 weeks. This should cut across primary care, CASH and other family planning services and TOPs providers. It should enable patients self referral.
- Opportunistic screening for Chlamydia is delivered effectively through main stream sexual health services (CASH, Brook, and primary care) to ensure high volume uptake.
- An opt-out policy across all services, including FE and school settings if possible.
- Agree and implement targets for early diagnosis of sexually transmitted diseases, including HIV and syphilis as part of the integrated care pathway for STI's. The care pathway should cut across primary care, TOPS services, CASH, Brook, Summit House, and secondary care GUM services.

Public health in conjunction with commissioning is to ensure the following with regard to meeting the needs of minority groups in the Borough:

- Improve provision of information and training of pharmacists and pharmacy staff.
- Awareness raising / educational sessions need to be delivered to minority groups in their local community, with the support of interpreting and translation services to ensure that people who are unable to speak English or read in any community language, are still able to access information.
- Activities / projects which train and support members of the community to deliver basic awareness-raising information / education to other members within their community, should be considered and resourced appropriately.
- Each GP practice should include (or enable referral to) a female GP, so that women have the opportunity to speak to a GP about sexual health issues.
- Given that GPs are the most preferred point of access to sexual health services for some people, service provision should be culturally sensitive and all staff should be trained, skilled, and confident to work in a culturally competent way.
- GP practices should aim to make the appointment booking system as accessible as possible and keep waiting times for appointments to a minimum.
- As per the national strategy (27) sexual health information should be clear, accurate, and up to date, provided in attractive and accessible forms and

languages. This information should be readily available from GPs, nurses/clinics and also through other trusted professionals and community groups.

- More use should be made of magazines, newspapers, the internet, and other advertising mediums (e.g. buses) to raise awareness of sexual health issues, and advertise the full range of services available, and what they provide.
- More education / preventative work should take place through schools to raise young people's awareness of the dangers of HIV and the possible consequences of particular lifestyle choices, whilst also ensuring that common stereotypes which may fuel stereotyping and discrimination are challenged.
- Sexual health services should be provided in one central location, with services also being available through doctor's surgeries and a clinic at the hospital (Russell's Hall). I.e. More services should be provided in one location.
- Services should review their opening hours to ensure they are as accessible as possible to service users, and that waiting times for appointments are kept to a minimum.
- Appointments should be streamlined wherever possible to minimise the need for return / multiple visits and patients should be able to see the same doctor, to ensure consistency, wherever possible.
- In line with the aims of the national strategy (27), services should take practical steps towards reducing the stigma and discrimination associated with HIV and STI's.
- GP's and clinics should endorse the standards taken from Effective Sexual Health Promotion (4) and should use these as a framework to underpin their work, in order to be effective, sensitive, and appropriate.
- GP's who have specialist knowledge of HIV / are HIV aware should be more accessible so that better HIV support can be provided at a local point of delivery.
- All staff should provide services in a non-judgmental, respectful, and sensitive way, and should be trained, skilled, and confident to work in ways which exemplify this. They should also actively counter and challenge discrimination, stigma and prejudice, (28). Confidentiality should be maintained at all times.



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Valerie Little
Director of Public Health

Contact Officer: Mayada Abu Affan
Telephone: 01384 321814