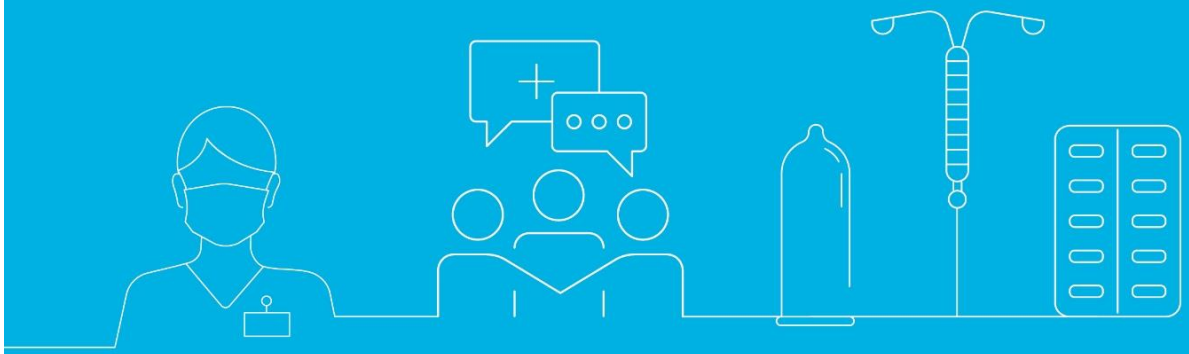
SEXUAL HEALTH NEEDS ASSESSMENT

ST HELENS: 2024



ST HELENS
BOROUGH COUNCIL

Contents

1. Introduction

1.1. Purpose of the Sexual Health Needs Assessment

The purpose of this Sexual Health Needs Assessment is to understand the Sexual and Reproductive Health (SRH) needs of the St Helens population and what this means in terms of service demand. The findings from this needs assessment will be used to inform and shape future SRH service provision for St Helens residents. It will seek to identify and prioritise key areas for development and help to ensure decisions about service delivery are based on available evidence.

This needs assessment does not intend to repeat the wealth of intelligence which already exists on the topic of SRH, instead, it will focus on specific topics where the latest intelligence suggests improvements can be made locally and will explore how these might be achieved. This will include the potential for collaboration with our partners across the health and care system. Areas explored in detail include:

- Sexually transmitted infection (STI) testing, diagnosis and treatment
- HIV testing and diagnosis
- Contraception
- Abortion
- Teenage conception.

1.2. Defining sexual and reproductive health

Sexual health is an important for the whole population across the life course. During adolescence, as young people begin to develop their independence, they may begin to form sexual relationships and by adulthood most of the population are sexually active, with many maintaining sexual activity into older age.

Good sexual and reproductive health is an important contributor to overall health and wellbeing. To maintain and support good sexual health, people may need access to a range of services and interventions, for example, for contraception or for preventing or managing infections.
Poor sexual health can have significant adverse consequences, both long and short term – impacting on the mental and physical wellbeing of individuals in various ways. Some examples are noted below:

- Reduced life chances for teenage parents and their children,
- Potential for serious adverse complications arising from STIs, including infertility,
- Continuing HIV transmission and/or avoidable serious illness and increased risk of premature death can be associated with late diagnosis of HIV,
- Lifelong mental wellbeing problems that result from sexual exploitation and sexual violence,

- Harmful impacts resulting from stigma and discrimination, such as that based on sexuality or gender identity or a person's HIV status.

Some population groups are significantly more likely to experience poor sexual health, and these should be an important area of focus for public health professionals, alongside our NHS partners, in planning improvements to sexual health outcomes.

2. National policy context

During recent years, several policy and strategy documents have been published, or are in preparation to support improved sexual and reproductive health. Some of these are listed below.

2.1. The Women's Health Strategy for England, 2022

In July 2022, the Government published the 'Women's Health Strategy for England' setting out ambitions to improve the health and wellbeing of women and girls over the next ten years. The strategy takes a life course approach to support access to a range of integrated community healthcare provisions. It recommends development of women's health hubs as a model for delivering contraception, services for menstrual health, menopause, cervical screening and maternal health.

2.2. The Hatfield vision

The Hatfield vision aims to ensure the proportion of pregnancies which are unplanned can be reduced - from 45% in 2021 to 30% by 2030. It also recommends investment and system-based collaboration to enable robust, consistent and equitable access to chosen methods of contraception.

2.3. Towards Zero: Action Plan towards ending HIV transmission, AIDS and HIV related deaths in England 2022 – 2025

In December 2021, the government published this Action Plan, which sets an ambitious target for an 80% reduction in all new HIV infections in England by 2025, as part of a strategic commitment to achieving zero new HIV transmissions by 2030. The Action Plan objectives aim to ensure that partners across the health system collaborate to intensify efforts to:

- ensure equitable access to / uptake of HIV prevention support,
- scale up HIV testing and opportunities for earlier diagnosis,
- enable rapid access to HIV treatment and support retention in care, and
- improve quality of life for people living with HIV.

An important element of the action plan is to tackle stigma experienced by people living with HIV.

2.4. Breaking point: Securing the future of sexual health services.

We understand that a new National Action Plan for Sexual and Reproductive Health is in preparation, but in the interim, this helpful document published by the Local Government Association (2022) contains some key strategic recommendations for sexual health services.

2.5. The National Chlamydia Screening Programme (NCSP) 2021

The NCSP aims to prevent onward transmission and avoid the potential harms from untreated chlamydia infection though the offer of opportunistic screening of those under 25 years of age, in a range of venues outside of (and in addition to) sexual health services, to enable early detection and treatment.

The NCSP review of evidence found that opportunistic screening of women can effectively reduce the significant harms to reproductive health caused by chlamydia. As the harmful consequences of chlamydial infection predominantly affect women, in 2021, the NCSP published changes to recommendations which include that offers of opportunistic screening will now focus on young women, with faster access to results and treatment, and strengthened partner notification and treatment. Whilst men will no longer be included within the target population for opportunistic screening, they will still be able to access testing and treatment via sexual health services, including via partner notification and management arrangements.

3. Local policy context

3.1. St Helens Borough Strategy 2021 – 2030

The St Helens ‘Our Borough Strategy 2021-2030’ sets out six strategic priority areas:

- Priority 1 - Ensure children and young people have a positive start in life.
- Priority 2 - Promote good health, independence, and care across our communities.
- Priority 3 - Create safe and strong communities and neighbourhoods for all.
- Priority 4 - Support a strong, thriving, inclusive, and well-connected local economy.
- Priority 5 - Create green and vibrant places that reflect our heritage and culture.
- Priority 6 - Be a responsible council.

There are two sexual health related performance indicators which are monitored under Priority 1, these are:

- PH-001: Under 18 Conceptions (monitored quarterly)
- PH-011: Abortions in women aged under 18 (monitored annually)

3.2. St Helens Sexual Health Strategy 2021 - 2024

Our local strategy recognises the significance of a life course approach in preventing, diagnosing, living, and ageing well for sexual health and wellbeing. It is important to remember our experiences of love and relationships change across our life course (from conception to older age) in both positive and negative ways and are influenced by individual and by economic and social factors.

From a very early age children develop their identities and make sense of their world and the relationships that create it. During adolescence, young people are starting the journey to independence, developing the skills and knowledge they need to make positive choices about their body and relationships now and in the future. Most of the adult population of England are sexually active and sex is an innate part of life. Many people continue to be sexually active as they get older.

Reducing the proportion of pregnancies that are unplanned (whether this leads to maternity, miscarriage, or abortion) requires a sustained public health response. This should be centred around high quality information to support informed decision making; easy access to services that provide the full range of contraception, particularly the most effective, long-acting reversible contraception (LARC); and accessible free pregnancy testing with rapid referral to abortion services for unwanted pregnancy. These services should be delivered alongside promotion of safer sexual and health seeking behaviours.

A consistent and robust public health response is also needed to reduce the transmission of HIV and sexually transmitted infections (STIs). This should include education on risks of acquisition and transmission of STIs; easy access to testing and opportunities for early detection; successful treatment and partner notification, alongside promotion of condom use and healthcare seeking.

To achieve good sexual health, people need relationships based on equality, sexual fulfilment, and reproductive choice. Understanding our bodies and emotions and building positive, respectful relationships with others is an important part of life.

A large part of improving sexual and reproductive health is supporting people to develop the skills to negotiate the sex (and sexual relationships) they want to have. Part of our work is ensuring stigma is addressed and to break down barriers so that everybody can access the support and services they need at each stage of their lives. Abusive and coercive relationships affect people of all ages, genders, and sexualities, but some groups are at higher risk of unhealthy sexual relationships than others, including young women, people with learning disabilities, and people identifying as LGBTQI+. Men who have sex with men (MSM), in particular, may be at increased risk of poor sexual health through ‘chemsex’ practices, because maintaining control of behaviour and choices while under the influence of drugs may be difficult *(chemsex is defined as sexual activity, mostly between men, whilst under the influence of drugs, usually to enhance or prolong pleasure)*.

Our strategy and the St Helens Joint Strategic Needs Assessment (JSNA) for Inequalities has identified sexual violence as a local priority as St Helens has a higher rate than England for violent and sexual offences.

4. The impacts of the COVID-19 pandemic on sexual health

In 2020, during the COVID-19 pandemic, the Government implemented strict national and regional lockdowns and social distancing requirements. These COVID-19 control measures impacted sexual activity and sexual health, although the impacts are still to be fully understood.

Many SRH clinical staff were redeployed to support the COVID-19 response, and this resulted in reduced access to and use of SRH services. However, the need to maintain core provision led to some rapid and innovative changes to the way services were delivered.

Whilst some online delivery of STI testing services and remote clinical consultations had started to be introduced prior to the pandemic, the disruption to face to face healthcare access due to COVID-19 has accelerated and expanded the development of such interventions for self-testing and self-managed care. In many areas these changes have been retained, and digital services have become established as an important and cost-effective addition for non-complex delivery of sexual healthcare.

Such changes have generally been well received and are accepted as positive developments which support access and enable self-management. However, it is essential to ensure these do not contribute to existing sexual health inequalities, by disadvantaging people who do not have digital literacy or those without online access.

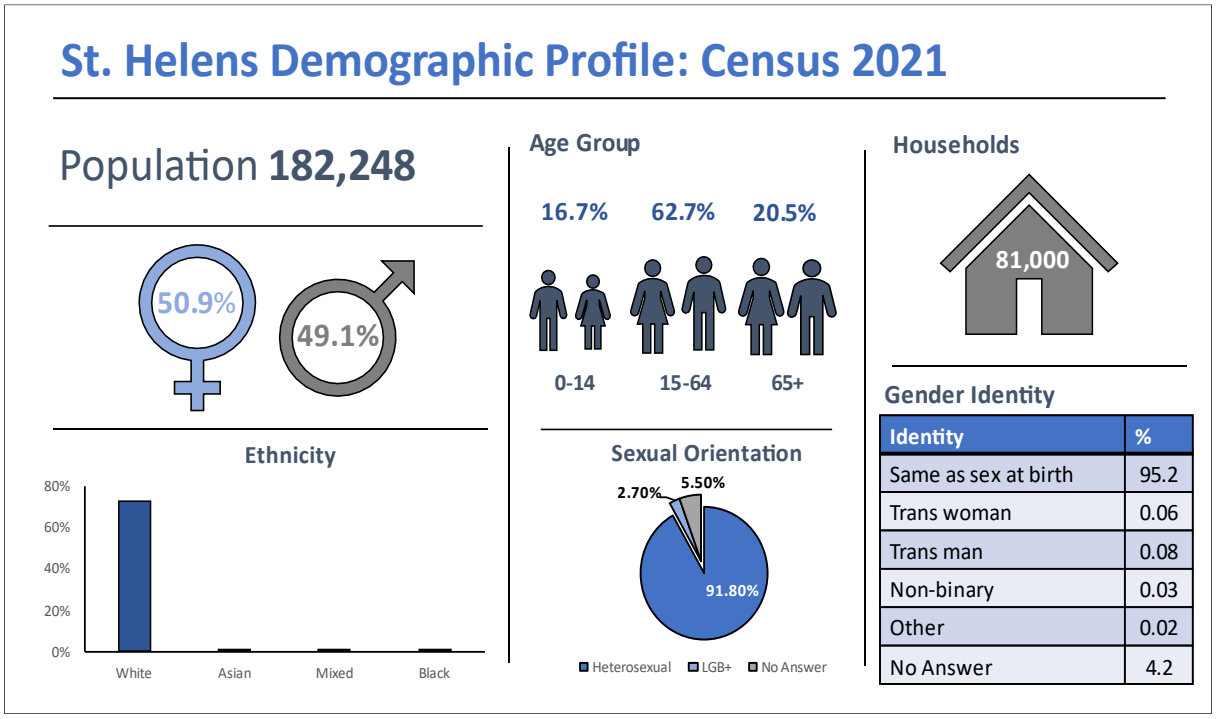
The ‘COVID-19: impact on STIs, HIV and viral hepatitis, 2020’ report highlighted reductions in the number of consultations undertaken by sexual health services; testing and diagnoses for STIs, HIV and viral hepatitis. Restricted health provision also impacted on contraceptive service access and uptake, in general practice and in SRH clinic services.

This ‘COVID context’ needs to be factored in when interpreting data from, or since, 2020.

5. St Helens demographic profile

Figure 1 below outlines the basic demographic profile for St Helens based on the 2021 Census. St Helens has an older age profile compared to England; with lower proportions of younger residents and higher proportions of older residents.

Figure 1: St Helens Demographic Profile



Identity	%
Same as sex at birth	95.2
Trans woman	0.06
Trans man	0.08
Non-binary	0.03
Other	0.02
No Answer	4.2

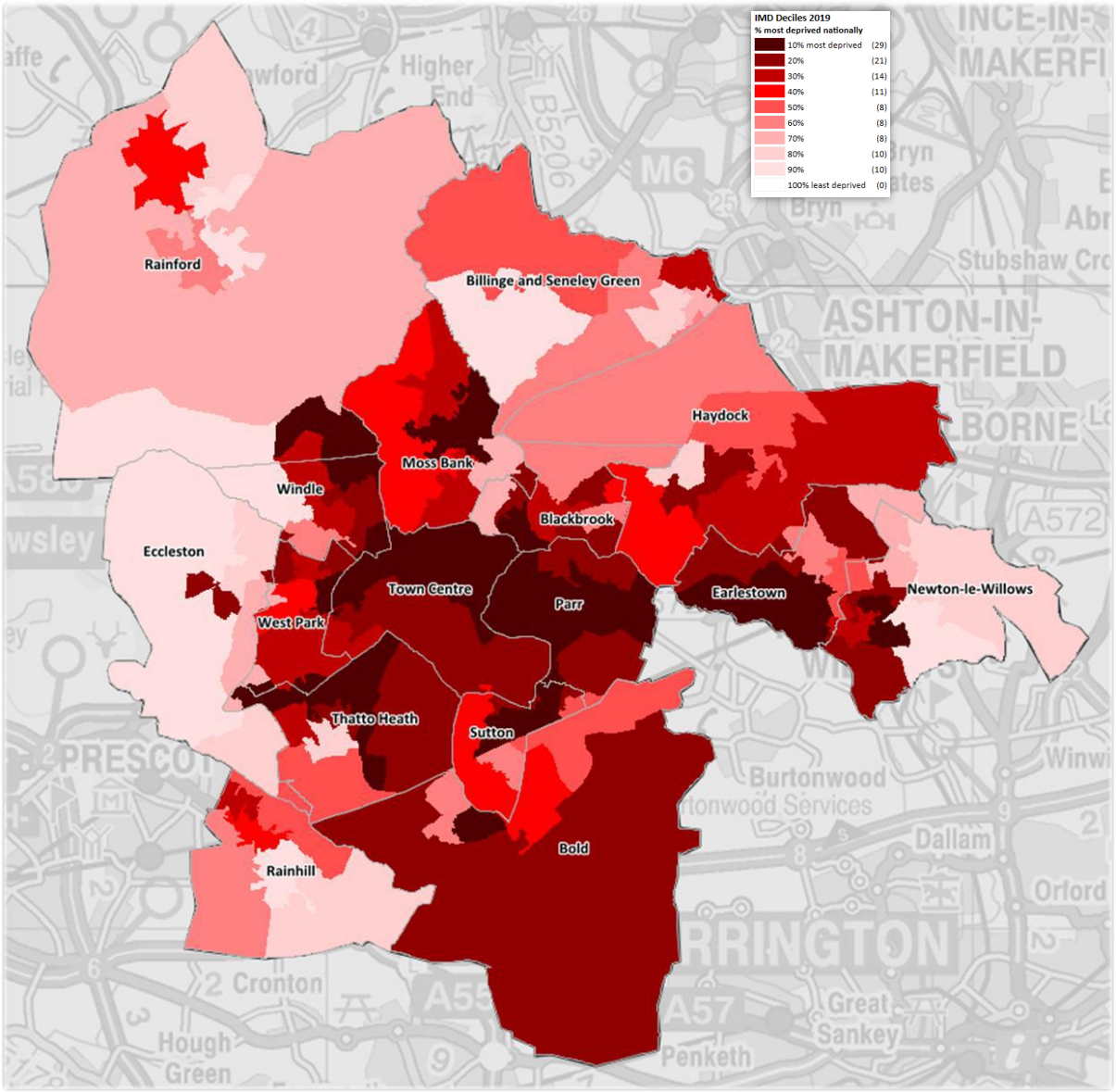
Source: Census 2021

St Helens is an area with significant inequalities in relation to deprivation, with nearly a quarter of the borough population living in the 10% most deprived LSOAs nationally (figure 2).

Overall, St Helens is ranked as the 26th most deprived local authority in England, out of 317 *(IMD, 2019)*.

Life expectancy in St Helens is also lower than the England average.

Figure 2: Indices of Multiple Deprivation (IMD) 2019



Source: Indices of Multiple Deprivation (2019), Ministry of Housing, Communities & Local Government

6. Sexual and reproductive health profile of St Helens

The sexual health summary profile below (figure 3) outlines the latest available sexual and reproductive health data for St Helens.

The key areas for improving sexual health outcomes in St Helens, according to the summary of data shown in figure 3 (below) are:

- Gonorrhoea diagnostic rate
- Chlamydia detection rate (females aged 15-24 years)
- Chlamydia screening (young people aged 15-24 years)
- HIV testing coverage

- Under-18 conception rate
- Total prescribed LARC excluding injections.

These will all be explored in more detail in the following chapters.

Figure 3: Key SRH indicators in St Helens compared to England

Indicator	Period	St. Helens			England		
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range / Best/ Highest
Syphilis diagnostic rate per 100,000	2022	→	11	6.0	15.4	143.3	0.9
Gonorrhoea diagnostic rate per 100,000	2022	↑	255	139	146	1,220	29
Chlamydia detection rate per 100,000 aged 15 to 24 (Female) <2,400 2,400 to 3,250 ≥3,250	2022	↓	207	2,230	2,110	893	4,536
Chlamydia proportion of females aged 15 to 24 screened	2022	–	-	16.2%	21.2%	8.6%	46.5%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	→	768	419	496	3,155	161
HIV testing coverage, total	2022	↓	2,437	37.7%	48.2%	20.4%	75.1%
HIV late diagnosis in people first diagnosed with HIV in the UK <25% 25% to 50% ≥50%	2020 - 22	–	6	54.5%	43.3%	100%	0.0%
New HIV diagnosis rate per 100,000	2022	→	9	4.9	6.7	52.7	0.5
HIV diagnosed prevalence rate per 1,000 aged 15 to 59 <2 2 to 5 ≥5	2022	→	126	1.22	2.34	12.18	0.60
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) New data <80% 80% to 90% ≥90%	2022/23	↓	714	66.4%	71.3%	22.9%	92.7%
Under 25s repeat abortions (%)	2021	→	108	33.4%	29.7%	39.8%	17.3%
Abortions under 10 weeks (%)	2021	↑	736	87.8%	88.6%	79.9%	92.2%
Total prescribed LARC excluding injections rate / 1,000 New data	2022	→	945	28.1	44.1	5.4	74.5
Under 18s conception rate / 1,000 New data	2021	→	78	25.9	13.1	31.5	1.1
Under 18s conceptions leading to abortion (%)	2021	→	43	55.1%	53.4%	26.0%	87.5%
Violent crime - sexual offences per 1,000 population	2022/23	↑	575	3.1	3.0	1.3	7.0

Source: Fingertips Sexual and Reproductive Health Profile (16 May 2024)

7. Sexually transmitted infections (STIs)

Sexually transmitted infections (STIs) are a major public health concern. If left undiagnosed (and untreated), common STIs may cause serious health complications and consequences, including but not limited to the following:

- Pelvic inflammatory disease (PID) in people assigned female at birth, and infertility in both males and females
- Tubal or ectopic pregnancy
- Adverse pregnancy outcomes including stillbirths and premature delivery
- Neonatal / congenital infections in infants born to infected mothers
- Neurological or cardiovascular disease
- Increased risk of acquisition of HIV
- Cervical and ano-genital cancers
- Proctitis, colitis, and enteritis.

Prevention is essential to achieving good sexual health outcomes, alongside education and condom use. Early diagnosis and treatment, and effective partner notification / partner treatment, are key interventions for the control of STIs.

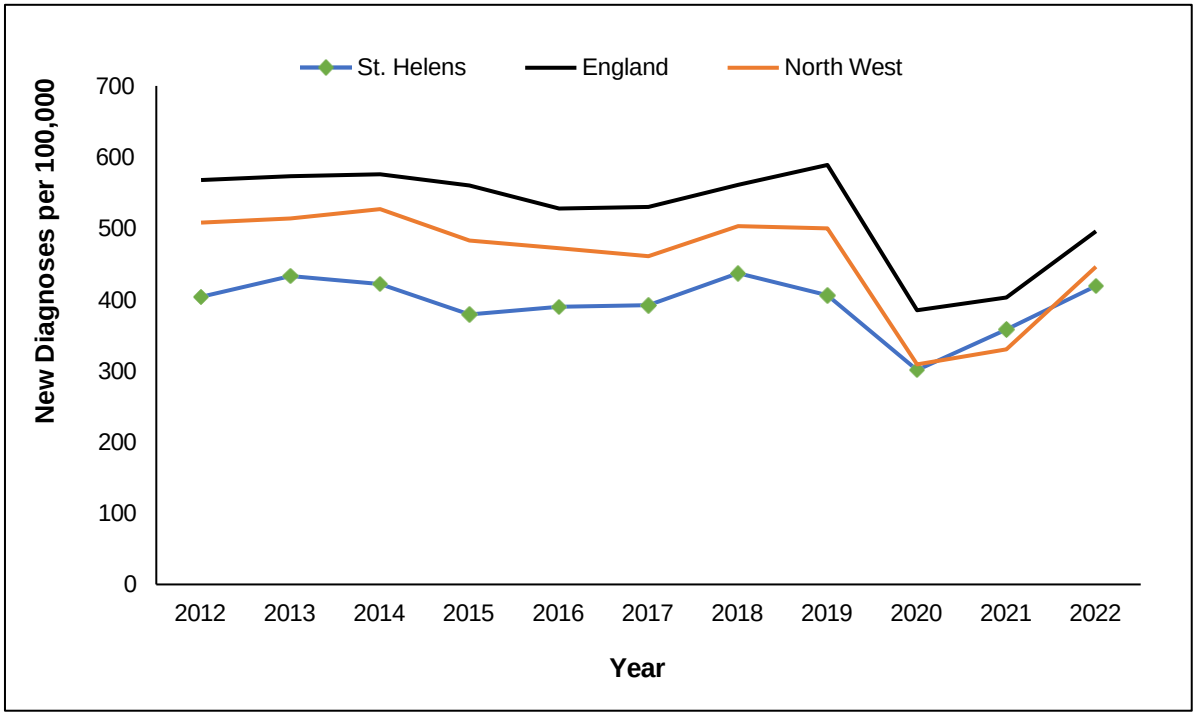
Young people are more likely to be diagnosed with an STI, which may be due to higher rates of partner change amongst this population group.

7.1. New STI diagnoses

A total of 768 new STIs (excluding chlamydia in those aged under 25) were diagnosed in 2022 among St Helens residents. Between 2021 and 2022 there was a 17% increase in new STI diagnoses (excluding chlamydia aged under 25).

The rate in St Helens was ranked as the 6th highest rate in the North West and 57th in England for new STI diagnoses, with a rate of 419 per 100,000 (figure 4). This is statistically significantly lower compared to the rate of 496 per 100,000 in England and 446 per 100,000 in the North West. The graph outlines the trends between 2012 and 2022. Note the drop in diagnoses in 2020 coinciding with the COVID pandemic.

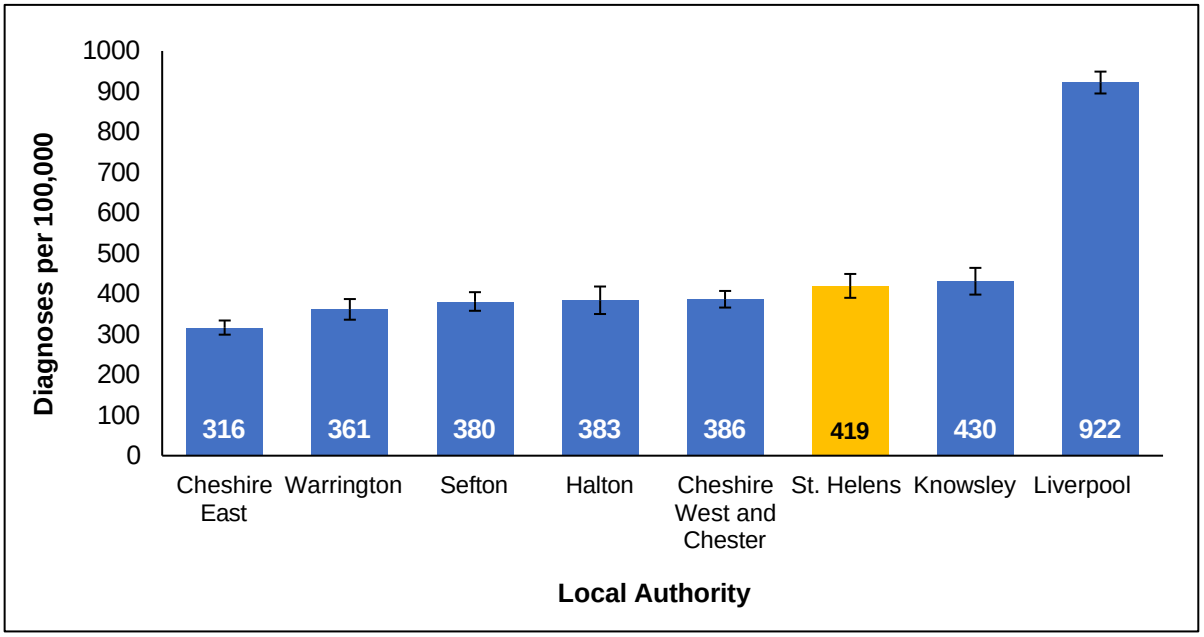
Figure 4: New STI diagnoses (excl. chlamydia in under 25s) per 100,000 (2012 – 2022)



Source: Fingertips Sexual Health Profile (Accessed 24/01/2024)

Across Cheshire and Merseyside, the rate of new STI diagnoses (excluding chlamydia in under 25s) varies, ranging from 316 per 100,000 in Cheshire East to 922 per 100,000 in Liverpool. St Helens has the 3rd highest rate across Cheshire and Merseyside with 419 per 100,000 (figure 5).

Figure 5: New STI Diagnoses (excluding chlamydia in under 25s) per 100,000 by Local Authority in Cheshire and Merseyside (2022)

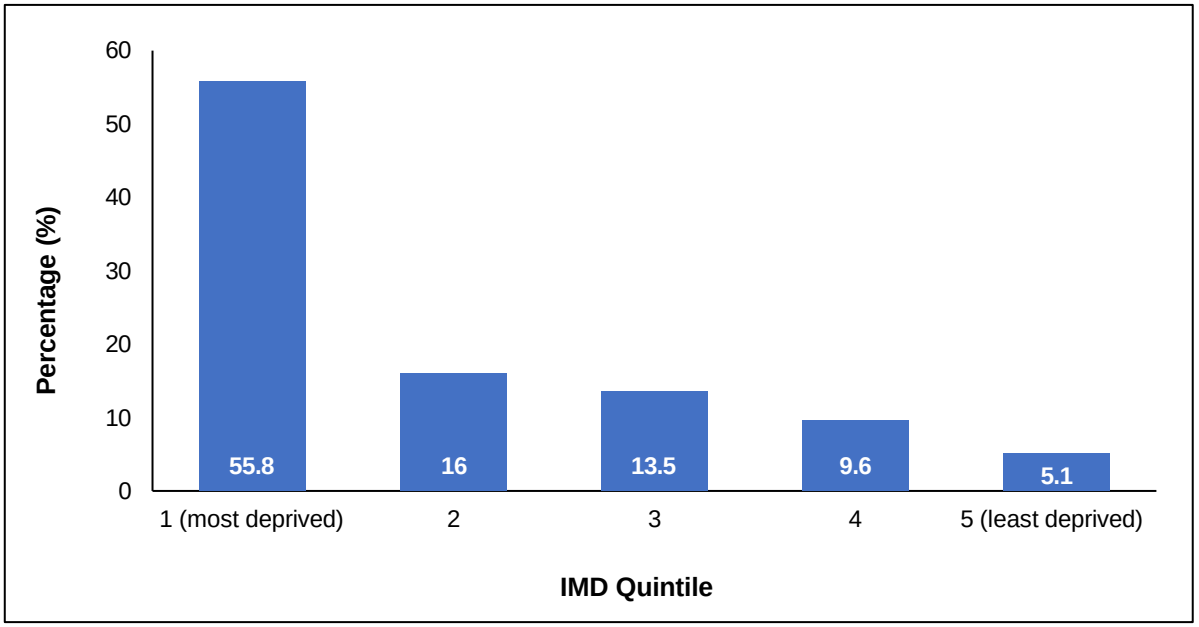


Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

7.2. New STIs and deprivation

Statistics from 2020 show a correlation between the proportion of new STI diagnoses in sexual health services and deprivation, with the highest proportion among those living in the most deprived quintile at 55.8%. The percentage of new STI diagnoses by deprivation quintile are shown in figure 6 below.

Figure 6: Percentage (%) of new STIs in St Helens by deprivation quintile (SH service diagnoses only) in 2020



(Source: SPLASH Supplement Report 2022, GUMCAD (accessed 24/01/2024)

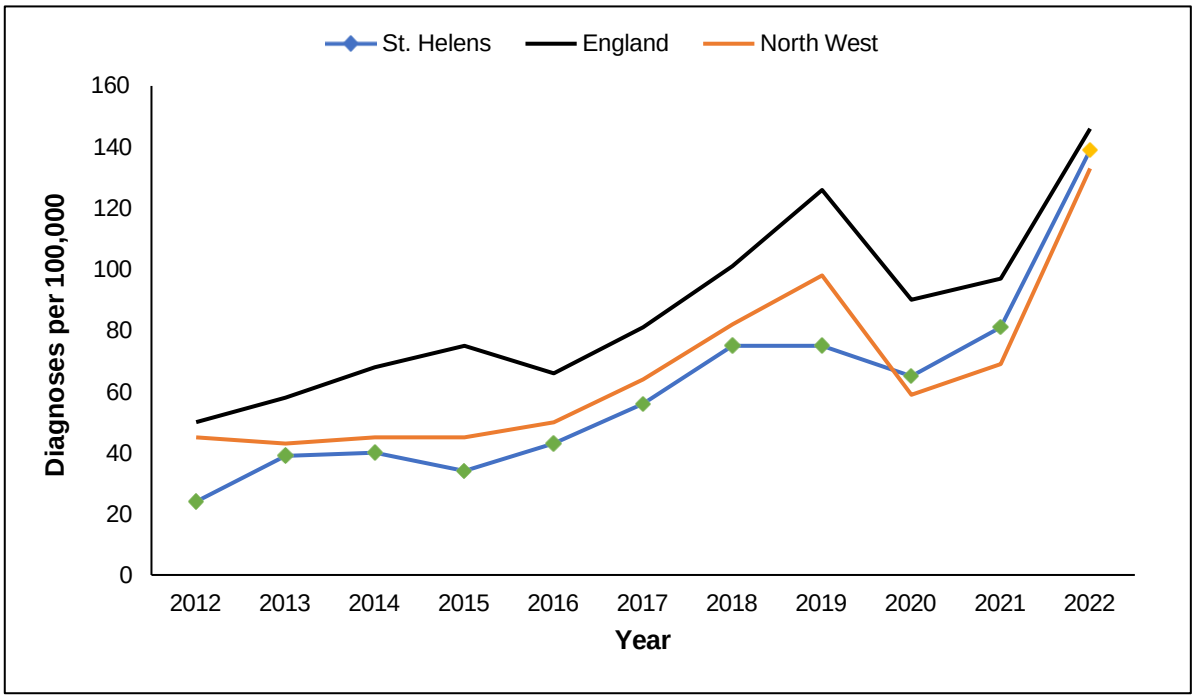
8. Gonorrhoea

Gonorrhoea is passed on through unprotected sex and often causes symptoms. It can be prevented by using condoms and reducing the number of different sexual partners. If people do contract gonorrhoea, then it is important they are tested, treated, and importantly that any recent sexual partners are notified. Testing, treatment and partner notification is carried out by specialist sexual health services.

8.1. Gonorrhoea diagnostic rate

There has been a sharp rise in gonorrhoea rates in England in recent years and St Helens has seen an increase in line with the national trend and at 139 cases per 100,000 (figure 7) in 2022 and this is the 5th highest rate in the North West and pertains to a total of 255 cases of gonorrhoea in 2022 (compared to 148 in 2021).

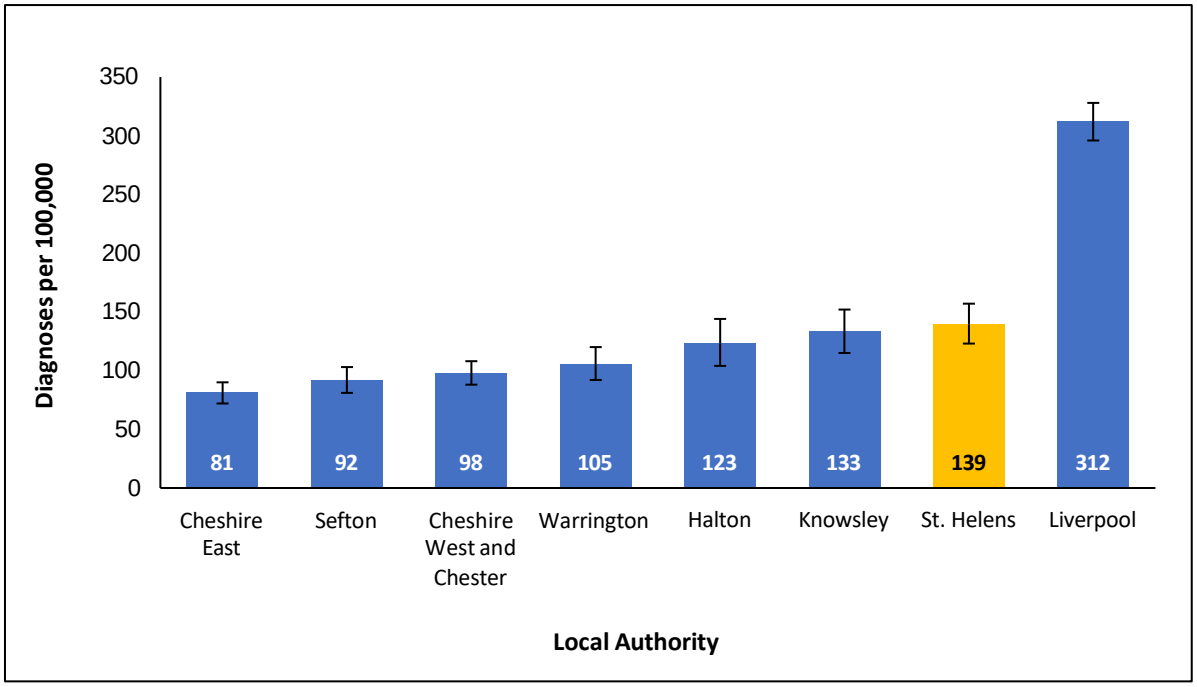
Figure 7: Gonorrhoea diagnostic rate per 100,000 in St Helens, England and North West, 2012 - 2022



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Rates of gonorrhoea across Cheshire and Merseyside range from 81 per 100,000 in Cheshire East to 312 per 100,000 in Liverpool. St Helens ranks as having the 2nd highest rate across Cheshire and Merseyside (figure 8).

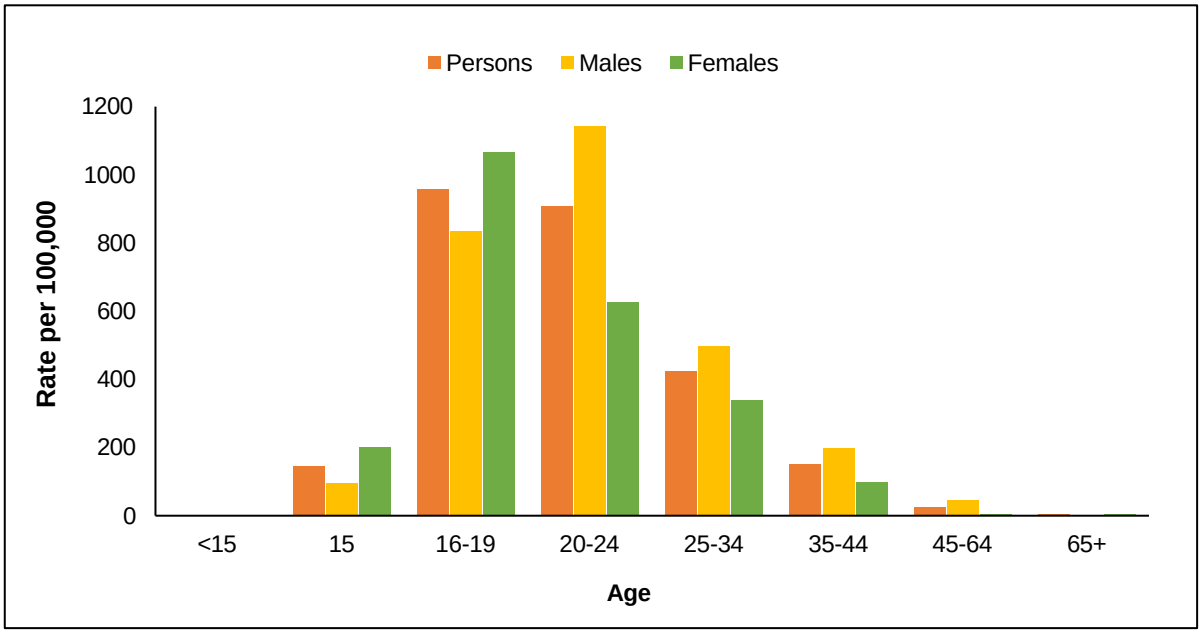
Figure 8: Gonorrhoea diagnostic rate per 100,000 by Local Authority in Cheshire and Merseyside (2012 – 2022)



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

The gonorrhoea diagnosis rate is presented below by age band and gender (figure 9). Data in 2022/23 shows that the gonorrhoea diagnosis rate for males and females combined in St Helens is highest among the 16-19 age group at 956 per 100,000 persons. When we observe the male and female split, males aged 20-24 years have the highest rate, whilst females aged 16-19 years have the highest rate.

Figure 9: Gonorrhoea diagnoses rate by gender in St Helens (01/04/2022 – 31/03/2023)

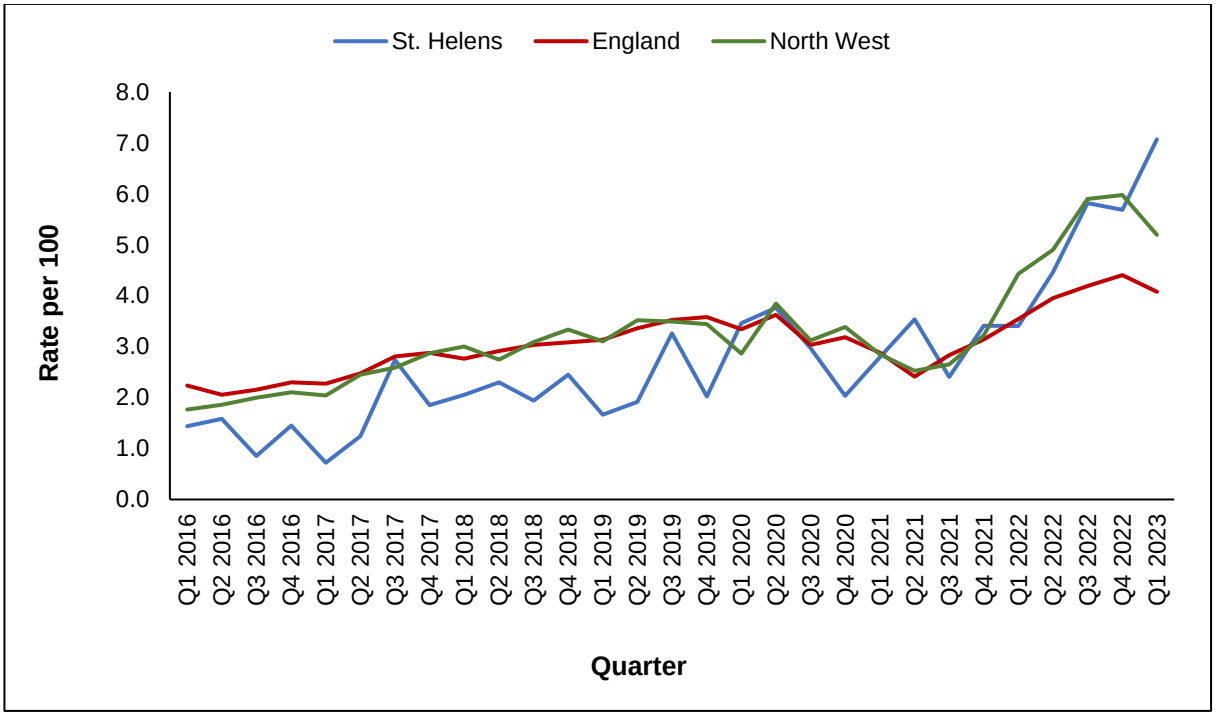


Source: GUMCAD, UKHSA (accessed 02/02/2024)

8.2. Gonorrhoea positivity rate

Quarterly trend data shows a recent sharp increase in the positivity rate for Gonorrhoea (rate per 100 tests) in St Helens, the most recent quarter (Q1 2023) is at 7.1 per 100. A general increase in the trend has been observed since Q3 2021 and this is also seen across the North West and England, however in the most recent quarter (Q1 2023) there has been a decrease in both the North West and in England (figure 10) whilst in St Helens it continues to rise.

Figure 10: Gonorrhoea positivity rate per 100 tests by quarter for St Helens, England and North West (Q1 2016 – Q1 2023)

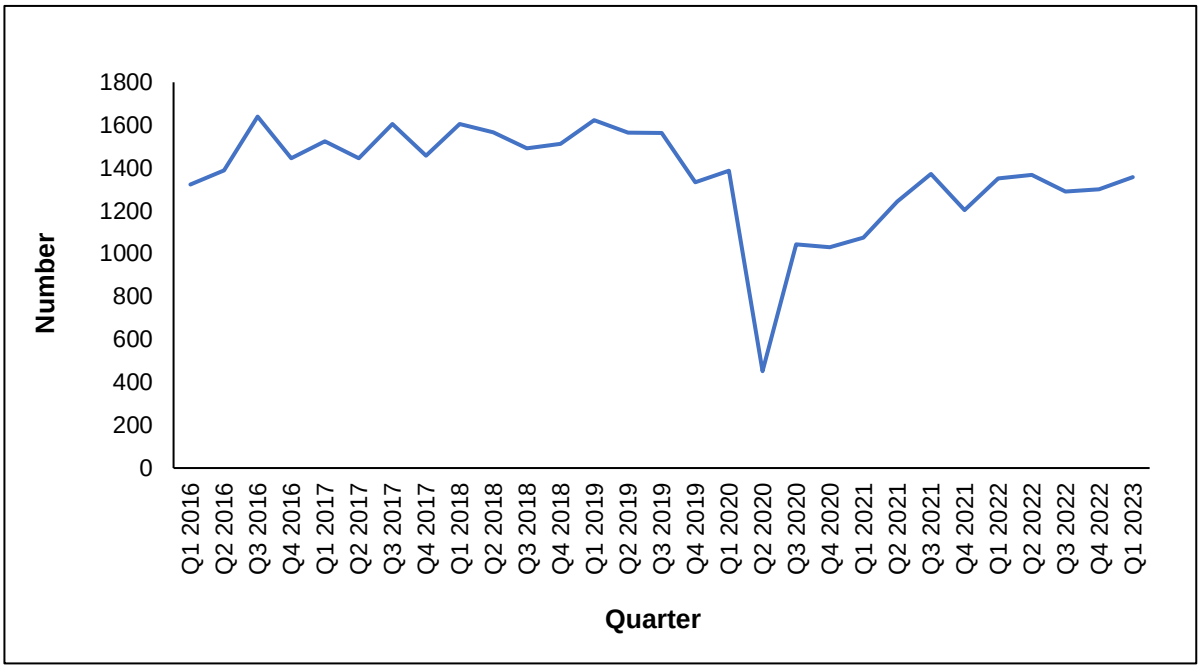


Source: GUMCAD, UKSHA (accessed 02/02/2024)

8.3. Gonorrhoea quarterly testing

It is important to consider testing numbers alongside the positivity rate and the quarterly gonorrhoea testing numbers for St Helens are presented in the graph below (figure 11). Prior to the COVID-19 pandemic testing numbers were around 1,500 quarterly on average. The recent trend illustrates that the number of tests has been increasing since Q2 2020 but are yet to return to pre-pandemic levels.

Figure 11: Gonorrhoea testing in St Helens residents (Q1 2016 – Q1 2023)

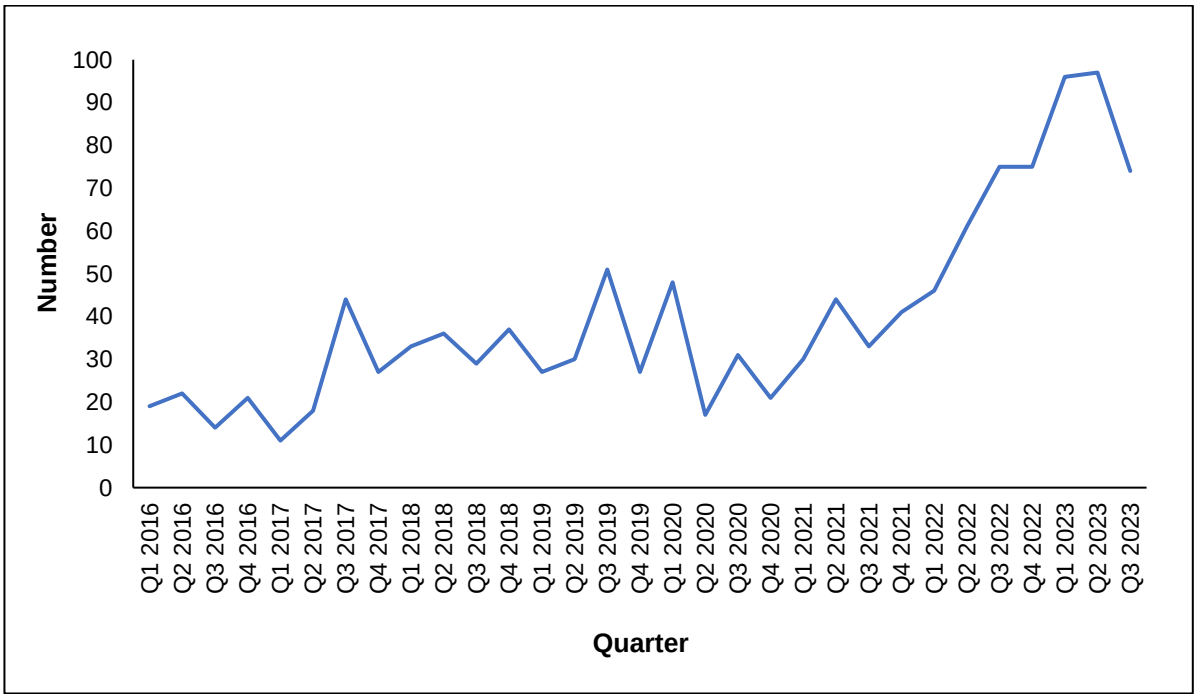


Source: GUMCAD, UKHSA (accessed 16/05/2024)

8.4. Gonorrhoea quarterly cases

The number of gonorrhoea diagnoses by quarter in St Helens residents increased almost three-fold from Q3 2021 to Q2 2023 (from 33 cases to 97). The most recent figure for Q3 2023 shows a reduction to 74 cases (figure 12).

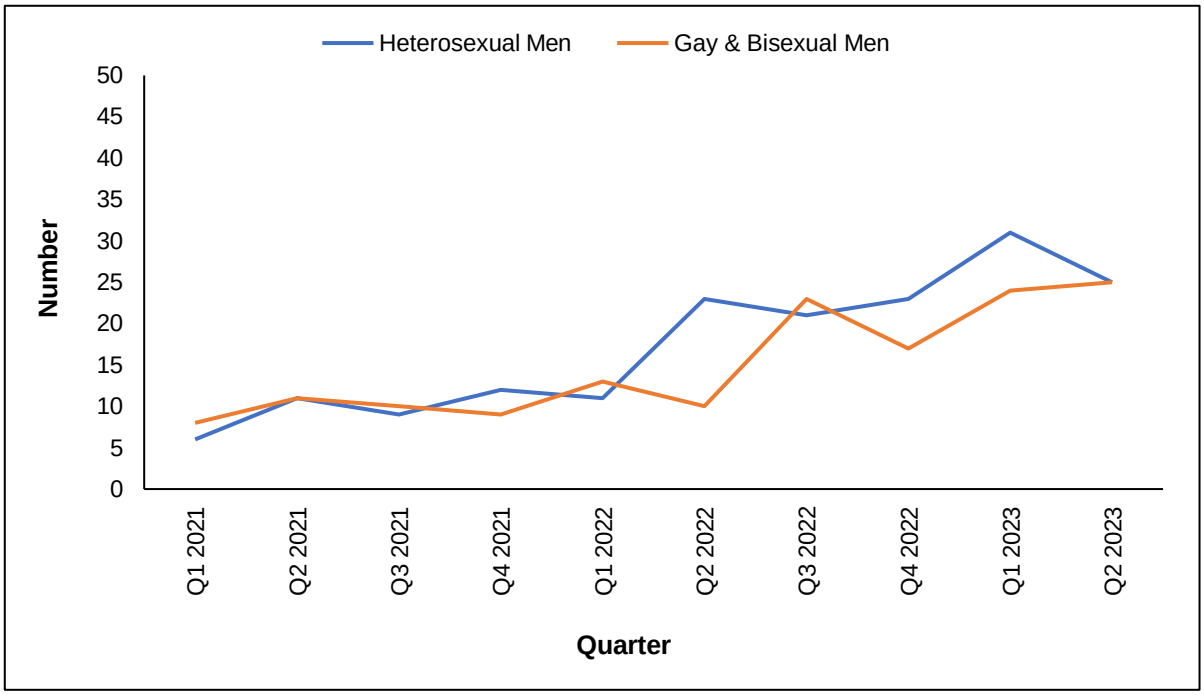
Figure 12: Gonorrhoea cases in St Helens residents (Q1 2016 – Q3 2023)



Source: GUMCAD, UKSHA (accessed 16/05/2024)

The trend of gonorrhoea cases in St Helens in heterosexual men and in gay and bisexual men who have sex with men is shown below (figure 13). For the most recent quarter (Q2 2023) the number of cases in gay and bisexual men is similar to the number of cases among heterosexual men.

Figure 13: Gonorrhoea cases in men in St Helens by sexual risk Q1 2016 – Q2 2023



Source: GUMCAD (accessed 24/01/2024

9. Syphilis

Syphilis is an STI which can cause serious and potentially life-threatening problems if it is not diagnosed and treated early. It is becoming an important public health issue in MSM in particular, among whom incidence has increased significantly over the past decade.

Syphilis is often asymptomatic but can cause symptoms which may vary depending on the stage of infection. The early 'primary infection' stage usually involves a painless skin ulcer (chancre), whilst in secondary syphilis a rash may occur. Diagnosis is usually made via blood tests and clinical examination.

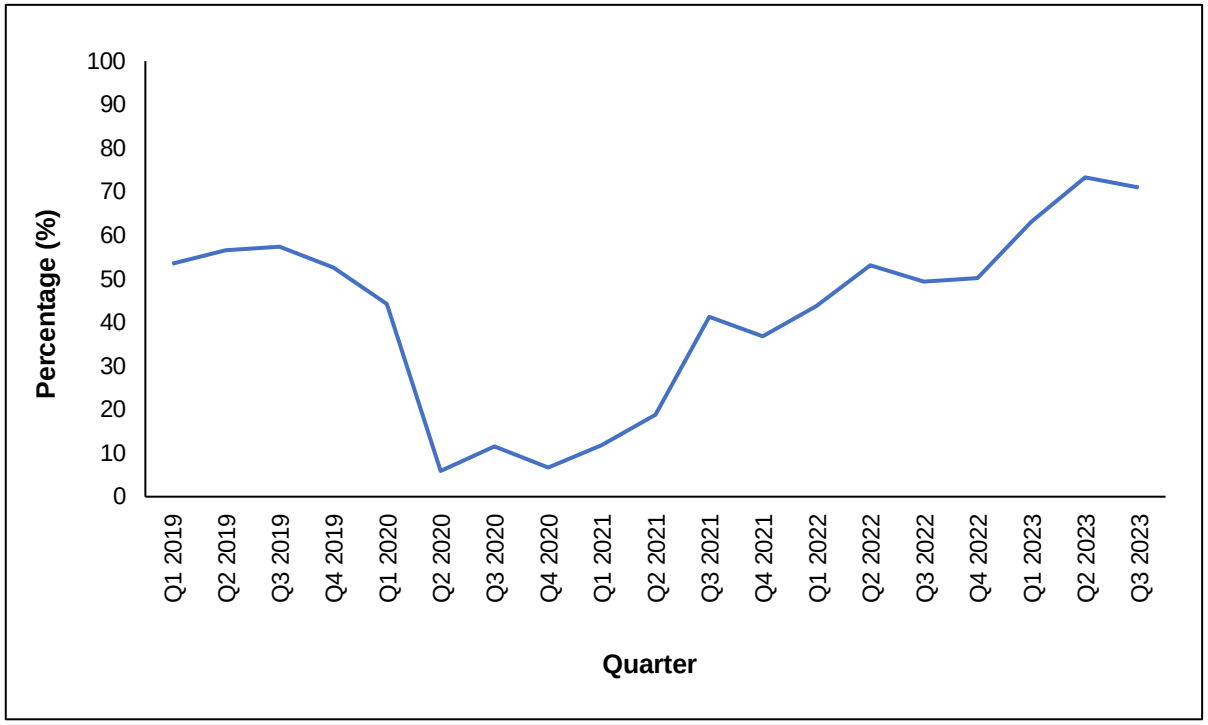
Symptoms may resolve but the infection remains in the body, unless it is treated, and it is likely that further symptoms may arise as the infection progresses. This is why testing those at risk is important so that they can be treated.

9.1. Syphilis testing coverage

Syphilis testing coverage is defined as 'the proportion of appropriate initial face-to-face sexual health service attendances which feature a syphilis test.'

Local syphilis metrics collected for enhanced surveillance shows that in Q3 2023 syphilis testing coverage in St Helens was 71.0%. There appears to have been an increasing trend since 2020, with testing levels now exceeding pre- COVID pandemic levels (figure 14).

Figure 14: Quarterly Syphilis testing coverage (percentage %) in St Helens (Q1 2019 to Q3 2023)

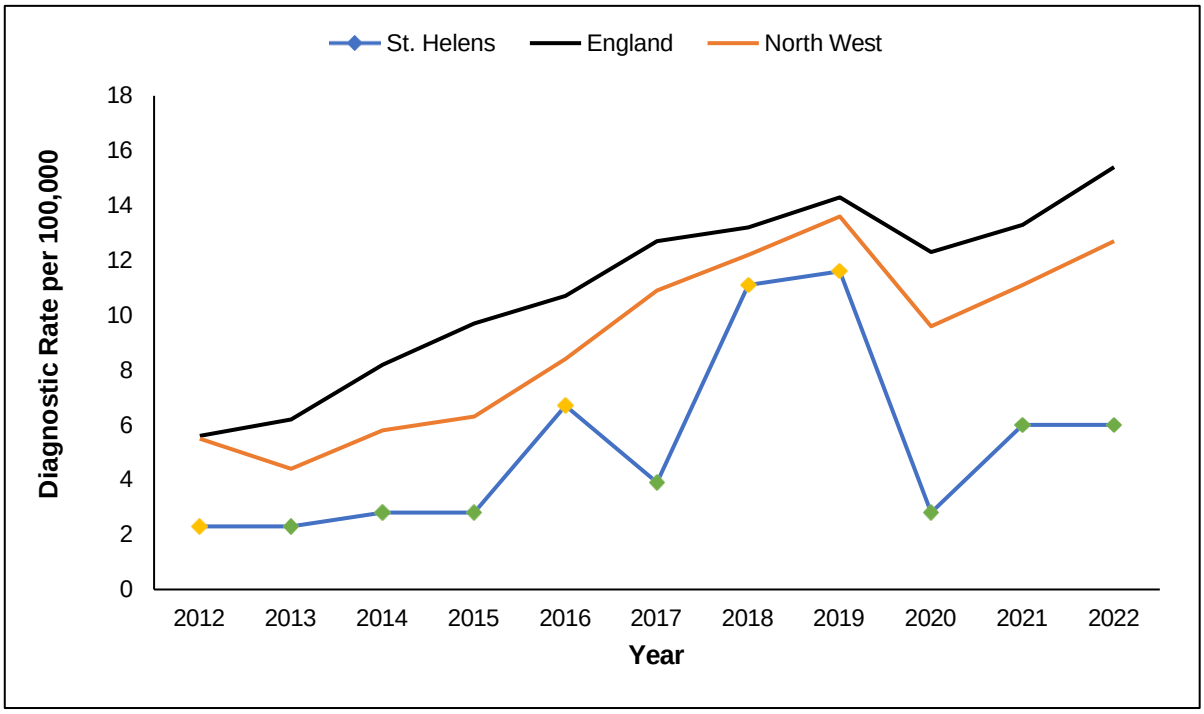


Source: Local Syphilis Metrics Dashboard (accessed 16/05/2024)

9.2. Syphilis diagnostic rates

Figure 15 shows syphilis rates have been low in St Helens compared to England and the North West, and although case numbers were rising prior to the pandemic, they have since reduced. It is important to note overall numbers are small, for example in 2022 the rate was 6.0 per 100,000 (a total of 11 cases). However, despite the relatively small numbers, the potential for profound consequences of infection with syphilis means it is important to track infection trends.

Figure 15: Syphilis diagnostic rate per 100,000 in St Helens, England, and North West, 2012 – 2022



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Diagnostic rates by age group show that in St Helens the infection rate is highest among those aged 25-34 years, at 16.9 per 100,000 (table 1).

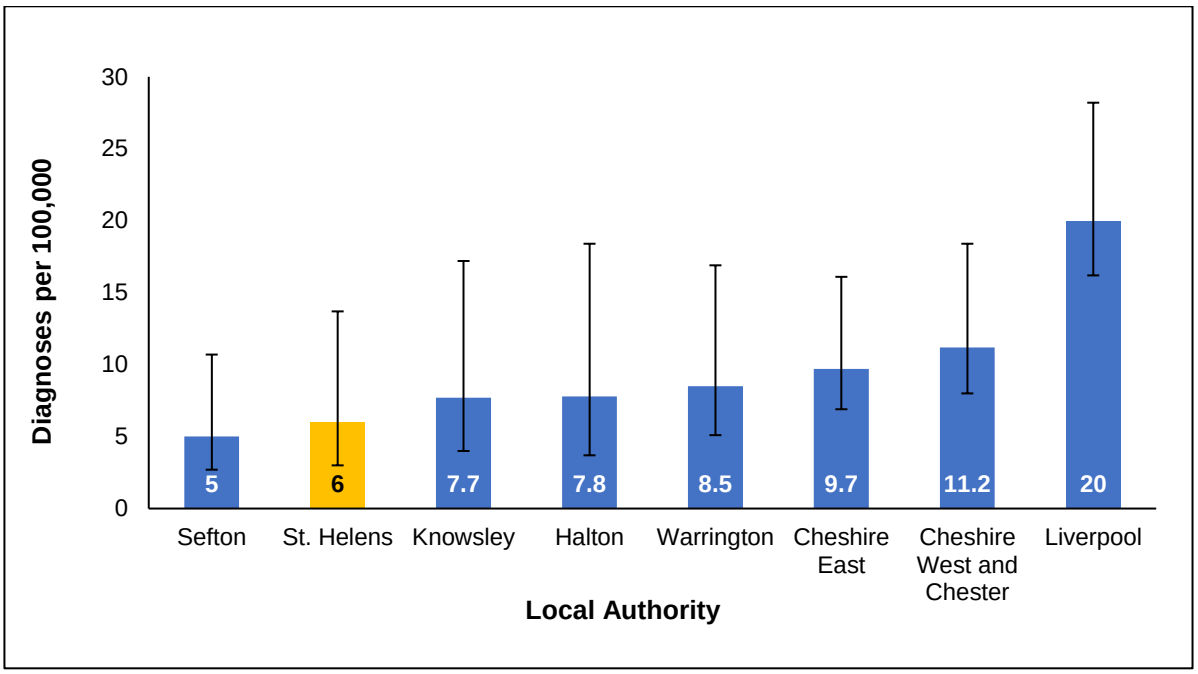
Table 1: Syphilis diagnostic rate per 100,000 in St. Helens by age band (2022)

Age Band	Rate per 100,000
<20	0.0
20-24	0.0
25-34	16.9
35-44	13.3
45-64	8.0
65+	0.0

Source: Local Syphilis Metrics Dashboard (accessed 16/05/2024)

Rates of syphilis across Cheshire and Merseyside range from 5 per 100,000 in Sefton to 20 per 100,000 in Liverpool. At 6 per 100,000, St Helens ranks 2nd lowest for Cheshire and Merseyside (figure 16).

Figure 16: Syphilis diagnostic rate per 100,000 by Local Authority in Cheshire and Merseyside (2022)



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

10. Chlamydia

Chlamydia is the most commonly diagnosed bacterial STI in England, with rates substantially higher in young adults than in other age groups. Chlamydia differs from gonorrhoea as it often does not cause symptoms initially, but infection can cause serious complications impacting on reproductive health and fertility, particularly in young women, if left untreated.

10.1 The National Chlamydia Screening Programme (NCSP)

The National Chlamydia Screening Programme (NCSP) was launched in 2008, with the aim to reduce the incidence of reproductive harm through enhanced detection and control of chlamydial infection in sexually active young people aged under 25 years.

The programme promoted opportunistic screening in a range of venues to augment testing provided in sexual health services. The aim is to increase the overall proportion of young people in this age group who accessed tests and therefore to increase rates of detection and treatment.

Data on screening coverage and detection rate is presented here as a measure of chlamydia control, with higher detection rates indicative of enhanced control activity. Local authorities have been monitored against a detection rate target of at least 2,300 cases per 100,000 population aged 15 to 24 years.

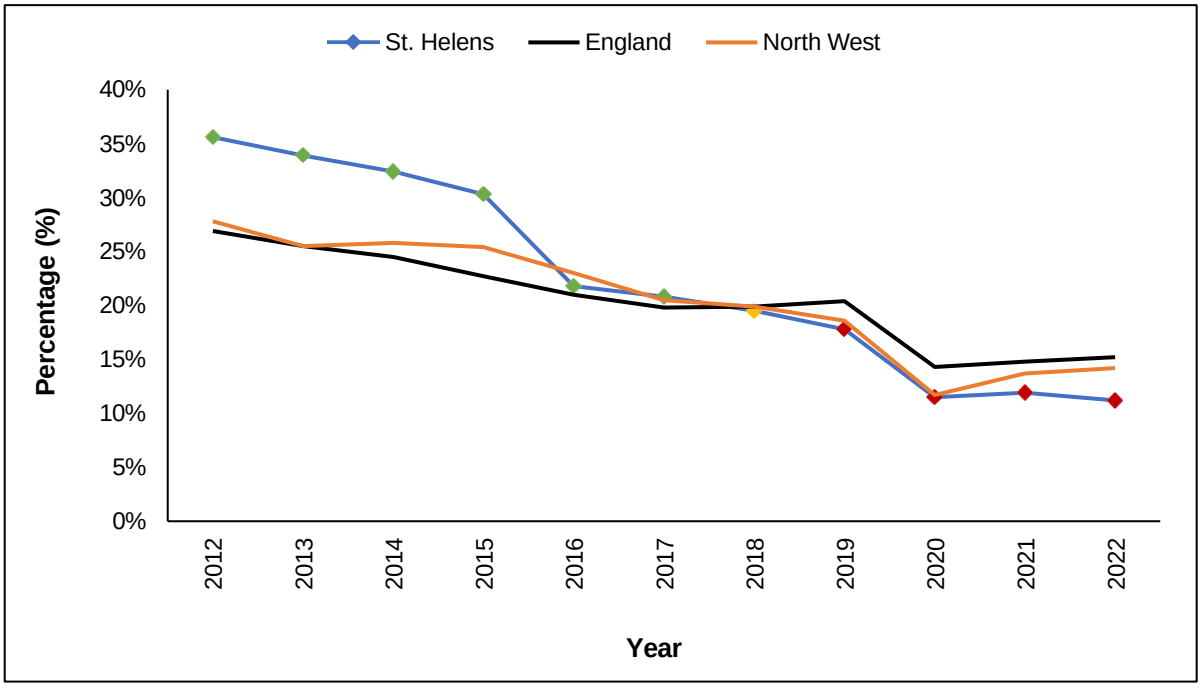
As noted in section 2.5, the primary aim of the NCSP was changed in 2021, to focus on reducing reproductive harm of untreated infection in young women (so young men no longer included). The UK Health Security Agency (UKHSA) recommends local authorities should now be working towards the revised benchmark detection rate of 3,250 per 100,000 females aged 15 to 24 years.

Performance on this new indicator will be reported in the Public Health Outcomes Framework (PHOF) in 2023 (reporting on 2022 data).

10.2 Chlamydia screening (15-24 years)

Chlamydia screening rates in target populations have been decreasing both nationally and regionally in recent years as illustrated below (figure 17). The most recent data relates to 2022 and shows that 11.2% of young people aged 15-24 years were screened in St Helens, this is statistically significantly lower than the England rate of 15.2%.

Figure 17: Proportion of those age 15-24 screened for chlamydia in St Helens and England, 2012 – 2022

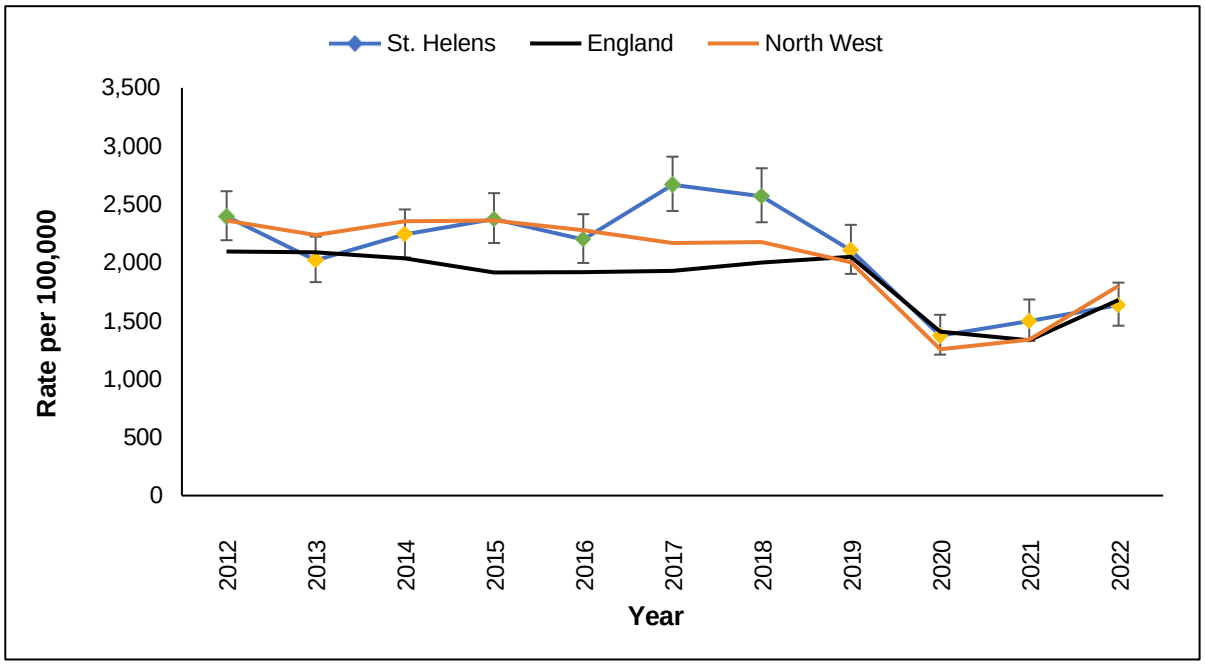


Source: Fingertips Sexual Health Profile (24/01/2024)

10.3 Chlamydia detection rate: persons (15-24 years)

In St Helens, the most recent data show that the chlamydia detection rate for all persons aged 15-24 years is similar to the England and North West average, at 1635 per 100,000 (figure 18), and this rate pertains to 309 cases. There was a decrease in the rate during the COVID-19 pandemic, mirrored nationally and regionally.

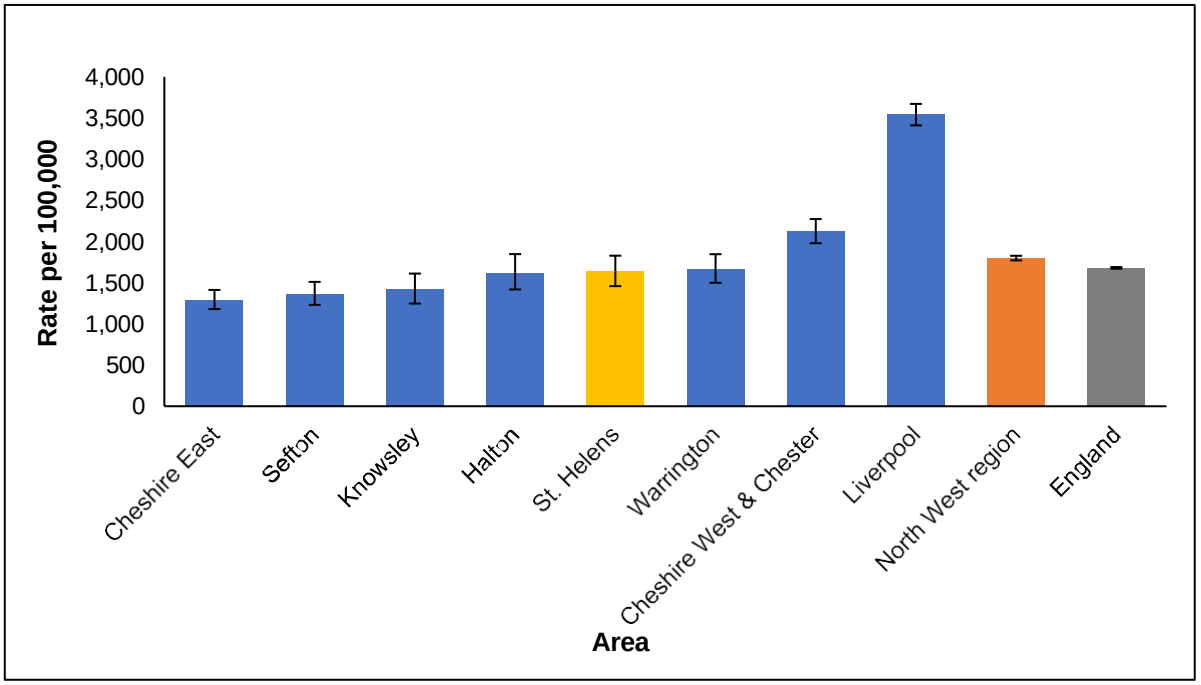
Figure 18: Chlamydia detection rate per 100,000 aged 15-24 (persons) in St. Helens and England, 2012 – 2022



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Across Cheshire and Merseyside, St Helens has the 4th highest chlamydia detection rate (figure 19).

Figure 19: Chlamydia detection rate per 100,000 aged 15-24 (persons) by Local Authority in Cheshire and Merseyside (2022)



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

10.4 Quarterly 2023 chlamydia statistics, persons (15-24 years)

More recent data available for Q1, Q2 and Q3 2022-23 suggests that the chlamydia detection rate in St. Helens increased up to Q2 (table 2).

Table 2: Chlamydia testing in St. Helens Q1 – Q3 2023, persons aged 15-24

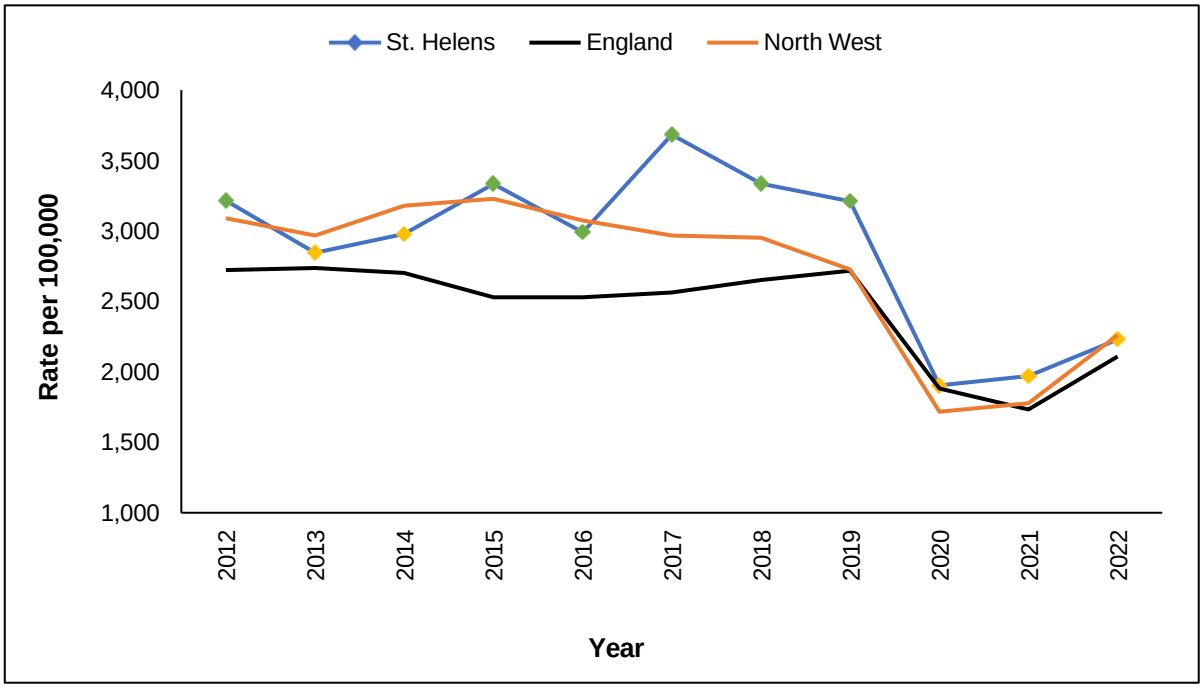
Quarter	Percent of population tested	Percent of tests positive	Detection rate per 100,000
Q1 2023 (Jan - Mar)	3.14%	17.5%	2198
Q2 2023 (Apr - Jun)	3.03%	18.7%	2261
Q3 2023 (Jul – Sep)	2.97%	15.5%	1842

Source: Chlamydia Testing Activity Database (CTAD), UKSHA (accessed 16/05/2024)

10.5 Chlamydia detection rate: females (15-24 years)

Chlamydia detection rates are higher among females compared to males. The most recent female detection rate for those aged 15-24 in St Helens is 2,230 per 100,000 females. After a sharp decrease in the detection rate during the COVID-19 pandemic, the rates have begun to increase slightly (figure 20).

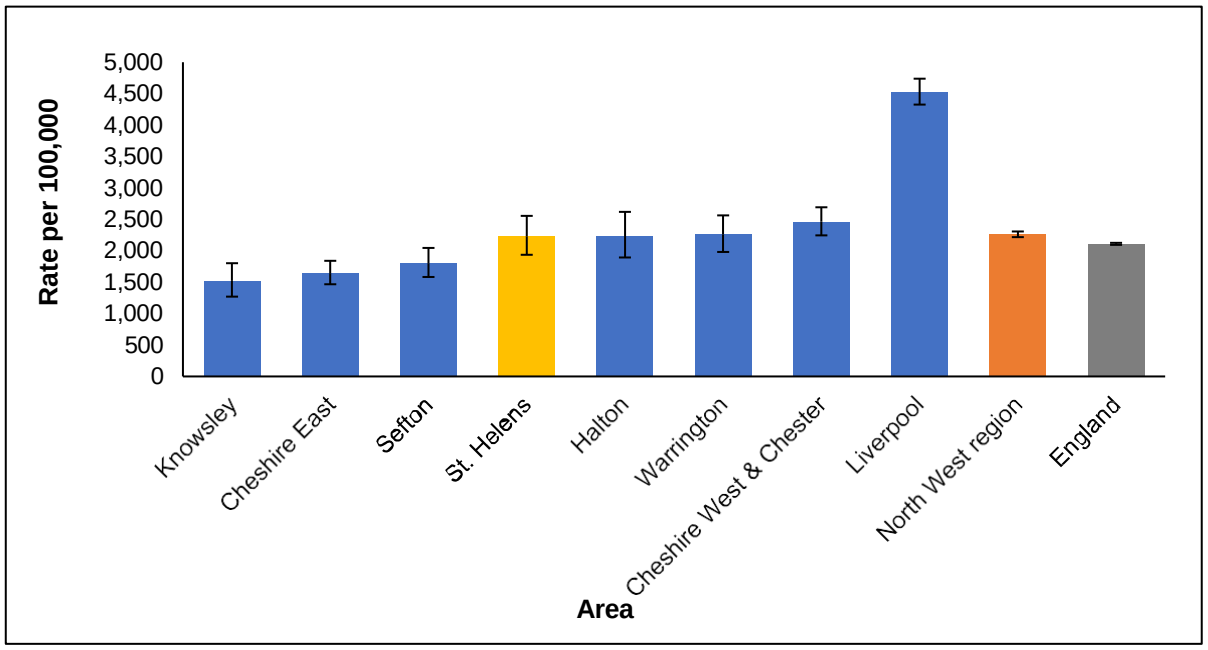
Figure 20: Chlamydia detection rate per 100,000 aged 15-24 (females) in St Helens and England, 2012 – 2022



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Across Cheshire and Merseyside, St Helens has the 5th highest detection rate for chlamydia in females (figure 21) although at 2,262 per 100,000 females aged 15-24 years, this remains significantly under the target rate recommended by the NCSP of 3,250 per 100,000.

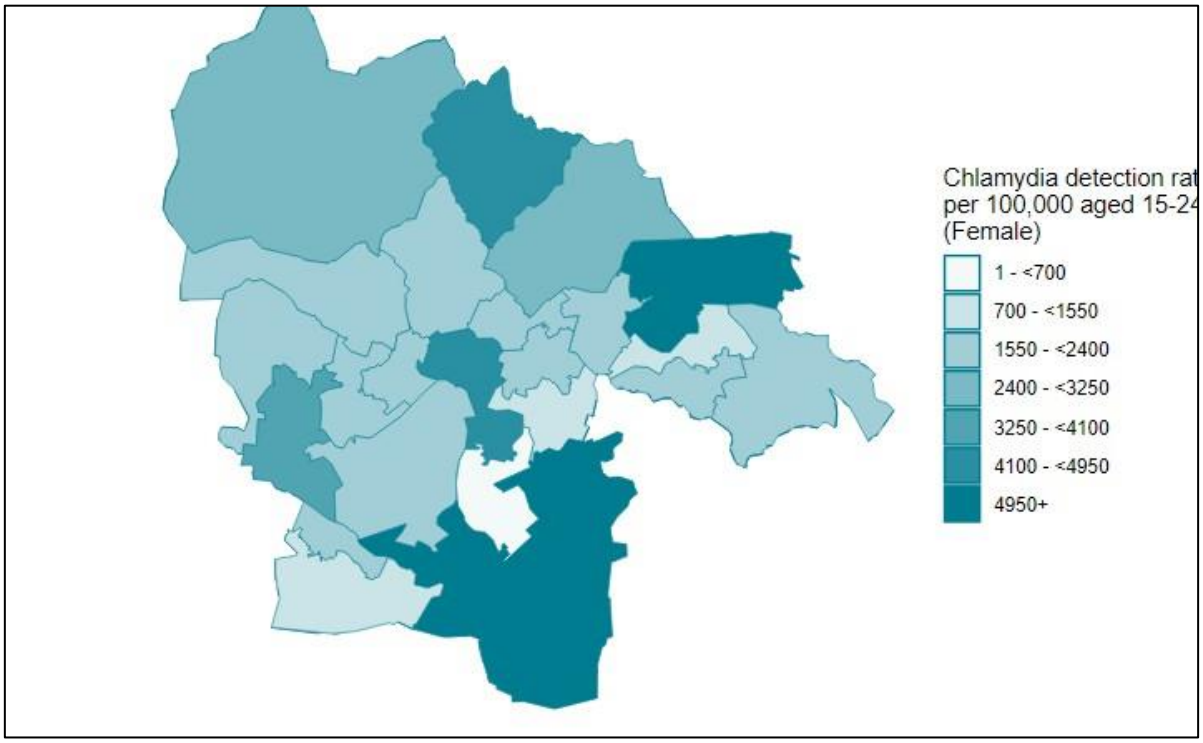
Figure 21: Chlamydia detection rate per 100,000 aged 15-24 (females) by Local Authority in Cheshire and Merseyside (2022)



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Within St Helens, the chlamydia detection rate in females varies across the borough as illustrated in figure 22, with the highest rates being detected in those living in the Bold and Haydock areas, and lower detection rates in the Sutton area.

Figure 22: Chlamydia detection rate per 100,000 females aged 15-24 years by MSOA in St Helens (2022)



Source: GUMCAD: Supplementary SPLASH report 2022, UKHSA (accessed 24/01/2024)

10.6 Quarterly 2023 chlamydia statistics: females (15-24 years)

More recent data available for Q1, Q2 and Q3 2022-23 suggests that the female chlamydia detection rate in St. Helens is decreasing (table 3).

Table 3: Chlamydia testing in St. Helens Q1 – Q3 2023, females aged 15-24

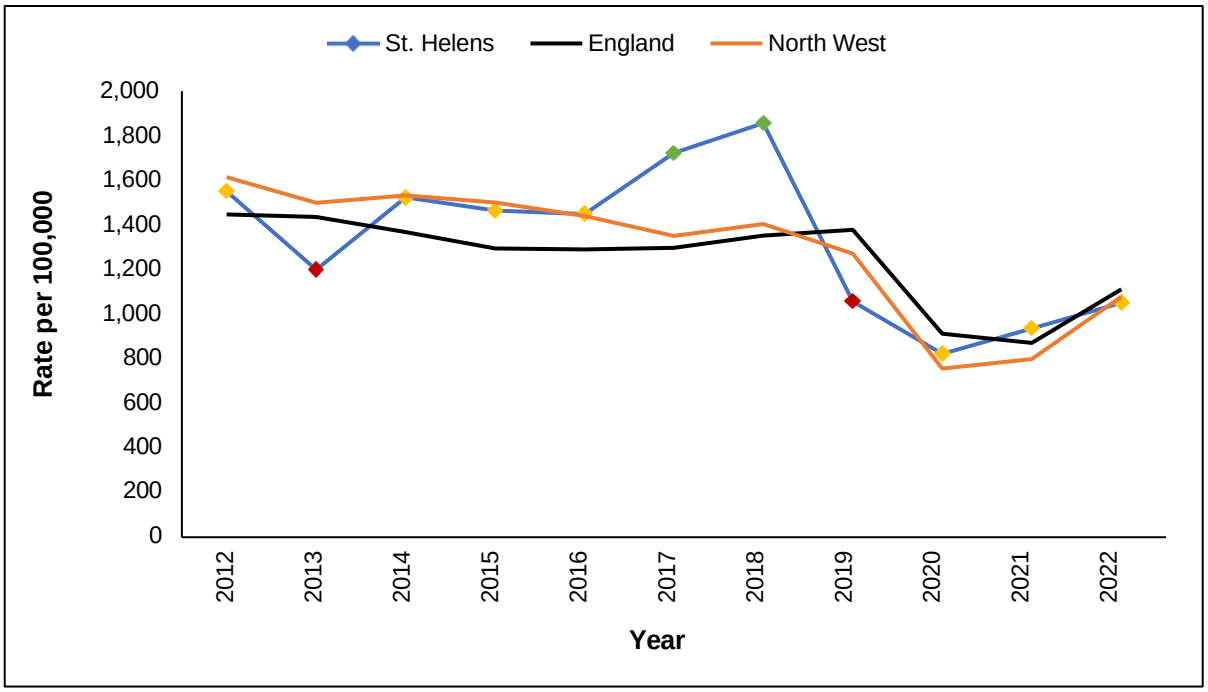
Quarter	Percent of population tested	Percent of tests positive	Detection rate per 100,000
Q1 2023 (Jan - Mar)	4.71%	15.19%	2,861
Q2 2023 (Apr - Jun)	4.45%	17.51%	3,117
Q3 2023 (Jul – Sep)	4.40%	14.56%	2,562

Source: Chlamydia Testing Activity Database, UKSHA (accessed 16/05/2024)

10.7 Chlamydia detection rate: males (15-24 years)

As previously noted, chlamydia detection rates in males are lower compared to females, however these follow a similar trend to those for females in that the rates declined during the COVID-19 pandemic and have since begun to increase. The most recent rate for 2022 is 1051 per 100,000 males aged 15-24 years (figure 23).

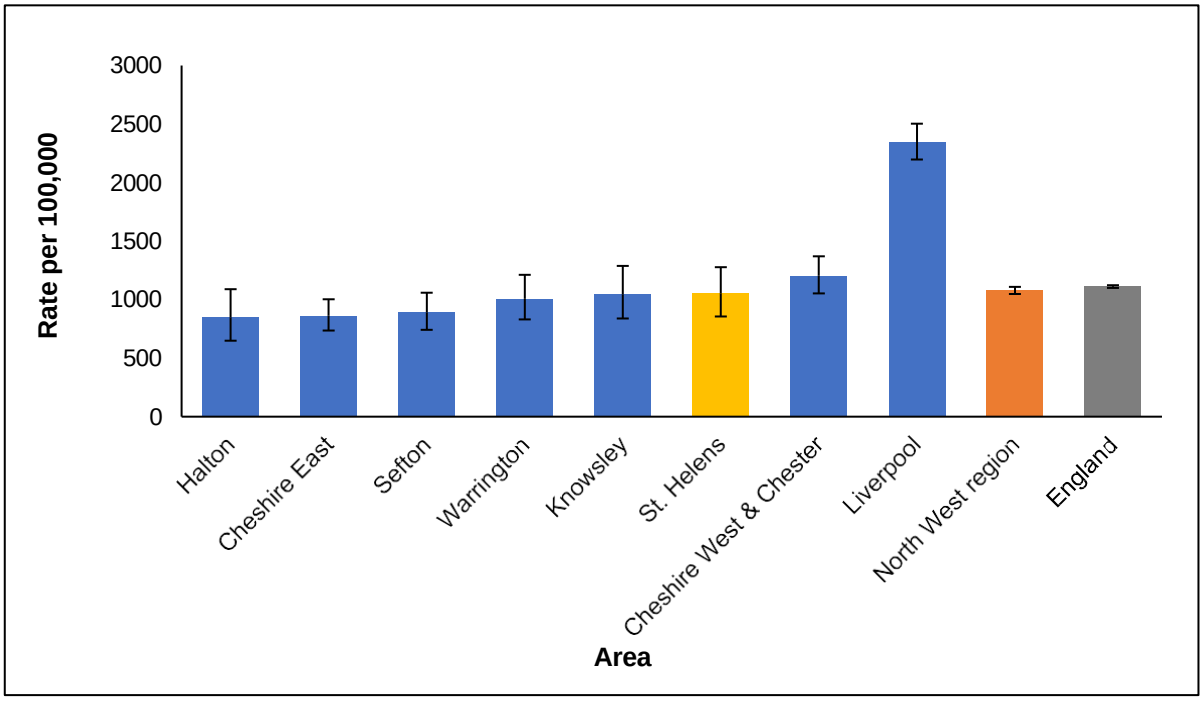
Figure 23: Chlamydia detection rate per 100,000 males aged 15-24 in St Helens and England, 2012 – 2022



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Across Cheshire and Merseyside, St Helens has the 3rd highest chlamydia detection rate in males aged 15-24 years (figure 24).

Figure 24: Chlamydia detection rate per 100,000 aged 15-24 (males) by Local Authority in Cheshire and Merseyside (2022)



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

10.8 Quarterly 2023 chlamydia statistics: males (15-24 years)

More recent data available for Q1, Q2 and Q3 2022-23 suggests that the male chlamydia detection rate in St. Helens is increasing (table 4).

Table 4: Chlamydia testing in St. Helens Q1 – Q3 2023, males aged 15-24

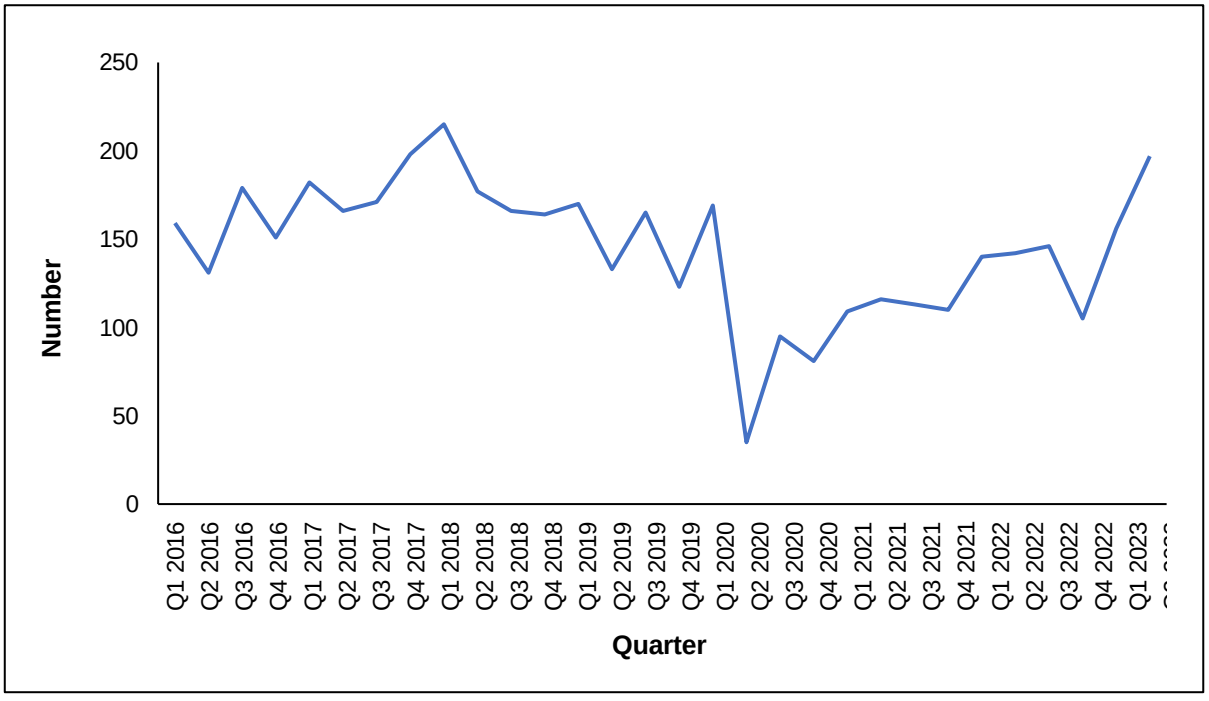
Quarter	Percent of population tested	Percent of tests positive	Detection rate per 100,000
Q1 2023 (Jan - Mar)	1.62%	24.05%	1,560
Q2 2023 (Apr - Jun)	1.65%	21.74%	1,437
Q3 2023 (Jul – Sep)	1.58%	18.18%	1,150

Source: Chlamydia Testing Activity Database, UKSHA (accessed 16/05/2024)

10.9 Chlamydia quarterly cases (all ages)

Figure 25 shows the quarterly trend of chlamydia cases in St. Helens from Q1 2016 to Q2 2023. The number of cases has been increasing after the COVID-19 pandemic and has returned to pre pandemic levels.

Figure 25: Chlamydia cases in St. Helens, all ages (Q1 2016 – Q2 2023)

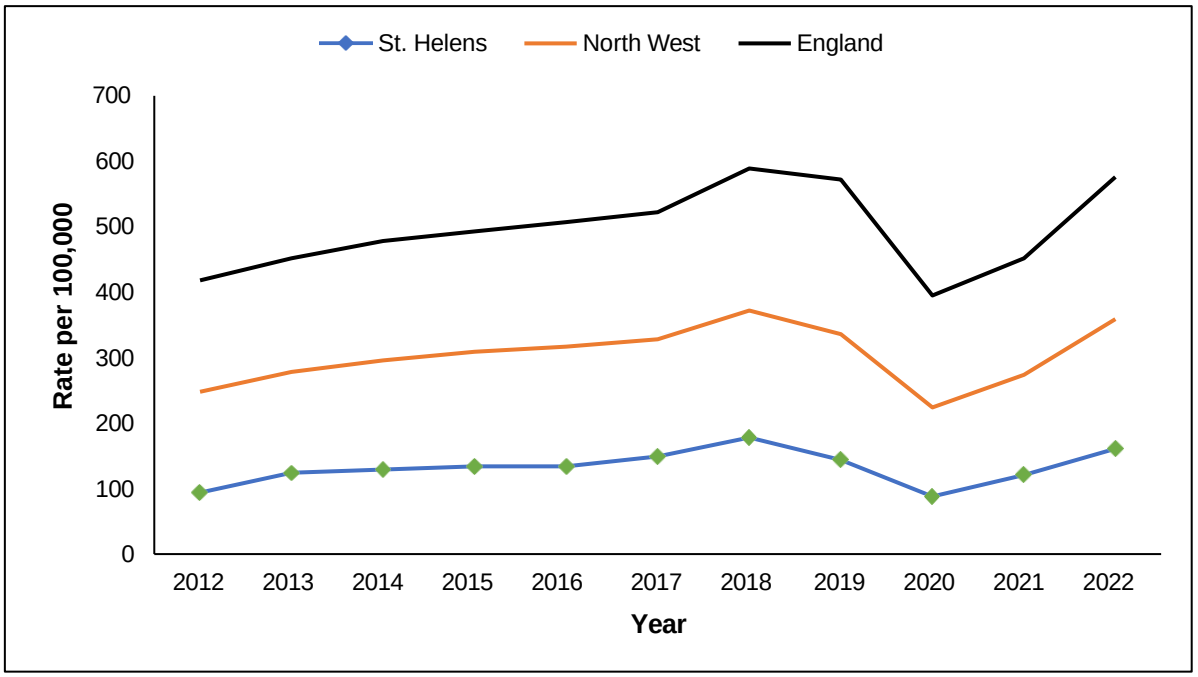


Source: GUMCAD, UKSHA (accessed 01/02/2024)

10.10 Chlamydia detection rate: persons (25 years and over)

The annual trend of chlamydia detection rates in St Helens have been consistently much lower compared to the North West and England rates (figure 26). Following a reduction in the rate in 2020 (due to COVID 19 pandemic) there has been an increase in 2022 to 161 per 100,000 aged 25+, thus almost returning to pre-pandemic levels.

Figure 26: Chlamydia detection rate (per 100,000 aged 25+) in St Helens and England, 2012 – 2022



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

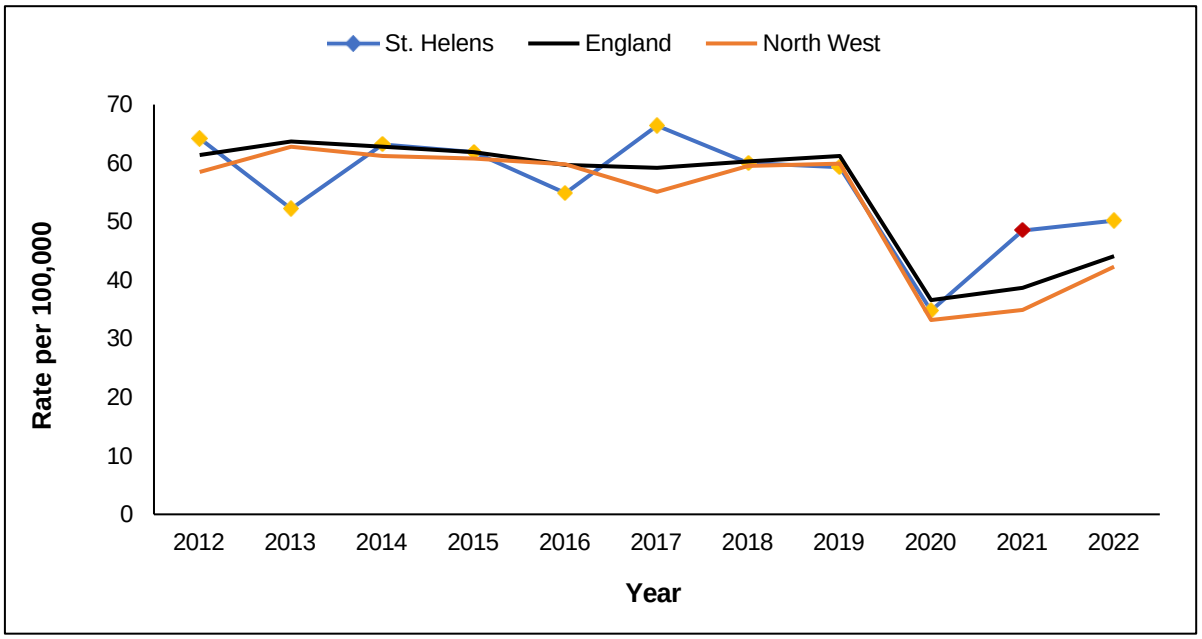
11. Genital herpes

Genital herpes is the most common ulcerative sexually transmitted infection seen in England.

11.1 Genital herpes diagnosis rates

In 2022, there were 92 cases of Genital Herpes in St Helens, giving a rate of 50.2 per 100,000 which is above the England rate of 44.1 per 100,000 and the North West rate of 42.3 per 100,000 (figure 27).

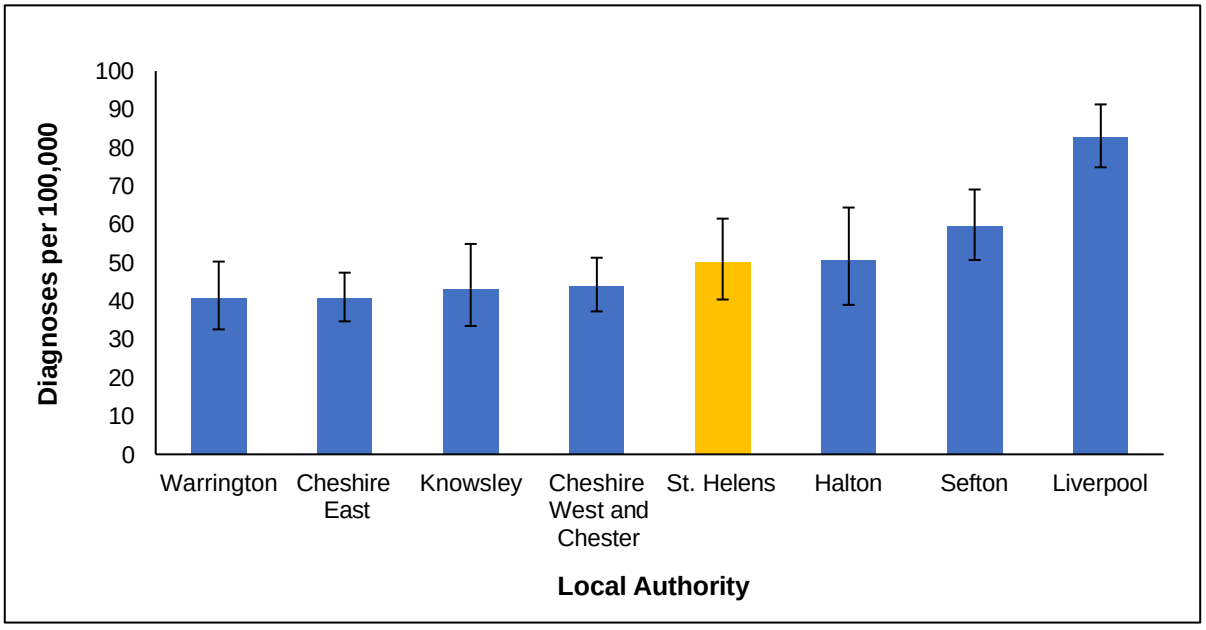
Figure 27: Genital herpes diagnosis rate per 100,000 in St Helens, England and North West, 2012 – 2022



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Across Cheshire and Merseyside, the diagnosis rate of genital herpes ranges from 40.7 in Warrington to 82.8 in Liverpool, St Helens ranks as 4th highest (figure 28).

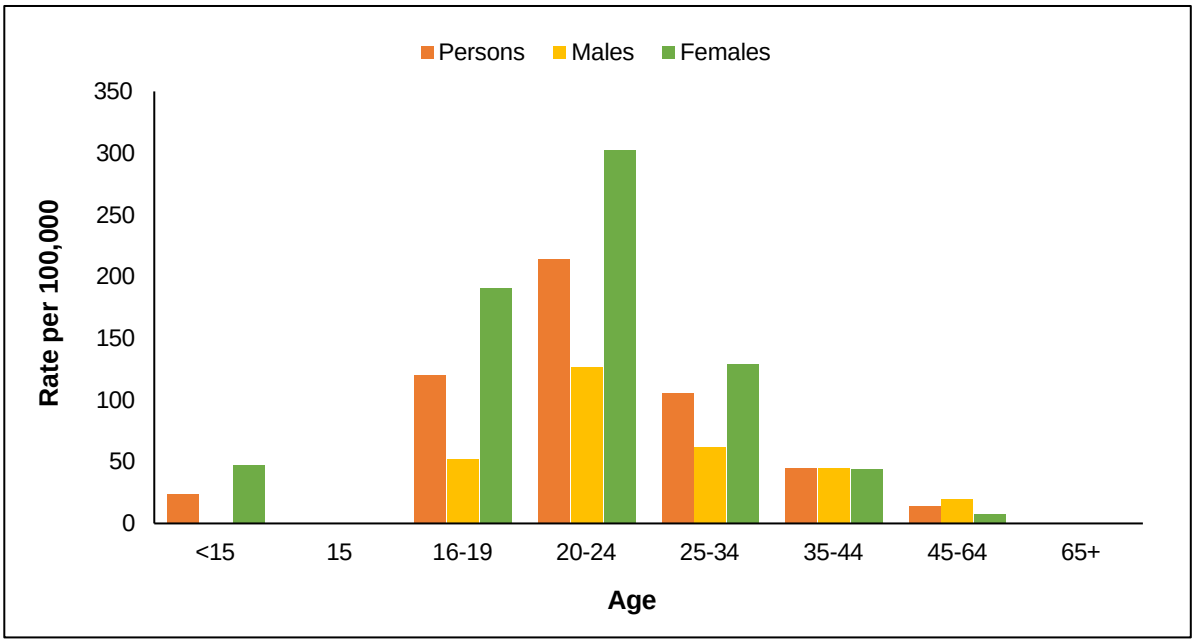
Figure 28: Genital herpes diagnosis rate per 100,000 by Local Authority in Cheshire and Merseyside (2012 – 2022)



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

The graph below shows diagnosis rates for genital herpes by age band and sex. In St Helens, the highest rates occur in those aged 20-24 years. Females aged 20-24 had the highest rate at 302.5 per 100,000 (figure 29).

Figure 29: Herpes diagnosis rate (per 100,000) by age band and sex in St Helens (01/04/2022 – 31/03/2023)

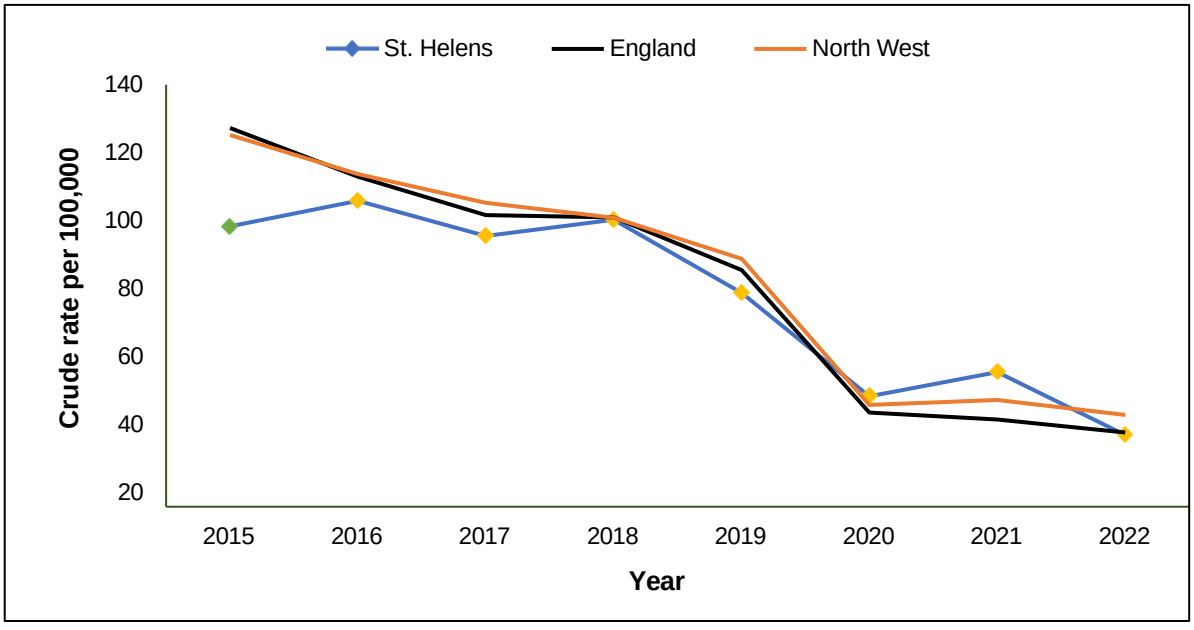


Source: GUMCAD

12. Genital warts

Genital warts are caused by infection with specific subtypes of human papillomavirus (HPV) and are the most common viral STI in the UK. The HPV vaccination programme was introduced in 2012 to offer protection against the viral subtypes and since 2013, a significant reduction in diagnoses of genital warts has been observed. The diagnosis rate in St Helens had reduced to 40.4 per 100,000 in 2022 (figure 30).

Figure 30: Diagnostic rate of genital warts in St Helens, England and North West (2015 – 2022)



Source: Fingertips Sexual Health Profile (accessed 08/05/2024)

13. HIV (Human immunodeficiency virus)

HIV (human immunodeficiency virus) is a virus which damages cells in the immune system, weakening a person's ability to fight infections and diseases. Without medication, immunity would become severely compromised by HIV and sufferers will then be vulnerable to a range of serious and potentially life-threatening infections. AIDS (Acquired Immune Deficiency Syndrome) or late-stage HIV are terms used to describe this advanced stage of disease.

Although there is no cure for HIV, there are very effective drug treatments available that can keep the virus under control and maintain a healthy immune system. HIV testing, early diagnosis, and uptake of treatment are key to ensuring a long and healthy life is attainable for people living with HIV.

People can live with HIV for several years without being aware they have it, and so opportunities to test and understanding risks are of critical importance.

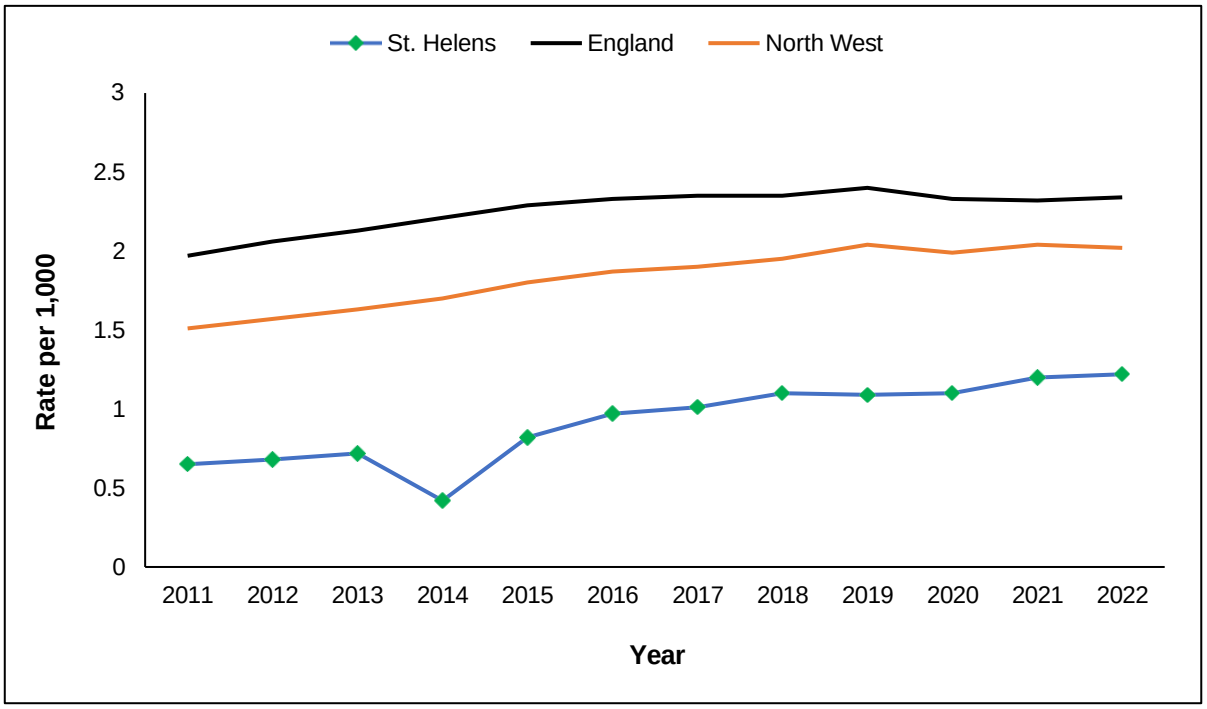
13.1 HIV prevalence

In 2017, NICE HIV testing guidelines[1] defined high HIV prevalence local authorities as those with a diagnosed HIV prevalence of between 2 and 5 per 1,000 and extremely high prevalence local authorities as those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years.

The most recent prevalence rate published for St Helens, in 2022, is less than 2 per 1000 (1.22 per 1,000), meaning that St Helens is therefore not an area with high HIV prevalence. Trend data shows that St Helens has been statistically significantly lower compared to the England average rate over the last 12 years (figure 31). However, the low prevalence in St Helens is not a reason for complacency as there are nearby boroughs with a higher prevalence. The prevalence rate has increased slightly by 0.57 per 1,000 between 2011 and 2022.

[1] Quality statement 1: Hospitals in areas of high and extremely high HIV prevalence | HIV testing: encouraging uptake | Quality standards | NICE [accessed 07 February 2024]

Figure 31: HIV diagnosed prevalence rate per 1,000 aged 15-59 in St Helens, NW and England (2011 – 2022)



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

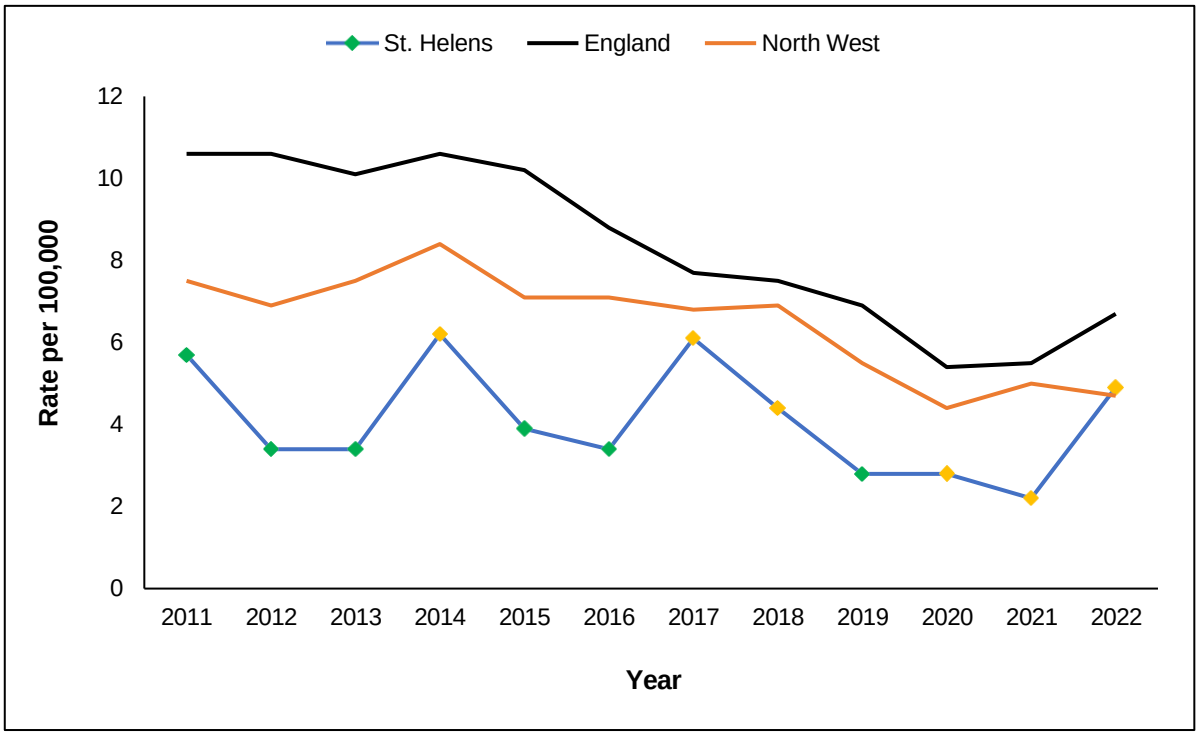
13.2 New HIV diagnosis

New HIV diagnosis is a useful proxy indicator to estimate transmission; although this will be influenced by patterns of testing, duration of infection and timeliness of reporting.

The number of people in St Helens who are newly diagnosed with HIV each year are very small overall, ranging from 11 in 2017 to just 4 in 2021 (and increased in 2022), therefore the rates presented below (figure 32) should be interpreted with caution.

The new HIV diagnosis rate in St Helens has been below the England rate over the last decade.

Figure 32: HIV new diagnosis - rate per 100,000 (all ages) in St Helens and England (2011 – 2022)



Source: Fingertips Sexual Health Profile (24/01/2024)

13.3 Late HIV diagnosis

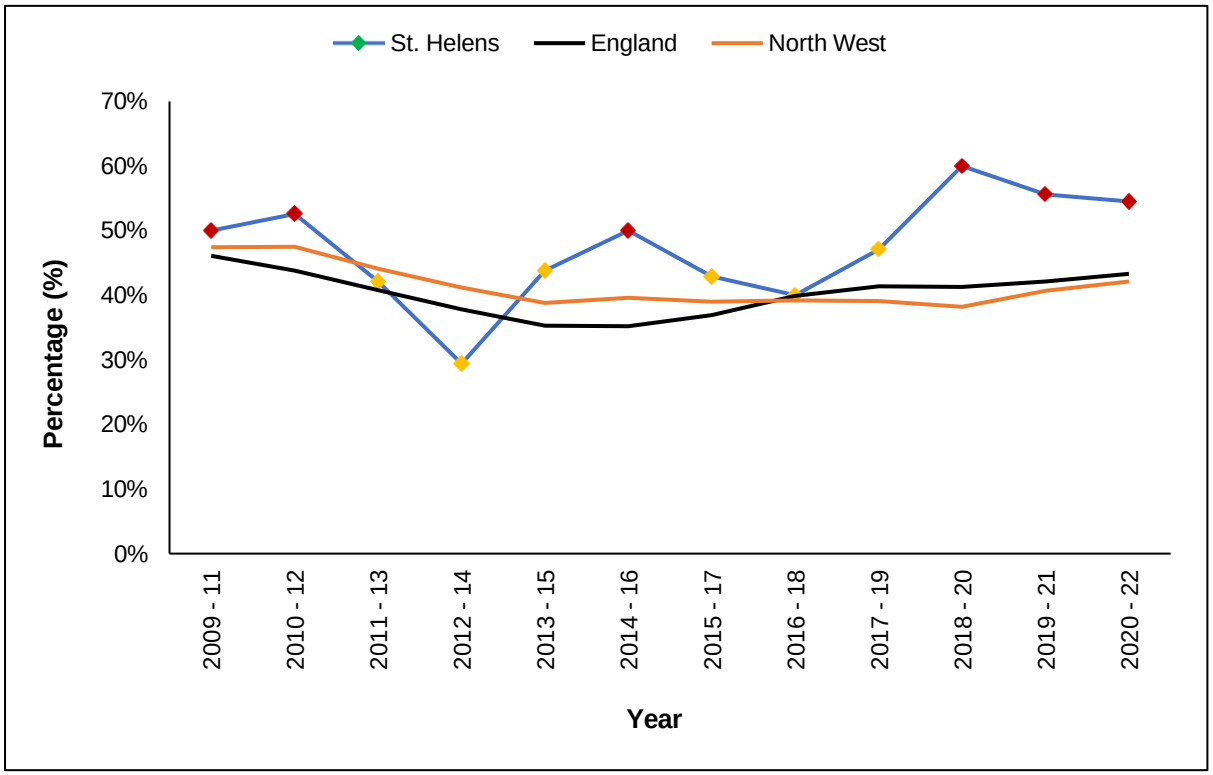
Late diagnosis is the most important predictor of morbidity and premature mortality among people diagnosed with HIV. Late diagnosis is determined by levels of depletion of CD4 cells, with counts of less than 350 cells/mm^3 defined as 'late', and less than 200 cells/mm^3 defined as 'very late'.

The number of St Helens residents newly diagnosed annually with HIV at a late stage of infection (<350) is low, so data has been pooled (for 3-year periods) to compensate for these small numbers (figure 33).

Whilst numbers diagnosed overall are low, the latest data available indicates a greater proportion of people diagnosed with HIV in St Helens are diagnosed at a late stage of infection (54.5%) compared to both England and the North West (43.3% and 42.1% respectively).

Rates of late HIV diagnosis contribute, indirectly, to our understanding of the proportion of people who may be living with HIV but are undiagnosed. We need to focus on action to reduce late HIV diagnosis in St Helens.

Figure 33: Trend in the proportion of HIV late diagnosis first diagnosed with HIV in the UK, 2009-11 – 2020-22



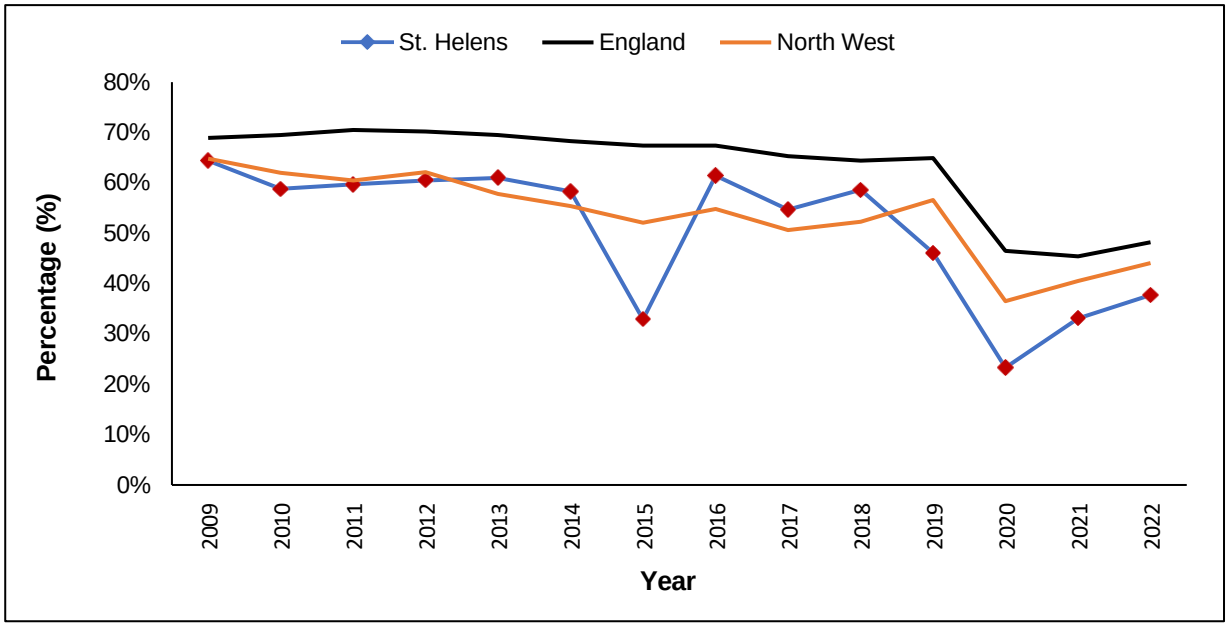
Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

13.4 HIV testing

HIV testing is central to ensuring people with HIV can be diagnosed at an early stage of infection and can access treatment and care to manage their HIV infection and prevent onward transmission.

HIV testing coverage is reported as the proportion of people attending specialist sexual health services, who are considered eligible for an HIV test, and who accept a test (figure 34). HIV testing coverage in St Helens has fluctuated over recent years, dropping to 23.3% in 2020 during the COVID pandemic, and increasing to 37.7% in 2022. The percentage remains statistically significantly lower than the England average and is the 9th lowest across the North West. There are anecdotal reports of reluctance to accept offers of testing among those who may be at risk, and perceptions of low acquisition risk amongst those offered testing.

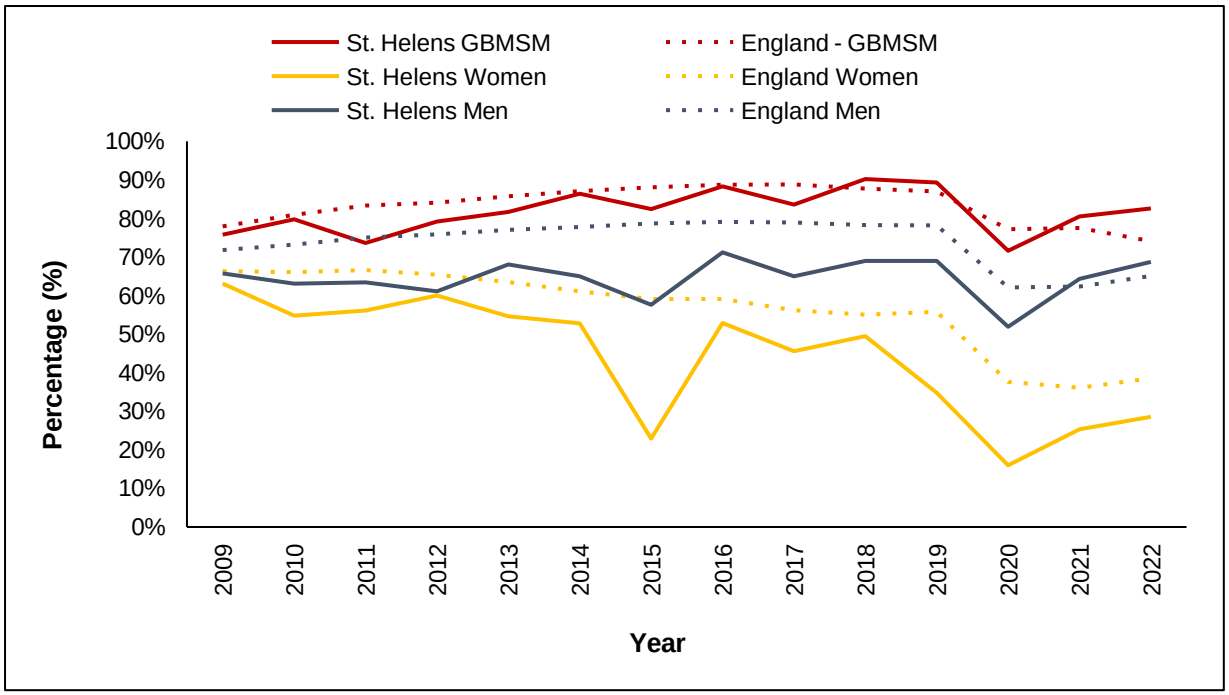
Figure 34: HIV testing coverage St Helens, England and North West, 2009 to 2022



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Figure 35 illustrates the HIV testing coverage trend for men, women and gay and bisexual men who have sex with men (GBMSM) in 2022 in St Helens compared to England. Testing in women in St Helens is an outlier against the national figure - 28.6% compared to 38.5% in England, while coverage in men in St Helens is higher than the national figure - 68.7% compared to 65.1% in England. GBMSM testing coverage in St Helens is also higher than England at 82.6% compared to 74.1%.

Figure 35: HIV test coverage: men, women, GBMSM, St Helens / England, 2009 - 2022



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

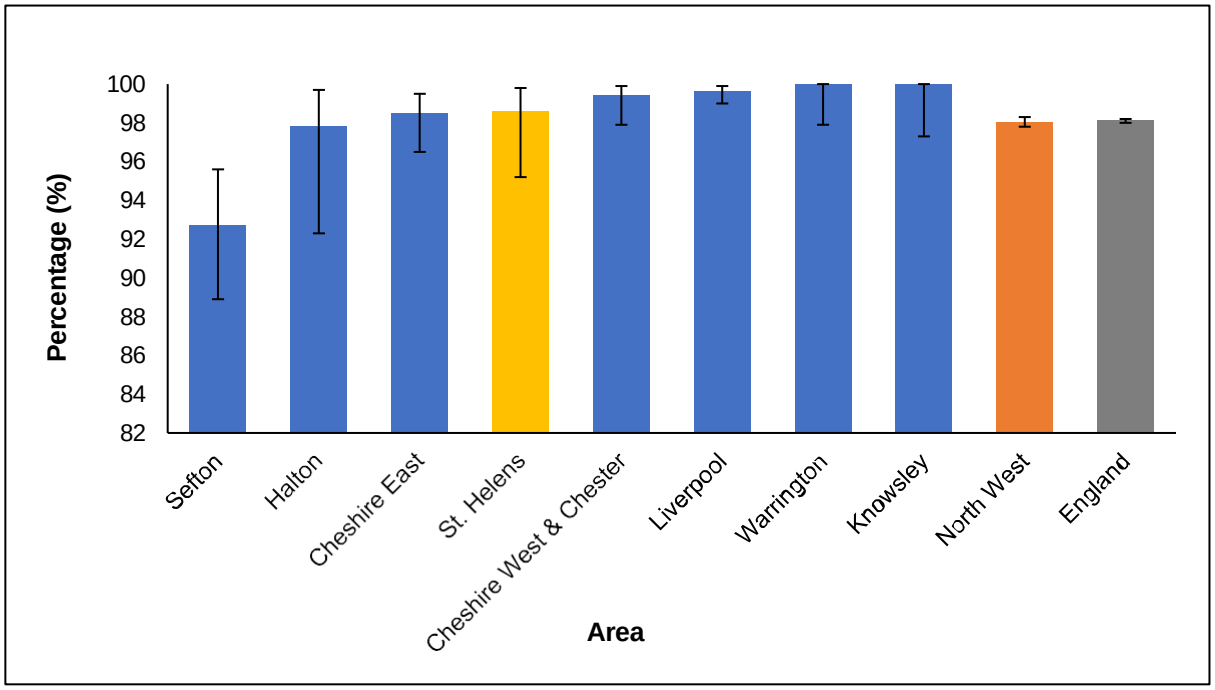
13.5 HIV treatment

Free and effective treatment for HIV, known as antiretroviral therapy (ART), has transformed HIV from a potentially fatal infection into a long-term, manageable, condition. People living with HIV in the UK can now expect a near-normal life expectancy if they can be diagnosed early, can access ART promptly, and can remain on ART.

Three new data indicators for ART have been introduced on the Fingertips Sexual Health Profile in 2022 for ART coverage, prompt ART initiation, and ART success (virological suppression).

Figure 36 shows ART coverage for people with diagnosed HIV in St Helens is 98.6% and therefore exceeds the goal of 'greater than 95%' of people with HIV accessing ART. This is higher than the England and North West average of 98.1% and 98.0% respectively, although coverage across most of Cheshire and Merseyside is similar.

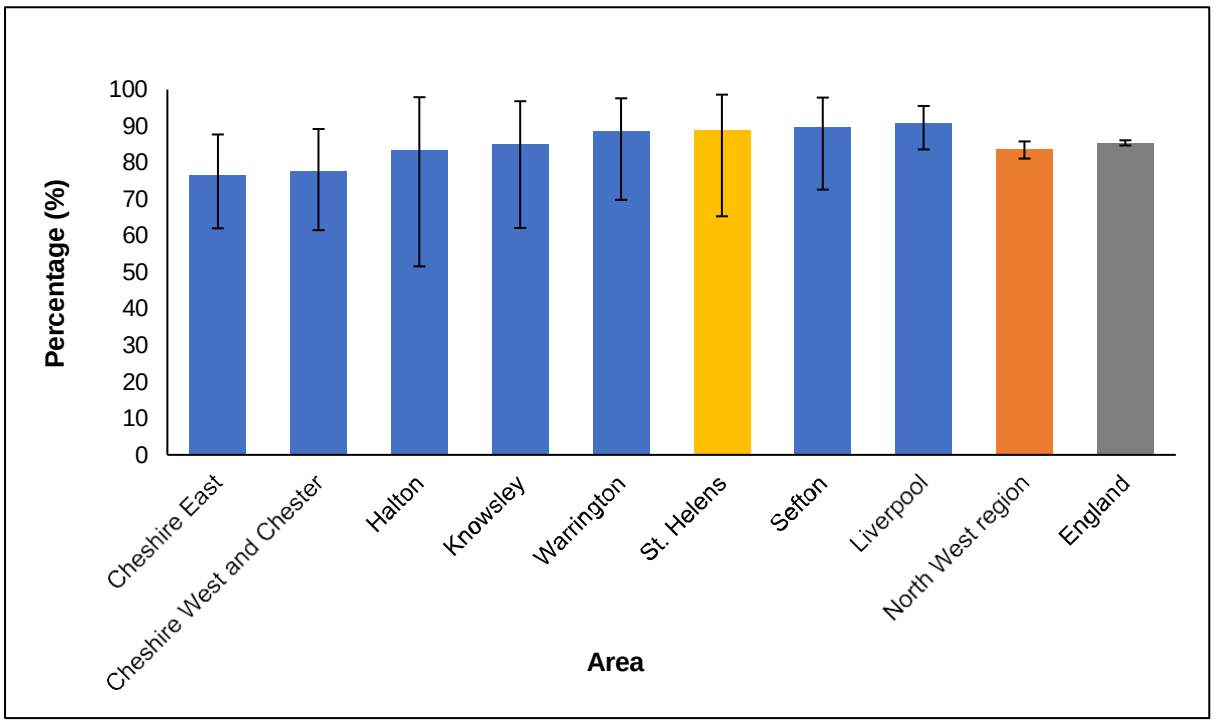
Figure 36: Antiretroviral therapy (ART) coverage in people accessing HIV care, by local authority in Cheshire & Merseyside, England and North West (2022)



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Data on prompt initiation of ART following HIV diagnosis is presented (figure 37). This is the proportion of people newly diagnosed with HIV who commence ART within 91 days of their diagnosis. ART initiation in people newly diagnosed with HIV in St Helens is 88.9%, again above the England and North West values of 85.4% and 83.5% respectively.

Figure 37: Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV, by local authority in Cheshire & Merseyside, England and North West (2020-22)

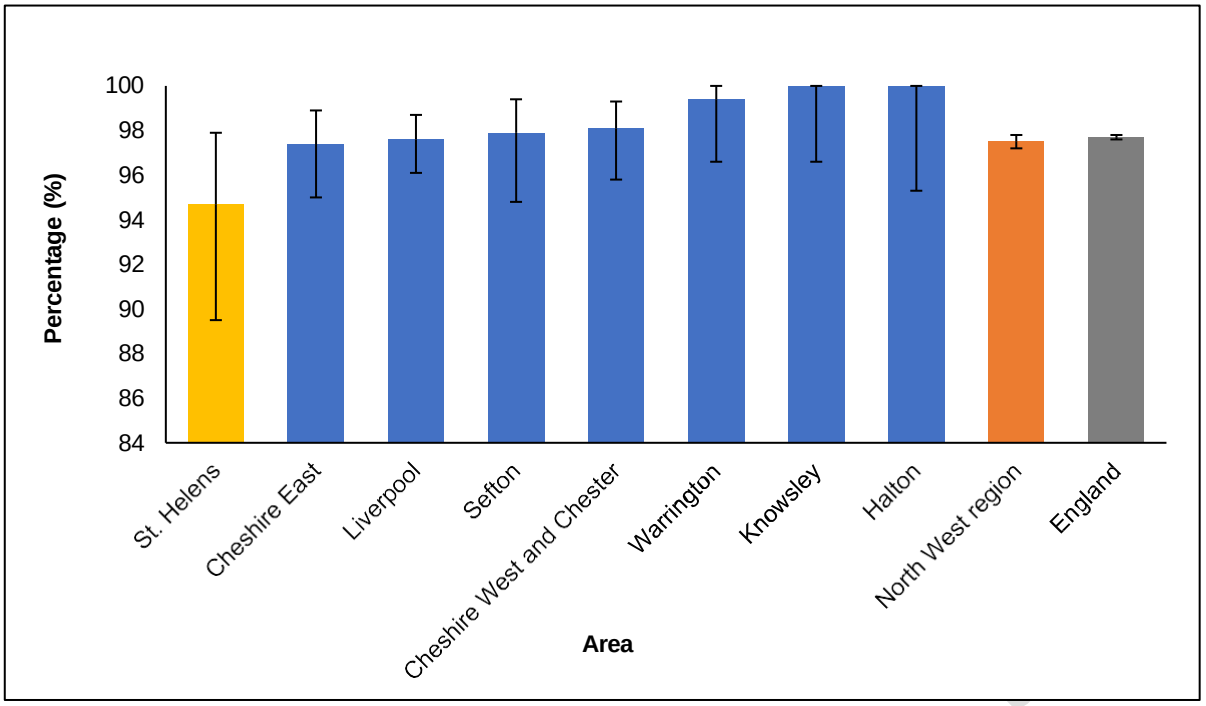


Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

Successful ART, also referred to as 'virological success' will result in levels of virus in a person's blood being reduced to undetectable levels, meaning they should remain well and symptom-free. It also means they cannot transmit HIV to others. This is known as 'undetectable = untransmissible' (U=U).

Data for virological success, the proportion of people accessing HIV care who have an undetectable viral load (less than 200 copies/ml) is presented below (figure 38). In St Helens, 94.7% of people accessing HIV care have an undetectable viral load, which is lower than the England and North West averages of 97.7% and 97.3% respectively. This may indicate a need for ongoing support to ensure people can remain adherent to ART.

Figure 38: Virological success in adults accessing HIV care, by local authority in Cheshire & Merseyside, England and North West (2022)



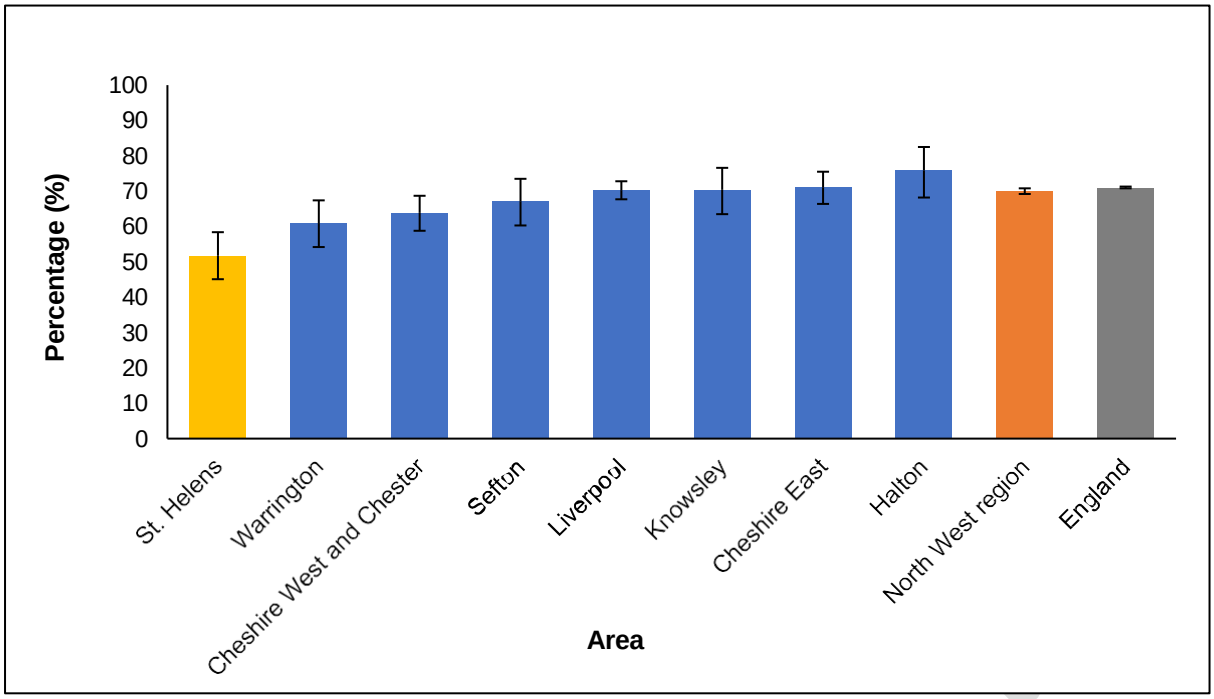
Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

13.6 HIV Pre-Exposure Prophylaxis (PrEP)

Routine provision of Pre-Exposure Prophylaxis (PrEP) was introduced in November 2020. PrEP is a treatment that can be taken by individuals who do not have HIV to prevent them from acquiring HIV during sex. Specialist sexual health services are responsible for promoting access and uptake of PrEP in those who are deemed to be at higher risk of HIV; and for provision of related PrEP consultations. NHS England funds the relevant PrEP medications. It is an important addition to the combination of prevention options which will contribute to reducing transmissions.

Latest reported data for 2022 indicate that, of people in St Helens who attended a sexual health service and (following an assessment of individual risk) were identified as having a need for PrEP, only 51.7% have initiated and/or are continuing to take PrEP (figure 39). This compares to an England average of 69.7% and North West average of 70.0%. St. Helens has the lowest percentage uptake of PrEP in the North West and the 17th lowest percentage in England.

Figure 39: Initiation or continuation of PrEP among those with identified PrEP need, by local authority in Cheshire & Merseyside, England and North West (2022)



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

14. Contraception

Provision of effective contraception is fundamental to sexual and reproductive health. It enables women to plan the timing and the spacing of their pregnancies, supports maternal health and protects against the potential adverse impacts of unintended pregnancies.

There are many contraception options available. It is essential services can offer women good, local access and choice for the full range of contraceptive methods, including long-acting, reversible contraceptive methods (LARC), and can support women to choose a method that is right for them at the time.

Data presented in this section focuses on long-acting reversible contraception (LARC) and emergency hormonal contraception (EHC), as these provide some useful performance indicator comparators between boroughs. Data for contraception should be viewed alongside the outcomes data for under 18 conceptions, and for unintended pregnancies leading to abortion.

Improving the uptake and utilisation of reliable contraception methods among women in St. Helens has been a priority across many years, due to continuing high rates of teenage conception and the number of conceptions resulting in abortion. Efforts continue to promote access to, and uptake of, LARC.

There is a wealth of service data and prescribing data on other methods of contraception provided in the sexual health service and in primary care settings, which is not included in this report.

New opportunities for community pharmacies to sign up to deliver oral contraception (both initiation and ongoing supply) are noted. The pharmacy contraception service (PCS) is commissioned by the NHS as an advanced service, and pharmacies can opt-in as PCS providers. At the time of writing, it is unclear whether any, and how many, St Helens pharmacies have registered as providers, but this should be encouraged and supported, particularly amongst pharmacies already providing EHC.

In addition, the launch of the Women's Health Strategy for England in 2022 led to some national investment being allocated to ICBs in 2023 to support the development of women's health hubs. In Cheshire and Merseyside, there are plans to develop these hubs in each of the nine places (including St Helens) to improve access to services for reproductive and gynaecological health in community settings.

Initially, the hubs will provide LARC, with a view to building on the range of services offered. As not all general practices in the borough have practitioners who can provide LARC, a hub model in each of St Helens primary care networks (PCNs) would support access by offering more equitable and inclusive services locally.

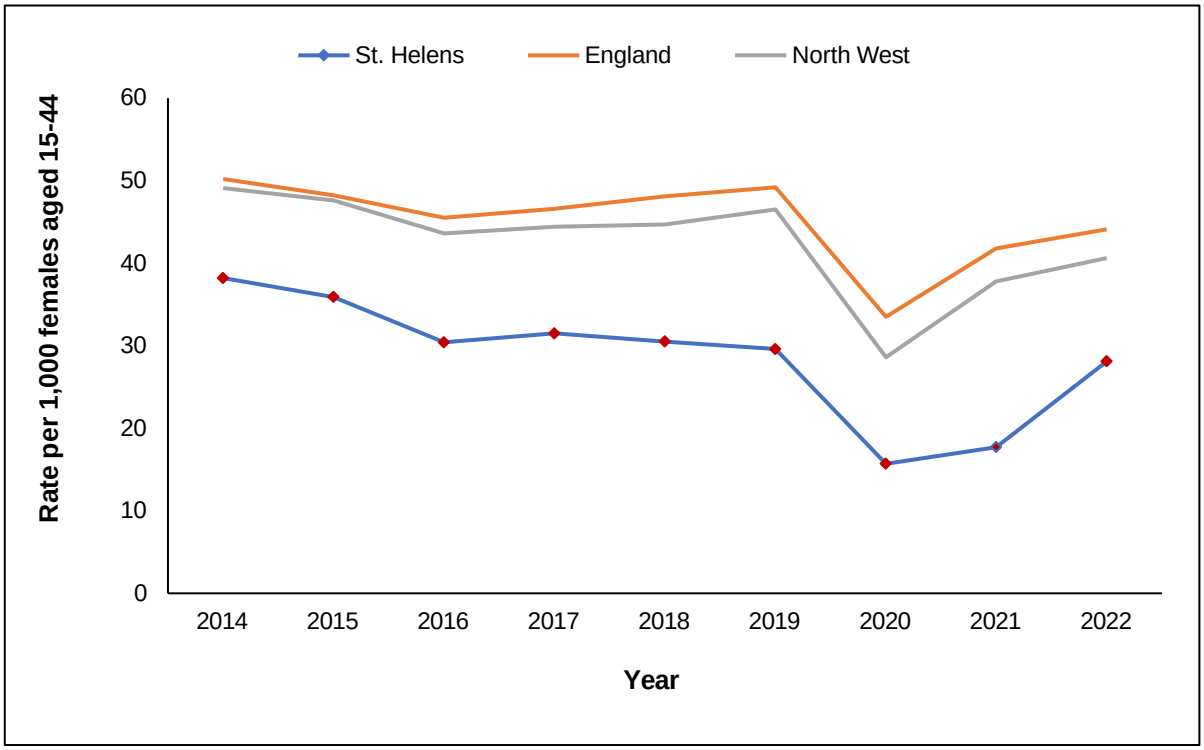
14.1. Total prescribed LARC (excluding injections)

Data presented within the indicator for total prescribed LARC currently includes intra-uterine contraception (IUC) and sub-dermal contraceptive implants (SDI) but excludes injectable methods of contraception. IUC comprises intra-uterine devices (IUD) and intra-uterine systems (IUS), the latter releasing the hormone progestogen whilst in-situ, which in addition to preventing pregnancy, has benefits of helping to control painful or heavy menstrual bleeding. The data indicator includes LARC provision in both sexual and reproductive health services and general practice.

In 2021, the rate of total prescribed LARC (excluding injections) in St Helens was the 7th lowest in England and the lowest in the North West region. However, more recent data published for 2022 shows an improvement to the St Helens rate, and comparative ranking, for this indicator – now 28.1 per 1000 (women aged 15-44) and no longer the lowest in the region (5th lowest in North West / 30th lowest for England).

Trend data (figure 40) shows the decreasing rates in St Helens since 2014, a more prominent reduction in 2020 (an impact of the COVID-19 pandemic), and the recent recovery and improvement. The total number of LARC prescriptions in St Helens by year are outlined in table 5.

Figure 40: Trend of Total Prescribed LARC (rate per 1,000 females aged 15-44)



Source: Fingertips Sexual Health Profile (accessed 07/02/2024)

Table 5: Number of LARC Prescriptions (2014 - 2022) in St Helens

St. Helens	
Year	**Number**
2014	1,243
2015	1,159
2016	1,954
2017	2,010
2018	1,942
2019	1,896
2020	1,020
2021	1,170
2022	1,888

Source: Fingertips Sexual Health Profile (accessed 07/02/2024)

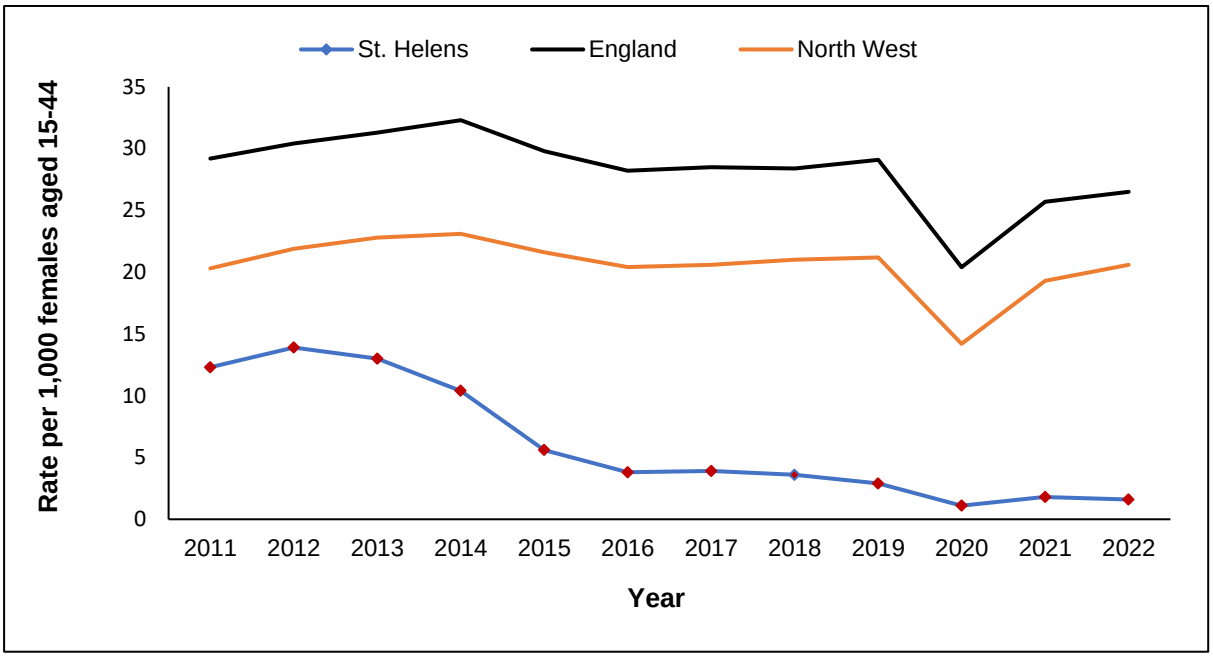
14.2. GP prescribed LARC (excluding injections)

As the total prescribed LARC data combines both GP and Sexual Health Service provision, it is helpful to look at both separately. In St Helens, rates of GP prescribed LARC have been significantly and consistently lower when compared to the national and regional averages, since 2011 (figure 41).

There has been a decline in the provision of LARC in general practice over recent years and the rate for GP prescribed LARC reported for St Helens in 2022 was 1.6

per 1,000, the lowest in the North West and 10th lowest in England.[2] The total number of GP prescribed LARC reported are outlined in table 6.

Figure 41: Trend of GP Prescribed LARC injections (rate per 1,000 females aged 15-44)



Source: Fingertips Sexual Health Profile (accessed 07/02/2024)

Table 6: Number of LARC GP Prescriptions in St Helens (2011 – 2022)

St. Helens	
Year	**Number**
2011	407
2012	458
2013	424
2014	340
2015	182
2016	123
2017	123
2018	115
2019	94
2020	37
2021	59
2022	55

Source: Fingertips Sexual Health Profile (accessed 07/02/2024

It should be noted that the total for LARC fitting activity in general practice may be underestimated in this indicator. The source data used is the NHS prescribing data (Prescription Analysis and Cost – PACT) for general practice. However, current commissioning arrangements for the local enhanced service (LES) for GP provision of LARC in St Helens requires that LARC devices are purchased and recharged to

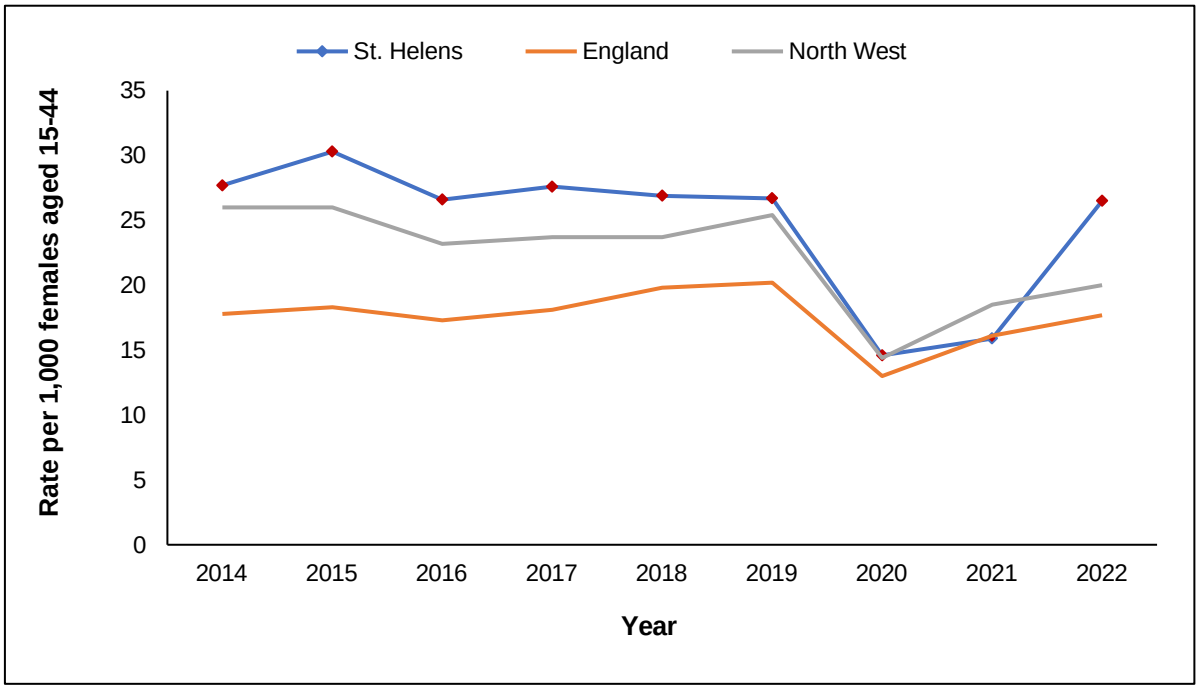
[2] There are an additional 5 local authority areas that have no data assigned.

the local authority public health budget, so these devices may not be being reflected in the prescribing data. This process is being reviewed.

14.3. SRH services prescribed LARC (excluding injections)

The rate of LARC provision in Sexual Health Services for St Helens is the 5th highest of 23 local authorities in the North West region in 2022. Trend data shows rates in St Helens have been higher than the North West and England averages since 2014, with the exception of 2021 (figure 42). Table 7 outlines the total number of SRH services prescribed LARC in St Helens.

Figure 42: Trend of SRH Services Prescribed LARC excl. injections (rate per 1,000 females aged 15-44)



Source: Fingertips Sexual Health Profile (accessed 07/02/2024)

Table 7: Number of SRH Services Prescribed LARC excl. injections in St Helens (2014 – 2022)

St. Helens	
Year	**Number**
2014	903
2015	977
2016	855
2017	880
2018	855
2019	855
2020	475
2021	525
2022	890

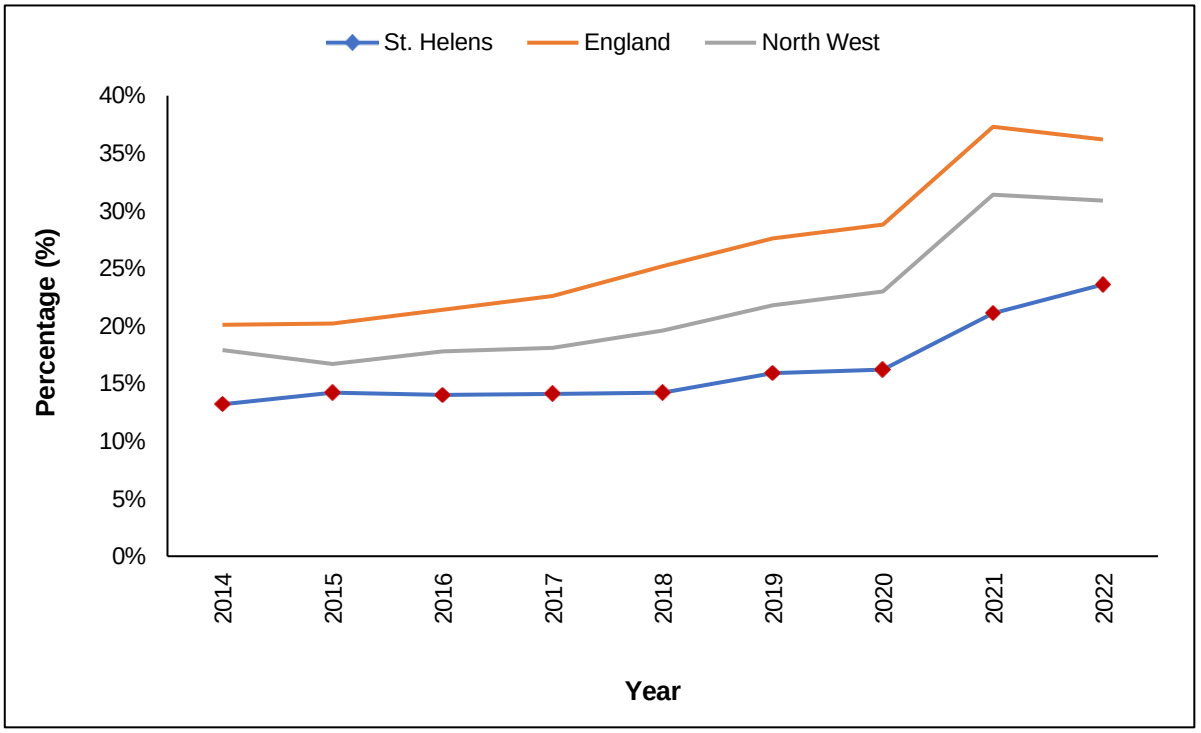
Source: Fingertips Sexual Health Profile (accessed 07/02/2024)

14.4. Under 25s choosing LARC at SRH services

Figures 39, 40 and 41 above show LARC rates using a population denominator for women aged 15-44 years. Data for under 25s (and over 25s) choosing LARC at SRH services use a different denominator and are presented as a proportion (percentage) of SRH service attenders within year, for whom there is a recorded main method of contraception.

This data shows that the percentage of 25-year-olds in St Helens attending SRH services who are recorded as choosing LARC (excl. injections) as a main method of contraception have been significantly and consistently below England and North West averages (figure 43). However, trend data shows that the percentage in St Helens has increased in more recent years.

Figure 43: Trend of Under 25s choosing LARC at SRH services (percentage)

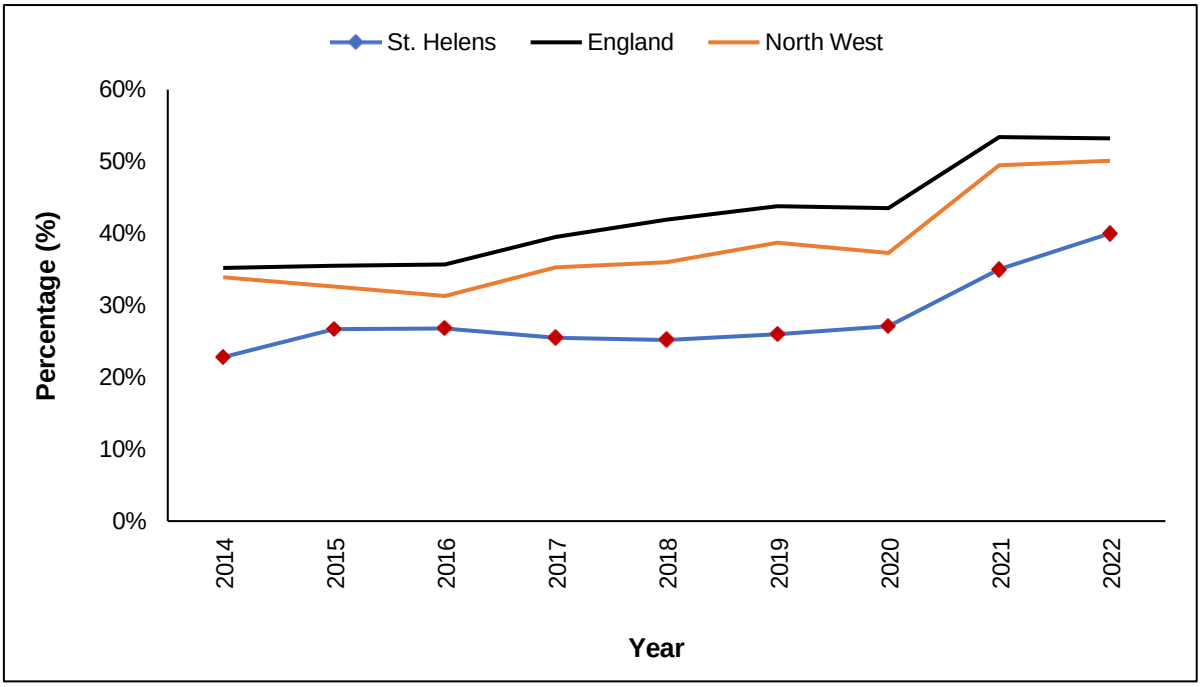


Source: Fingertips Sexual Health Profile (accessed 07/02/2024)

14.5. Over 25s choosing LARC at SRH services

The percentage of over 25s in St Helens attending SRH services who choose LARC as a main method of contraception is also significantly lower than England for the past 9 years, as illustrated in figure 44. The most recent data for 2022 show the percentage has increased to 40% from 35% in 2021.

Figure 44: Trend of Over 25s choosing LARC at SRH services (percentage)



Source: Fingertips Sexual Health Profile (accessed 07/02/2024)

14.6. Emergency contraception

Emergency contraception is an intervention aimed at preventing unintended pregnancy after unprotected sexual intercourse or contraceptive failure.

Emergency contraception comes in two methods: copper intrauterine device (IUD) and emergency hormonal contraception (EHC) which is an oral medication.

Copper coil (Cu-IUD) is the most effective method of emergency contraception and can be inserted up to 5 days after the first unprotected sexual intercourse (UPSI).

EHC should be taken as soon as possible to maximise efficacy but can be taken up to 72 hours following UPSI. It can be obtained free of charge across St Helens from the integrated sexual health service and from general practice. In addition, many pharmacies in St Helens are also commissioned by public health to provide EHC free of charge. EHC is also an 'over the counter' (OTC) medication and may be purchased from any community pharmacy.

There are new opportunities for community pharmacies to sign up to NHS England's pharmacy contraception service (PCS), which will enable pharmacists to initiate and provide ongoing supplies of routine oral hormonal contraception.

14.6.1. EHC provided by sexual health services

Published data relating to 2022-23 (table 8) show that the rate of EHC provided by sexual health services to women in St Helens was 3.0 per 1,000 females (aged 13-54) and this is in line with the North West rate (3.0 per 1,000) and lower than England (3.4 per 1,000). The rate provided to under 16s was 5 per 1000.

Table 8: Rate (per 1,000) of EHC provided by SRH Services (2022-23)

Area	13-15	16-54	Total age 13-54
Sefton	2.0	4.0	4.0
St. Helens	5.0	3.0	**3.0**
Liverpool	*	2.0	2.0
Halton	*	2.0	2.0
Warrington	3.0	1.0	1.0
Cheshire East	*	1.0	1.0
Knowsley	*	1.0	1.0
Cheshire West and Chester	*	1.0	1.0
North West	3.0	2.0	3.0
England	1.5	3.5	3.4

Source: NHS Digital: Statistics on Sexual and Reproductive Health Services (accessed 26/01/2024)

14.6.2. EHC provided by community pharmacy

For the period between 01 June 2022 and 21 November 2023 there were 1,282 emergency hormonal contraception prescriptions dispensed by pharmacies in St Helens, of which 88% (n 1,130) were to St Helens residents (8% from other Cheshire and Merseyside local authorities).

The average age of those receiving an EHC prescription was 26.1 years, and a higher proportion of prescriptions were made to those living in Town Centre and Parr wards (table 9). These are wards with highest levels of deprivation in the borough.

Table 9: Number and percentage (%) of EHC prescriptions to females in St Helens by ward of residence (01 Jun 2022 to 21 Nov 2023)

Ward	Number	%
Town Centre	189	16.7
Parr	162	14.3
Sutton	89	7.9
Thatto Heath	89	7.9
Bold	86	7.6
Moss Bank	78	6.9
West Park	74	6.5
Blackbrook	69	6.1
Haydock	64	5.7
Windle	50	4.4
Eccleston	39	3.5
Earlestown	38	3.4
Rainhill	37	3.3
Newton le Willows	35	3.1
Rainford	24	2.1
Billinge and Seneley Green	7	0.6
St. Helens Total	**1,130**	**100.0**

Source: PharmOutcomes (accessed December 2023)

The 1,282 prescriptions were obtained by 970 individuals, with 184 individuals recorded as having multiple (2 or more) EHC prescriptions within the period. Table 10 shows the numbers of people according to how many EHC prescriptions they obtained between 01 June 2022 and 21 November 2023. This provides a clear indication of opportunities for offering routine methods of contraception.

Table 10: Number of women by number of EHC prescriptions (01 Jun 2022 - 21 Nov 2023)

Number of EHC prescriptions	Number of women accessing EHC
1	786
2	113
3	40
4	18
5	5
6+	8
Total	970

Source: PharmOutcomes (accessed December 2023)

14.6.3. EHC prescriptions for young people under 18 years of age.

Between 01 June 2022 and 21 November 2023 there were 267 EHC prescriptions to females aged 18 and under in St Helens pharmacies, 86% (n = 229) of which were to St Helens residents (12% from other Cheshire and Merseyside local authorities).

The average age for EHC prescriptions in St Helens for this dataset is 16.5 years, and table 11 outlines the number and percentage of prescriptions by age.

The 267 prescriptions were obtained by 207 individuals, so 60 individuals in this age group obtained EHC on multiple occasions. Of these, 38 individuals accounted for 98 prescriptions (or 37% of total prescriptions).

Further analysis reveals there are 13 females aged under 18 that received 3 or more prescriptions.

Table 11: Number and percentage (%) of EHC prescriptions by age (18 and under) (01 Jun 2022 - 21 Nov 2023)

Age	Activity	%
14 and under	14	5.2
15	32	12.0
16	79	29.6
17	69	25.8
18	73	27.3
Total	267	100.0

Source: PharmOutcomes (accessed December 2023)

During pharmacy consultations for EHC, it was expected that the pharmacist also offered individuals a chlamydia screening kit. Within the time-period shown, zero individuals were reported as accepting the offer of a chlamydia screening kit whilst collecting an EHC prescription. N/A was the most common reason recorded, yet many of those accessing EHC would fall into the target population for chlamydia screening. In 4.2% of cases the individual stated that they had recently been tested, and in 3.2% of cases there were no test kits in stock at the pharmacy (table 12).

Table 12: Reasons for not taking up offer of chlamydia screening kit, number and percentage (01 Jun 2022 to 21 Nov 2023)

Reason	Number	%
N/A	578	51.2
Refused	345	30.5
Other: not part of PGD	96	8.5
Recently tested	47	4.2
Not in Stock	36	3.2
Other: regular partner	24	2.1
Going to sexual health clinic	>5	0.4
Total	1130	100.0

Source: PharmOutcomes (accessed December 2023)

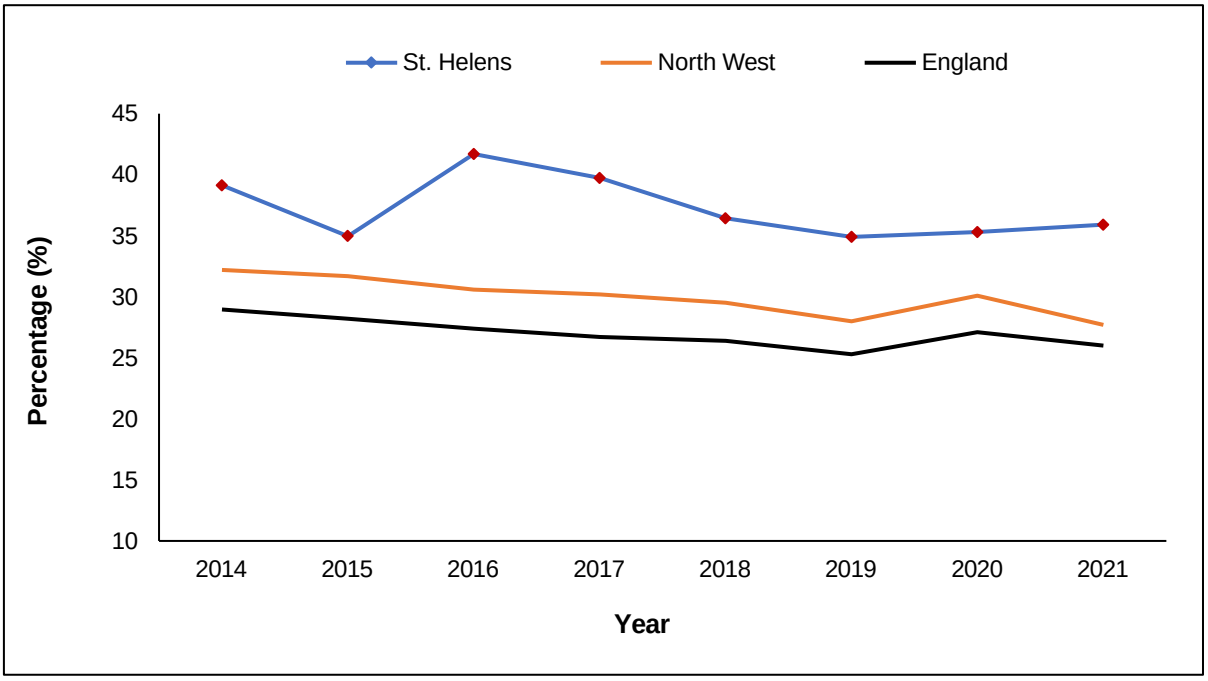
14.7. Post-partum contraception

The NICE quality standard on contraception after childbirth states that women who have given birth should be provided with information about, and offered a choice of, all contraceptive methods by their midwife.[3] This reduces the risk of future unplanned pregnancies and helps to avoid the risk of complications associated with inter-pregnancy intervals of less than 12 months. Data on post-partum contraception uptake was not available.

However, one indicator of effective contraception uptake in the post-partum period is the percentage of women under 25 who have an abortion having previously given birth. In St Helens this is consistently higher in comparison to national and regional figures, as illustrated in figure 45. In 2021, the percentage of women in St Helens (under 25 years) having an abortion following a birth is high (35.9%) and this is statistically significantly higher than England and North West averages of 26% and 27.7% respectively. This is a clear indication of need to improve the post-partum contraception offer in St Helens.

[3] Quality statement 4: Contraception after childbirth | Contraception | Quality standards | NICE

Figure 45: Trend of Under 25-year-old abortion after birth (%) 2014 to 2021



Source: Fingertips Sexual Health Profile (accessed 24/01/2024)

The FSRH 'Hatfield Vision' referenced earlier in this report highlights as one of its goals that ICBs "*should ensure that all methods of contraception are discussed with women during pregnancy and, where possible, their method of choice should be initiated prior to discharge from maternity services. Rapid follow-up pathways for LARC should be in place when needed.*"

15. Abortion

In August 2022, Parliament introduced legislation for the Abortion Act to be amended to allow the permanent provision of remote delivery of early medical abortion services in England and Wales, in line with temporary arrangements which had been introduced at the start of the COVID-19 pandemic.

This enables women seeking abortion to access pills for early medical abortion via a teleconsultation, and for both pills to be taken at home for gestation of up to 9 weeks and 6 days (under 10 weeks).

The earlier abortions are performed, the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality.

It is noted that the latest published data relates to 2021 and 2022 and covers the period when temporary arrangements for 'pills at home' were in place and the subsequent transition to a permanent arrangement.

In St Helens in 2021, 87.8% of abortions were undertaken within the first 10 weeks of gestation, so St Helens was not significantly different from the national average of

88.6%, or the North West regional average of 89.6%. This would appear to indicate effective and timely access to abortion services for those who require them.

However, as illustrated below, in figure 46, St Helens was an outlier for a number of the key measurements and rates for abortion, as follows:

- Total abortion rate (12th highest in England, 8th highest in the North West)
- Under 18s abortion rate (4th highest in England, 2nd highest in the North West)
- Under 25s abortion after a birth (16th highest in England, 3rd highest in North West)
- Over 25s abortion rate (28th highest in England, 11th highest in the North West)

Figure 46: Chart showing key abortion indicators in St Helens

The local result for each indicator is shown as a colour coded circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the North West region.

Compared to the rate for England:

Better Similar Worse *or* Lower Similar Higher *or* Not compared

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
Total abortion rate / 1,000	2021	841	26.4	19.2	32.2	11.3
Under 18s abortions rate / 1,000	2021	35	12.4	6.5	2.0	14.6
Over 25s abortion rate / 1,000	2021	518	22.6	17.9	29.4	10.2
Under 25s repeat abortions (%)	2021	108	33.4	29.7	39.8	17.3
Under 25s abortion after a birth (%)	2021	116	35.9	26.0	47.2	8.2

Source: Fingertips Sexual Health Profile (accessed 14 May 2024)

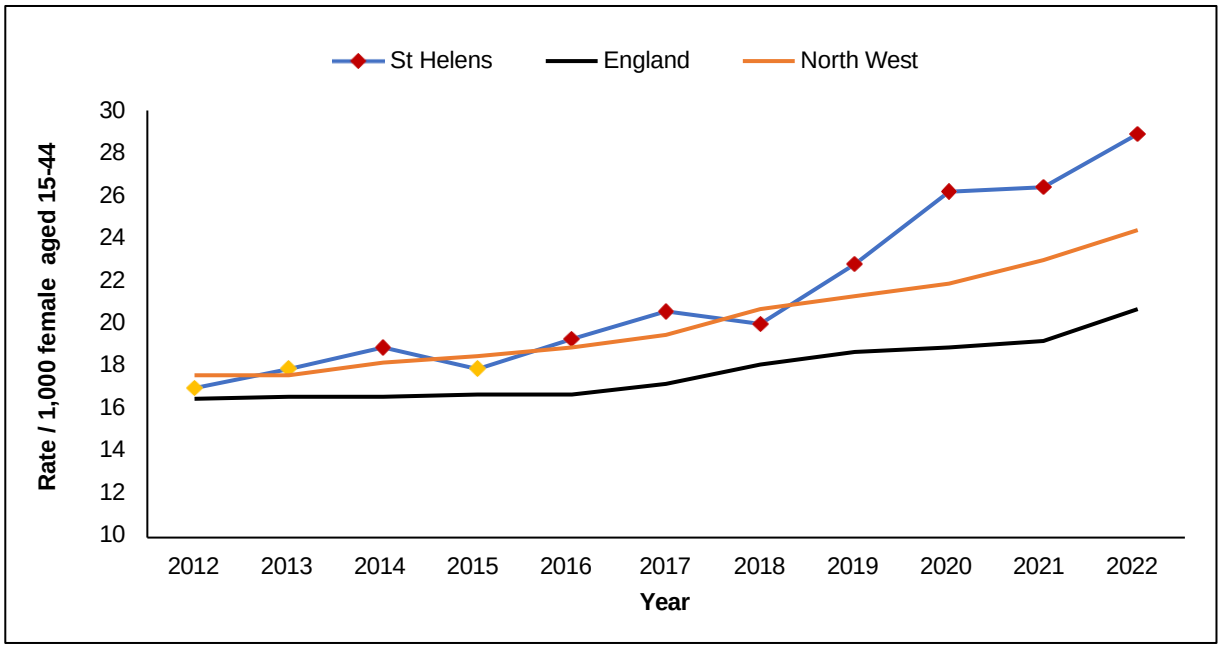
15.1. Abortion rate

As illustrated below in figure 47, St Helens has had a statistically significantly higher rate of abortion than England each year since 2016. Furthermore, confidence intervals show the trend has significantly increased, with the 2022 rate of 28.9 per 1,000 being statistically significantly higher than the rate of 22.8 per 1,000 reported in 2019.

The rise in abortions is of concern both nationally and locally and intelligence from abortion provider organisations has suggested this is attributable in part to rises in the cost-of-living, although reduced access to contraceptive services in 2020/21 during the COVID-19 pandemic is also thought to be a potential contributing factor.

Local information gained from activity data and significant cost pressures on abortion budgets, seems to indicate increases have also continued in 2023/24 in St Helens.

Figure 47: Rate of abortions per 1,000 females aged 15-44, trend for 2012 – 2022 in St Helens, North West and England

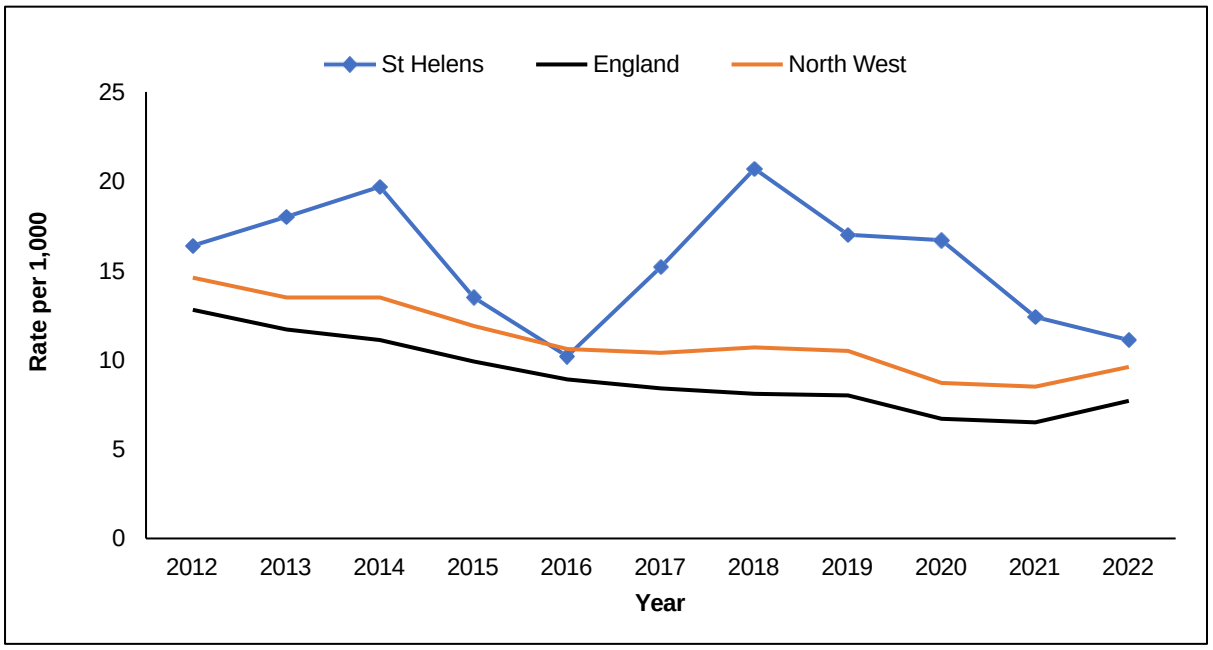


Source: OHID (accessed 23/05/2024)

15.2. Abortion rate - under 18s

In 2022 there were 34 abortions in females under the age of 18 in St Helens, giving a rate of 11.1 per 1,000 (compared to 35 in 2021 and a rate of 12.4). This rate is higher than the England rate of 7.7 per 1,000 and the North West rate of 9.6 per 1,000. Since 2018, the rate of under 18s abortions in St Helens has decreased (figure 48) while more recently, national and regional rates increased between 2021 and 2022.

Figure 48: Trend of abortion rates in under 18s per 1,000 (2020 - 2022)

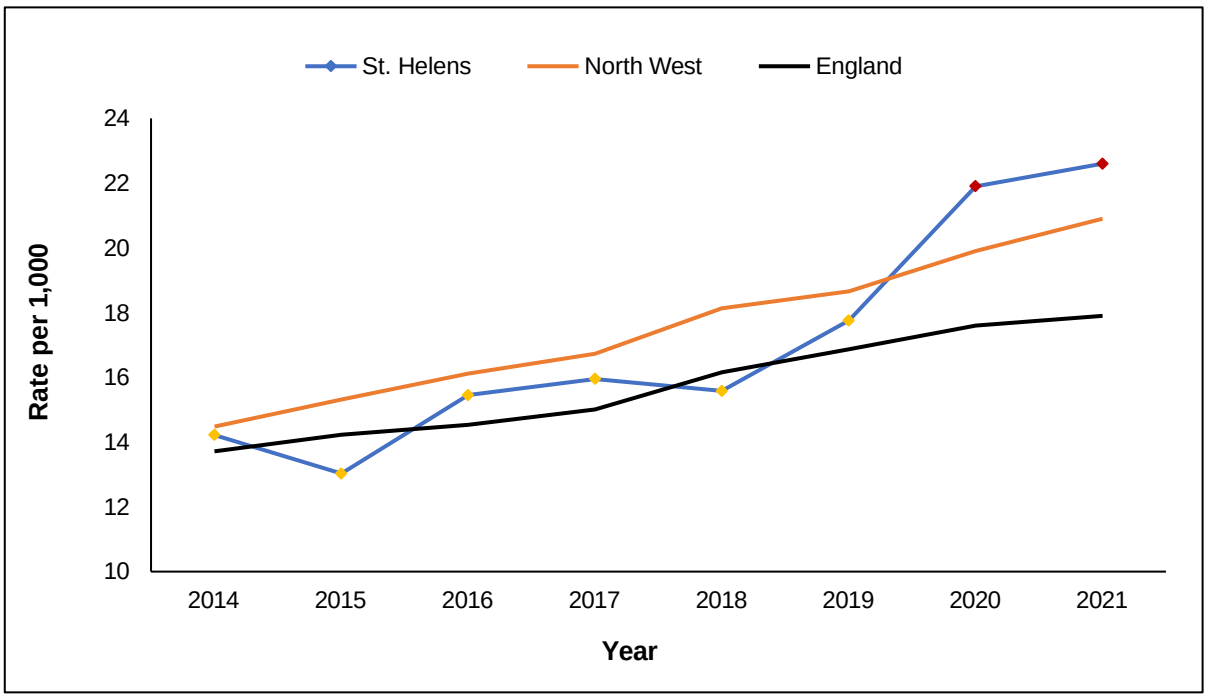


Source: OHID (accessed 23/05/2024)

15.3. Abortion Rate - over 25s

Similar to total abortion rates in St Helens, abortion rates in women over 25 years have been statistically significantly worse than England since 2018. The overall trend has been increasing and getting worse, with the rates in 2020 and 2021 both statistically significantly higher than the England average (figure 49).

Figure 49: Trend of over abortion rates in over 25s (per 1,000) – 2014 to 2021



Source: Fingertips Sexual Health Profile

15.4. Method of abortion, and repeat abortions

In St Helens, 987 abortions were reported in 2022, of which 86.2% were medical and 13.8% were surgical. Of these, almost half (46.9%) were reported as repeat abortions.

Table 13 below outlines the 2022 statistics for St Helens compared to the England and regional averages for medical, surgical and repeat abortions.

Table 13: Overview of abortion statistics (2022)

Area	% of Medical Abortions	% of Surgical Abortions	% of Repeat Abortions	% Repeat Abortions for Women U25
St. Helens	86.2	13.8	46.9	33.7
North West	90.4	9.6	43.3	30.3
England	86.2	13.8	40.9	28.0

Source: Office for National Statistics

Post abortion contraception and LARC are included in the Place commissioning arrangements for abortion, but data on uptake is not routinely available. Invoicing information suggests contraception uptake in abortion services is extremely low.

The data on abortions for St Helens shows a need to improve contraception uptake following an abortion, whether via the abortion provider or via referral to sexual health services.

16. Teenage pregnancy

Young people in England still experience higher teenage birth rates than their peers in Western European countries, and teenagers remain at the highest risk of unplanned pregnancy. Inequalities in rates persist between and within local authorities, and outcomes for young parents and their children are still disproportionately poor, contributing to inter-generational inequalities.

Sustaining the downward trend and making further progress is one of the key objectives of the Department of Health's Framework for Sexual Health Improvement in England.

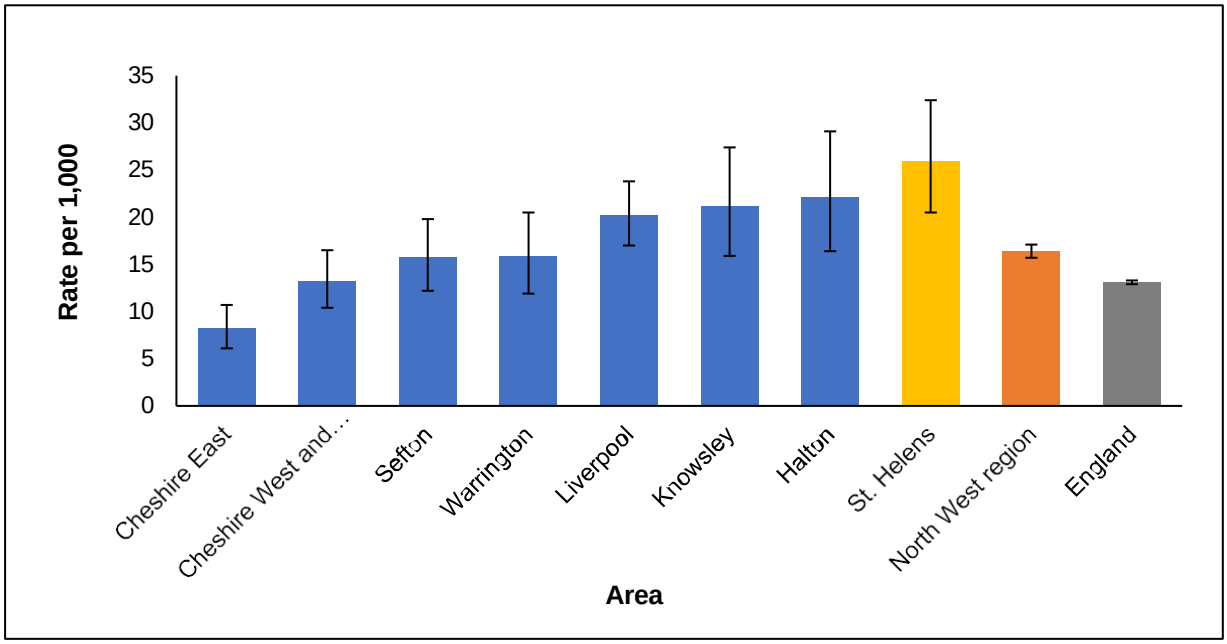
Implementation of statutory relationships and sex education (RSE) in all schools in 2020 has provided a key opportunity to strengthen support for young people to develop healthy relationships and prevent early unplanned pregnancy.

16.1. Annual data - under 18s conception

The under 18 conception rates in St Helens have been consistently higher than the rates in England over the last two decades.

The most recent rate for 2021 in St Helens is 25.9 per 1,000 young women aged under 18, which in number equated to 78 conceptions. This rate is almost twice the England rate of 13.1 per 1,000 (figure 50). St Helens had the 2nd highest rate in the North West and the 8th highest rate in England. At the time of writing, annual comparable trend data was unavailable.

Figure 50: Under 18s conception (rate per 1,000) by Local Authority in Cheshire and Merseyside (2021)



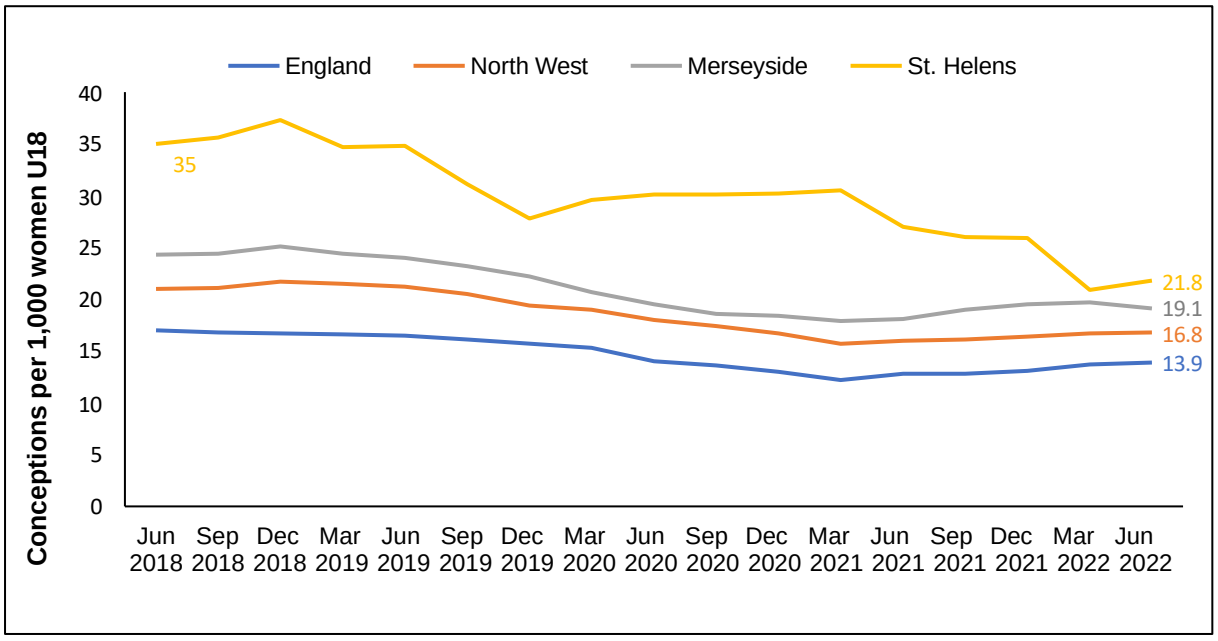
Source: Fingertips Public Health Profiles

16.2. Quarterly data - Under 18 conceptions

Figure 51 below shows individual quarterly rates of under 18 conceptions in St. Helens per 1,000 women aged 15-17, with comparisons to regional and national rates per quarter in the last 17 quarters.

St. Helens has seen an overall decrease from 35.0 per 1,000 in Q2 2018 to 21.8 in Q2 2022. However, the rate has remained above the national and regional rates.

Figure 51: Quarterly trend of under 18s conception (per 1,000) Jun 2018 to Jun 2022



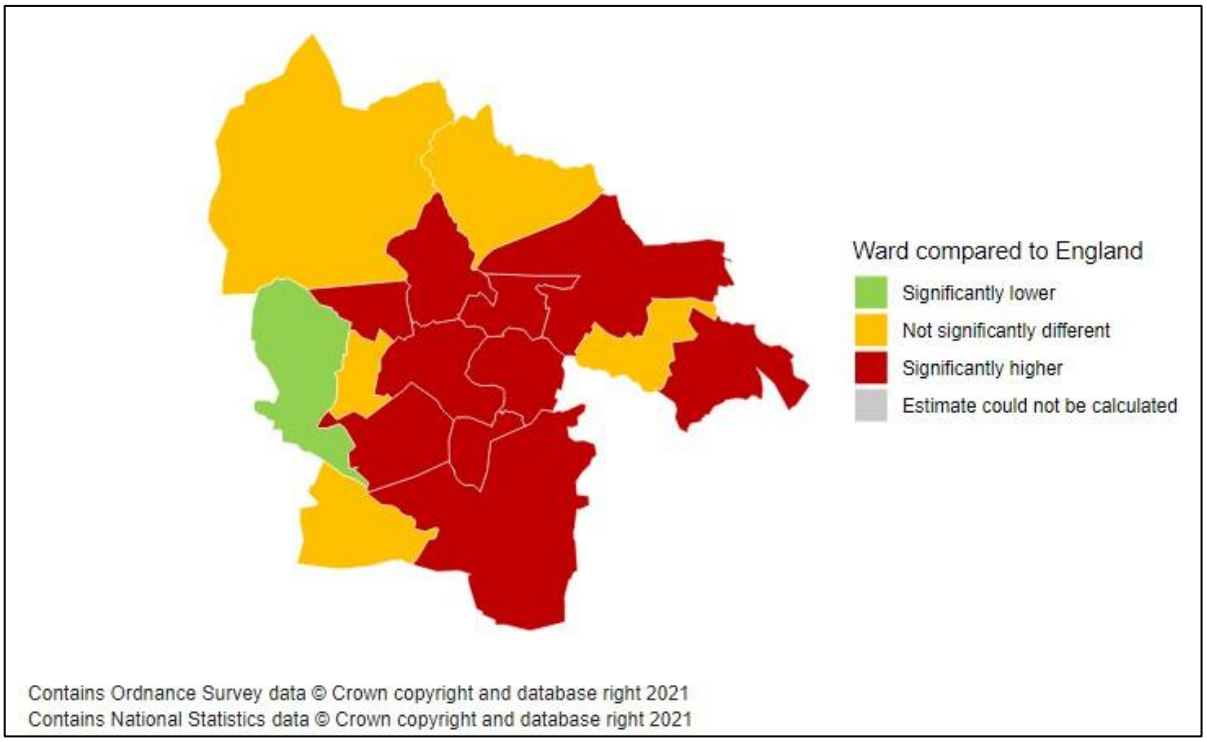
Source: Office for National Statistics (accessed 16/05/2024)

6.3. Under 18s conception by St Helens ward

Ward level statistics (figure 52) show that the wards of Moss Bank, Windle, Blackbrook, Haydock, Town Centre, Parr, Sutton, Thatto Heath, Bold, and Newton-le-Willows have higher rates, which are of statistical significance, of U18 conceptions compared to England. Four of the five most deprived Wards in the borough have significantly higher rates of under 18 conceptions.

Only the ward of Eccleston has a significantly lower rate than England, and Eccleston is also the least deprived ward within the borough.

Figure 52: Under 18s conception in St. Helens by ward, compared to England: three year period between 2019 - 2020

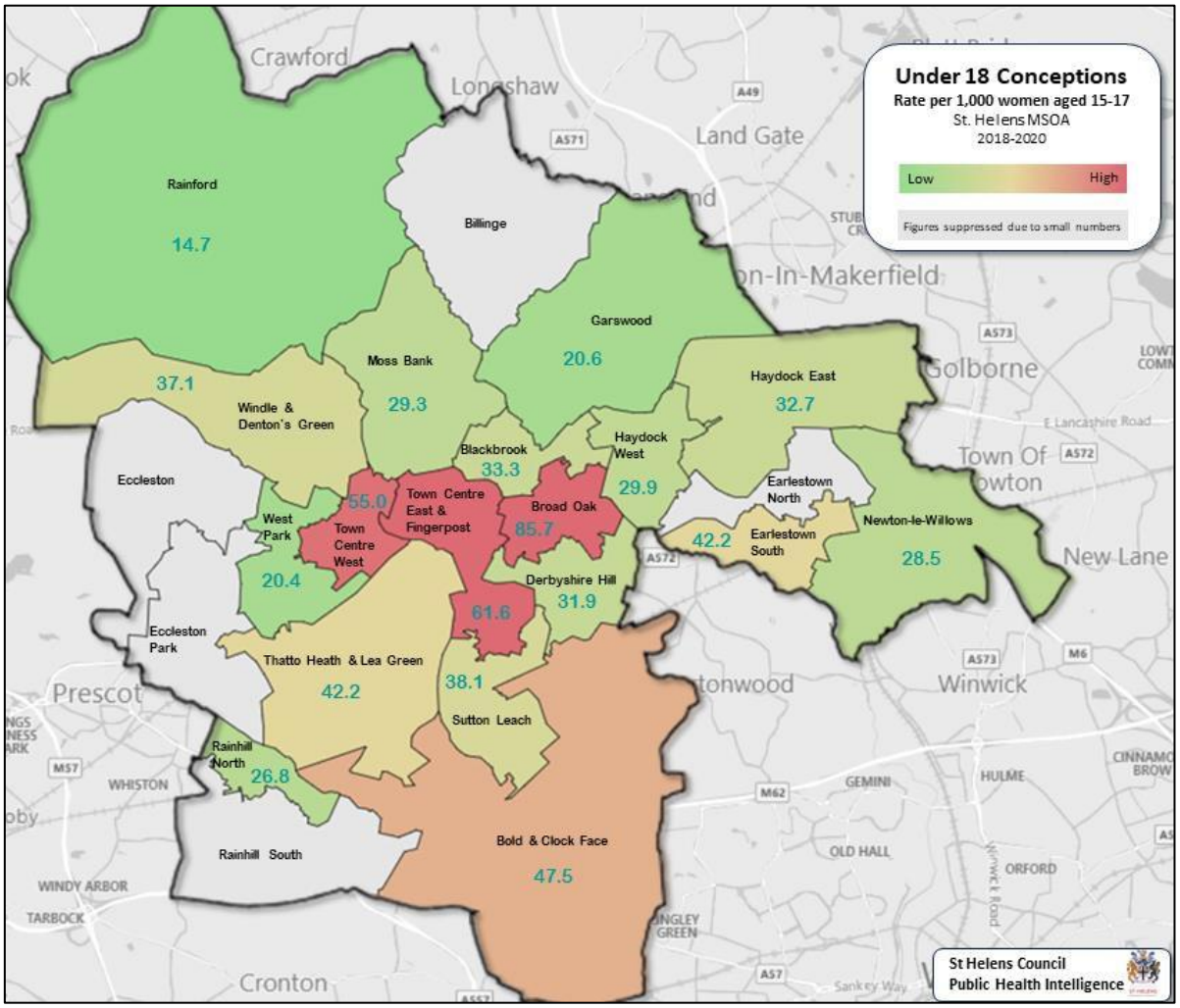


Source: SPLASH St. Helens 2023-02-01 (UKHSA)

16.4 Under 18 conceptions by MSOA in St Helens

Under 18 conceptions by Middle Super Output Area (MSOA) between 2018 and 2020 show rates vary from 14.7 per 1,000 in Rainford to 85.7 per 1,000 in Town Centre East and Fingerpost. Figure 53 illustrates that higher rates are within the centre of the borough.

Figure 53: Under 18 Conceptions (rate per 1,000 aged 15-17) in St. Helens by MSOA: three year period between 2018 - 2020



Source: Office for National Statistics (accessed February 2024)

Actions most likely to support reductions in teenage pregnancy rates include the provision of high quality, comprehensive relationships and sex education (RSE), increased awareness among young people of local services providing confidential SRH care and advice, and improved uptake and use of contraception.

Reaching young people likely to be most at risk of teenage pregnancy involves looking at the associated area and individual level risk factors. Area deprivation indicators with the strongest influence on under-18s conceptions are child poverty and unemployment, whilst at an individual level, predictors may include persistent absence from school, being eligible for free school meals, poor academic progress, being looked after, or a care leaver.

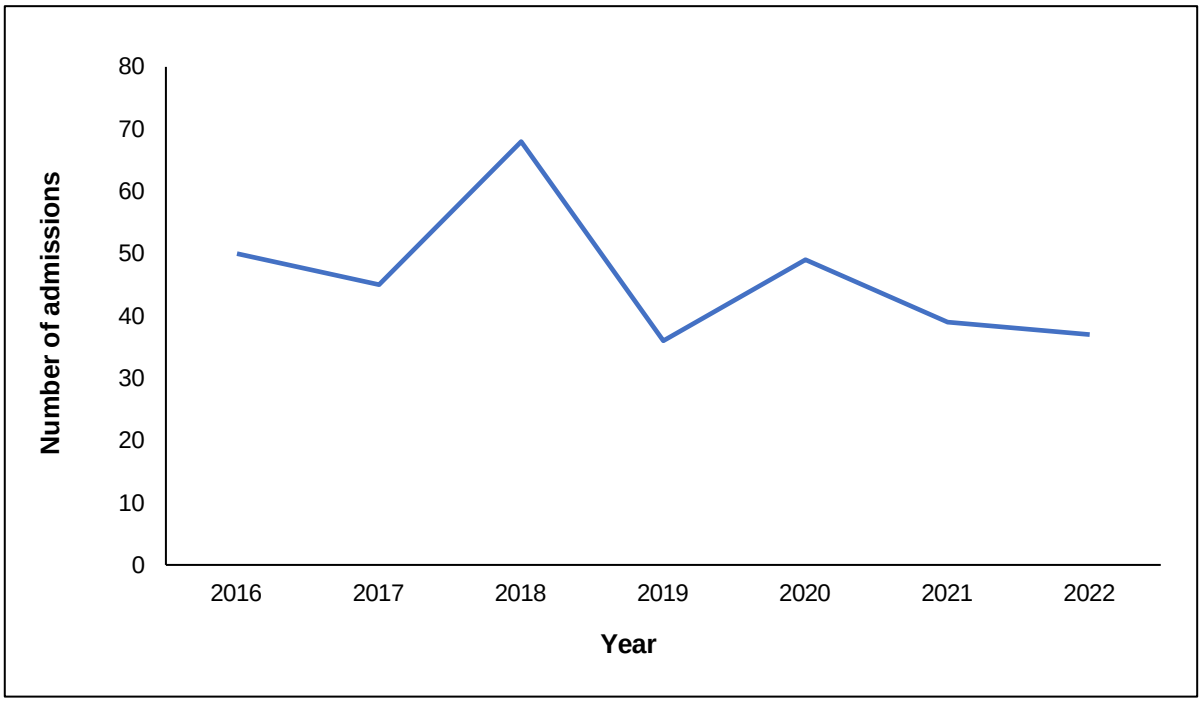
16.5. Teenage birth hospital admissions

The data presented in figure 54 are derived from data extracted from the hospital admissions database (SUS) relating to St. Helens residents (and CCG / ICB Place) registered females under the age of 19 who gave birth between January 2016 and December 2022.

Between 2016 and 2022, the number of teenage birth admissions was highest in 2018 where there were 68. Since 2016 the number has decreased by 26% to 37 in 2022. Over the 7-year period, 82.3% of admissions were for those aged 17-18 years.

The peak in teenage birth hospital admissions in 2018 also coincides with a 2018 peak in the under 18s abortion rate in St Helens.

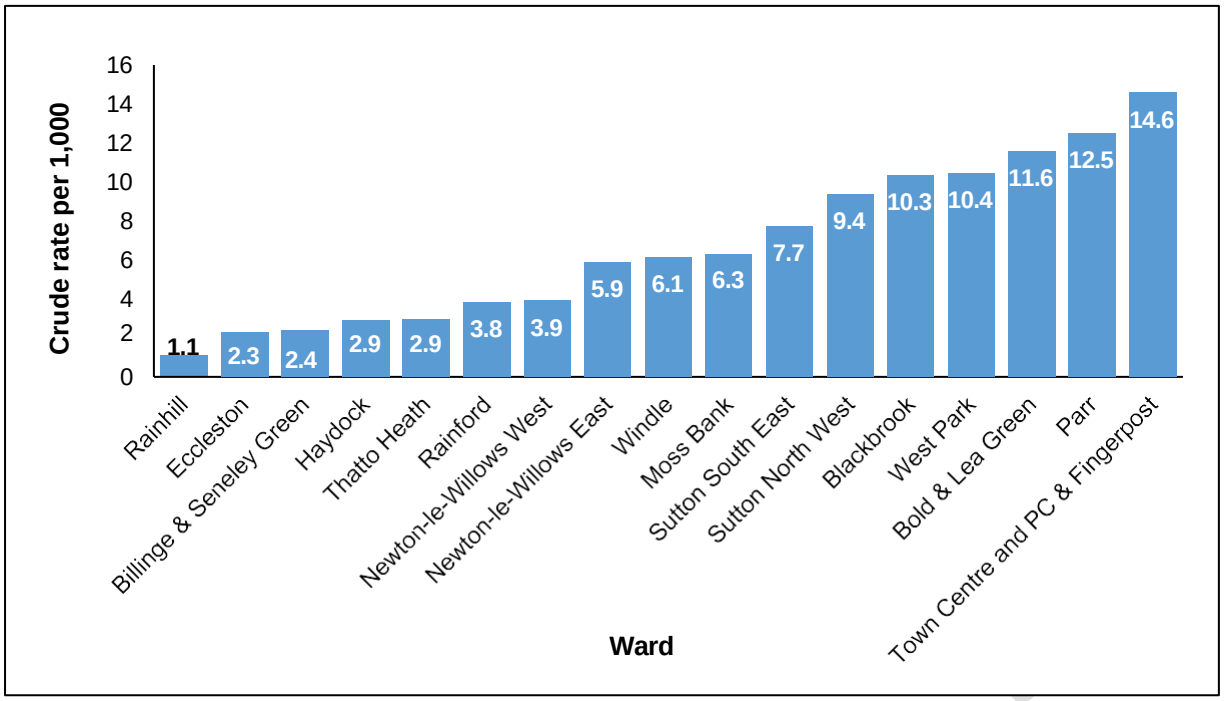
Figure 54: Trend of teenage birth hospital admissions in St Helens (aged 13-18)



Source: SUS

Ward analysis (figure 55) shows that Town Centre, Peasley Cross & Fingerpost (combined for analytical purposes) has the highest rate of birth admissions among 13-18-year-olds, at 14.6 per 1,000.

Figure 55: Crude Rate (per 1,000 aged 13-18) of Teenage Birth Hospital Admissions in St. Helens by Ward (2020 – 2022)

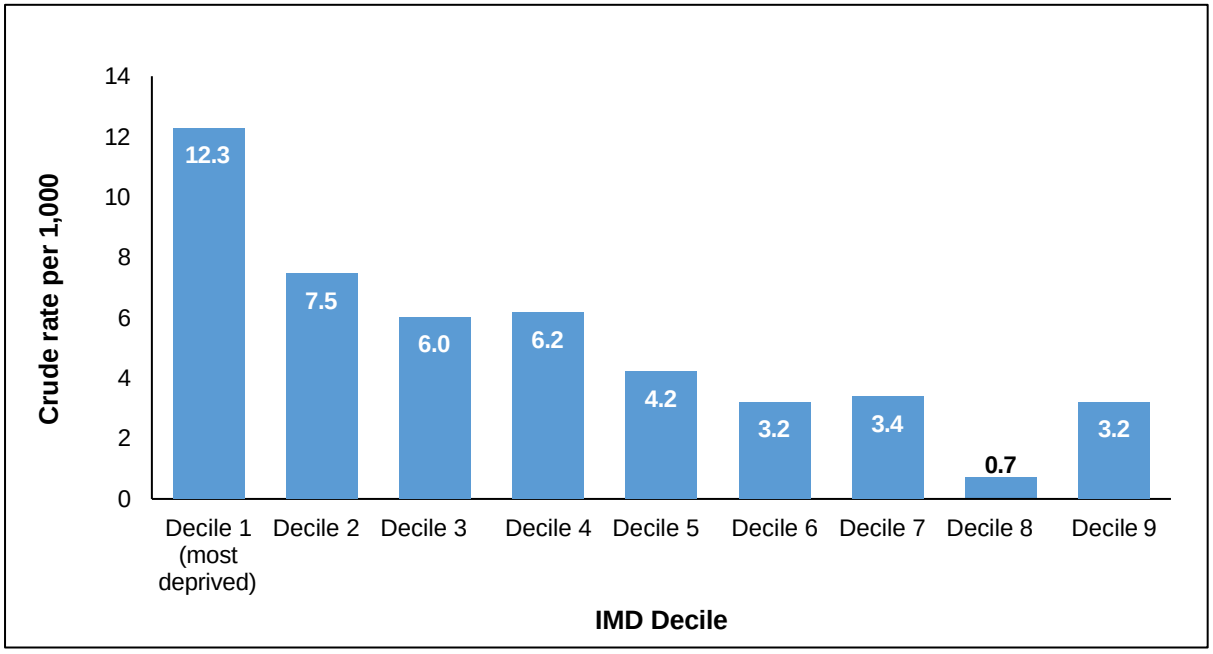


Source: SUS and ONS mid year population estimates

Caveat: Peasley Cross & Fingerpost is amalgamated with Town Centre due to small population in that ward.

Additional analysis of teenage birth admissions between 2020 and 2022 reveal a strong correlation to deprivation (illustrated in figure 56), with the highest rate in decile 1 at 12.3 per 1,000 aged 13-18.

Figure 56: Crude rate (per 1,000 aged 13-18) of teenage birth hospital admissions in St. Helens by IMD decile (2020 – 2022)



Source: SUS and ONS mid year population estimates

17. Cervical cancer and other cancers associated with human papillomavirus (HPV)

Cervical cancer is the 14th most common cancer in UK women but is the most common cancer in women under 35, killing approximately 850 women every year in the UK.[4] Nearly all cervical cancers are caused by an infection with high-risk types of human papillomavirus (HPV), which is sexually transmitted. Cervical cancer is therefore a key issue for sexual health.

Risk factors:

1. Sexual history (due to increased exposure to HPV)
2. Smoking
3. Previous STI or chlamydia infection
4. A weakened immune system (such as HIV, or those with an autoimmune disease)
5. Long term use of oral contraceptive
6. Economic status (women living in areas of deprivation)
7. Lack of use of barrier methods of contraception
8. Family history of cervical cancer

Two public health programmes are essential to preventing cervical cancer: the cervical screening programme and the HPV vaccination programme. Ultimately, preventing cervical cancer requires high uptake in both programmes.

17.1. Cervical screening

The NHS cervical screening programme or 'smear test' is offered to women aged 25 to 64 years to check the health of cells in the cervix. Women 25 to 49 years are invited every three years, and women 50 to 64 years old are offered a screening every five years. In England, it is estimated that cervical screening currently prevents 70% of cervical cancer deaths and that if everyone attended screening regularly, this would increase to 83% prevented. Nationally and locally, there has been a decrease in uptake for both age groups.

For the cervical cancer screening statistics, the data are presented separately for the 25-49-year-old population, and for the 50-64-year-old population. This is calculated as the proportion of women in the resident population eligible for cervical screening who were adequately screened within the previous 3.5 years or 5.5 years, according to age (3.5 years for those 25-49, and 5.5 for those 50-64). The expected level of coverage is 80%. Figures 57 and 58 show the level of cervical cancer screening

[4] UKHSA (2018) Ten years on since the start of the HPV vaccine programme – what impact is it having? https://ukhsa.blog.gov.uk/2018/06/18/ten-years-on-since-the-start-of-the-hpv-vaccine-programme-what-impact-is-it-having/

coverage in St. Helens for both age groups, compared to England and North West regional uptake.

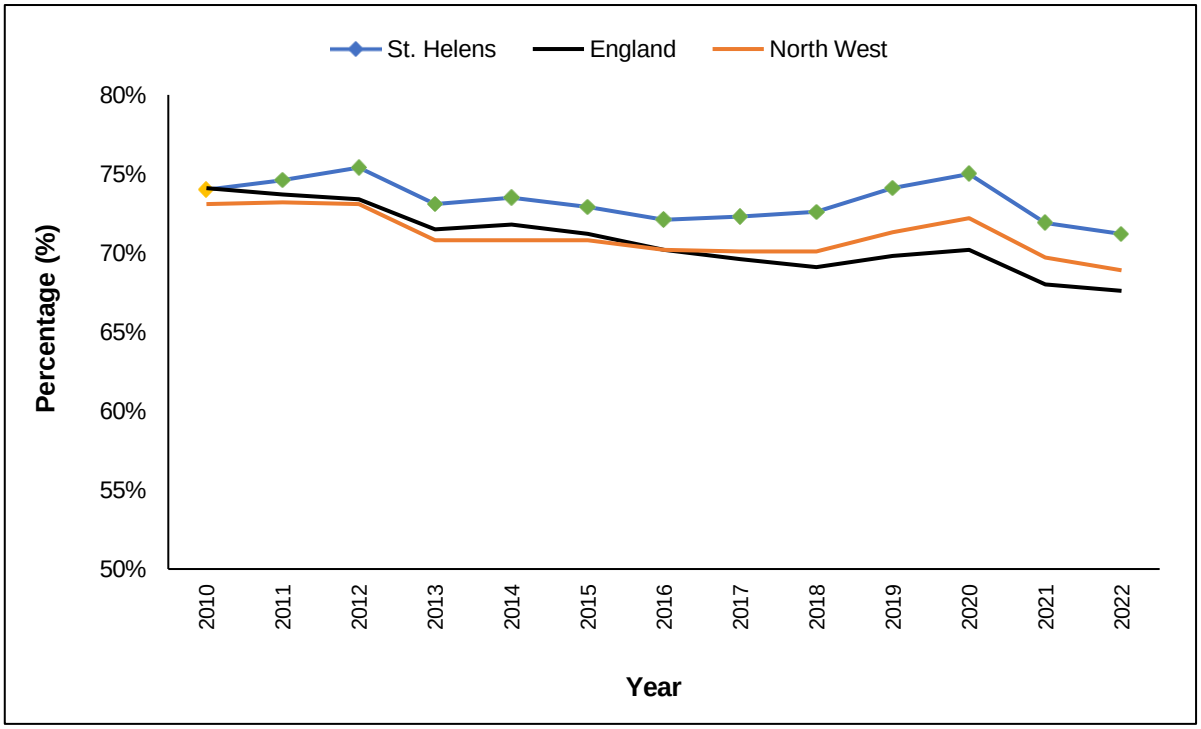
The national data for cervical cancer screening in 2022 shows that:

- Coverage in England for cervical cancer screening for those 25-49 years was 67.6% in 2022. This was almost a 2.6% decrease from 2020 (70.2%), likely reflecting the impact of the COVID pandemic on the health care system.
- There was also a decrease in coverage for those aged 50-64 years in 2022, although this was less extreme than for the 25-49-year-old population. Coverage for those 50-64 years was 74.6% in 2022, which was a decrease in coverage from 76.1% in 2020.

The local data in 2022 shows that:

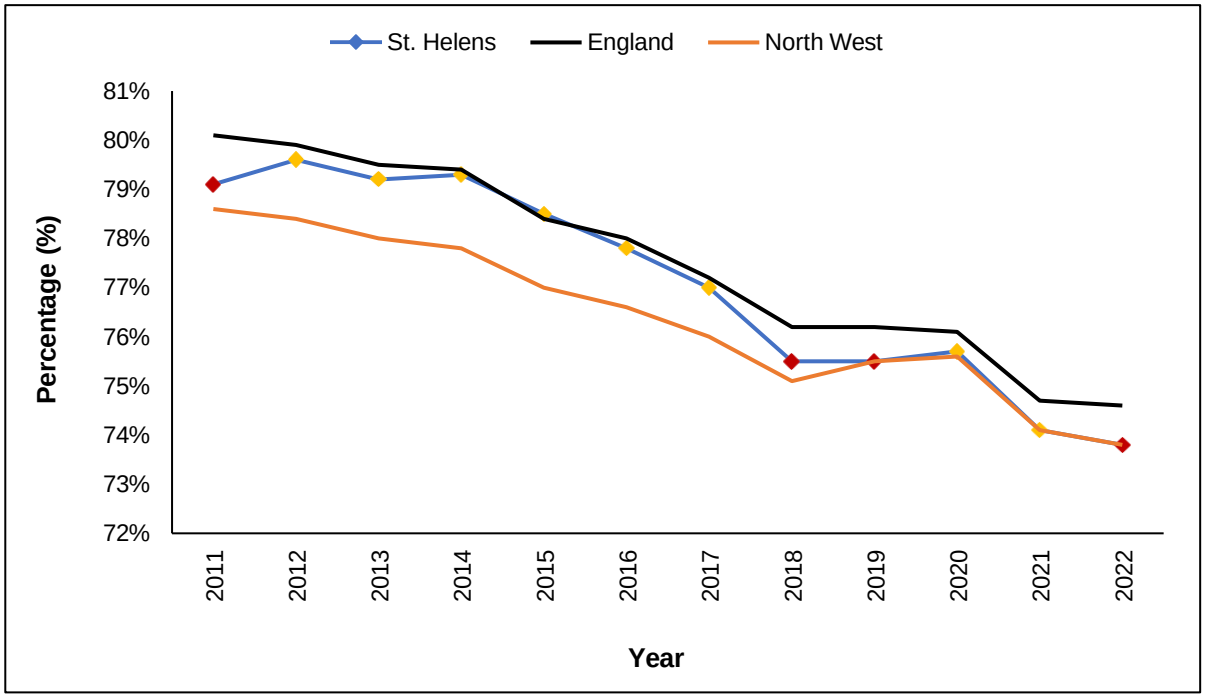
- St Helens has maintained consistently higher cervical cancer screening coverage compared to England and regional. However, the impact of the pandemic on reducing coverage was worse in St Helens than for England overall.
- Coverage in St Helens decreased from 75% in 2020, to 71.9% in 2021 for those aged 25-49 years. This has decreased further for 2022 and is currently at 71.2%.

Figure 57: Cervical cancer screening coverage (%) aged 25-49 years.



Source: Fingertips Public Health Profiles (accessed 25/01/2024)

Figure 58: Cervical Cancer Screening Coverage (%) aged 50-64-year-olds



Source: Fingertips Public Health Profiles (accessed 25/01/2024)

NHS England commissions the integrated sexual health service to provide cervical screening as part of arrangements to support and supplement core general practice provision.

17.2. Human papillomavirus (HPV) vaccination

The national HPV vaccination programme was introduced in 2008, to protect adolescent females against cervical cancer. In 2014 the programme for adolescent girls changed from a three-dose schedule to a two-dose schedule. The programme was extended to eligible adolescent boys in September 2019.

The vaccine supplied for all parts of the HPV vaccination programme changed from 'Gardasil®' to 'Gardasil® 9' during 2021-22. This was in response to the advice of the Joint Committee on Vaccination and Immunisation (JCVI) that the Gardasil 9-valent vaccine was preferred (for the girl's programme) because of the additional health benefits that it provided in protecting against additional cancer-causing HPV types.

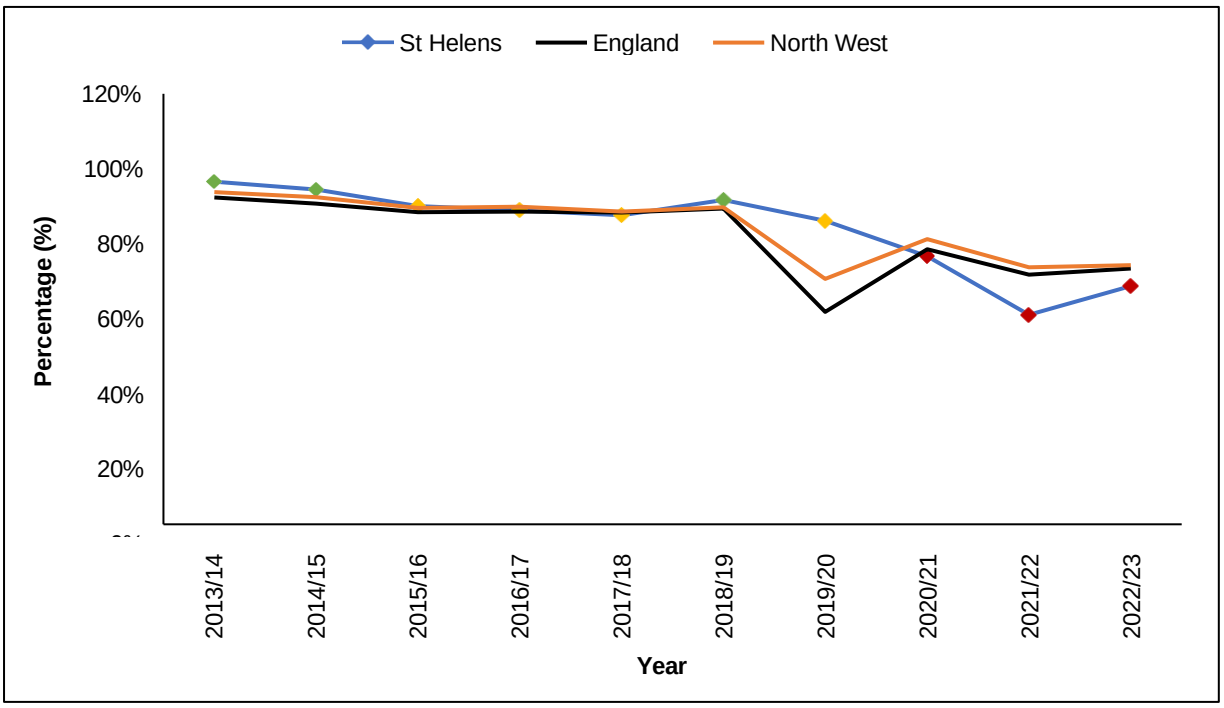
From 1 September 2023, the human papillomavirus (HPV) vaccination programmes will change from a two dose to a one dose HPV vaccine schedule for eligible adolescent females and males; and for gay, bisexual and other men who have sex with men (GBMSM) who are aged under 25 years.

This is because the JCVI has advised that a one dose HPV vaccine schedule has shown to be just as effective as 2 doses at providing protection from HPV infection.

GBMSM aged 25 years and older (up to and including 45 years) will continue on the two dose HPV vaccination schedule. Eligible individuals known to be immunosuppressed at the time of vaccination and those who are living with HIV, including those on antiretroviral therapy, will continue to be offered a three-dose schedule as per the Green Book chapters for HPV, and for immunisation of individuals with underlying medical conditions.

Data is presented here up to 2022-23 (for two doses, as was scheduled at that time). In St Helens, the percentage of HPV vaccination coverage in adolescent females for one dose has been decreasing since 2018-19 and the most recent figure of 66.4% in 2022-23 is statistically significantly lower than the England rate of 71.3% (figure 59).

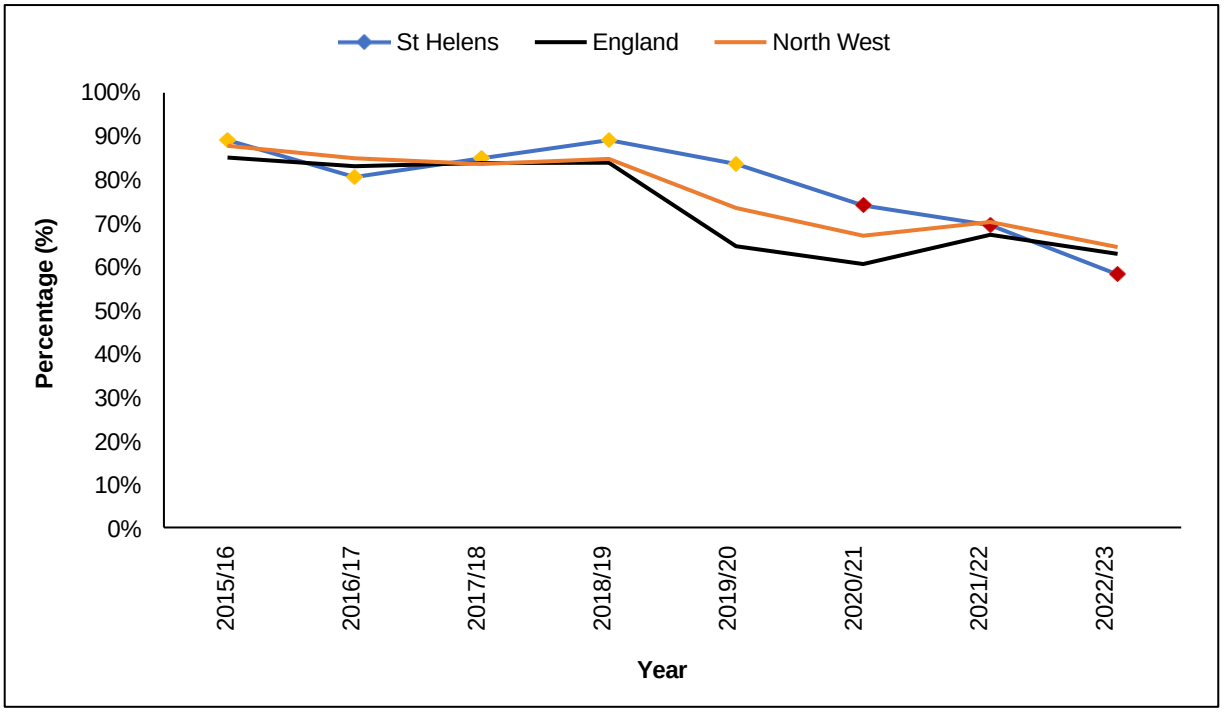
Figure 59: HPV vaccination coverage for one dose (females 12 to 13 years) %



Source: Fingertips Public Health Profiles (accessed 23/05/2024)

Coverage for two doses of the HPV vaccination among females in St Helens is statistically significantly lower than the England and North West averages at 62.9% and 64.5% respectively (figure 60).

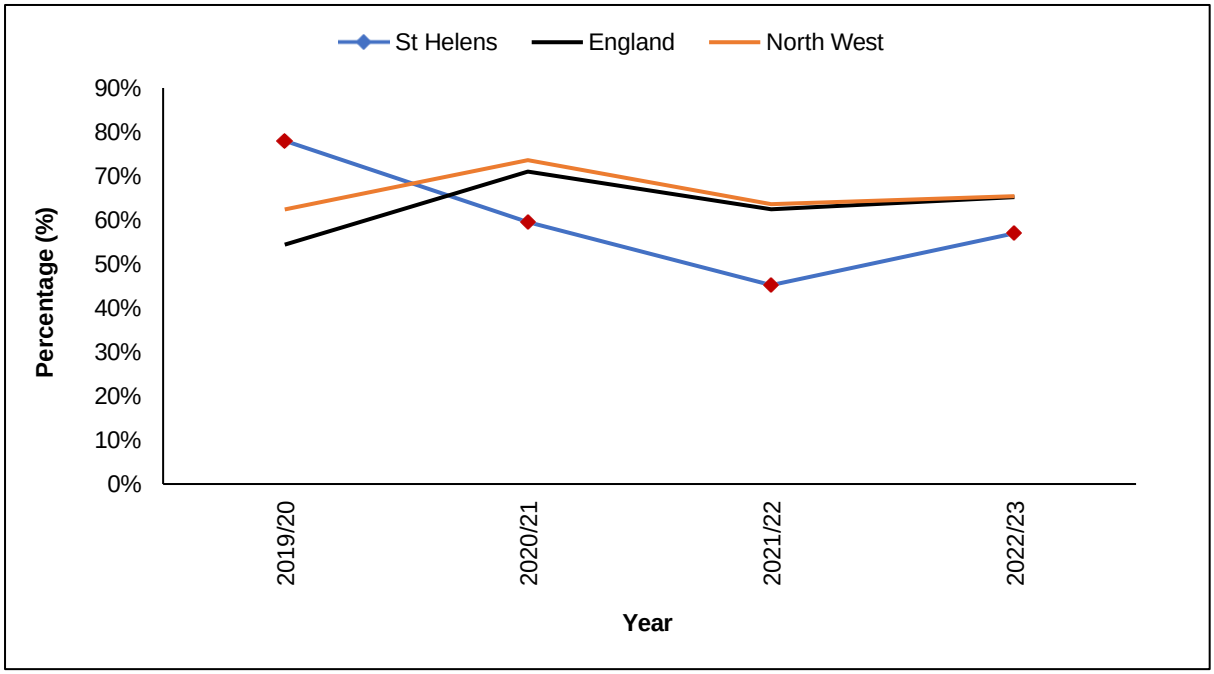
Figure 60: HPV vaccination coverage for two doses (females 13 to 14 years) %



Source: Fingertips Sexual Health Profile (accessed 23/05/2024)

Male HPV vaccination coverage for one dose in St Helens has decreased from 78% in 2019-20 to 57.0% in 2022-23 and this is statistically significantly lower than the England average of 62.4% (figure 61).

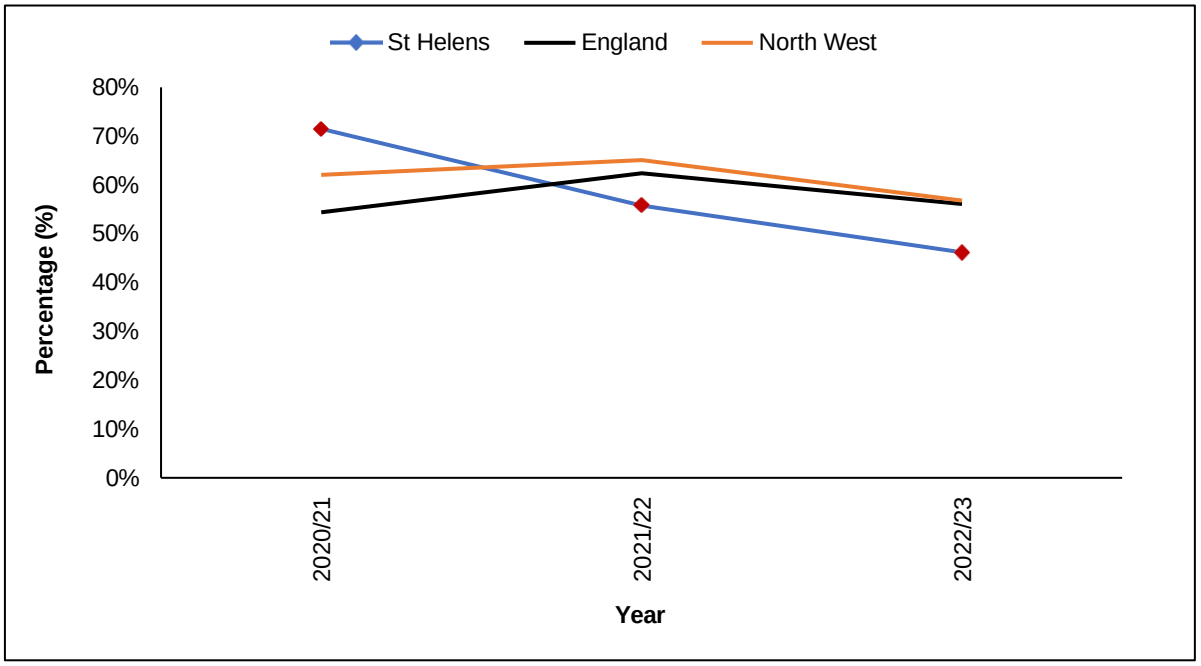
Figure 61: HPV vaccination coverage for one dose (males 12 to 13 years) %



Source: Fingertips Public Health Profiles (accessed 23/05/2024)

Male HPV vaccination coverage for two doses in St Helens also decreased from 71.5% in 2020-21 to 46.2% in 2022-23. The coverage in England increased slightly during this time from 54.4% to 56.1% (figure 62).

Figure 62: Percentage (%) of Male HPV Vaccination Coverage for Two Doses (13-14-year-olds)



Source: Fingertips Sexual Health Profile (23/05/2024)

NHS England commissions the integrated sexual health service to provide HPV vaccination to GBMSM up to and including 45 years of age, who may not have been offered opportunities for vaccination at a younger age.

18. Sexual violence

Sexual violence is a serious public health and human rights problem with short and long-term consequences for victims and survivors on physical and mental health, including sexual health.

Whether sexual violence occurs in the context of an intimate partnership; within the larger family or community structure; or as a result of a stranger assault; or during times of conflict; it is a deeply violating and painful experience for the survivor.

The 2023 Crime Survey for England and Wales (CSEW) reports approximately 2.7% people between the ages of 16-74 experienced some form of sexual assault in the year ending March 2023.[5]

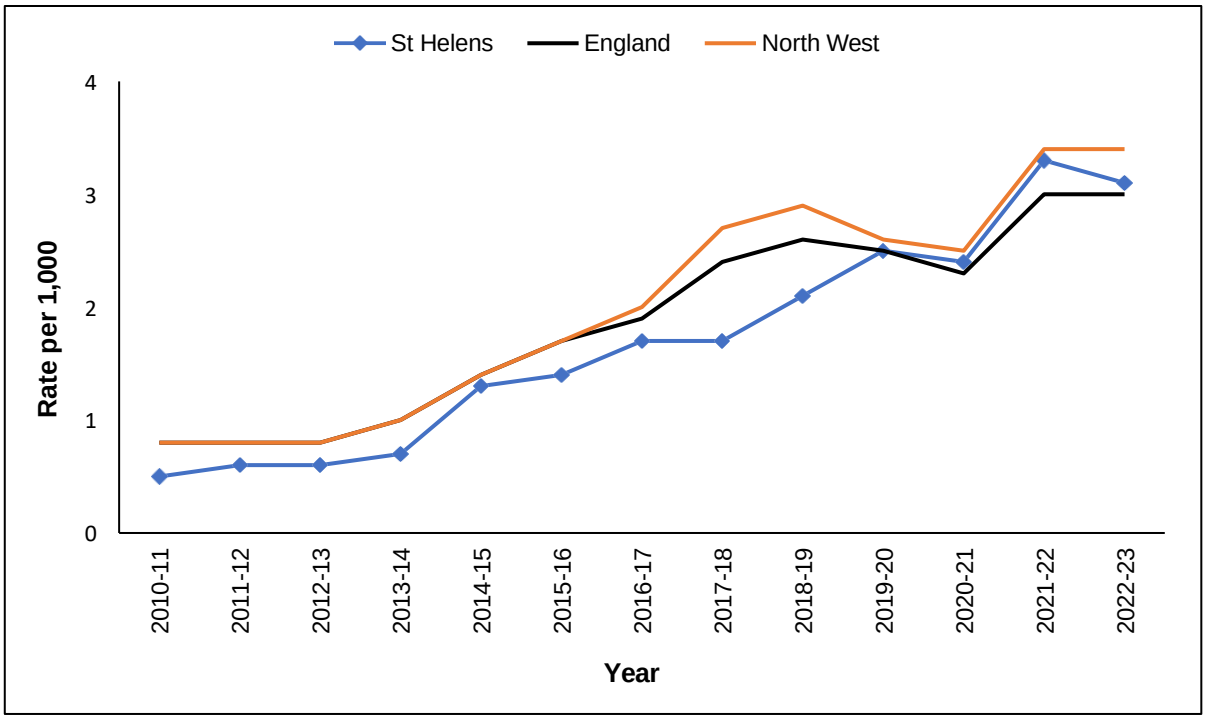
[5] Crime in England and Wales - Office for National Statistics (ons.gov.uk)

Given that sexual assault and abuse crimes are under-reported, it can be challenging to understand the full situation of sexual violence. The CSEW provides a more reliable measure of long-term trends for domestic abuse and sexual offences than police recorded crime data. It also provides important context for police figures. For example, latest survey estimates showed fewer than one in six victims of rape or assault by penetration reported the crime to the police.

18.1 Sexual offences

The latest figures published, for 2022-23, show that in St Helens there were 575 reported sexual offences, giving a rate of 3.1 per 1,000 population. The trend in St Helens has followed the national and regional trends, in that reported sexual offences have increased, with current local rates higher than the England average. The highest rates were in 2021-22 at 3.4 per 1000 (figure 63). St Helens ranks as 13th out of the 24 areas in the North West.

Figure 63: Trend of sexual offences per 1,000 population (all ages) in St Helens, England and North West (2010-11 to 2022-23)



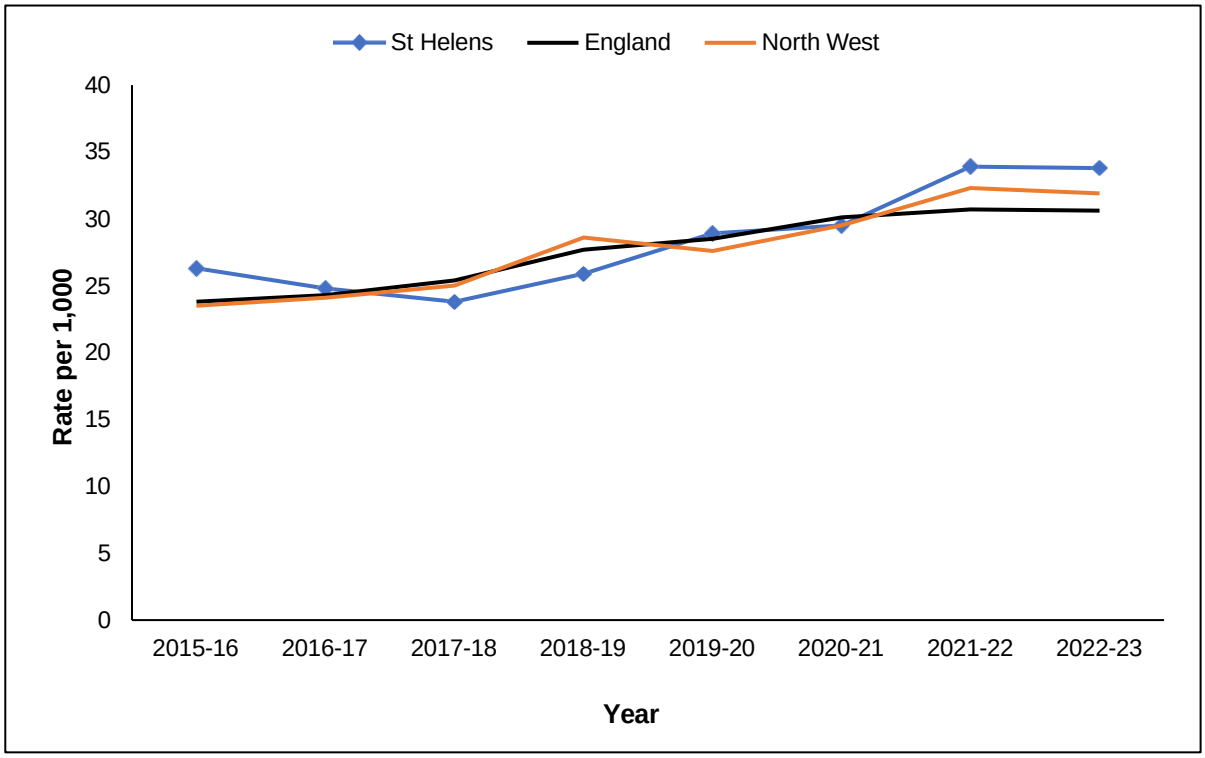
Source: Fingertips Public Health Profile (16/05/2024)

18.2 Domestic abuse incidents

Domestic abuse has adverse impacts on the health and wellbeing of victims and is also strongly associated with child abuse and neglect, as well as other social issues such as homelessness and substance abuse. Domestic abuse can cause long term problems for children and families and also have inter-generational implications in terms of repetition of abuse and violent behaviour.

Figure 64 presents trend data for domestic abuse incidents and crimes between 2015-16 and 2022-23. There has been an increasing trend in St Helens, and this mirrors the trend nationally and regionally, although the local rate is higher (worse). The most recent rate for 2022-23 was 33.8 per 1,000 population, compared to 30.6 in England and 31.9 in the North West.

Figure 64: Trend of domestic abuse incidents and crimes per 1,000 population (all ages) in St Helens, England and North West (2015-16 to 2022-23)

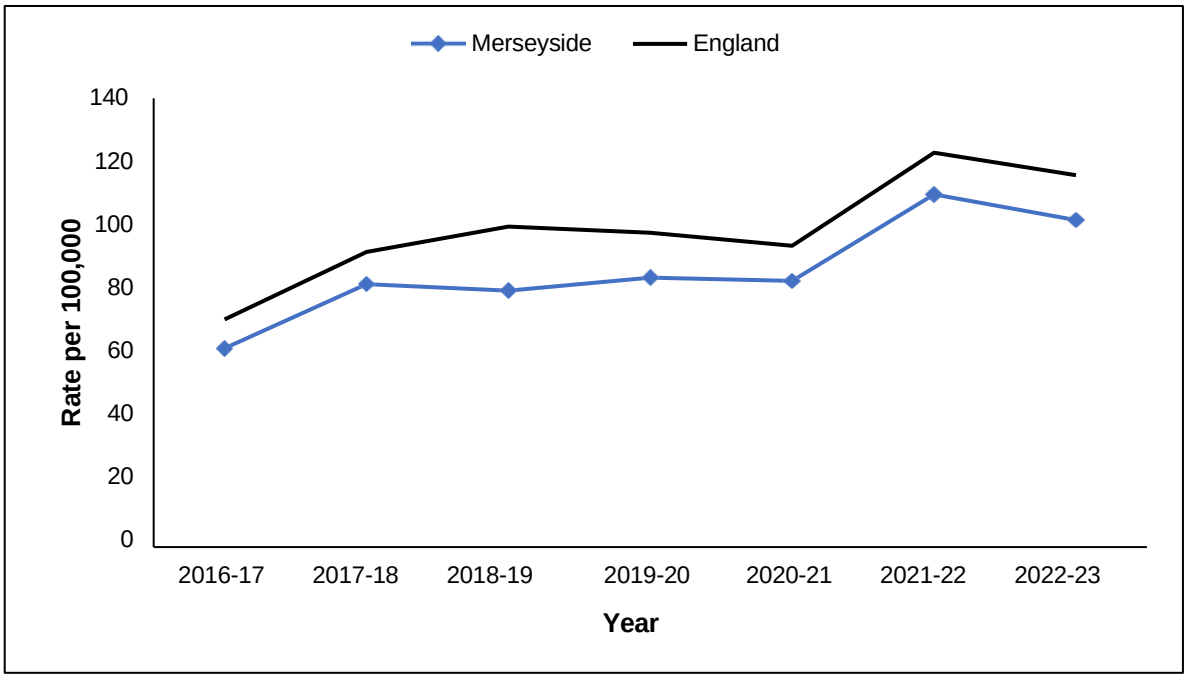


Source: Fingertips Public Health Profile (29/02/2024)

18.3 Police recorded rape offences

Data for police recorded rape offences is presented for Merseyside (figure 65) showing the trend of police recorded rapes between 2016-17 and 2022-23. There has been an increasing trend in Merseyside, reflecting the national upward trend. The most recent rate for 2022-23 was 102.0 per 100,000 population, compared to 116.0 in England.

Figure 65: Trend of Police recorded rapes per 100,000 population in Merseyside and England (2016-17 to 2022-23)



Source: Home Office, Police recorded crimes and outcomes - Open data tables (29/02/2024)

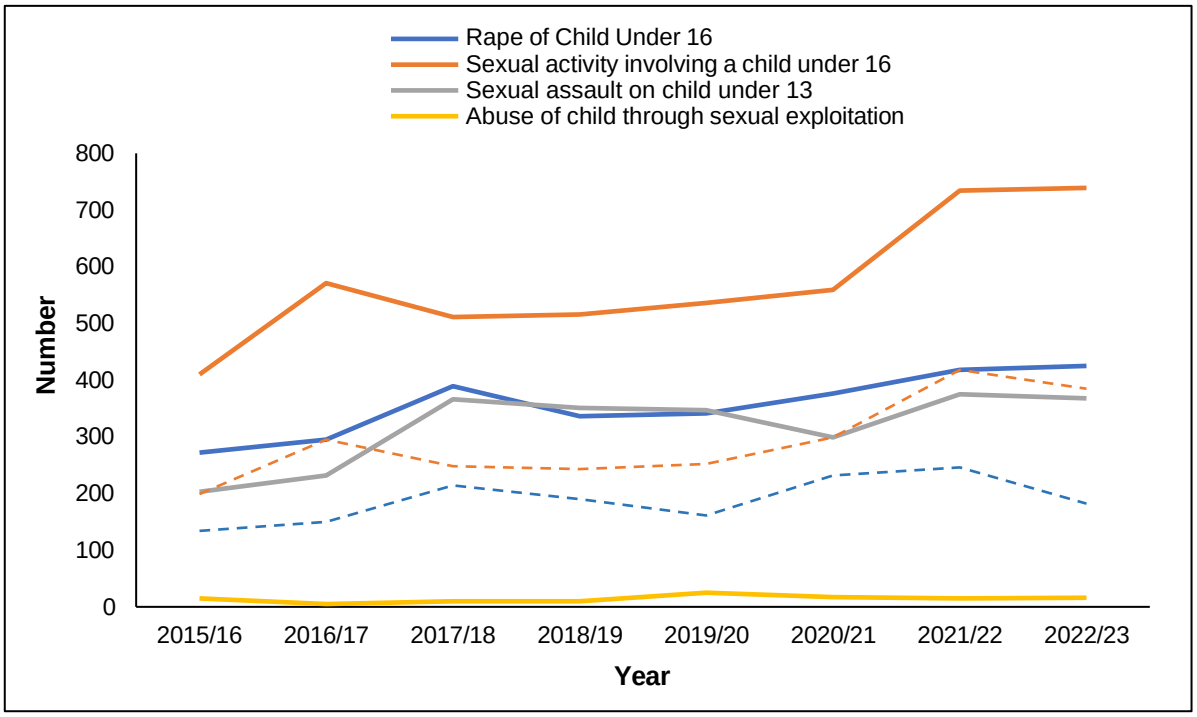
18.4 Child sexual offences

The NSPCC report that nationally, child sexual offences recorded by the police over the past remain close to record levels. There were 86,962 sexual offences against children reported across the UK in 2022-23.[6]

Data from the Home Office show there has been a significant increase in Merseyside since 2015-16. The number of offences of sexual activity involving a child under the age of 16 increased from 410 in 2015-16 to 739 in 2022-23 (an 80% increase). Figure 66 presents the trends for the numbers of recorded child sexual offences in Merseyside, for the categories shown.

[6] Almost 87,000 sexual offences against children were recorded by police in the past year | NSPCC

Figure 66: Trend of Police Recorded Child Sexual Offences (number) in Merseyside (2015-16 to 2022-23)



Source: Home Office, Police Recorded Crimes and Outcomes Open Data Tables (23/05/2024)

The volume of sexual offences recorded by the police has been increasing over the last decade; aligning with the increasing trend seen in the CSEW. However, the number of police recorded sexual offences remains well below the number of victims estimated by the survey.

19. Current sexual health service arrangements

Councils are mandated to commission comprehensive, integrated sexual health services (ISHS) for their residents. The integrated service combines delivery for sexual and reproductive health (SRH) and genitourinary medicine (GUM) clinical specialties. These work together under a single management structure, with a dual trained workforce to deliver SRH and GUM interventions. A full range of contraceptive and family planning methods are provided, including long-acting reversible contraception (LARC), alongside services providing testing for STIs and HIV, STI treatment (including partner notification) and HIV PrEP (pre-exposure prophylaxis), medication to prevent acquisition of HIV in those at higher risk. Psychosexual counselling is also available within the integrated service.

A small team known as TAZ (Teenage Advice Zone) is integral to the service, and provides specific, targeted education and advice to young people aged 13-18 years and provide workshops intended to enhance the RSE curriculum in schools, with students who have been identified as requiring further input. The team also supports engagement and service access for young people and vulnerable adults. Outreach

and health improvement specialists are also incorporated within the service team and work to engage individuals and communities who may not be being reached by mainstream services. They provide a range of improvement interventions which aim to prevent and/or minimise harm resulting from poor sexual health. They are also responsible for the distribution of free condoms across the borough.

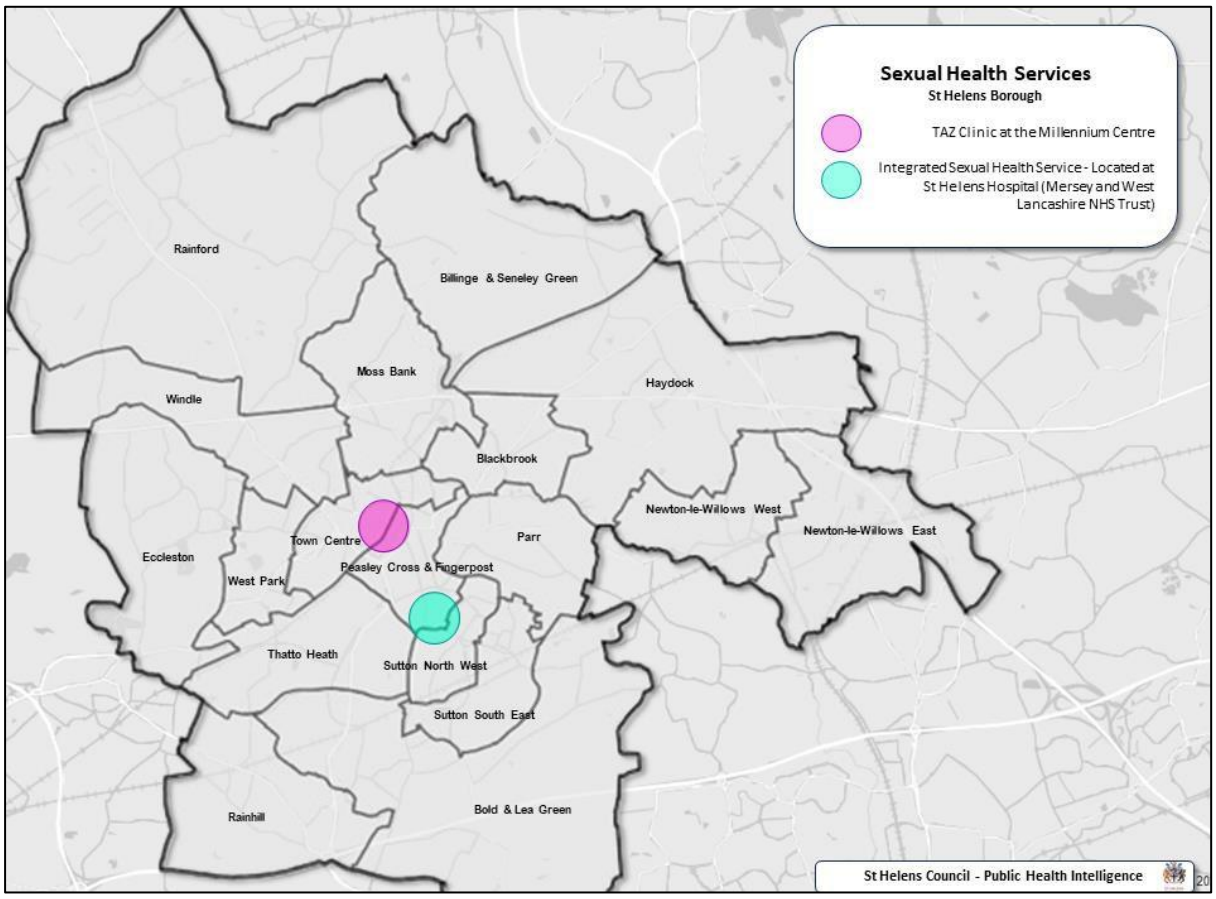
The integrated sexual health service is mandated as open access and is therefore also open to those from out of area who may choose to use the service, with GUM interventions recharged to their local authority of residence.

The service clinical leads also provide clinical governance, oversight and support for the wider system of sexual health delivery, such as that delivered by general practice and community pharmacy providers.

HIV treatment and care services are co-located with the integrated sexual health service, however, are currently commissioned separately - by NHS England.

The integrated sexual health services are provided by Mersey and West Lancashire Teaching Hospitals NHS Trust, with the main clinical hub at the St Helens Hospital site. Young people's services are also provided in the Town Centre, within the Millenium Centre.

Figure 67: Location of integrated sexual health services and TAZ clinic in St. Helens



Public Health additionally commissions LARC services in general practice (and in PCN hubs) via a local enhanced service arrangement; provision of emergency hormonal contraception in community pharmacy settings; and provision of care and support to people living with HIV in St Helens (the latter provided by Sahir House, a voluntary sector community organisation).

20. Sexual and reproductive health activity

The integrated service provides SRH and GUM healthcare interventions for more than 10,000 individuals each year. Overall intervention numbers are increasing, with a recent rise in demand for GUM services.

2023/24 saw an increase in the number of individuals attending the service with symptoms of an STI, and an increase in STI testing activity, for example, for chlamydia and gonorrhoea, and for mycoplasma genitalium (Mgen), with a corresponding increase in microscopy undertaken within clinic for STI testing purposes. There were continued high rates of STI diagnoses overall, with notable increases in cases of chlamydia and herpes diagnosed locally.

The service has maintained and increased delivery of many contraception interventions, including LARC, during the last 5 years, although numbers seem to have reduced somewhat within the most recent year of activity.

The service also reported a rise in more complex provision, both in terms of clinical complexity, and also in attendance among individuals with complex needs. These have included, but are not limited to, those presenting with multiple challenges such as drug or alcohol misuse, poor physical or mental health, or other vulnerabilities, and who consequently require a high level of service input, safeguarding and other potential referrals.

As well as working to maintain services during the COVID-19 pandemic (whilst supporting COVID-19 contract tracing), the service responded to the recent monkey pox virus (MPV) outbreak, these were particularly challenging and impacted on routine service access and provision. There may be risks to services presented in future by further infectious disease outbreaks which require dedicated response. The service is also engaging with local health protection measures for the current measles outbreak.

21. Consultation with service users and other stakeholders

A consultation exercise, with residents, service users and local stakeholders, was undertaken in Autumn 2023. An online survey was conducted with three questionnaires designed to engage key populations and to capture the opinion of adults, young people, and professional stakeholders linked to the service. These were promoted on the Council's website and on social media, and sought views regarding service provision, experience and levels of satisfaction, access, digital

preferences and how the service could be improved. A focus group was also held to gain further information on key themes in the survey responses.

Satisfaction levels were very high, with the TAZ team highlighted as being particularly well received.

The consultation, alongside findings within this needs assessment have assisted with service design, modelling, and planning, by providing some detailed assessment of local need and requirements. The consultation report is provided as an appendix to this needs assessment.

22. Key findings

Sexually Transmitted Infections (STIs)

There was a fall in diagnoses of STIs during the COVID-19 pandemic, thought to be due to reduced access to sexual health services, and changes in behaviour while COVID lockdown measures were in place. STI testing has not yet recovered to pre-pandemic levels, although diagnosis rates per test have increased considerably. The potential for ongoing transmission of untreated infection during the pandemic period contributed to this increase in prevalence.

Consequently, STI rates are now increasing. In 2022 the highest levels of gonorrhoea infection were reported in England since records began and this was echoed in St Helens, where these increased by 73% between 2021 and 2022.

There is a clear association between deprivation and new STIs, with more than half (55.8%) of all STIs in St Helens diagnosed in people living within the 20% most deprived areas within the borough.

Coverage and detection rates in chlamydia in females under 25 years of age in St Helens for the National Chlamydia Screening Programme (NCSP) are below the target rate set by the UK Health Security Agency (UKHSA). Most chlamydial infections in St Helens were diagnosed by sexual health services, with only minimal screening provision in primary care settings.

Service users highlighted online access as one of the ways in which sexual health services could be improved locally. Online STI testing options were introduced in St Helens to support testing access during the COVID pandemic and were generally well received and well used. However, budgetary constraints have limited the number of online STI tests that can be made available each day, and these are often ordered within moments of appearing on the service website, indicating these are not sufficient to meet increasing demand.

HIV

Numbers of people diagnosed with HIV annually in St Helens have been very small (4.9 per 100,000 population). The diagnosed prevalence of HIV in St Helens is 1.22 per 1,000 people aged 15-59, and is therefore considered to be an area of low

prevalence (defined as less than 2 per 1000). However, despite being low, this prevalence has increased over the last decade, whilst national and regional prevalence rates are stable and beginning to decline.

HIV testing coverage, measured as uptake among St Helens residents using sexual health services, was 37.7% in 2022, significantly lower than England and North West averages, (48.2% and 44.1% respectively). Uptake is particularly low amongst women (28.6%) in St Helens although conversely, uptake amongst GBMSM in St Helens is higher (82.6%) than the national average (74.1%). Anecdotal reporting suggests that people are reluctant to accept HIV testing when offered and perceive their risks of acquiring HIV to be low.

Of those who were diagnosed with HIV in St Helens, a high proportion (54.5%) were diagnosed at a late stage of infection, which is associated with much poorer outcomes, and higher costs of care. This also suggests that potential opportunities to test for HIV may have been missed.

Better HIV testing coverage and uptake will support earlier diagnosis, enabling people with HIV to access effective treatment to ensure they stay well, and which also has the benefit of preventing transmission to others.

The HIV Action Plan for England aspires to end new transmissions of HIV by 2030 and achieving this will require focused actions locally. The Fast Track Cities programme is a global initiative similarly focused on these goals. The city of Liverpool has been signed up as a Fast Track City (FTC) since 2018 and there is a proposal to extend this status and its associated strategic commitments across the city region, to include St Helens.

Contraception and LARC

Access to contraception in St Helens is generally good and is provided in both the integrated sexual health service and in general practice. It is noted that access in both settings was reduced during the COVID pandemic, although uptake has since improved in sexual health services. It is less clear whether rates of contraception in general practice have recovered to pre-COVID levels.

There are clearly gaps in contraception provision, evidenced in the continuing high rates of unintended pregnancy, under-18s conception, abortion, repeat abortion, and repeated use of emergency contraception, in the borough. Improving the uptake and utilisation of reliable contraception methods among women in St Helens has been a priority across many years.

Efforts continue to promote access to, and uptake of, long-acting reversible contraception (LARC). Data indicates that access to LARC methods is variable in St Helens, with rates of LARC provision within the integrated sexual health service being comparatively high, while conversely, reported rates of GP prescribed LARC are very low. Assessment is ongoing and suggests there may have been some under-reporting of recent LARC provision in general practice.

The introduction of the new pharmacy contraception service (PCS), commissioned by NHS England, and the development of women's health hubs within the borough presents new opportunities to expand contraception provision and to improve access.

Emergency hormonal contraception (EHC)

Access to emergency hormonal contraception (EHC) is provided free of charge within many community pharmacies across the borough.

There is a high rate of repeat use amongst residents accessing EHC, with more than a quarter of users having accessed multiple prescriptions. This suggests there may be a cohort relying on EHC, rather than choosing a regular contraceptive method and provides a clear indication of opportunities to develop pathways and promote referral from pharmacy to contraception services.

During Pharmacy consultations for EHC, it was expected that the pharmacist also offers a chlamydia screening kit to individuals under 25 years of age. However, this element of the service has not been delivered, so action is needed to ensure this is implemented.

Abortion

Numbers of abortions have risen nationally and 2022 saw the highest numbers since records commenced. Intelligence from abortion providers suggests that increases may be due to the cost-of-living crisis, as financial pressures are reported as reasons for not starting or expanding a family. It is likely also to be indicative of gaps in access to contraception due to increased demand for NHS services.

The total abortion rate in 2022 in St Helens was significantly higher than England and North West averages and represented a 12.5% increase locally, compared to 2021. Almost half (46.9%) of these were reported to be repeat abortions.

Although published data pertains only up to 2022, local intelligence from activity and budget pressures suggests that abortion numbers have continued to increase since.

The high rate and continuing rise in number of abortions in St Helens, and the high level of repeats, illustrates the need to improve contraception uptake, including immediately following an abortion.

Higher than average rates of abortion following a birth in women under 25 years of age in St Helens also indicate a need to improve the post-partum contraception offer.

Under-18s conception

Teenage pregnancy is both a consequence of, and cause of, educational and health inequalities for young parents and their children. The rate of under-18s conception remains high in St Helens and significantly higher than for comparator areas. It is ranked as the 8th highest rate in England and is almost twice the national average.

However, despite remaining above national and regional rates, quarterly data available up to June 2022 does show an overall decreasing trend in St Helens, from a rate of 37.3 per 1000 in December 2018 to a rate of 21.8 conceptions per 1000 young women in June 2022. This is also reducing the gap between rates in St Helens and those in comparator areas.

There is local strategic commitment to work in collaboration with parents, carers and young people and broader system partners to prevent teenage conceptions and to delay first pregnancies, as detailed in the St Helens Public Health Annual Report 2021/22. Reducing teenage pregnancies is also a key objective in the St Helen's People's Plan 2024-27, and maintaining the downward trend is a local priority.

Targeted work to reach young people likely to be most at risk of teenage pregnancy will need to focus on area and individual level risk factors linked with high rates of under-18s conceptions. These include residing in areas of high deprivation, child poverty and unemployment, being looked after in the care system, or having low educational aspiration and attainment.

Maintaining provision of high quality RSE, with robust engagement to promote awareness of young people's sexual health services and to support access contraception will be crucial.

Actions to support reductions in teenage pregnancies will also contribute to addressing a range of other public health priorities, including reducing health inequalities, ensuring every child gets the best start in life, and improving sexual and reproductive health.

Cervical screening

Both the cervical screening programme and the HPV vaccination programme are essential to preventing cervical cancer and depend on high uptake in both programmes. Coverage in St Helens in those aged 25-49 years has been maintained consistently at levels above England and regional averages, whilst for those aged 50-64, the local rate is lower than for England. However, both nationally and locally these have declined since COVID.

The integrated sexual health service is commissioned to provide additional screening to supplement core provision in general practice.

HPV vaccination

The HPV vaccination data presented is for adolescent females and males in St Helens. It shows the percentage of HPV vaccination coverage in adolescent females for two doses (as provided at that time) has been decreasing since 2018/19 and is lower than the England rate. However, there was an increase in one dose coverage in 2022/23 (the most recent data available. A similar trend is seen for adolescent boys, although the coverage rate is lower.

The integrated sexual health service is commissioned to provide additional HPV vaccination for GBMSM up to age 45 years, and others for whom HPV infection may

present increased risk of HPV associated cancers, who may not have had opportunity to be vaccinated during adolescence.

Sexual violence

As highlighted in the St Helens Sexual Health Strategy and in the Joint Strategic Needs Assessment (JSNA) for Inequalities in St Helens, working to reduce sexual violence was identified as a local priority, as rates for violent and sexual offences are higher locally than those for England.

23. Recommendations

1. **Controlling the rising rate of bacterial STIs, particularly gonorrhoea, in the borough needs to be prioritised for action. This will need increased testing opportunities, alongside rapid treatment with robust contact tracing and partner management.**
2. **Outreach activities should be targeted to educate, engage and support uptake of STI testing within the most deprived neighbourhoods in St Helens.**
3. **Investing to extend online provision to test kits for STIs and HIV should be considered, as this would be a cost-effective means of improving access and uptake of testing across the borough.**
4. **Further work is required to optimise chlamydia screening opportunities, particularly amongst young women under 25 years, by expanding access to testing across the borough, for example by promoting uptake within general practice, community pharmacy and women's health hub settings, and potentially through online access.**
5. **There is a clear need to increase HIV testing uptake in St Helens, both amongst those offered testing when they attend the sexual health services, and more broadly where possible, including in community settings, online and potentially, via opt-out HIV testing in other clinical settings where bloods are taken routinely for testing, such as accident and emergency services.**
6. **A St Helens based HIV Action Plan group is proposed to bring together relevant stakeholders to work on identifying and responding to some of the local challenges faced for achieving strategic aims to end new HIV transmissions and HIV/AIDS related deaths by 2030. Collaboration is needed to develop a local action plan for St Helens. This should involve and include public health, ICP place partners, sexual health services, people living with HIV and community sector organisations.**
7. **The opportunity to join forces with Liverpool and other city region boroughs as a signatory to the The Fast-Track Cities (FTC) programme**

should be considered. FTC is a global initiative focused on scaling up and supporting accelerated actions to end the HIV epidemic.

8. **Work is needed to reduce late diagnosis of HIV. This would be helped by ensuring root cause analysis of cases of late diagnosis, to identify missed opportunities for HIV testing when these people have presented to health services previously. Education on clinical indicators for HIV can then be provided to help clinicians to recognise and act on these signs.**
9. **Supporting improved access to the full range of contraceptive methods across the borough (in sexual health services and in general practice and other community settings) will help to reduce the number of conceptions that are unintended.**
10. **It will be important to continue the public health and ICB place collaboration and co-commissioning approach to develop women's health hubs in St Helens. Initially, hub models in each PCN will support more equitable access to LARC in primary care, as not all general practices in the borough have practitioners who are trained to provide LARC. Plans will then be needed to extend the services available within hubs.**
11. **New opportunities for community pharmacies to sign up to provide the new pharmacy contraception service (PCS) for provision of oral contraception should also be supported and encouraged.**
12. **Work is needed to establish and develop referral pathways from community pharmacy to sexual health services or other contraception providers for those accessing emergency hormonal contraception (EHC). This should facilitate improved uptake of routine contraception or LARC (and should include potential referral for fitting an emergency intrauterine contraceptive device where this is required).**
13. **Public Health and integrated sexual health services should also work with ICB Place colleagues to explore ways to improve the offer and uptake of post-abortion contraception and LARC, and to ensure the offer and provision of post-partum contraception by maternity services.**
14. **Ensure young women under 25 years of age who access EHC in community pharmacy are also offered chlamydia screening.**
15. **Mapping areas where the incidence of under-18s conception or STIs is highest in the borough will be helpful for targeting future interventions to engage young people most at risk of poor sexual health.**
16. **Ensure the young people's sexual health service (TAZ) can maintain and optimise their work to support teachers and pastoral care leads in the delivery of relationships and sex education (RSE) in secondary schools.**
17. **The TAZ team delivery of enhanced workshops to supplement the RSE curriculum, with those secondary school students identified as requiring**

further input and support, should remain an essential component of our local strategies to reduce teenage pregnancy. Key performance indicators should be established to monitor and support this work.

18. **Young people should be supported to develop positive sexual health and health seeking behaviours, including condom use, skills to negotiate consensual and safer sexual relationships, and where to go for advice, testing or contraceptive services.**
19. **There is a need to establish robust and direct links from education and outreach interventions to clinical care and contraception, either via pathway development, or by providing periodic outreach clinics in appropriate community locations, where this is possible.**
20. **Opportunities to improve cervical screening uptake within the integrated sexual health service should be implemented and, potentially, within the women's health hubs as these become established.**
21. **Continue to support GBMSM under 45 years and other people at higher risk of HPV to access vaccinations within the integrated sexual health service.**
22. **Maintain and strengthen public health and sexual health service links to independent sexual violence advisors (ISVAs) and sexual assault referral centres (SARCs) and ensure all service staff are trained to be alert to potential disclosures and/or opportunities to identify service users who may be affected by current or past sexual assault / abuse and who need support.**

Contact details

Email: publichealth@sthelens.gov.uk

Website: www.sthelens.gov.uk/health

24. Appendix

Consultation with residents, service users and other stakeholders regarding integrated sexual health services in St Helens.

Report – Autumn 2023.

1.0 Purpose of report

1.1 To outline the findings from the public consultation on the St Helens integrated sexual health services.

1.2 A 30-day consultation went live on the 16th of October 2023 and ended on the 13th November 2023. The consultation was then extended for a further two weeks to the end of November 2023 to maximise the consultation responses.

1.3 The consultation consisted of 3 online surveys accessed via the St Helens Council Website. A survey for stakeholders, a survey for adult/adult service users, and a survey for young people/young service users. In addition, a focus group was completed with a group of young people.

2.0 Online survey responses - demographics

2.1 In total 126 people responded to the online surveys. The adult/adult service user surveys had 88 responses, the young people/young service users survey had 16 responses, and 22 responses were received to the stakeholder survey.

2.2 The following tables set out the demographics of the survey respondents.

Demographics: adult / adult services users survey responses

Age	Responses Received	% Of Total Responses
Under 18	0	0%
19-25	6	7%
26-34	20	24%
35-44	27	32%
45- 54	18	21%
55 -64	12	14%
65+	>5	2%

Gender	Responses Received	% Of Total Responses
Male	19	23%
Female	61	73%
Transgender	1	1%

Non-binary	1	1%
Prefer not to say	2	2%

Sexual Orientation	**Responses Received**	**% Of Total Responses**
Bi-sexual	7	8%
Gay/Lesbian	9	11%
Heterosexual/Straight	62	75%
Prefer not to say	5	6%

Ethnicity	**Responses Received**	**% Of Total Responses**
White British	77	91%
White Irish	1	1%
Other White	3	4%
Black/ Black British (African)	1	1%
Chinese	1	1%
Prefer not to say	2	2%

Disability/ Long term condition	**Responses Received**	**% Of Total Responses**
Yes	11	13%
No	70	82%
Prefer not to say	4	5%

Disability	**Responses Received**	**% Of Total Responses**
Mental Health	4	22%
Autistic Spectrum	1	6%
Hearing Impairment	2	11%
Physical Disability	3	17%
Prefer not to say	4	22%

Demographics: young people / young service user responses

Age	Responses Received	% Of Total Responses
Under 16	5	33%
16 -18	8	53%
19-25	2	13%

Gender	Responses Received	% Of Total Responses
Male	2	13%
Female	13	81%
Transgender	1	6%
Non-binary	0	0%
Prefer not to say	0	0%

Sexual Orientation	Responses Received	% Of Total Responses
Bi-Sexual	5	31%
Gay/Lesbian	2	13%
Heterosexual/Straight	9	56%
Prefer not to say	0	0 %

Ethnicity	Responses Received	% Of Total Responses
White British	16	100%

Disability/ Long term condition	Responses Received	% Of Total Responses
Yes	1	6%
No	15	94%
Prefer not to say	0	0%

Disability	Responses Received	% Of Total Responses
Mental Health	2	29%
Autistic Spectrum	1	14%
Prefer not to say	3	43%
others	1	14%

2.3 The respondents to the adult survey were predominantly female, between the ages 26-54 and of white British ethnicity. The respondents to the young people's survey were also predominantly female, between the ages of 16-18 of white British ethnicity.

2.4 For both the adult and young people's surveys, most respondents stated they were heterosexual. For the adults' survey, 11 respondents reported they had a disability.

2.5 Demographics of respondents were not collected for the stakeholder survey. Respondents were asked to indicate their area of work. Of the 22 respondents 8 respondents worked in sexual health. Other key work areas of respondents were schools and colleges, young people's services, and general practice.

3.0 Online survey responses - quantitative responses

3.1 The surveys consisted of both quantitative (tick box) and qualitative open- ended questions by which respondents provided additional comments. The responses to the quantitative questions are outlined below:

Adult / adult service users

3.2 The adult/adult survey users survey had 16 quantitative questions

Question 1: Where did you find this survey?

Answer Choices	Response Percent	Response Total
Online via link on social media	31%	26
Online via link in Sexual Health Service	32%	27
Other (please specify):	38%	32

85 people answered and 3 people skipped this question.

Question 2: Have you used the sexual health service in St Helens Hospital?

Answer Choices	Response Percent	Response Total
Yes – during this year	44%	37
Yes – in the last 2-5 years	8%	7
Yes – more than 5 years ago	13%	11

No	35%	30

85 people answered and 3 people skipped this question.

Question 3: How often have you used the sexual health service in St Helens Hospital?

Response	Response Percent	Response Total
1 time	27%	15
2-5 times	38%	21
More than 5 times	27%	15
N/A	7%	4

55 people answered and 33 people skipped this question.

Question 4: How did you find out about sexual health services in St Helens Borough?

Response	Response Percent	Response Total
School/College	2%	1
Social media	4%	2
Website	15%	8
Google search	35%	19
Friends/Family	16%	9
GP/Nurse	20%	11
Referral by GP/walk-in centre/other hospital department	5%	3
Other	3.64%	2

55 people answered and 33 people skipped this question.

Question 5: How did you access the sexual health services in St Helens?

Answer Choices	Response Percent	Response Total
Walk in and wait	29%	16
Booked an appointment by telephone	67%	37
Referred by GP/Walk-in Centre/Other hospital department	3%	2

55 people answered and 33 people skipped this question.

Question 6: How easy/hard was it to access the service you needed?

Answer Choices	Response Percent	Response Total
Very easy	51%	28
Easy	24%	13
Hard	24%	13
Very hard	2%	1

55 people answered and 33 people skipped this question.

Question 7: If you found accessing the service 'Hard' or 'Very hard', please indicate why?

Answer Choices	Response Percent	Response Total
Could not get through by phone	7%	1
No appointments available	7%	1
No appointments available at a time I could attend	57%	8
Transport difficulties	0%	0
Other	29%	4

14 people answered and 74 people skipped this question.

Question 8: What sexual health services have you used? Please tick all that apply.

Answer Choices	Response Percent	Response Total
Advice only	20%	11
Sexually transmitted infection (STI) testing (in clinic)	49%	27
Sexually transmitted infection (STI) testing (online via self-sample kit)	11%	6
Sexually transmitted infection (STI) treatment	7%	4
Contraceptive pill	31%	17
Contraceptive Implant	13%	7
Contraceptive coil (IUD/IUS)	9%	5
Emergency hormonal contraception	5%	3
HIV PrEP (HIV prevention pill for those at risk)	7%	4
Other	22%	12
I prefer not to say	5%	3

55 people answered and 33 people skipped this question.

Question 9: How satisfied have you been with the service provided?

Answer Choices	Response Percent	Response Total
Full satisfied	65%	36
Mostly satisfied	18%	10
Partly satisfied	13%	7
Not satisfied	4%	2
Not sure	0%	0

55 people answered and 33 people skipped this question.

Question 10: Have you used a sexual health service elsewhere?

Answer Choices	Response Percent	Response Total
Yes, in another Council / area	29%	24
Yes, at my GP clinic	12%	10
Yes, at a local Pharmacy	2%	2
Yes, online service	4%	3
No	53%	44

83 people answered and 5 people skipped this question.

Question 11: Do you feel you know where to get information/advice/support on sexual health if needed?

Answer Choices	Response Percent	Response Total
Yes	82%	70
No	18%	15

85 people answered and 3 people skipped this question.

Question 12: If you have not accessed any sexual health services in St Helens Borough, please tell us why?

Answer Choices	Response Percent	Response Total
I have been to sexual health services in other areas	23%	9
I have not needed the service	62%	24
I don't know what services are available	13%	5
I don't know how to access the services	5%	2
I have not been able to get an appointment	3%	1
Others	13%	5

39 people answered and 49 people skipped this question.

Question 13: We are looking at how we could improve access to sexual health services in St Helens Borough. What would help to make access easier?

Answer Choices	Response Percent	Response Total
Improved booking via telephone	1%	1
Being able to 'walk in' without an appointment	21%	17
Online booking option	27%	22
Evening or weekend appointments	33%	27

Alternative service locations offered, closer to home, workplace or college	9%	7
Others	9%	7

81 people answered and 7 people skipped this question.

Question 14: How would you prefer to access testing for possible sexually transmitted infections (STIs) / HIV?

Answer Choices	Response Percent	Response Total
At a sexual health clinic	50%	42
GP	19%	16
Pick up a test kit from a Pharmacy	29%	24
Order a test kit online	51%	43
N/A	11%	9
Others	1%	1

84 people answered and 4 people skipped this question.

Question 15: How would you prefer to access the following contraception methods?

Answer Choices	At a sexual health clinic	GP practice	Pharmacy	Order online	N/A	Response Total
Condoms	24% 20	7% 6	15% 13	35% 29	19% 16	84
Emergency hormonal contraception	23% 19	6% 5	22% 18	16% 13	33% 27	82
Contraceptive pill	24% 20	13% 11	10% 8	21% 17	32% 26	82

84 people answered and 4 people skipped this question.

Question 16: How would you prefer to access long-acting reversible contraception (LARC), such as coils (IUD/IUS) and implants?

Answer Choices	Response Percent	Response Total
Sexual health clinic	64%	46
GP practice	43%	31
Other	0%	0

72 people answered and 16 people skipped this question.

Summary:

3.3 Just under half (44%) of respondents had used the sexual health service in the past year, with google search engine being stated as the main way stated to find out about local services available. The most common reasons for accessing the

service were for contraception and for STI testing. Of those that accessed the service the majority (67%) booked an appointment by telephone and felt they had no problems accessing the service. Of the respondents who did find it hard to access the service, lack of appointments was stated as the reason. The majority of those who accessed the survey (65%) were satisfied with the service they received.

3.4 When asked about ways to improve the service, being able to walk in for an appointment, having evening and weekend appointments received the highest responses. In terms of access to contraception and STI testing, respondents preferred to access this at the service, order online or via a pharmacy.

Young people / young service users

3.5 The survey had 11 questions quantitative questions for young people/ service users.

Question 1: Where did you find this survey?

Answer Choices	Response Percent	Response Total
Online via link on social media (e.g. Facebook/Instagram	81 %	13
Online via a link in the Sexual Health Service	19%	3
Other	0%	0

16 people answered.

Question 2: Which of the following sexual health services in St Helens have you heard of?

Answer Choices	Response Percent	Response Total
TAZ (Teen Advice Zone)	94%	15
St Helens Hospital Sexual Health Service	75%	12
GP practice	44%	7
Pharmacy	50%	8
School Nursing Service	13%	2
Don't know any services	0%	0
Others	0%	0

16 people answered.

Question 3: Have you ever used any sexual health services in St Helens Borough?

Answer Choices	Response Percent	Response Total
Yes	94%	15
No	6%	1

16 people answered.

Question 4: How did you find out about sexual health services in St Helens Borough?

Answer Choices	Response Percent	Response Total
School/College	56%	9
Social media	44%	7
Website	13%	2
Google search	19%	3
Friends/Family	56%	9
GP/Nurse	0%	0
Others	6%	1

16 people answered.

Question 5: How easy/hard was it to access the service you needed?

Answer Choices	Response Percent	Response Total
Very easy	69%	11
Easy	19%	3
Hard	6%	1
Very hard	6%	1

16 people answered.

Question 6: If you found it 'Hard' or 'Very hard' to access the service you needed, please tell us why.

Answer Choices	Response Percent	Response Total
Could not get through by phone	0%	0
No appointments available	0%	0
No appointments at a time when I could attend	0%	0
Transport difficulties - Can't get to the clinic	50%	1
Others	50%	1

2 people answered, 14 skipped this question.

Question 7: What sexual health services have you used?

Answer Choices	Response Percent	Response Total
Advice only	44%	7
Testing for sexually transmitted infections (STI's)	50%	8
Online testing for STIs	0%	0
Treatment for STI's	0%	0
Contraceptive pill	44%	7
Contraceptive implant	13%	2
Contraceptive coil (IUD/IUS)	0%	0

Emergency hormonal contraception (morning after pill)	44%	7
HIV PrEP (HIV prevention pill for those at risk)	0%	0
Another service	38%	6
I prefer not to say	6%	1

16 people answered.

Question 8: How satisfied have you been with the service provided?

Answer Choices	Response Percent	Response Total
Fully satisfied	81%	13
Mostly satisfied	13%	2
Partly satisfied	0%	0
Not satisfied	0%	0
Not sure	6%	1

16 people answered.

Question 9: Do you feel you know where to get information/advice/support on sexual health if needed?

Answer Choices	Response Percent	Response Total
Yes	94%	15
No	6%	1

16 people answered.

Question 10: If you have not accessed any sexual health services in St Helens, please tell us the reason why.

Answer Choices	Response Percent	Response Total
I've been to sexual health services in another area	50%	1
Not needed to access	0%	0
Don't know what services are available	0%	0
I have not been able to get an appointment	0%	0
Don't know how to access the services	0%	0
Others	50%	1

2 people answered, 14 people skipped this question.

Question 11: If you wanted information about sexual health, where would you prefer to get it from?

Answer Choices	Response Percent	Response Total
A sexual health clinic	38%	6

A trusted worker (for example TAZ worker)	63%	10
Online	75%	12
Social media	44%	7
Information Leaflet	6%	1
School nurse	0%	0
GP practice	6%	1
Pharmacy	6%	1
Other	6%	1

16 people answered.

Summary:

3.6 The majority of respondents stated that they used the service (74%). The key sources of information about the sexual health service respondents obtained from school, social media or friends and family. The majority of those who accessed the service found access very easy (69%). The main reasons for accessing the service were for advice, STI testing, contraception, EHC and the majority (81%) were satisfied with the service they received. Nearly all respondents (94%) felt they knew where to get advice and support from and would prefer to obtain this advice and support online or from a trusted worker, such as a member of the TAZ team.

Professional stakeholders

The professional stakeholder survey had 3 quantitative questions.

Question 1: In which of these settings do you work?

Answer Choices	Response Percent	Response Total
Sexual health service	33%	8
General practice	13%	3
Pharmacy	4%	1
Council	0%	0
Other allied service	8%	2
Social care	4%	1
School/college	17%	4
Young people's service	21%	5
Prefer not to say	4%	1

Question 2: Which of these statements best describes your connection to the service?

Answer Choices	Response Percent	Response Total

Provide sexual health care interventions in a hospital setting	29%	7
Provide sexual health care interventions in a community setting	38%	9
Provide sexual health care interventions in a community setting	41%	10
Refer, signpost or direct people to the sexual health service	46%	11
Others	17%	4

24 people responded to this question.

Question 3: How recently did you have any connection with the sexual health service?

Answer Choices	Response Percent	Response Total
Within the last week	63%	15
Within the last month	13%	3
Within the last 6 months	17%	4
Within the last year	8%	2
Within the last 2-3 years	0%	0

24 people responded to this question.

Summary:

3.7 The stakeholder survey aimed to gather insights from those with a professional connection to the service, for example, those who worked for the service, or who referred people into the service, or those working in organisations with links to the service. A substantial portion of the respondents (63%) stated that they had a connection with the service within the last week.

3.8 In addition to the quantitative questions listed above, respondents were asked to identify key strengths and main challenges for the service and suggest improvements. These and other qualitative responses are summarized in the next section.

4.0 Online survey responses - qualitative responses: key themes

Adult / adult service users

4.1 Positive feedback regarding service staff – Many respondents praised the service staff for their caring nature and dedication and were very happy with the care they received.

- *"Staff have been fantastic with the emphasis on treatment, but there does not seem to be any related mental health service with supporting the patient psychologically with what they are dealing with".*

- *"Fantastic help from the team at St Helens, it was refreshing to have people really listen to my problems and understand what I needed. Liz the consultant has gone above and beyond to assist with my ongoing long-term problem".*

4.2 Suggestions for service improvements - respondents outlined several suggested improvements including extended service hours, additional clinics and ways to improve patient experience such as changes to the waiting areas.

- *"Both evening & weekend clinics and drop-in clinics should be available if possible".*
- *"Clinic for younger people that is segregated from the hospital, allowing young people to not be worried about bumping into people they know".*
- *"There needs to be more evening and weekend clinics for those who work. Young people need more services such as the TAZ clinic on a weekend".*
- *"The location of the clinic in St Helens hospital the waiting area is not private. i recommend Private waiting area and speaking through the intercom into the open space is not appropriate."*

Young people / young service users

4.3 Positive feedback - based on the responses it appears that most people are happy with TAZ services.

- *"TAZ is really good because they don't tell people" "TAZ are the best"*
- *"Fab service"*

4.4 Suggestions for service improvements – A 'one-stop shop' for advice and clinical provision was suggested.

- "*It would be better if I could get my pill from TAZ too and not the hospital."*

Professional stakeholders

4.5 Stakeholders were asked about the strengths of the service and to identify any challenges/improvements and to offer any recommendations for service improvements.

4.6 Strengths - Stakeholders felt the service is highly regarded by young people, offering a safe and trusted space. The TAZ team, outreach services, and support groups for LGBT youth were highlighted;

- *"The team are so helpful and put our young people at ease straight away",*
- *"Great offer for young people, the team are absolutely amazing at engaging with young people who have great trust and respect for them."*

4.7 Strengths - The service was considered to be accessible, providing walk-in and booked appointments, offering a range of services under one roof with friendly and non-judgmental staff who met the needs of patients;

- *"The staff are friendly, non-judgmental, and it is a one stop shop for everything. The outreach service, they take sexual health into the community to adults who could access the service"*.
- "*We offer a wide range of services including testing, treatment, and family planning. We also offer planned and daily drop-in appointments including emergency contraception*".
- *"Keeping all services under one roof. working as a team"*
- *'One of the biggest strengths is that the service always try's and meets the needs of the service user, by trying to get an appointment that would suit them."*
- *"My interaction with the practitioners working in the sexual health service has been that they are hardworking, compassionate and passionate about the work they do".*
- *"Feedback from patients is very positive - staff are experienced, highly trained and professional."*

4.8 Challenges – insufficient staff, lack of clinical space, limited outreach, and lack of evening / weekend service availability were all mentioned as key challenges;

- *"I feel like the team are not as big as they used to be".*
- *"Staffing can be problem at times and assessing resources. as a service most challenges are overcome, regular meetings and management support, is evident in the excellent delivery."*
- *"The opening times could include evenings for those who work".*

4.9 Concerns were expressed specifically about the reduced capacity of the young people's service, absence of nurses at clinics and outreach provision;

- *"The young person's service is extremely limited and there are no nurses attending the TAZ sessions. Young people have travel from all over the town to St Helens hospital and it closes at 5pm. This is often costly and difficult to attend after school has finished. No evening or weekend service"*
- *"Not enough resources in the young people's service, there is no nurse at the Taz clinic. Young people do not want to have to go to St Helen's hospital or their GP or a pharmacy for contraception or emergency contraception".*
- *"Young people's services have been stripped back to the bare minimum (in all areas) and re-investment needs to be reviewed."*

4.10 There were a number of suggested improvements, which included additional funding / staffing, increased clinic space, evening and weekend opening, a nurse to be present at the TAZ Millennium clinic site, development of online booking, clinics in additional community locations;

- *"More funding, more groups for young people, more opportunities for young*

people to access this well needed service".

- *"Increase capacity - this would involve recruitment, capacity for training, increased remuneration to attract and retain staff."*
- *"More frequent outreach clinics"*
- *"As with many specialties additional staffing and resources such as physical space could be of benefit."*
- *"More evening opening times".*
- *"An evening or early morning clinic option - apologies if this is already offered and I am not aware."*
- *"A nurse could attend the TAZ service already running out of the Millenium Centre. The nurse used to be there every day except Sunday. But there is never a nurse there now"*.
- *"Walk in appointments at Town Centre venue for young people"*
- *"Having a dedicated reception for people booking in young people.*
- *Consider use of other venues such as family hubs to make accessibility even easier."*
- *"Alternative locations/hubs in outer St Helens or from GP surgeries for those that don't offer LARC services - patients like being seen close to home."*
- There were several specific comments about strengthening school provision and working with TAZ.
- *"Any external support in any capacity and communication to be made with key staff in high schools."*
- *"Why can't TAZ deliver to whole classes or whole year groups in assemblies / lessons and introduce themselves as a team."*
- *"The support to equally distributed for all the high schools in St. Helens".*
- *"Although we are all teachers of RSE, the expert approach from TAZ is valued and appreciated but it needs to be consistently integrated into the schools."*
- *"There are different issues regarding contraception and the Catholic school stance – perhaps this is something that needs to be considered and discussed further, with key stakeholders, to come to a resolution"?*
- *"There is a lack of knowledge around the TAZ Clinic for young people and the students in Newton-le-Willows won't always travel to the centre of St. Helens for help and support so how can we reach them"?*

5.0 Focus group feedback

A focus group was held with a young person's LGBTQI+ group. 7 people were in attendance between the ages of 15-21 and comprised of Trans male, Non-Binary and Male, LGBTQI+- Bisexual, Gay, Straight, Asexual and Pansexual.

The group were asked to explore 6 questions in relation to the integrated sexual

health service.

Question 1: Please tell us what you think is the best thing about the integrated sexual health service?

- *"It helps young people"*
- *"It supplies condoms for free"*
- *"The staff are kind and nice"*
- *"Lisa who runs Over the Rainbow"*
- *"Helpful to people who need support with problems".*

Question 2: Is there anything about the service that you would change and/or improve?

The response to this question was that they would not change anything.

Question 3: Have you used the St Helens Sexual Health Service website? If you are able to do so, please spend 5 minutes to look for and access this on your phone – please give comments / feedback on what you think of the following:

Presentation / look and feel?

- *"Looks amazing" "It is good" "Informative"*
- *"All information you would need is on there"*
- *"It is helpful".*

Navigation – how easy was it to find your way around?

- *"Easy to navigate around."*

Question 4: Please give examples of ways that the service meets your needs as a member of the LGBTQI+ community?

- *"It is helpful" "Staff are kind."*
- *"Over the Rainbow is supportive"*
- *"You get to be yourself in over the rainbow."*
- *"Over the rainbow is the best group in the region where you can be open"*
- *"The sessions in over the rainbow are fun."*
- *"You get to make friends in over the rainbow."*

Question 5: We had feedback in the survey that service users would like to book appointments online – what are your views?

- *"It would be a good idea as it would remove barriers if people don't want to talk on the phone or if they can't speak."*

Question 6: *Very few people who responded to the survey had used the online STI testing service – have you used it? If so please give feedback. If not, might you wish to use in future?*

- *"Again, it is a good idea for people who don't want to speak to people"*
- *"It is good for people who do not want to commute"*
- *"It is good for people who have anxiety when they think about going to clinic"*
- *"It is good for people who might not be able to afford to go to clinic".*

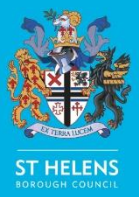
5.0 Conclusions

5.1 In general, respondents were satisfied with the service and knew where to access advice and support if they needed to. Adults reported using the service for STIs and contraception, young people for STI testing, advice, contraception and EHC.

5.2 There was very positive feedback about the service staff, with many responders stating that the staff were extremely helpful. compassionate and friendly and they were good at identifying and addressing their needs.

5.3 When asked for ways to improve the current service, expanding service provision at different community venues and via evening and weekend clinics was consistently mentioned by respondents and expanding the online provision.

5.4 For the TAZ service specifically, responders stated it would be useful to have a nurse in attendance so they could access contraception and respondents felt it would be useful to expand the provision provided to schools.



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