

Blackpool Sexual Health Rapid Needs Assessment 2013

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1.0 Introduction

This sexual health needs assessment is intended to present a picture of the sexual health needs and current service provision for sexual health in Blackpool. This is intended to support the development of the Sexual Health Action Plan for Blackpool 2013 – 2015.

This document is based on the methodology recommended for a 'rapid needs assessment' as outlined in the Department of Health guidelines and as such draws primarily on existing data. Data has been collated under the following headings:

Mapping Need: Exploring the make-up of Blackpool's population including any recent demographic changes. Identifying high risk groups. Assessing recent changes in levels of infection and identifying any recent outbreaks. Examining local teenage pregnancy and termination of pregnancy.

Mapping demand: Levels of service utilisation in primary and secondary care, voluntary sector, as well as identifying changes in levels of service utilisation.

Mapping services: What services are on offer, where are they located?

The final stage of the process is analysing the gaps based on the available data and making recommendations for future service development.

A range of stakeholders from statutory and voluntary sector service providers were involved in supporting this process. Unfortunately very little consultation with service users or the general public was possible. Needs identified from previous consultations are included in this rapid assessment.

1.1 Summary

- **Population** projections indicate that Blackpool can expect to see increases particularly in the 60+ age ranges.
- Blackpool has a high level of internal population movement (people who live within the borough moving within the borough). More **transient populations** may not be engaged with traditional health services and may be less likely to be registered with a GP.
- Blackpool displays a higher proportion of resident working age people claiming key out of work **benefits**, job seekers allowance, employment support allowance and incapacity benefits than the North West and England comparators.
- Blackpool has a far higher number of '**children looked after**' than both the average for England and 'statistical neighbour' local authorities (150 per 10,000 population against 76 and 59 respectively). The rate for Blackpool has risen every year since 2008.
- 22% of '**children looked after**', as at 31 March 2012, were placed within Blackpool by another Local Authority. These children are likely to have little or no knowledge of local services.
- **Child Sexual Exploitation** in Lancashire is an operational priority that represents a county wide threat. Referral rates in the Blackpool division have fallen between 2010/11 and 2012/13. However, in the Oct '12 – Mar '13 period, Claremont Ward had the highest number of referrals in Lancashire. Bloomfield ward was fourth highest and Greenlands was eighth.
- Blackpool has a number of **sex workers** operating on the street, as well as in massage parlours and saunas. An outreach worker is employed to work with male, female and transgender sex workers in Blackpool.
- Blackpool has a large population of lesbian, gay, bisexual and transgender (**LGB+T**) people. The sexual health needs of LGB+T people are not homogenous. An outreach worker is employed to support the needs of this population.
- **Alcohol consumption** in Blackpool is significantly higher than the England average in many wards. Increased alcohol consumption is likely to lead to increased risk taking behaviour in terms of sexual health. Blackpool had a crude rate of 21 per 1,000 alcohol-related sexual offences in 2011/12.
- Blackpool continues to have amongst the highest prevalence of **HIV** in the North West. The population prevalence of HIV in Blackpool in 2011 was 360 per 100,000, compared to 149 and 150 for the North West and UK respectively.
- There was a 43% reduction in new **HIV** infections (from 42 to 24) between 2006 and 2011. 79.3% of total infections in Blackpool were through men who had sex with men, which is significantly higher than the North West (43.7%) and national average (43.4%).
- Routine **HIV** screens undertaken in Blackpool Victoria Hospital Path Lab have increased by 17% between 2010/11 and 2012/13.
- The number of people being offered and accepting **HIV** testing in Blackpool GUM have both increased by 7.2% between 2010/11 and 2012/13.

- Late diagnosis figures for **HIV** in Blackpool for 2009-11 were 29.4%, compared to 54.6% in the North West and 49.7% in the UK for the same period.
- Diagnosis rates per 100,000 population of **other STI's** (gonorrhoea, herpes, syphilis and warts) at Blackpool GUM have been the highest in Cumbria and Lancashire for the period 2009-2012. However, rates for gonorrhoea and warts have fallen in the same period.
- Blackpool has a **chlamydia** diagnostic rate of 5,096 per 100,000 in 2012, which is significantly higher than the North of England and England rates of 2,317 and 1,979 respectively. Positive results were 10.9% for Blackpool, compared to 8.5% for Cumbria and Lancashire and 7.7% for England over the same period.
- Blackpool has one of the highest **teenage pregnancy** rates in the UK. The U18 conception rate in 2011 was 58.1 per 1,000 women in the age group, compared to 35.3 and 30.7 for the North West and England respectively. Bloomfield, Brunswick, Claremont, Clifton, Hawes Side, Park and Talbot wards all have rates significantly higher than the England average.
- The U16 conception rate for Blackpool for the period 2009-2011 was 10.3 per 1,000 women in the age group. This is higher than the rates for the North West and England of 8 and 6.7 per 1,000 respectively. 52.6% of these conceptions led to abortions, compared to 61.5% and 61.1% for the North West and England respectively. This was an increase from 38.7% for the period 2008-2010 for Blackpool.
- Blackpool has seen no significant change in the overall rate of **termination of pregnancy** (all ages) since 2006. The rate remains slightly higher than those for both the North West and England. However U18 rates have fallen since 2008, from 27 per 1,000 to 18 per 1,000. Rates for the 18-19 age group, however, have increased since 2006 and are higher than North West and national rates.
- **Repeat terminations** in women aged under-25 for Blackpool increased to 28% in 2012, compared to 25% and 27.1% for the North West and England respectively.
- Attendances at '**Connect**' have declined from around 11,400 in 2010/11 to 7,200 in 2012/13. Reasons may include rectification of data quality issues and the service no longer running the condom distribution scheme for young people.
- 42% of Year 10 pupils were aware of a specialist contraception and advice service for young people in the 2012 SHEU Survey.
- During 2009 and 2012 there was a 19% increase in the number of Blackpool residents using the **GUM service**. 60% of total attendees were Blackpool residents
- There has been a 15% increase in males receiving **sexual health screens** since 2009. Greater numbers are seen in the 20-34 age ranges for males and 16-35 range for females.
- During April - June 2013 the five **Tier 2 GP practices** undertook 96 STI screens and 17 follow-up appointments.
- There were 10,700 first contacts with **contraceptive services** in Blackpool in 2011/12 (9,900 female and 800 male). This compares to 12,000 in 2009/10 (9,900 female and 2,100 male).

- **Emergency contraceptive** contacts were 1,400 in 2011/12, compared to 2,000 in 2010/11 and 1,700 in 2009/10.
- 44% (n=2,850) of patients accessing Connect and contraceptive services in 2012/13 related to **LARC**.
- 38.5% (n=984) of U18 contacts related to **LARC** for 2012/13.
- In 2012/13 16 GP practices provided 463 implants and 6 practices provided 122 IUD's.
- Approximately 4.5% (n=15) of those eligible clients within **Horizon** (Drug and Alcohol Integrated Treatment System) were referred for **LARC** during the period April 2012 – March 2103.
- The Wellbeing in Sexual Health Services (**wish Team**) undertook 295 group sessions with 1,044 young people in schools and colleges during 2012/13.
- The Wellbeing in Sexual Health Services (**wish Team**) undertook 1-1 sessions with 133 young women during 2012/13. 99% of 130 young women did not become pregnant during the course of the intervention. 77% of those sexually active young women accessed LARC.
- 1,624 young people accessed the **Buzz Bus** during 2012/13.
- Renaissance at Drugline-Lancashire undertook 193 contacts with **sex workers** during 2012/13.
- Renaissance at Drugline-Lancashire undertook 3,096 public sex environment contacts during 2012/13. 3,006 individuals accepted information and there were 87 significant contacts (10 minutes or more spent with the individual).

2.0 Mapping Need

2.1 Blackpool's Population

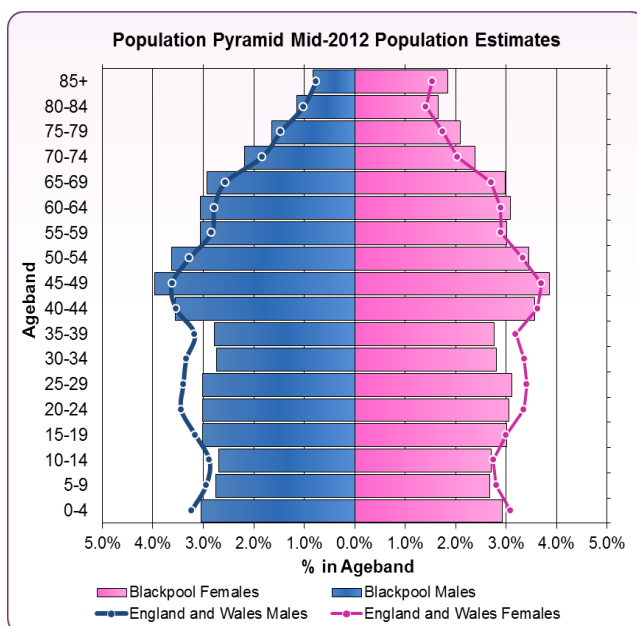
Establishing accurate and up to date population figures is notoriously difficult and data always lags behind the actual figure, as well as issues regarding migration in and out of a district, incompleteness of census data etc. However the available data does give us the best estimate of our local population and how it has changed over time as well as allowing estimated population projections.

2011 Census data put the overall population of Blackpool at 142,065, of whom 69,775 are male and 72,290 are female.

Like England as a whole, Blackpool has an ageing population and this trend is likely to continue.

Blackpool PCT's population pyramid [Fig 1] shows that it has a higher proportion than the England and Wales average of people over 45 years of age, and much lower in ages younger than 40. The age band 30-34 in particular, has a considerably lower proportion than England and Wales. Blackpool reflects England and Wales' higher proportion of females in the older age bands than males.

[Fig 1] Population Pyramid – (Mid 2012 Estimated Resident Population)

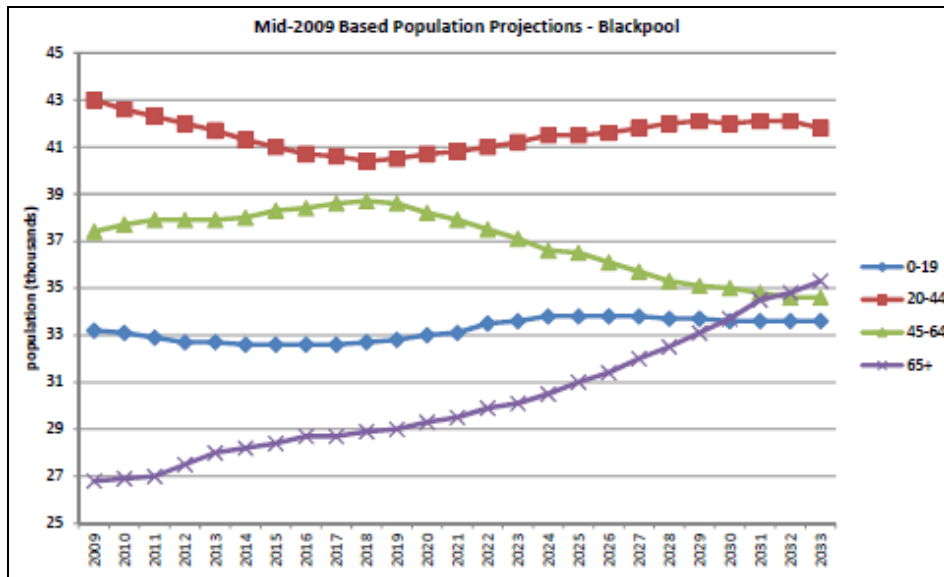


Source: ONS

Population projections [Fig 2] indicate that Blackpool can expect to see increases particularly in the 60+ age ranges.

Sexual health services will need to ensure they are able to understand and meet the particular sexual health needs of an ageing population.

[Fig 2] 2009 based Subnational Population projections for Blackpool



Source: Subnational population projections – ONS (Crown Copyright)

2.2 Ethnicity

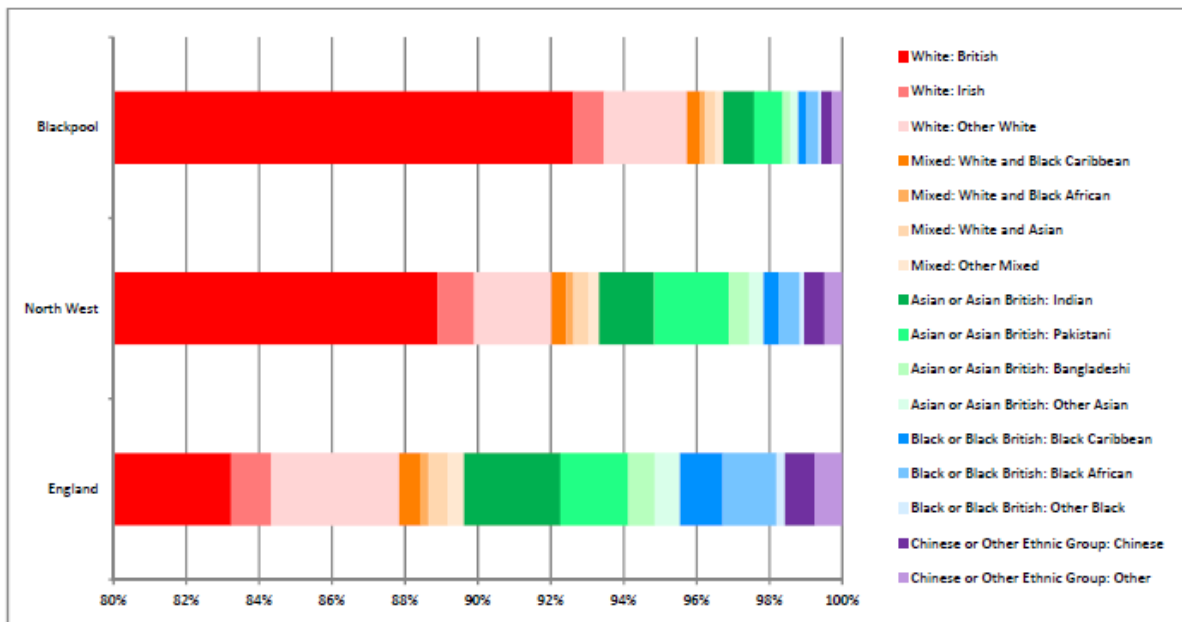
Blackpool’s population is seemingly not very diverse in terms of ethnicity compared to both the regional and national statistics [Fig 3]. This is also reflected in the figures on migration and transience presented below which show that fewer people move into Blackpool from outside the UK than both the regional and national statistic.

In Blackpool approximately 3.3% of the population is from an ethnic minority, compared to almost 8.5% regionally and around 12.6% for England. The single largest ethnic minority group in Blackpool is Asian.

People in Blackpool from an ethnic minority may therefore be more isolated and have a greater difficulty in accessing culturally specific resources than those from a more ethnically diverse area. An area such as Blackpool with a small ethnic minority population is less likely to have voluntary sector and community groups targeted to meet the needs of ethnic

minorities, and staff from services may have less direct experience of the particular issues and cultural needs of the minority ethnic population. Similarly there may be fewer resources such as information leaflets and social marketing materials aimed specifically at ethnic minorities in Blackpool.

[Fig 3] Estimated resident population by ethnic group, mid-2009 (experimental statistics)

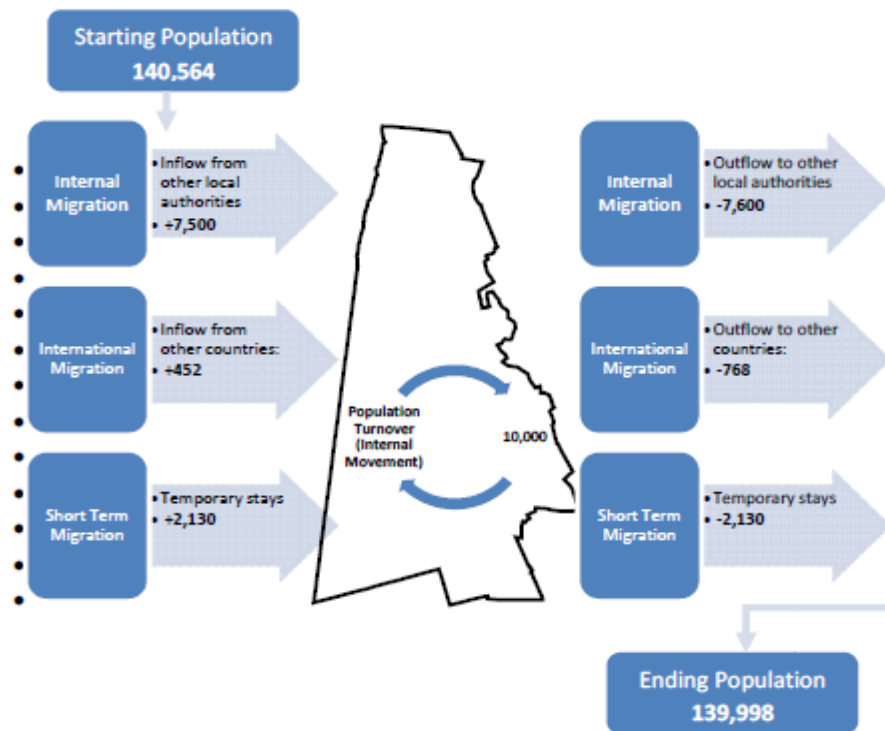


Source: ONS

Services should take care to meet the specific cultural needs of the population and be sensitive to the difficulties of meeting these specific cultural needs in an area which lacks ethnic diversity.

2.3 Transience and Migration

[Fig 4] Transience and Migration - Blackpool

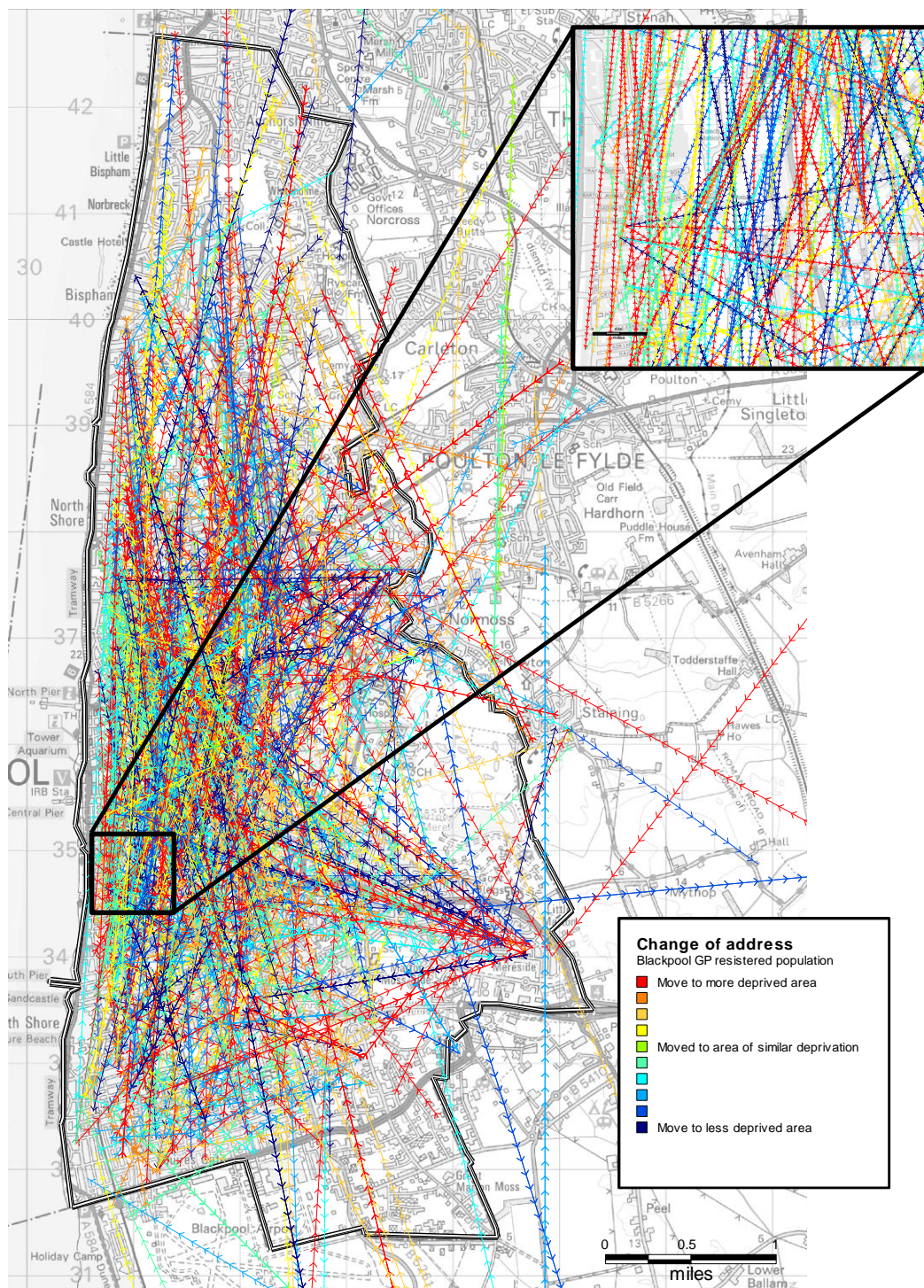


Source: JSNA Blackpool 2011 – Transience Data Review

Blackpool has a high level of internal population movement (people who live within the borough moving within the borough). The town has a moderate level of inter-authority population movement (people moving into the borough from other local authorities). Blackpool has a low level of international population movement (people moving into the borough from other countries).

As mentioned above, transience in Blackpool is high. The following [Fig 5] represents people registering with new GP's in a single month, indicating the degree of churn within the town.

[Fig 5] Change of addresses with Blackpool GPs.



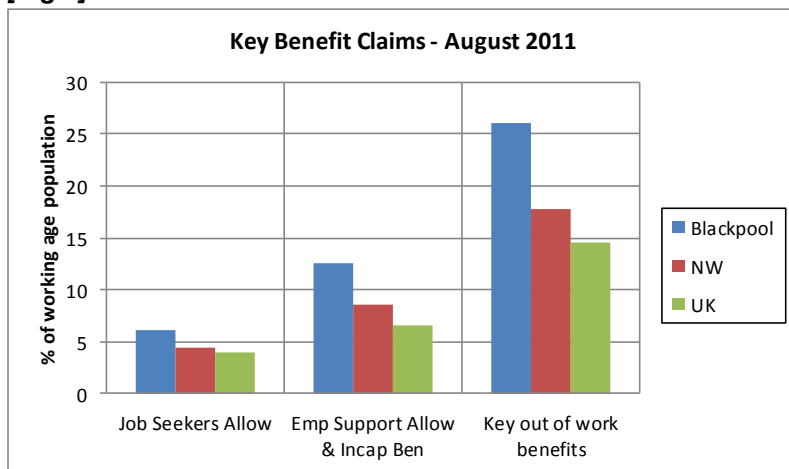
More transient populations may not be engaged with traditional health services and may be less likely to be registered with a GP. They may have more difficulty in accessing services via traditional appointment systems, due to potential difficulties in receiving postal and telephone services.

People coming into the area from outside may not have knowledge of services and their locations; hence services should take particular care to continually market and promote their services.

There may also be implications for services in terms of contact tracing and follow up etc. Services should pay particular attention to the needs of more transient people and consider alternative methods of service delivery such as peripatetic / mobile services and outreach etc.

2.4 Income

[Fig 6]



The number of people claiming Job Seekers Allowance in Blackpool in August 2011 was 6.1% of the working age population. This compares to a North West figure of 4.4% and a UK comparator of 3.9%. Based on 2011 figures, Blackpool also displays a higher proportion of resident working age people claiming key out of work benefits (26.0%) than the North West (17.8%) and in Great Britain (14.6%). The percentage of the working age population claiming Employment Support Assistance and Incapacity Benefit (12.6%) is also higher than both the North West (8.6%) and Great Britain (6.6%) comparators. (JSNA Blackpool, 2012)

This has implications for services where limited resources and limited access to transport makes physical access to services problematic, services should strive to ensure that they are accessible to the most deprived communities via public transport and explore options such as advice lines, peripatetic and outreach services.

3.0 High Risk Groups

3.1 *Children Looked After*

Blackpool has a far higher number of looked after children than both the average for England and for local authorities deemed to be 'statistical neighbours' (that is local authorities with a similar population profile).

Blackpool has around 150 young people who are looked after per 10,000 populations under the age of eighteen. This compares to a North West average of 76 and an England average of 59 per 10,000 (Department for Education, 2012). The rate for Blackpool has risen every year - from 93 per 10,000 in 2008. This represents an increase of 160 children – from 275 children looked after on 31 March 2008 to 435 children looked after on 31 March 2012 (a rise of 58%). On 31 March 2012, 75 (22%) of those children looked after were placed within Blackpool by another Local Authority.

Evidence shows that children in care often have poor sexual health and may be more vulnerable to involvement in risky sexual activity, exploitative and abusive relationships, and early parenthood. Children's trusts will therefore need to ensure that children and young people in care have effective sex and relationship education (SRE) and easy access to specialist services as required.

Teenage Pregnancy Next Steps, DfES (2006) sets out what all local authorities and PCTs should have in place to accelerate reductions in under 18 conception rates, drawn from high performing areas. This highlights the importance of targeted prevention work with young people in care and those leaving care.

Many looked after young people in Blackpool may have come to Blackpool from other areas in the region and beyond and as such are likely to have little or no knowledge of local services.

Blackpool has a policy for meeting the sexual health needs of looked after young people developed by Blackpool council. This policy should be reviewed and updated where appropriate and care taken to ensure all relevant agencies are aware of it.

Services should make efforts to outreach to residential settings for children and young people looked after and ensure that staff and young people are aware of local services. Efforts should be made to ensure that details about local services are included in the individual reviews of looked after young people. Particular effort should be made to ensure that young people leaving care have information and can access local services.

3.2 Child Sexual Exploitation

Child Sexual Exploitation (CSE) in Lancashire is an operational priority area that represents a county wide threat. Lancashire Constabulary has included the threat on the Constabulary Control Strategy under the banner of Protecting Vulnerable People. The table below [Fig 6] shows the 6 monthly referral rates of CSE in Lancashire, by division, over the past three years. Over that period the overall numbers of CSE victims and suspects/offenders referred to the CSE teams has remained relatively constant. The forecast for April to Sept '13 is for the overall rate to remain largely unchanged. The rates of referral in the Blackpool division have decreased from 32.7% of total referrals in Lancashire in 2010/11 to 17.7% in 2012/13. However, in the Oct '12 – March '13 period, the highest number of referrals (Ward of residence of young person) came from Claremont Ward. Bloomfield ward was the fourth highest and Greenlands was eighth highest.

[Fig 7] – Six-Monthly Rates for CSE Victim Referrals

Division	March 2010 - Aug 2010	Sept 2010 - Feb 2011	April 2011 – Sept 2011	Oct 2011 - March 2012	April 2012 – Sept 2012	Oct 2012 – March 2013	Forecast
A	197	199	181	166	118	113	95
B	52	66	79	52	38*	28**	
C	67	57	122	69	93	54	76
D	81	58	97	91	71	82	84
E	143	134	216	215	227	233	269
F	95	61	90	113	111	139	141
Total	635	575	785	706	658	649	694

*no submission received for Northern Division for September 2012

**no submission received for Northern Division for January, February or March 2013

Referrals continue to be predominantly for white females between the ages of 13 and 15 living in their own family home. Where age was recorded in the data collection for both victim and suspect/offender (186 referrals) the age gap between the two was:

- 4 years or less: 34%
- 5 – 10 years: 36%
- >10 years: 33%

3.3 Sex workers

It is known that Blackpool has a number of sex workers operating on the street, as well as in venues such as massage parlours and saunas. Operation Azure is a multi-agency partnership to support and manage sex work in Blackpool. The Sex Worker Outreach and Support Service (SWOSS) project, from Renaissance at Drugline-Lancashire, currently employs an outreach worker working with male, female and transgender sex workers in Blackpool - including offering sexual health advice and support. It is vital that the health and sexual health support need of this group are given priority in sex workers strategy

3.4 Lesbian, Gay, Bisexual and Transgender

Blackpool has a large population of lesbian, gay, bisexual and transgender (LGBT) people. Accurate estimates of the numbers of the population are difficult to arrive at, although sexuality is now recorded in the national census. Local estimates have provided a figure of 7-8% of the population in Blackpool being either lesbian, gay bisexual or transgender (national estimates based on the Integrated Household Survey 2102 are 1.5%) which would give a figure of around 10,500 LGBT people in Blackpool. Blackpool has a large number of LGBT businesses such as entertainment venues, hotels and guesthouses, all of which attract visitors from outside of the area. It should also be noted that Blackpool's LGBT population is as likely to be affected by issues of transience and migration in and out of the area as is the rest of Blackpool's population.

Lesbian, gay, bisexual and transgender people experience a number of health inequalities which are often unrecognized in health and social care settings. Research suggests that discrimination has a negative impact on the health of LGBT people. Many people are reluctant to disclose their sexual orientation to their healthcare worker because they fear discrimination or poor treatment. Healthcare and other professionals commonly assume that LGBT people's health needs are the same as those of heterosexual people¹. The sexual health needs for LGBT people are not homogeneous. Lesbians, gay men, bisexual men and women, transgender men and women, young LGBT people and older LGBT people will all have differing needs.

Services should ensure that they are accessible and welcoming to LGB+T people. Services should ensure all staff receive training to understand the varying needs and potential barriers to access for LGB+T people and are able to actively challenge homophobia. Services should outreach to LGB+T groups and venues to increase awareness of their services. All sexual health services should maintain close links with local LGB+T community groups, youth groups and voluntary sector organisations. For example: the Renaissance at Drugline-Lancashire project employs a LGB+T outreach worker who has been working since spring 2007 to support the needs of the LGBT community, particularly around sexual health issues and work with particular groups such as older gay men and the transgender community. Renaissance also has workers who outreach to LGB+T people through venues.

There is a particular need for sexual health materials such as posters and leaflets specifically for young LGB+T people in Blackpool. Much of the available materials are not age appropriate or are specific to other areas of the country.

All sexual health services should give careful consideration to routinely monitoring their sexual orientation of their clients. This will enable services to ensure they are accessible to this group.

3.5 Prison Population

Whilst we do not have a prison situated in Blackpool, we do have Kirkham prison located close by. This presents a number of challenges particularly related to sexual health for our prisoners who are on day release and choose to spend their time in Blackpool. This has placed a significant burden on prison health care in treating associated infections.

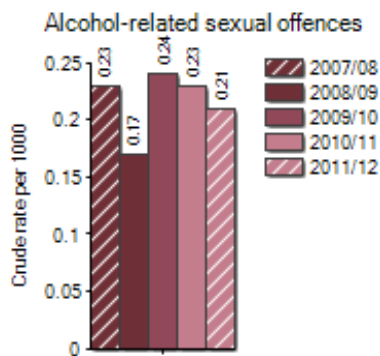
4.0 Alcohol

Alcohol consumption is significantly higher than the England average in many of Blackpool's wards. All wards have between 25% and 75% more people who report drinking more than eight drinks in the last week than the England average.

Increased alcohol consumption is likely to lead to increased risk taking behaviour in terms of sexual health and as such alcohol should be discussed as part of sexual health consultations. Sexual health services should continue training and refreshing their staff in Opportunistic Brief Interventions (OBI) for alcohol in order that they have the skills to raise the issue of alcohol with clients.

There are also plans to include sexual health as an element of future social marketing campaigns to reduce the harm associated with alcohol.

[Fig 8] Alcohol-related sexual offences: Blackpool, 2007/8-2011/12



Source: NWPHO: Local Alcohol Profiles for England.

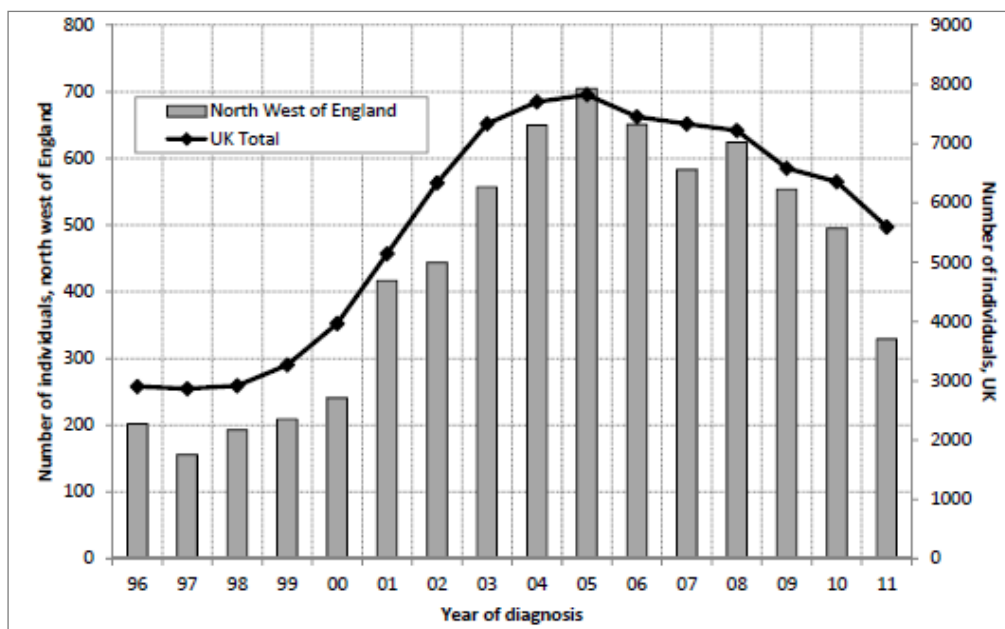
5.0 Sexual Health

5.1 HIV in Blackpool

Blackpool continues to have amongst the highest prevalence of HIV in the North West.

The picture for HIV infection in the North West broadly mirrors that for the UK as a whole with steady rises in new cases from 2000 to 2005 and a drop in new cases during 2006 to 2011. **[Fig 8]** This represents a 43% reduction in new infections in Blackpool between 2006-2011, with the actual numbers of new infections reducing from 42 to 24.

[Fig 9] Number of new HIV diagnoses in the North West of England and the UK, by year of diagnosis to December 2011.



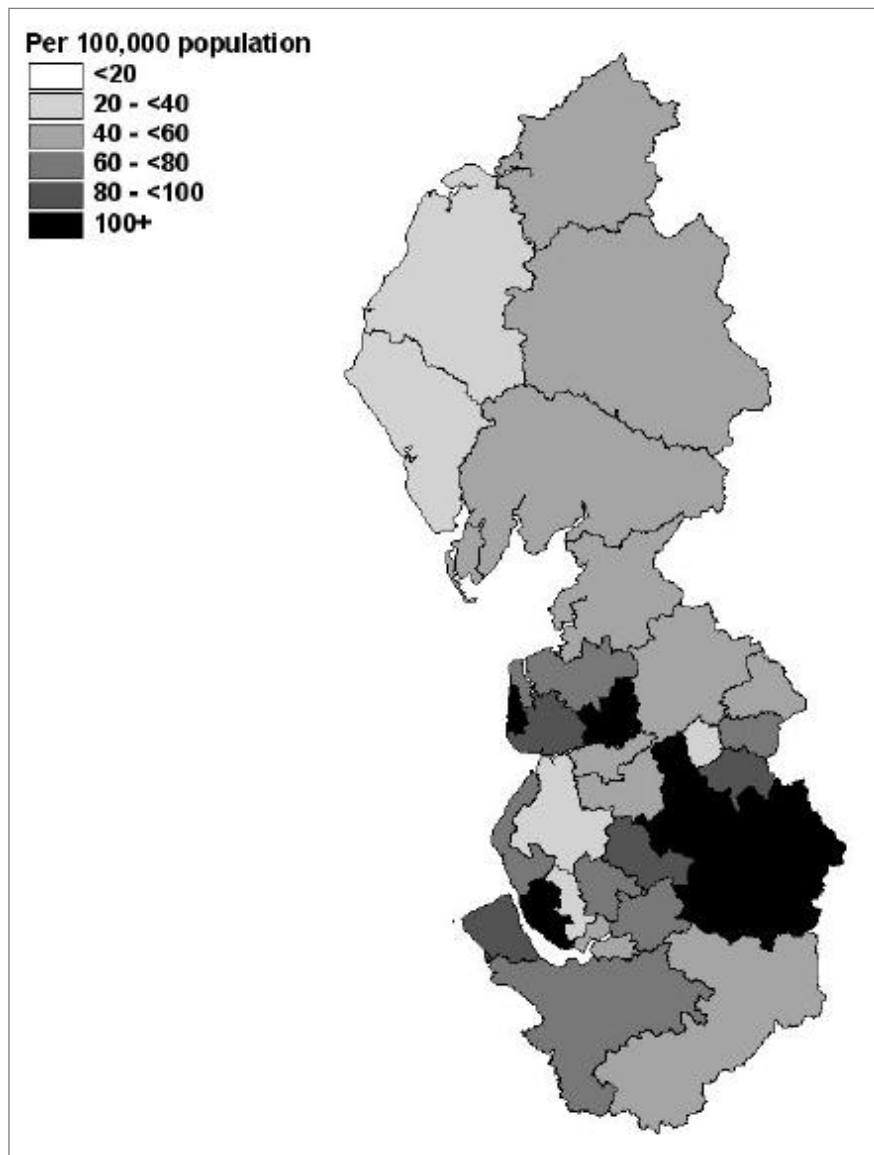
Source: HIV&AIDS in the North West of England 2011, Liverpool JMU

The population prevalence of HIV in Blackpool in 2011 was 360 per 100,000 people (0.26%). This compares to the North West rate of 149 per 100,000 and UK rate of 150 per 100,000. This prevalence rate for Blackpool puts it above the threshold whereby testing is recommended in general settings, including testing for all medical admissions and all new registrations in general practice (HPA, 2012).

The map below **[Fig 9]** shows the prevalence of HIV in the North West by local authority and demonstrates that Blackpool continues to have amongst the highest prevalence of HIV in the region.

[Fig 10] Population prevalence of HIV by local authority, 2011

Crude rate based on the number of adult cases of HIV and AIDS (aged 15 – 59) residing in North West England and accessing the region’s treatment centres per 100,000 of the population.



The incidence of new cases of HIV in Blackpool in 2011 was 16.9 per 100,000 people (0.02%). This represents a reduction in new cases of 43% between 2006-2011 [Fig 10]. Of the 24 new cases recorded in Blackpool in 2011,

[Fig 11] New cases of HIV and AIDS by local authority of residence, 2006-2011

Local Authority of Residence	Year						% change 2006-2011	% change 2010-2011
	2006	2007	2008	2009	2010	2011		
Blackpool	42	29	41	32	33	24	-43	-27

Of new cases recorded in 2011 in Blackpool, 67% were men who had sex with men, while 79.3% of total infections in Blackpool were through men who had sex with men. This is significantly higher than the North West average of 43.7% and national average of 43.4%. New HIV diagnoses among MSM have surpassed the number of diagnoses made among heterosexuals for the first time since 1999, accounting for 3,010 (48%) of all new diagnoses made in 2011 after adjusting for missing information. Numbers have remained high since 2007. New diagnoses are difficult to interpret in isolation, but considered alongside data on recently acquired infections and incidence estimates, it is evident that transmission of HIV among MSM is on-going in the UK, and remains substantial.

[Fig 12] New cases of HIV and AIDS by sexuality - Blackpool

	MSM	Hetero sexual	Undeter mined	Total
2009	19	13	0	32
2010	20	12	1	33
2011	16	7	1	24

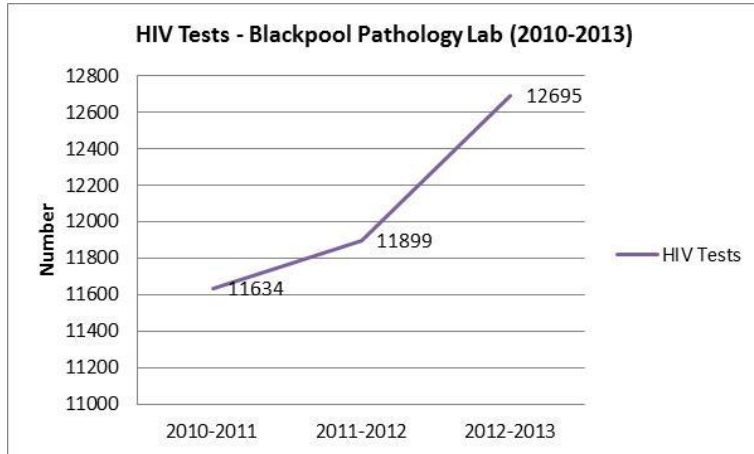
The number of screenings for HIV undertaken in the pathology lab at Blackpool Victoria Hospital has increased by 9% since 2010/11, from 11634 to 12695 in 2012/13. Routine HIV screens have increased by 17% in the same period, from 6353 in 2010/11 to 7474 in 2012/13. Figures obtained from the Medical Assessment Unit at BVH show that 16 screens were undertaken in February and March 2013, with no positive results. Figures for patient throughput at the unit are unknown so it is difficult to judge if the number of HIV screens, as a percentage of total patients, is high or low.

[Fig 13] Uptake of HIV Testing: Medical Assessment Unit (Blackpool Teaching Hospital)

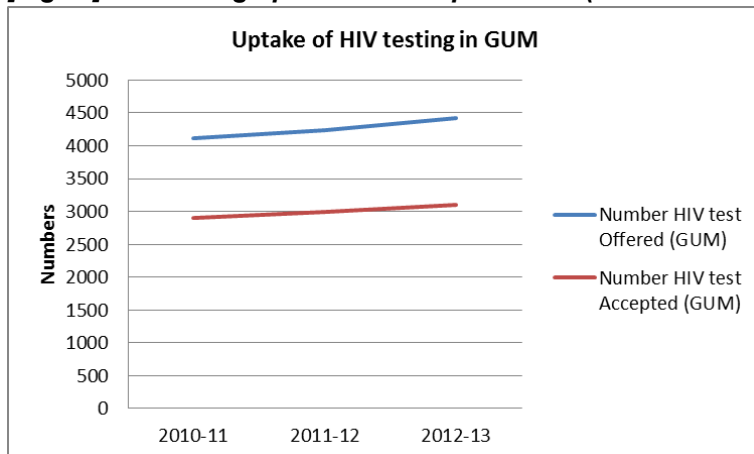
	Number screened	Positive
Feb/Mar 2013	16	0

The recently opened Medical Assessment Unit at Blackpool Teaching Hospital has agreed to screen all attendees for HIV. Figures for two months are shown above [Fig 13].

[Fig 14] HIV testing figures for Blackpool Pathology Lab (2010/11 - 2012/13)



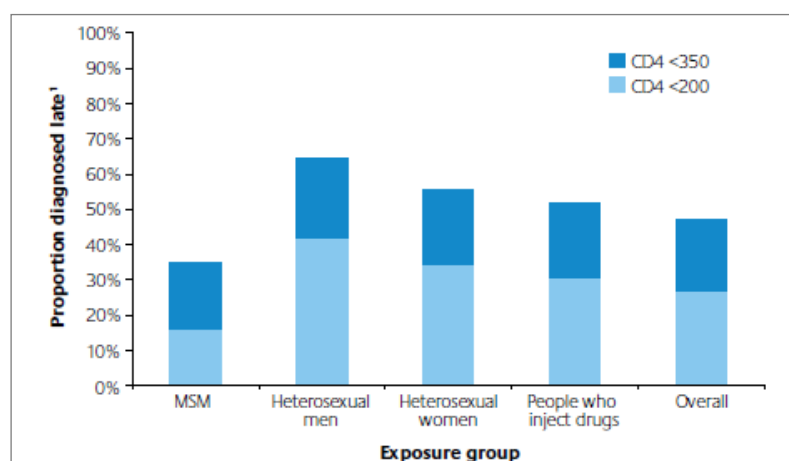
[Fig 15] HIV testing uptake in Blackpool GUM (2010/11 – 2012/13)



The above chart **[Fig]** shows that the uptake of HIV testing has been consistent at 70% over the last three years. There has, however, been an increase of approximately 100 people per year being tested, which is an increase of 7.2% between 2010/11 and 2012/13. The number of people being offered the test has also increased by 7.2% during the same period.

There continues to be an encouraging trend over recent years for MSM to be tested at an earlier stage of HIV infection (as revealed by higher CD4 counts). Late diagnosis figures in Blackpool for 2009-2011 were 29.4%, compared to 54.6% in the North West and 49.7% in the UK for the same period. In 2011 MSM had the lowest proportion of late HIV positive diagnoses compared to other risk groups **[Fig 16]**.

[Fig 16] Late diagnosis of HIV infection by exposure group: United Kingdom, 2011



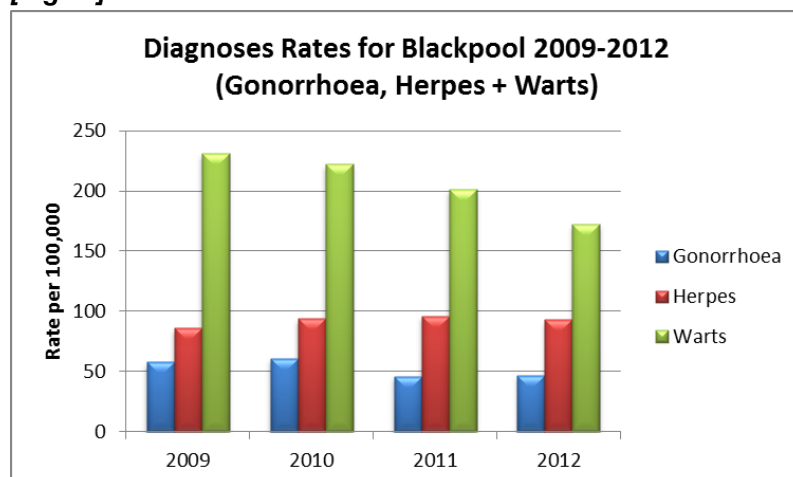
Recent surveys suggest that, between 1998 and 2003, the percentage of males reporting high risk sexual behavior with a casual partner increased from 6.7% to 16.1% and that in the North West up to 36% of men surveyed by Sigma had never been tested for HIV. This indicates a need to continue to develop innovative health promotion aimed at this group and to maintain and market the availability of testing opportunities.

The data on continuing high prevalence and reducing incidence of HIV in Blackpool suggests a need to ensure the continuation of services to support people who are living with HIV. However, the high rates of new infections amongst men who have sex with men in Blackpool suggest there is a need for continuing targeted prevention with this group. Sexual health promotion aimed at the general population should also ensure that a focus on HIV is maintained with the aim of reducing new infections amongst heterosexual people. Other groups vulnerable to increased higher-risk sexual behavior should also be considered for targeted HIV testing i.e. substance users, sex workers and swingers. The focus should be flexible to enable targeting to move quickly as new evidence is made available.

5.2 Other Sexually Transmitted Infections (STI's)

In terms of specific conditions, diagnosis rates per 100,000 population of gonorrhoea, herpes, syphilis and warts at Blackpool GUM have been the highest in Cumbria & Lancashire for the period 2009 – 2012 [Fig 12]. However, rates for gonorrhoea and warts have fallen in the same period. Men have the highest diagnosis rates for gonorrhoea, syphilis warts.

[Fig 17]



[Fig 18] Diagnosis numbers and rates for Blackpool, 2010 – 2012 (Gonorrhoea, Herpes, Syphilis + Warts)

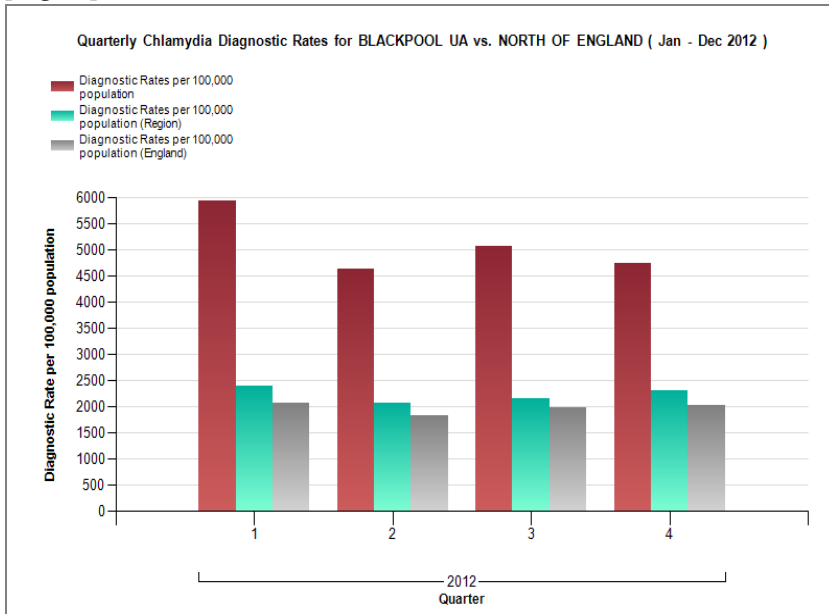
Numbers	Gonorrhoea			Herpes			Syphilis			Warts		
	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012
Blackpool	85	65	67	132	136	132	27	24	29	311	286	245
Cumbria & Lancashire	364	415	511	963	1,095	1,003	79	62	90	2,978	2,726	2,546
England	15,823	20,145	24,396	28,417	30,260	31,004	2,476	2,785	2,863	71,913	73,852	71,476

Rates	Gonorrhoea			Herpes			Syphilis			Warts		
	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012
Blackpool	60.7	45.7	47.2	94.3	95.7	92.9	19.3	16.9	20.4	222.2	201.3	172.4
Cumbria & Lancashire	18.7	21.2	26.1	49.5	55.8	51.1	4.1	3.2	4.6	153.2	139.0	129.8
England	30.3	37.9	45.9	54.4	57.0	58.4	4.7	5.2	5.4	137.7	139.1	134.6

Diagnosis rates per 100,000 population.

There has been a steady increase in rates of chlamydia diagnosis in England since 1993 (173 per 100,000 in 1993 - 389 per 100,000 in 2012). In Blackpool, in 2012, 46.8% of the target population were tested, with 10.9% testing positive. This is a diagnosis rate of 5,096 per 100,000 population among 15-24 year olds, which is significantly higher than the region and England rates of 2,239 and 1,979 respectively. Blackpool's percentage of population tested, however, is approximately double the Region and England percentages, which may account for the higher diagnosis rate.

[Fig 19]

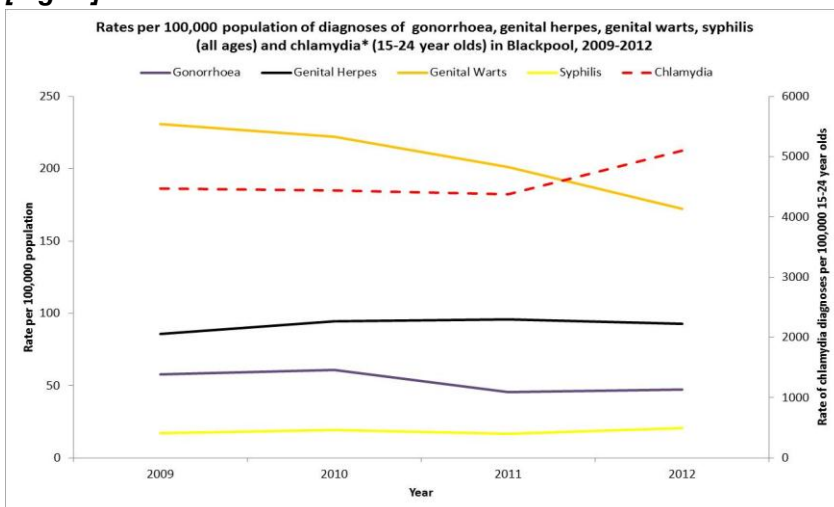


[Fig 20]

TABLE 1.4g: CHLAMYDIA TESTING DATA BY LOCAL AUTHORITY FOR 15-24 YEAR OLDS
 Non-GUM and GUM data, January to December
 Region: North of England
 Centre: Cumbria and Lancashire

Jan-Dec 2012	LA - UT Name	LA Code	Local Authority Name	Chlamydia tests			Positive Tests Reported		Total Chlamydia Testing Data			15-24 Year Old Population Estimates (n)	
				Non-GUM Tests (a)	GUM Tests (b)	Total Tests (a + b)	Non-GUM Positives (c)	GUM Positives (d)	Total Positive (c + d)	Percent of population tested ((a + b) / n) * 100	Percent of tests positive ((c + d) / (a + b)) * 100		Diagnosis rate per 100,000 ((c + d) / n) * 100,000
				(a)	(b)	(a + b)	(c)	(d)	(c + d)	(a + b / n) * 100	(c + d / a + b) * 100		(c + d) / (n) * 100,000
	Blackpool	E06000009	Blackpool	5,805	2,235	8,040	534	342	876	46.8%	10.9%	5,096	17,189
	Cumbria and Lancashire			50,093	17,362	67,455	3,483	2,252	5,735	27.3%	8.5%	2,317	247,531
	ENGLAND			1,253,752	528,370	1,782,122	80,679	56,282	136,961	25.8%	7.7%	1,979	6,920,531

[Fig 21]



*2012 chlamydia data is not comparable to previous years due to a change in data source

Public Health England recommends that local areas should be working towards achieving a diagnosis rate of at least 2,300 per 100,000 (recently reduced from $\geq 2,400$ per 100,000), which will contribute to the control of chlamydia prevalence in coming years. Blackpool is currently achieving double this target.

5.3 Human Papilloma Virus (HPV)

In the UK, all 12-13 year old girls (school year 8) are offered HPV vaccination through the national HPV immunisation programme. For the period Sep 2012 – June 2013 Blackpool had a routine cohort “all 3 doses” uptake of 87.2%, compared to North West and England uptakes of 80.1% and 80.8% respectively.

6.0 Teenage Pregnancy

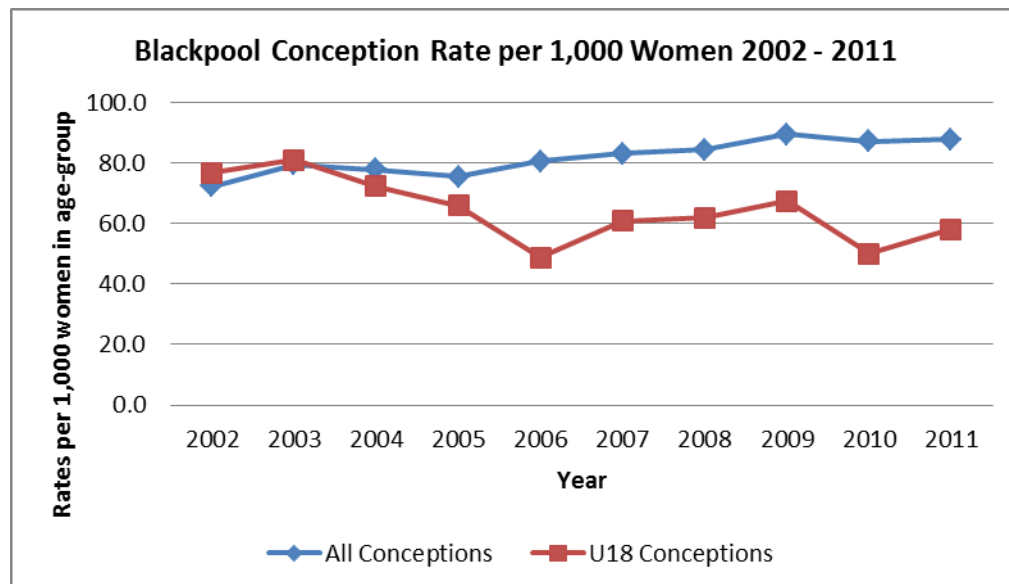
Blackpool has one of the highest teenage pregnancy rates in the UK. The U18 conception rate in 2011 was 58.1 per 1,000 women in the age group, compared to 35.3 and 30.7 for the North West and England respectively [Fig 22]. Though rates of teenage pregnancy in Blackpool have fallen after a peak in 2003, the rate in 2011 was broadly similar to the rate in 1998.

[Fig 22] Blackpool under-18 conception rate per 1,000 women in age group – 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
England	42.5	42.8	42.1	41.6	41.4	40.6	41.4	39.7	37.1	34.2	30.7
North West	45.1	45.2	45.0	45.7	46.6	44.2	47.1	45.8	43.7	40.7	35.3
Blackpool UA	63.0	77.0	80.8	71.8	65.8	66.3	61.0	61.8	67.4	50.0	58.1

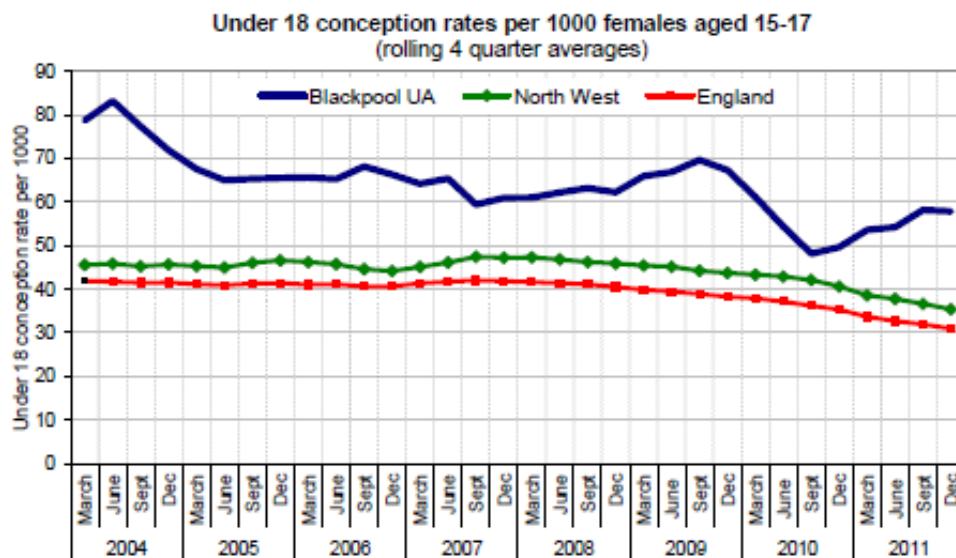
Source: ONS

[Fig 22b]



The chart below [Fig 23] shows Blackpool’s U18 conception rate compared with the North West and England. It demonstrates that while significant improvements have been made, teenage pregnancy remains a significant problem for Blackpool. Comparing the U18 conception rate with the rate for all conceptions for the same period [Fig 22b] it can be seen that the U18 rate has been decreasing since 2003, whereas the “all years” rate has overtaken the U18 rate and been increasing. This would indicate that the work that has been undertaken in recent years is having a positive effect on teenage conception rates.

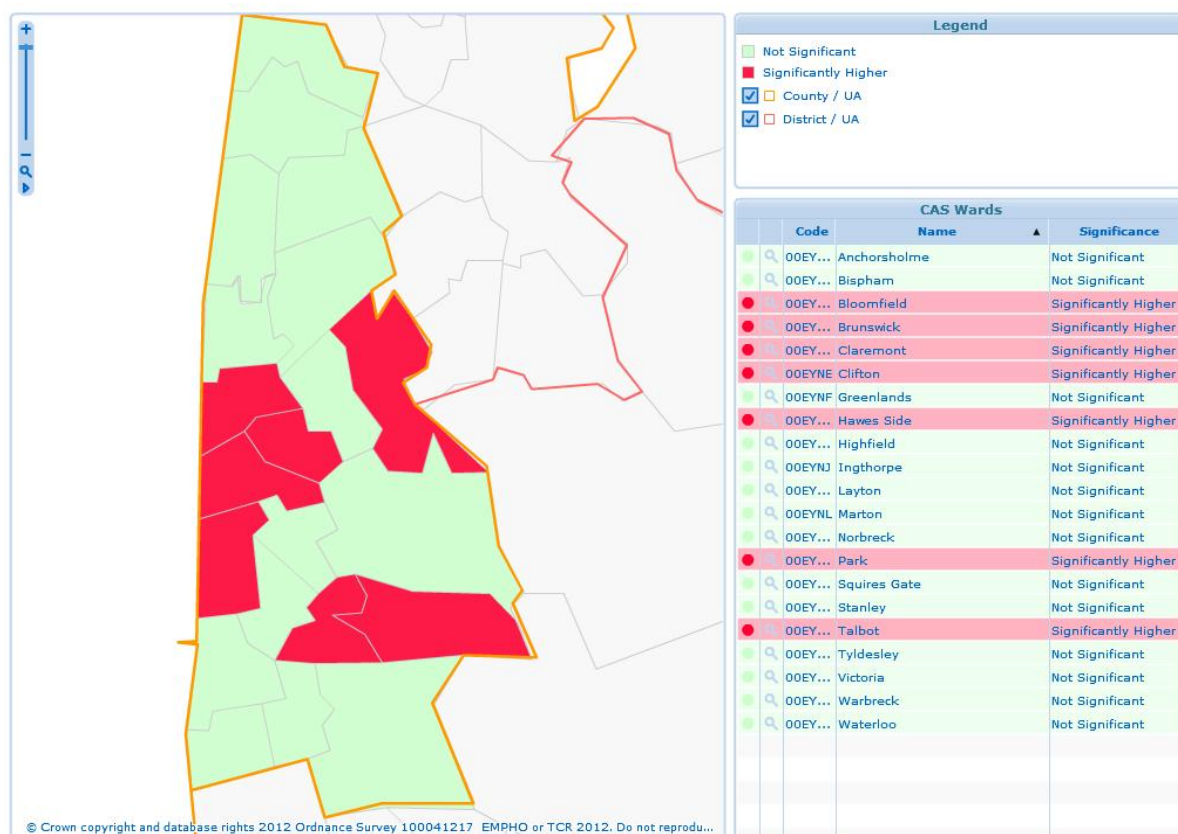
[Fig 23] National and Regional Quarterly under-18 conception data: 2004 - 2011



The under-16 conception rate in Blackpool for the period 2009-2011 was 10.3 per 1,000 women in the age group, which is higher than the North West and England rates of 8 and 6.7 respectively. The percentage of these conceptions leading to abortion were 52.6%, compared to 61.5% and 61.1% for the North West and England respectively. Whilst the percentage of abortions for the North West and England were broadly similar to the period 2008-2010, the percentage for Blackpool increased from 38.7% in this period.

The map below shows [Fig 24] Teenage Conception Rates for Blackpool by Ward. On the map, wards with a rate statistically higher than England are shown in red. It can be seen that the current areas with the highest rates of teenage pregnancy are in the centre of Blackpool (Bloomfield, Brunswick, Claremont and Clifton) and Park, Hawes Side and Clifton wards.

[Fig 24] Under 18 Conception Rates by Ward (Blackpool - 2008-2010)



As well as targeting prevention initiatives to those areas with the highest rates of teenage pregnancy, consideration should be given to the number of young women who move into the area pregnant or become pregnant very soon after moving in to the area. Some qualitative work may be beneficial with this group to ascertain their knowledge of local services and to further explore some of the reasons behind coming to Blackpool.

[Fig 25] Legal ages of consent to sexual activity and underage conception rates

Rate per 1000	Year	Teenage conception / fertility* rate per 1000	Age of consent	Exceptions	Country
5	2010	*15-19yrs	15		Denmark
5	2009	*15-19yrs	13		Japan
5	2009	*15-19yrs	16		Netherlands
6	2010	*15-19yrs	14	13, if the partner is less than 3 yrs older.	Italy
9	2009	*15-19yrs	14		Germany
10	2010	*15-19yrs	14		Austria
12	2009	*15-19yrs	15		France
12	2009	*15-19yrs	15		Greece

Cont:

Rate per 1000	Year	Teenage conception / fertility* rate per 1000	Age of consent	Exceptions	Country
13	2007	*15-19yrs	13		Spain
14	2008	*15-19yrs	16	14/15 yrs old if partner less than 5 years older. 12/13 yrs old if consensual partner less than 2 yrs older.	Canada
16	2010	*15-19yrs	15-18	Varies by State jurisdiction.	Australia
16	2009	*15-19yrs	15		Portugal
25	2009	*15-19yrs	16		UK
39	2009	*15-19yrs	16-18	Varies by State	USA

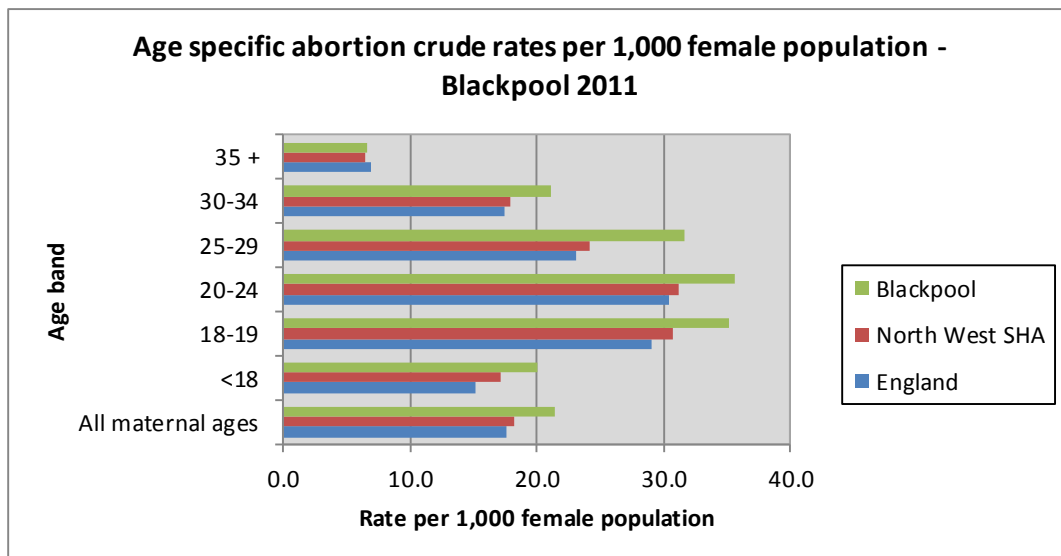
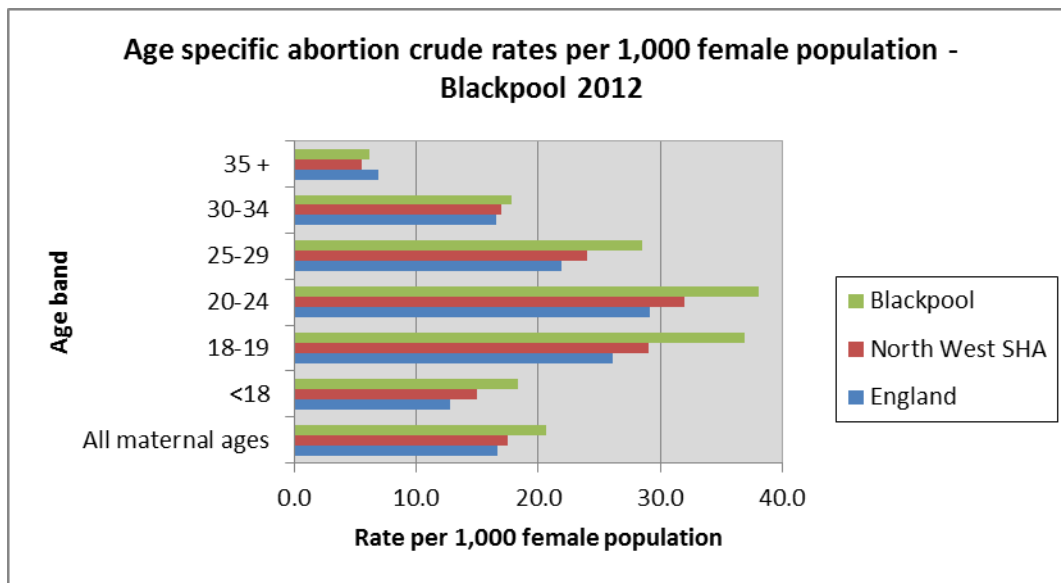
* Fertility rate - The annual number of births to women aged 15-19 years per 1,000 women in that age group

It can be seen from the selection of legal ages of consent and conception rates for different countries [Fig 25] that countries with a lower age of consent tend to also have lower underage conception rates.

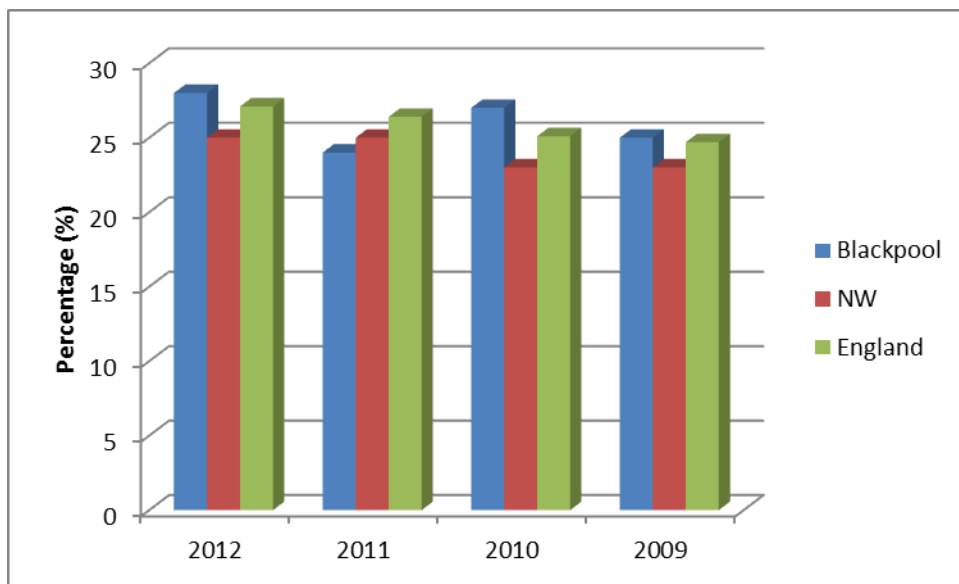
7.0 Termination of pregnancy

Blackpool has seen no significant change since 2006 in the overall rate of termination of pregnancy (all ages), which remains slightly higher than the rate for both the North West and England. However, U18 rates have gone down since 2008, from 27 per 1,000 to 18 per 1,000 in 2012. However, rates for the 18-19 age group have increased since 2006 and are higher than North West and national rates.

[Fig 26]



[Fig 27] Repeat terminations in women aged under 25 – 2009-2012



Repeat terminations in women aged under-25 for Blackpool were 28% in 2012, up from 24% the previous year. This was slightly higher than the North West and England figures of 25% and 27.1% respectively.

Long Acting Reversible Contraception was included in the termination service specification in 2008/09. The impact of this on repeat termination figures should be seen over the next three years.

8.0 Personal, Social and Health Education

8.1 Sex and Relationships Education in Schools

The Schools White Paper 'The Importance of Teaching', published in November 2010, states that children need high quality sex and relationships education so that they can make wise and informed choices. Whilst it is compulsory for all maintained schools to teach some parts of **sex education** i.e. the biological aspects of puberty, reproduction and the spread of viruses, the broader topic of **sex and relationships education** (SRE) is currently not compulsory but is contained within non statutory PSHE education within the National Curriculum and is strongly recommended within Government SRE Guidance (2000). School governors are in law expected to give 'due regard' to this guidance.

8.2 Academies and Sex and Relationships Education

Academies have greater freedoms than maintained schools, including not having to follow the National Curriculum.

[Fig 28] The difference between the current legal status of SRE in maintained schools and academies:

<i>Maintained Schools</i>	<i>Academies</i>
Required to have a broad and balanced curriculum	Required to have a broad and balanced curriculum
Must have regard to SRE Guidance 2000	Must have regard to SRE Guidance 2000
Sex education is compulsory as part of the statutory Science Curriculum	Sex education is not compulsory
Requirement to have up-to-date policy on SRE	There is no requirement

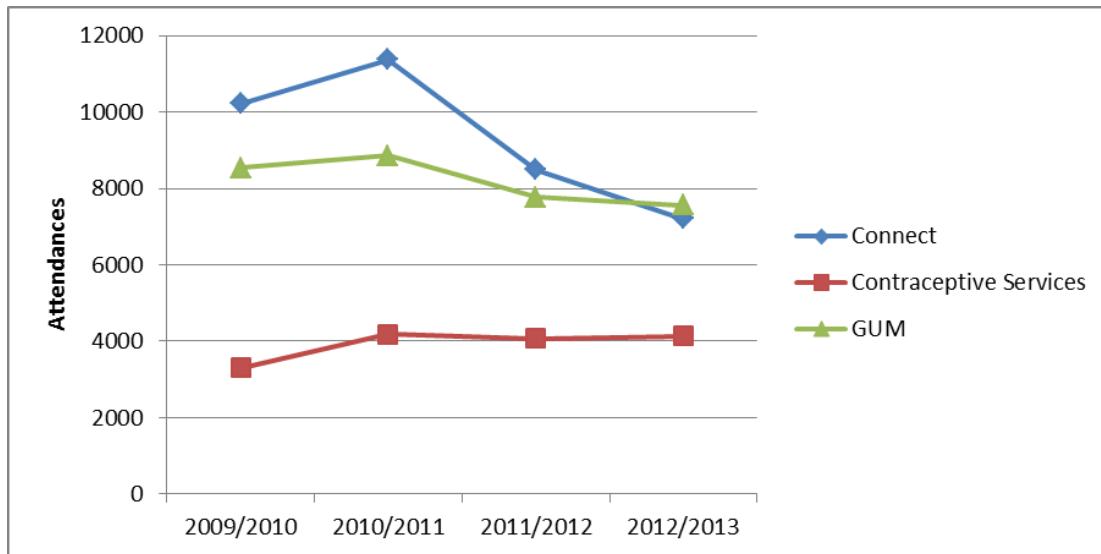
In view of the above, and three Blackpool wards being in the top 10 for number of referrals for child sexual exploitation (Bloomfield ward being number one) in Lancashire, SRE should be given high priority in all secondary schools in Blackpool (including academies). This may also go some way to address the high teenage pregnancy rates seen in the town.

9.0 Mapping Demand

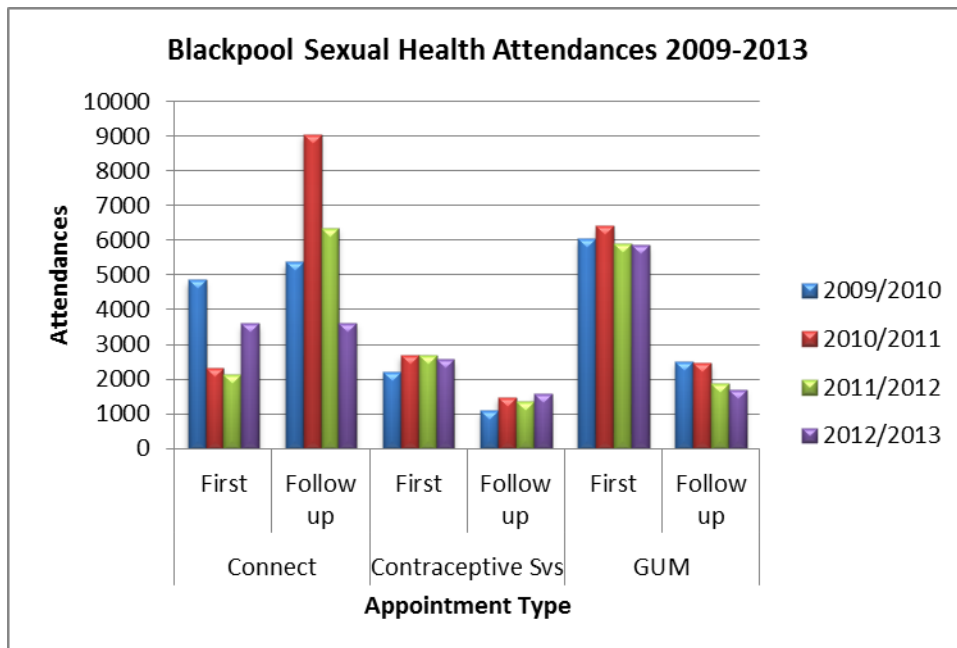
9.1 Connect

Attendances at the young people’s sexual health service ‘Connect’ have declined from around 11,400 in 2010/11 to 7,200 in 2012/13 [Fig 29]. Reasons for the fall in attendances include: rectification of data quality issues; Connect ceasing to run the C-Card (condom distribution) scheme in 2012/13, whose activity was included in their attendance figures.

[Fig 29] Sexual Health Attendances for Blackpool Residents 2009-2013

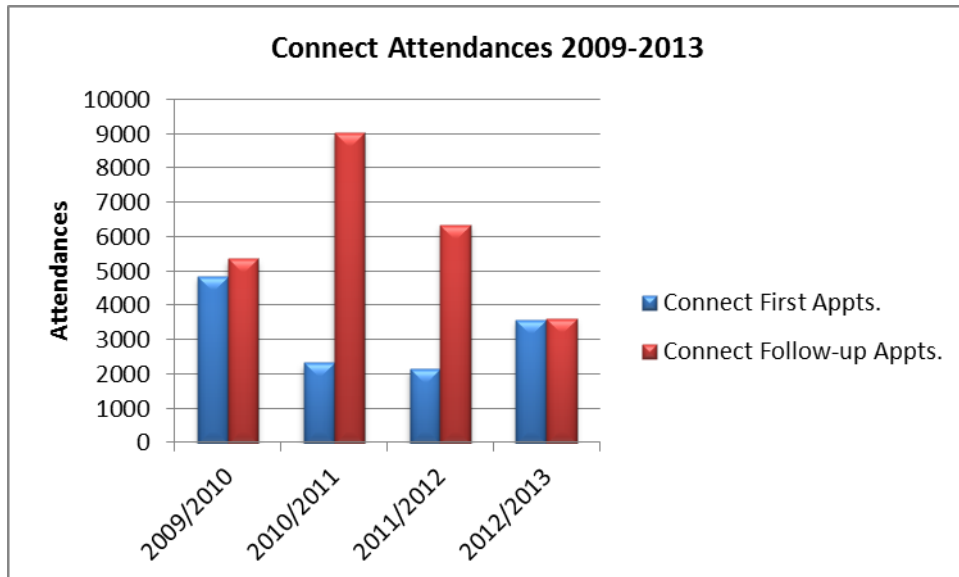


[Fig 30] Blackpool Sexual Health First & Follow-up Appointments for Blackpool Residents 2009-2013



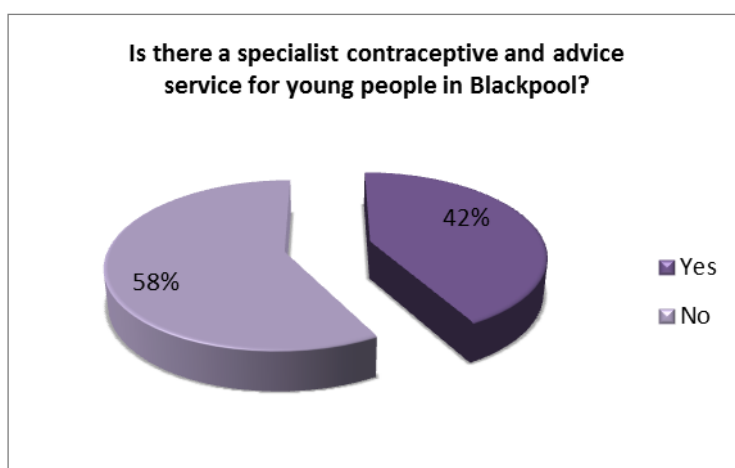
The fall in 'first' appointments and increase in 'follow-up' appointments in 2010/11 and 2011/12 is a result of changes in recording practices [Fig 31].

[Fig 31]



Results from the 2012 SHEU Survey show that only 42% of Year 10 pupils believe that there is a specialist contraception and advice service for young people available locally. More work needs to be undertaken here to increase this figure. 58% said they knew where to get free condoms. 72% of pupils said that condoms were reliable to stop pregnancies. 7% of pupils said that they were currently in a sexual relationship.

[Fig 32]



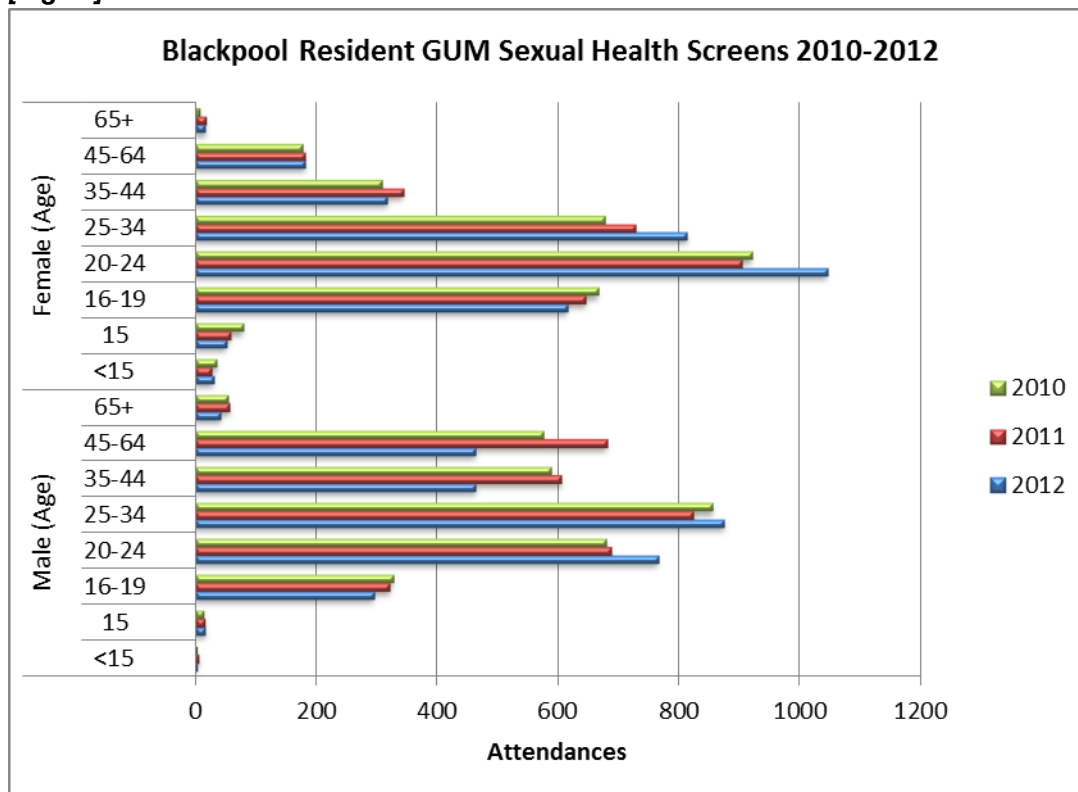
9.2 GUM

[Fig 33] All attendances to Whitegate Health Centre GUM by Blackpool Residents 2009-2012

Year	Number of Bpl resident patients	% of total patients	Number of unique attendances
Jan 12 - Dec 12	4780	60.4	8725
Jan 11 - Dec 11	4584	60.2	8322
Jan 10 - Dec 10	4460	60.0	8225
Jan 09 - Dec 09	4017	60.0	8098

There has been a 19% increase in the number of Blackpool residents using the GUM from 2009 to 2012 [Fig 34]. 60% of attendees to the GUM are Blackpool residents, with the majority of the remaining patients resident in North Lancashire PCT.

[Fig 34]



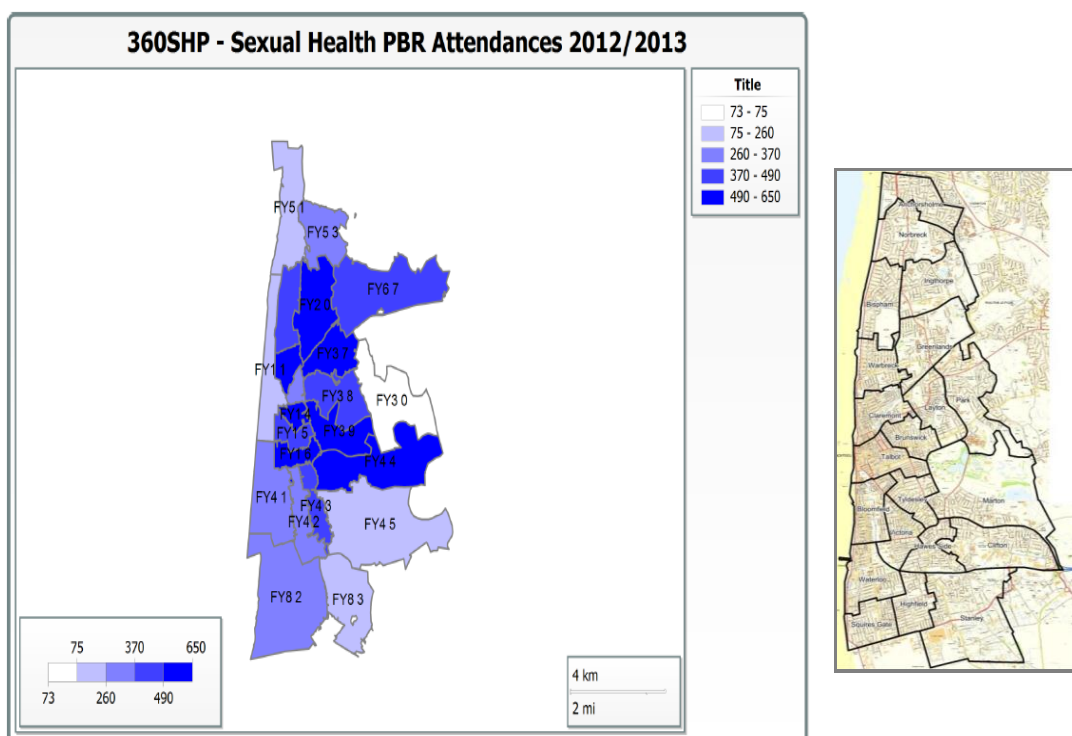
[Fig 35]

Sexual Health Screens by Gender & Age		2012		2011		2010	
	Age	Number of first time attendees	Number of sexual health screens taken	Number of first time attendees	Number of sexual health screens taken	Number of first time attendees	Number of sexual health screens taken
Male	<15	3	1	6	4	2	2
	15	16	13	15	12	13	10
	16-19	295	245	321	251	327	251
	20-24	766	613	688	541	680	535
	25-34	875	651	824	536	856	534
	35-44	463	246	605	259	588	230
	45-64	463	245	681	221	575	179
	65+	42	17	57	19	53	17
	Not known	5	4	5	2	4	2
Total (M)		2928	2035	3202	1845	3098	1760
Female	<15	30	24	27	17	35	28
	15	51	36	58	44	79	64
	16-19	615	473	646	486	666	509
	20-24	1045	813	903	665	920	729
	25-34	813	602	728	524	677	492
	35-44	317	199	344	213	308	209
	45-64	182	129	181	110	177	102
	65+	16	6	17	5	7	2
	Not known	-	-	1	1	-	-
Total (F)		3069	2282	2905	2065	2869	2135
Total (Male + Female)		5997	4317	6107	3910	5967	3895

There has been a 15% increase in the number of males receiving sexual health screens since 2009. Greater numbers are seen in the 20-34 age range for males and 16-35 range for females **[Fig 35]**.

The map below **[Fig 36]** shows attendances by Blackpool residents at GUM by postcode sector during the period April 2012 to March 2013. Areas with the highest rates are shown in darker blue. It can be seen that the current areas with the highest attendances are FY1 4, FY1 6, FY2, FY3 7, FY3 9, FY4 4 and part of FY1 1, which are located in Greenlands, Talbot, Brunswick, Claremont, Victoria and Bloomfield wards.

[Fig 36] Attendances at GUM by postcode sector (2012-13)



9.3 Tier 2 Practices

Blackpool has five Tier 2 GP Practices who offer specialised sexual health clinics, providing contraception and STI screening. During April – June 2013 the practices undertook 96 STI screens and 17 follow-up appointments (these figures are based on claims for payment and therefore may not be a completely accurate reflection) **[Fig 37]**.

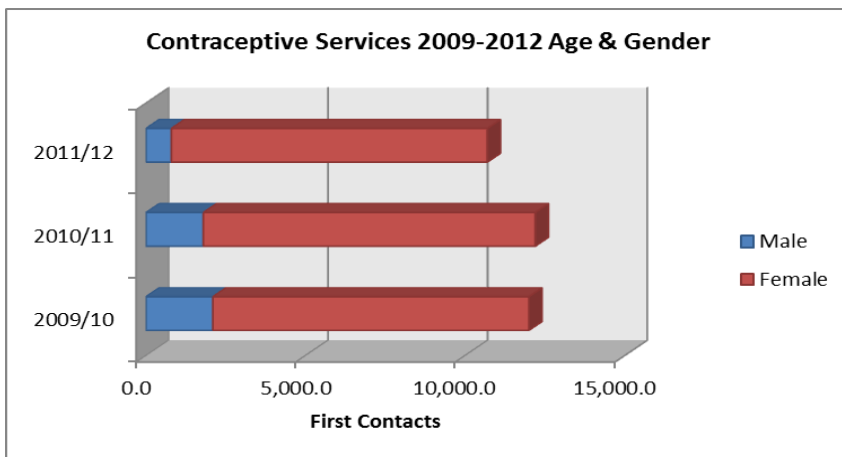
[Fig 37] Tier 2 Practice STI Screening – 2013-14 (Qtr 1).

	Apr-13		May-13		Jun-13	
	New	Follow up	New	Follow up	New	Follow up
Harris Centre	0	0	0	0	-	-
Gorton St	8	1	9	0	11	0
North Shore	9	3	5	3	2	2
Stoneyhill	6	2	15	1	14	0
Waterloo	17	5	No figs-	No figs	No figs	No figs
Total (new)	40		29		27	
Total (follow up)		11		4		2

9.4 Contraceptive services

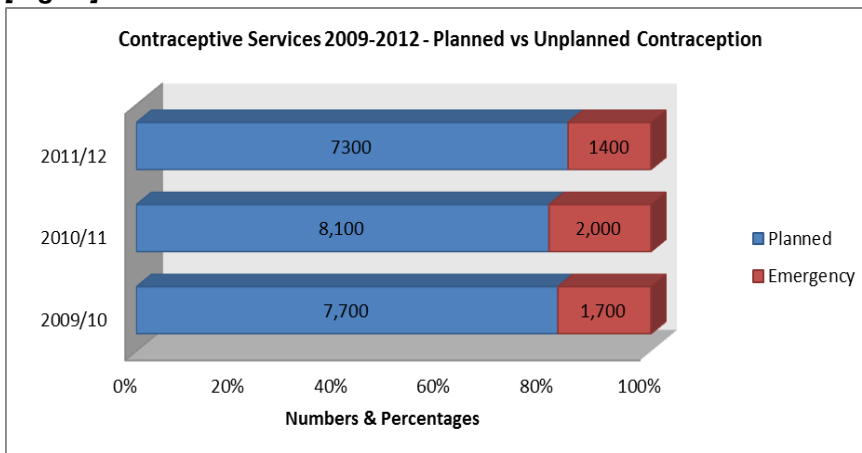
The table below [Fig 38] shows all attendances by gender to contraceptive services in Blackpool for the financial years 2009 to 2012. The table shows that the service is predominantly accessed by women. This would seem a reasonable expectation where Blackpool has widespread condom distribution, male sexual health outreach workers, GUM and mobile sexual health services that are well accessed by men.

[Fig 38]

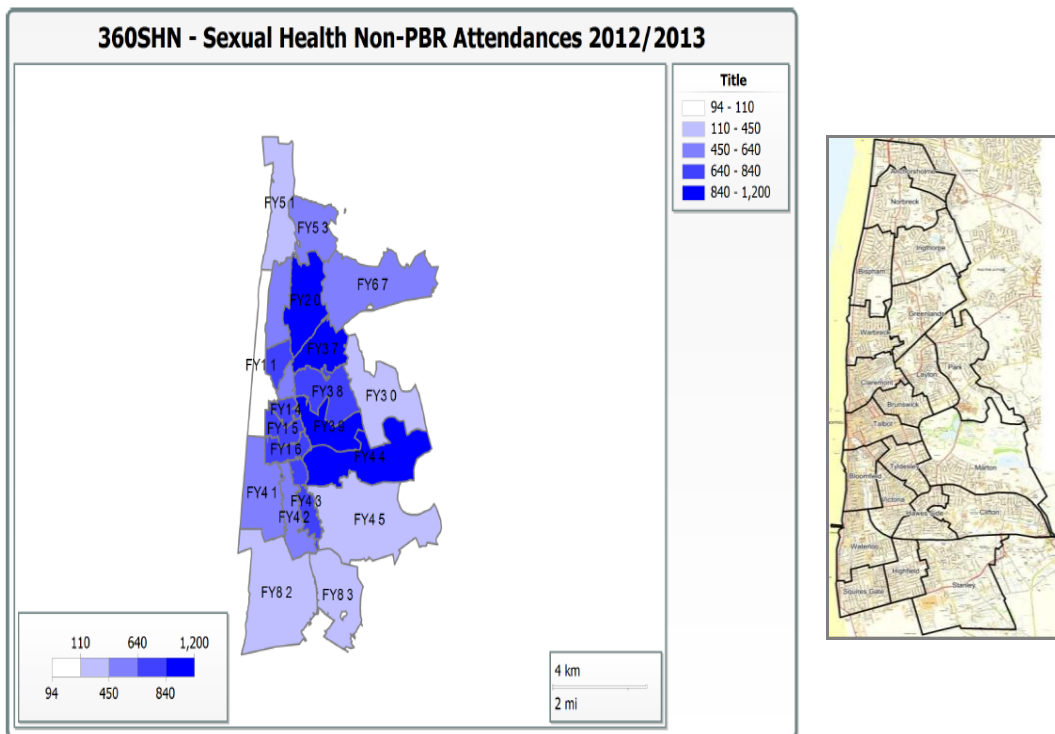


The table below [Fig 39] depicts the number of attendances at contraceptive services for planned contraceptives compared to emergency contraceptives over the period April 2009 – March 2012. Attendances for emergency contraception methods remain consistently low in comparison to planned methods throughout this period.

[Fig 39]

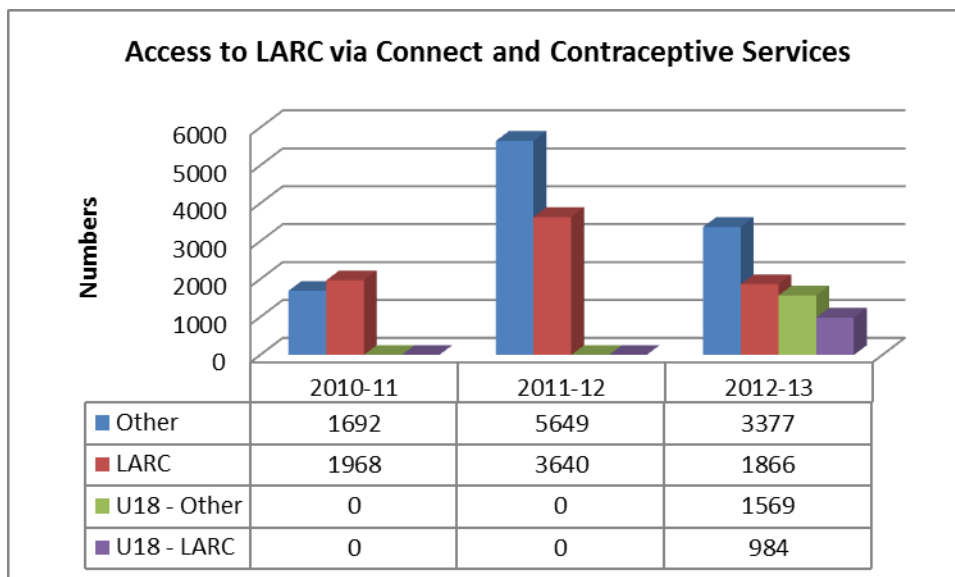


[Fig 40] Attendances at Contraceptive Services by postcode sector (2012-13)



The map above [Fig 40] shows attendances at non-GUM contraceptive services (i.e. Connect) by Blackpool residents for the period April 2012 to March 2013. The areas with the highest numbers are shown in darker blue. It can be seen that the current areas with the highest numbers are FY2, FY3 7, FY3 9 and FY4 4, which are in Ingthorpe, Claremont, Highfield and Bloomfield wards.

[Fig 41] Access to LARC via Connect and Community Contraceptive Services (2010/11 - 2012/13)



The above chart **[Fig 41]** shows the breakdown in reasons for attendance at Connect and Community Contraceptive Services. The breakdown for clients aged under 18 is not available pre 2012/13 so it is not possible to identify a trend for this age group. Figures for 2012/13, however, show that 44.2% of patients accessing contraceptive services were related to LARC. 30% of those patients accessing contraceptive services were aged under 18 and 38.5% of those contacts were related to LARC.

GP Practices providing implants and IUDs

Figures from LASCA for 2012/13 show that 16 GP practices provided implants and 6 practices provided IUDs. 463 implants and 122 IUDs were fitted during the period April 2012 – March 2013. No figures were available for the period April 2011 – March 2012 for implants, but 10 practices fitted 192 IUDs during the period.

Uptake of LARC in Horizon (Drug and Alcohol Integrated Treatment System).

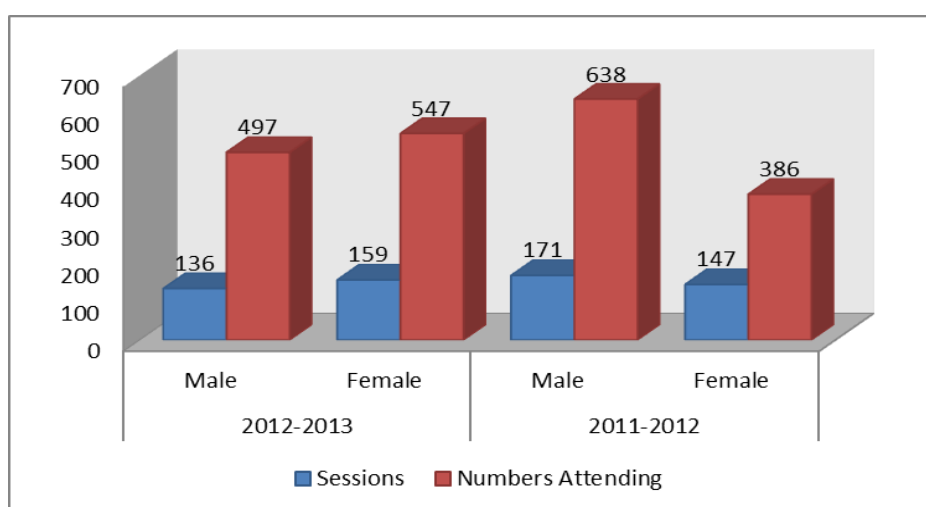
Approximately 4.5% (15 individuals) of those eligible were referred for LARC for the period April 2012 – March 2013. Of the 96 new female presentations for the year, 8 became pregnant or were pregnant when they entered the treatment system.

The number of women referred for LARC needs to be increased substantially, as this would assist towards the goal of reducing the number of pregnant women within the treatment service.

9.5 Wellbeing in Sexual Health: Young People (wish Team) Services

The **wish** Team are a team of young people's sexual health workers who work across Blackpool to support young people and offer advice and information on sexual health issues including sexually transmitted infections (STI'S) and contraception, raise awareness on issues including healthy relationships and gender stereotypes and aim to raise self-esteem and *aspirations*. The **wish** Team offer individual 1-1 and group sessions to under-18 girls/young women. They also offer group sessions to under-18 boys/young men [Fig 43]. They work particularly, but not exclusively, in schools and colleges.

[Fig 42] wish Team group sessions



[Fig 43] wish Team 1-1 sessions

	Gender	Number of clients	Comments
2012-2013	F	113	99% of 130 young women did not become pregnant during the course of the intervention.
			77% of sexually active yw accessed LARC.
			13% accessed the contraceptive pill.
			14 yw who are not sexually active accessed contraception (11 LARC + 3 pill).
2011-2012	F	120	100% of 132 young women did not become pregnant during the course of the intervention.
			100% of participants did not become pregnant for up to 6 months following the intervention.
			77% of sexually active yw accessed LARC.
			23% of yw accessed the pill/patch.
			2 yw who were not sexually active accessed LARC.

A mobile provision, called the Buzz Bus, also operates for young people aged 13-19 years. The bus allows the wish Team and other professionals to listen, give advice and information on sexual health, relationships, drugs, alcohol, smoking and other issues. All sessions are delivered in wards and locations which vulnerable young people access.

The table below **[Fig 45]** depicts attendances at the Buzz Bus for connect services. The Buzz Bus service has proved particularly successful in making contact with young men, although figures are not available.

[Fig 44] Attendances to Buzz Bus, April 2011 – March 2013

	Sessions	Numbers
2012-2013	238	1624
2011-2012	271	2781

The Buzz Bus service has issues around staffing (particularly drivers). It is important to ensure that enough drivers and support staff are available to provide a consistent service. There are also certain clinical services which cannot be provided on the Buzz Bus due to space constraints.

These issues should be addressed, particularly given the important role the service has in providing services where gaps in service provision exist – for example in the south of the patch.

C Card Scheme

The wish Team took over the running of the C Card (condom distribution) Scheme in April 2013. This is a free condom distribution scheme providing quick, easy and confidential access to condoms for 13-18 year olds. Young people are registered onto the scheme by a nurse or other trained professional. Under-16's have to re-register after getting six lots of condoms and over-16's after ten lots of condoms. This allows the nurse/trained professional to monitor the sexual activity and safeguard the young people where issues are identified.

9.6 'Renaissance at Drugline-Lancashire' Sexual Health Services in Blackpool

Renaissance provides a range of services which have become well established in response to need identified by previous strategy. These include outreach to the LGB&T community, services for those diagnosed with HIV or BBV, outreach to public sex environments [Fig 47] and work to support sex workers [Fig 46].

[Fig 45] Sex Worker Contacts

	Total Contacts	Individuals Working from home	Individuals Working from Parlours	Parlour contacts per annum	
2012-13	193	19	14*	174	*different people per month
2011-12	201	43	13*	154	

[Fig 46] Public Sex Environment Contacts

	121 Contacts	Individuals accepting info	Brief Interventions	Significant Contacts
2012-13	3096	3006	2683	87
2011-12	3309	-	-	-

Renaissance, under GUM governance, now provide HIV insti-testing as part of the Public Health England MSM testing programme in venues throughout the town.

10.0 Summary of recommendations

- Improve HIV testing in general settings, including testing for all medical admissions and all new registrations in general practice.
- Continue to work with the Medical Assessment Unit to increase HIV screening rates.
- Extend targeted testing to other groups vulnerable to higher-risk sexual behaviours i.e. substance users, sex workers and swingers.
- Ensure sexual health services understand and are able to meet the sexual health needs of older people.
- Ensure all services are aware of the particular needs of people from BME in terms of sexual health.
- Ensure services are accessible to a highly transient and deprived population – making use of advice lines, peripatetic services, outreach, social media and proactive marketing.
- Ensure that sexual health services are accessible via public transport.
- Provide comprehensive outreach to looked-after young people and to care homes etc.
- Review and promote policy on sexual health needs of children and young people looked after.
- Include information on local sexual health services in reviews of children and young people looked after as a matter of course
- Ensure health and sexual health needs of sex workers are given a high priority in developing sex workers strategy for Blackpool.
- Continue to use sexual health advice materials which are suitable for LGB+T young people and Blackpool specific.

- All services should consider routinely monitoring sexuality of clients in order to ensure services are meeting the needs of LGB+T.
- Staff in sexual health services to consider being trained or refreshed in OBI for alcohol.
- Sexual health to be included as an element of future alcohol related social marketing.
- Increase the number of eligible clients within the Drug and Alcohol Integrated Treatment System being referred for LARC.
- Target social marketing and outreach by all sexual health services to precede seasonal peaks in GUM attendance.
- Improve use of Blackpool sexual health hub website to market services.
- Ensure Buzz Bus has necessary technical and driving staff to ensure continuity of service
- Improve the awareness of school-age children around locally available specialist contraception and advice services for young people.

11.0 References

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