

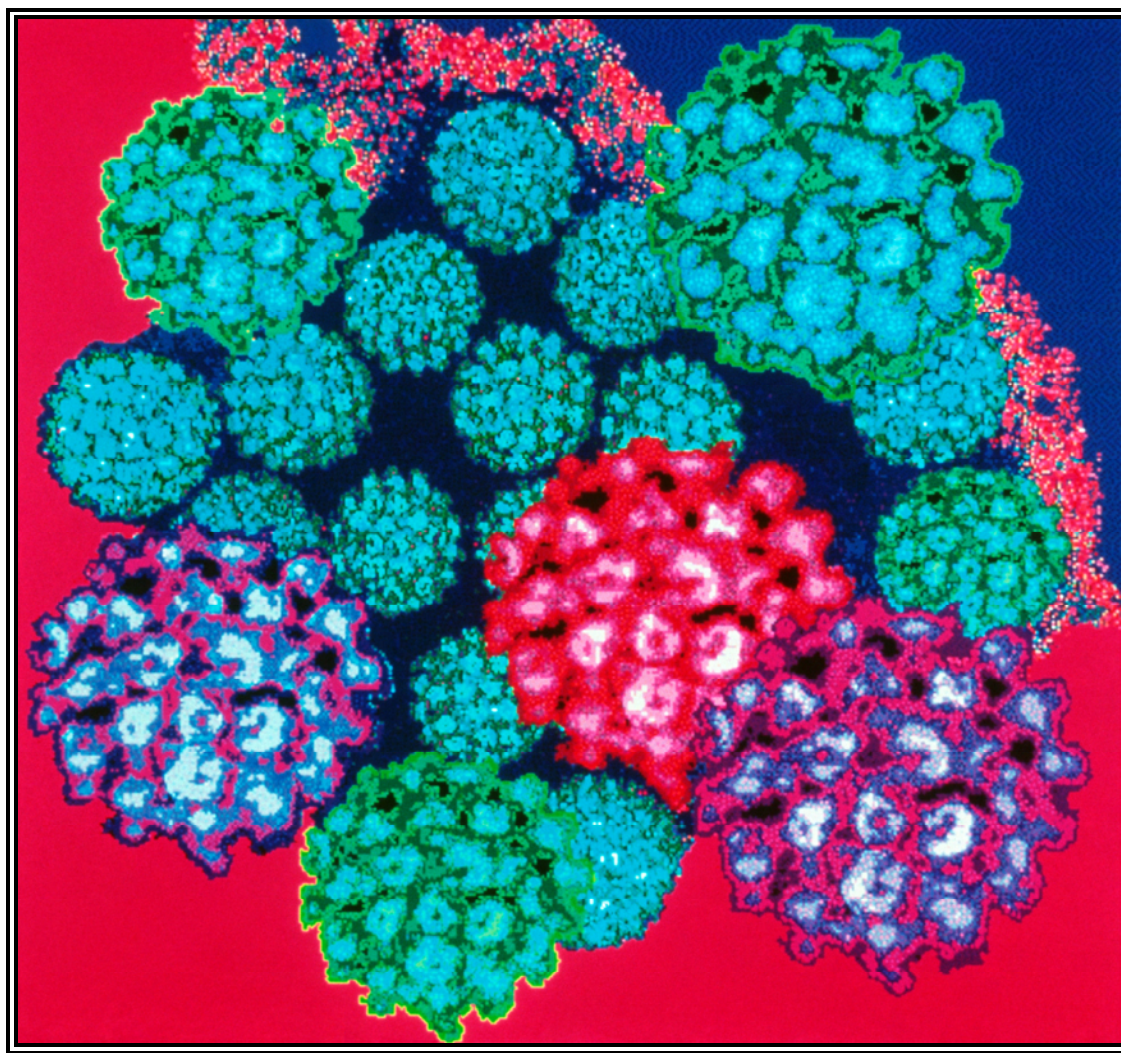
**DERBYSHIRE COUNTY COUNCIL**

**HEALTHIER COMMUNITIES**  
**IMPROVEMENT AND SCRUTINY COMMITTEE**

**SEXUAL HEALTH IN NORTH DERBYSHIRE**

**A HEALTH OVERVIEW AND SCRUTINY REVIEW**

**REVIEW REPORT**



**Human Papilloma Viruses –  
cause of genital warts**

**JUNE 2006**

**Note: The cover photograph is a coloured transmission electron micro- graph (TEM) of *human papilloma viruses* (HPV), the cause of human warts or papillomas**  
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# **DERBYSHIRE COUNTY COUNCIL**

## **HEALTHIER COMMUNITIES** **IMPROVEMENT AND SCRUTINY COMMITTEE**

### **SEXUAL HEALTH IN NORTH DERBYSHIRE**

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## **FOREWORD**

We have found the Health Scrutiny review of Sexual Health in North Derbyshire very interesting.

It is a review encompassing adult and young people's services, driven by our approach to partnership working in cross-cutting health scrutiny projects. We welcome the support of Dr Nick Payne and Dr David Black, Directors of Public Health at North Eastern Derbyshire and Chesterfield Primary Care Trusts who raised the issue of poor sexual health at a recent Health Scrutiny stakeholder conference.

The review has sought information and evidence from a range of services, including preventative services, such as the Contraceptive and Sexual Health Service, the Derbyshire Youth Service and the CASH project and also acute services, such as the genitourinary medicine (GUM) clinic at Chesterfield Royal Hospital. We have found that health professionals working in sexual health services have welcomed us, and our review work. We have focused on sexually transmitted infections – principally chlamydia, gonorrhoea and genital warts. We have not explored issues around HIV / AIDS, nor teenage pregnancy or abortion.

We have found it difficult to engage with service users. It is in this area of involving patients and the public in developing better services where we feel that there is much scope for improvement amongst the NHS and local government communities. However, we are particularly grateful to Jayne Duly and Anne Brockwell of the North Derbyshire School Nursing Team and Rosie Kightley, former programme manager for North East Derbyshire Sure Start for undertaking some innovative listening work with young people in a school setting, and to Jo Kirk, East Bolsover Sure Start programme manager for helping set up some community participation work in Whaley Thorns and Shirebrook. We also welcome the commitment of Head Teachers such as Alun Pelleschi, of Deincourt Community School in North Wingfield, for taking a sensitive and pragmatic focus on the self esteem of young people.

We also welcome the Government's commitment to improve sexual health services and the funding stream available through the *Choosing Health* agenda. We trust that the three North Derbyshire Primary Care Trusts are able to support the improved delivery of sexual health services through the *Choosing Health* funding.

We would like to thank all of those people who participated on the Review Project Board or made a contribution in some other way to this public health scrutiny review, and in particular Dr Stephen Searle, Consultant at the Contraceptive and Sexual Health Service, Dr Pauline Fraser, lead Consultant in the genitourinary clinic in Chesterfield Royal Hospital and Dr Sheila Kinghorn, GP in Eckington Health Centre.

Finally, we would like to thank the Department of Health and the Centre for Public Scrutiny for providing the funding and placing their trust in our ability to deliver an innovative and ground-breaking review.



County Councillor Alan Jones  
Chair - Improvement and Scrutiny Committee – Healthier Communities





## 1. **Background to the Review**

- 1.1 Sexual health is a priority for action in North Derbyshire. The North Derbyshire Sexual Health lead professionals report that:
- Risk-taking sexual behaviour is increasing across the population.
  - Diagnoses of Chlamydia and genital warts have increased in recent years, in particular arising from improved testing techniques.
  - Sexually transmitted infections can lead to cancer, infertility, ectopic pregnancies and death.
  - Delay in diagnosis and treatment can lead to more people being infected.
- 1.2 The health economics of sexual health provides a compelling case for further investment into services which improve sexual health outcomes. The Department of Health paper, *Health Economics of Sexual Health: A Guide for Commissioning and Planning*<sup>1</sup> makes a cogent case for additional investment in:
- Health Promotion and Disease Prevention, for example, the provision of outreach health promotion and safe sex programmes for high risk groups is a cost saving activity.
  - Screening, for example, Chlamydia screening for young women is a cost saving activity.
  - Treatment interventions for Sexually Transmitted Infections (STIs), for example, the delivery of a comprehensive treatment of bacterial STIs for the general population is an above average cost-effective activity.
  - Service Organisation and Delivery, e.g. the resourcing of a temporary increase in STI services capacity to gain control of a high incidence of STIs is a cost saving activity.
- 1.3 The average person infected with chlamydia may have sexual contact with between 1 and 4 further sexual partners before they are successfully treated. The Health Protection Agency reports that the incidence of Chlamydia in the East Midlands is very slightly higher than the national rate - for females the rate was 200 per 100,000 of population in 2004.

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<sup>1</sup> Health Economics of Sexual Health: A Guide for Commissioning and Planning. Nick Payne and Rachel O'Brien, Department of Health. September 2005.

1.4 In 2003, the genitourinary medicine (GUM) clinic at Chesterfield Royal Hospital tested over 6000 people for a sexually transmitted infection. Nearly 500 people tested positive for chlamydia. Also, it is recognised that as many as 1 in 10 of sexually active men and women under 25 may have undiagnosed Chlamydia. Untreated Genital Chlamydia can be transmitted from males to females and females to males – there may or may not be symptoms.

1.5 The Review considered how organisations can work collaboratively to improve sexual health, in particular:

- Exploring the capacity to discuss sex and sexuality.
- Exploring the role of sex and relationships education in securing better health outcomes.
- Taking a view on the provision of free, accessible and confidential sex advice and information.
- Access to Sexual Health Services - including those for sexually transmitted diseases, and those for contraception.
- Improvements in sexual health promotion / disease prevention.
- Involvement of patients and public, particularly young people, in shaping future service delivery.

1.6 The 2001 National Strategy for Sexual Health and HIV<sup>2</sup> demonstrates a worsening picture of sexually transmissible disease and services in the United Kingdom. Rising rates of Chlamydia, gonorrhoea and HIV are reflected in rising attendance at genitourinary clinics. The National Strategy set out five main aims:

- Reduce transmission of HIV and sexually transmitted infections (STIs), with a national goal of a 25% reduction in newly acquired HIV and gonorrhoea infections by 2007.
- Reduce prevalence of undiagnosed HIV and STIs.
- Reduce unintended pregnancy rates.
- Improve health and social care for people with HIV.
- Reduce stigma associated with HIV and STIs.

1.7 The National Strategy also reports a *“strong link between social deprivation and STIs abortion and teenage conceptions”*.

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<sup>2</sup> The National Strategy for Sexual Health and HIV. Department of Health, July 2001.

- 1.8 During the period of the Review, the Government published its Public Health White Paper, *Choosing Health*. One of *Choosing Health*'s priorities is improved sexual health. The Government has also provided a focus on partnership work and public health in its performance assessment frameworks for local government and health services – through the Comprehensive Performance Assessment and the Annual Health Check. The Review, the *Choosing Health* agenda, the funding associated with *Choosing Health* and the new performance management frameworks, and other imperatives such as *Every Child Matters*, and more local initiatives such as the preparation of a sexual health strategy for North Derbyshire and local projects such as the further development of the *CASH* project in North Derbyshire and the extension of Derby University into a Buxton campus mean that this is an opportune moment to explore the potential for delivering better sexual health services in North Derbyshire through inter-agency relationships.
- 1.9 Members of the Review Project Board are identified in Appendix 1.
- 1.10 A summary of sexually transmitted infections may be found in Appendix 2.



## **2. Executive summary and recommendations**

### **2.1 The Review focused on six themes:**

- Exploring the capacity to discuss sex and sexuality.
- Exploring the role of sex and relationships education in securing better health outcomes.
- Taking a view on the provision of free, accessible and confidential sex advice and information.
- Access to Sexual Health Services - including those for sexually transmitted diseases, and those for contraception.
- Improvements in sexual health promotion / disease prevention.
- Involvement of patients and public, particularly young people, in shaping future service delivery.

### **2.2 Exploring the capacity to discuss sex and sexuality**

**2.2.1** It is disappointing that the Review was not able to make much progress on this issue.

**2.2.2** It is evident that only limited work has taken place in primary care, acute care or children's services settings about listening to the needs of young people or adults on what sort of sexual health services are needed in North Derbyshire.

**2.2.3** At times, the Review Project Board sought to find out further information in relation to the knowledge of young people and adults, and were not able to make progress for a range of reasons, including,

- Research ethics – the inability of the County Council to undertake a listening exercise in relation to sexual health on NHS premises.
- Limited consultation or listening activity in relation to sexual health being included in any North Derbyshire Primary Care Trust, Hospital Trust, Derbyshire County Council Education Service or Children's Services 2005 work programme, or any other recent work programme.
- Local authorities considering that sexual health is an inappropriate issue to ask questions of young people, and how such consultation may adversely impact on the reputation of Derbyshire County Council and others. The Review was not able to use the County Council's b\_line magazine to engage young people.

2.2.4 Given this difficulty in accessing the views of local people, it is particularly welcome that the following people and organisations positively contributed to his Review, in relation to gathering the views of people.

- Rosie Kightley, former North East Derbyshire Sure Start programme manager
- Jo Kirk, East Bolsover Sure Start programme manager
- Alun Pelleschi, Head Teacher, Deincourt Community School, North Wingfield
- Jane Duly, Lead Professional, North Derbyshire School Nursing Team
- Anne Brockwell, School Nurse, North Derbyshire School Nursing Team
- Kathryn Morris-Roberts, CASH Project, North Derbyshire Health Promotion Service
- We also welcomed the support of three further North Derbyshire schools, head teachers, their colleagues and students. However, we have kept the details of these schools confidential in order not to identify any individuals who may have made a contribution.

2.2.5 All of these people have helped us better understand some of the needs of young people and young adults in North Derbyshire in relation to sexual health.

### 2.3 Exploring the role of sex and relationships education in securing better health outcomes

2.3.1 The Project Board included a representative from Derbyshire County Council's Education Advisory Team.

2.3.2 We learned much of the Derbyshire Education Service's work in relation to the Derbyshire Health Promoting Schools project and teenage pregnancy, and were provided with examples of work which had contributed to a "highly regarded" OFSTED inspection. However, we were left feeling a little unsure of the outcomes of sex and relationships education in North Derbyshire's Schools and its impact on better sexual health, and how young people are empowered to make better decisions around sex and their understanding of sexual health.

2.3.3 The work undertaken by the North Derbyshire School Nursing Team delivered information on the views of some young people, aged 11 to 15 in three secondary schools. The outcomes of that work did not entirely match the ambition and aspirations of the Derbyshire Education Service's contribution.

2.3.4 No evidence of any listening work undertaken or commissioned by Derbyshire Education Service in relation to information or other needs of young people in north Derbyshire's schools was shared with the Review.

2.4 Taking a view on the provision of free, accessible and confidential sex advice and information

2.4.1 None of the evidence received by the Review Project Board indicates that sex advice and information should be anything other than free, accessible and confidential.

2.4.2 *Every Child Matters* sets out the five outcomes children and young people want. Amongst them is the right to "be healthy". The Children's Act 2004 provides for local authorities and NHS organisations, and others too, to make the five aims, including "being healthy" to be a top priority. In relation to sexual health, it is a fundamental right of young people to have access to free, accessible and confidential information.

2.4.3 At times, it has been apparent that some of the activities delivered by healthcare organisations and Derbyshire County Council do not always achieve this aim, for example not all North Derbyshire secondary schools support a School Nurse Enhanced Drop-In service, and some of the confidential drop-in sessions delivered by School Nurses are interrupted by school staff. These issues are a source of frustration for the School Nursing Team.

Also, the Education Service is not able to confirm that school policies on sex and relationships education comply with current Department for Education and Skills guidance.

2.4.4 We have found examples of innovative and well regarded working involving adults and young people, which provide information to these groups in informal settings.

2.4.5 The North Derbyshire Health Promotion Service project, CASH (Community Action on Sexual Health), provides information and advice in a non-clinic setting to young people and adults, in particular gay men, lesbians and bisexuals, for example in pubs and nightclubs. The CASH project also delivers a number of community based projects.

- 2.4.6 Derbyshire Youth Service delivers young people-friendly projects in its Youth Information Shops in Buxton and Chesterfield. The Chesterfield project, Unit 10, provides limited contraceptive advice and information during the week. In practice, many young people have detailed enquiries relating to specific contraception issues. (More detail may be found in section 8.14). These enquiries are usually referred to the Contraception and Sexual Health Service at Saltergate Health Centre, since youth workers do not have the necessary training or experience to deal with such issues. Only more general contraception and advice is given by youth workers during the weekday sessions. This means that some people who chose to access information and advice cannot do so directly, and may not refer themselves to the Health Centre if they feel that it is an inappropriate setting. However, Unit 10 hosts a sexual health clinic in partnership with the Contraceptive and Sexual Health Service on Saturday afternoons. Attendances at these sessions are impressive.
- 2.4.7 The outreach work delivered by the Contraception and Sexual Health Service also significantly contributes to better sexual health outcomes for young people in North Derbyshire. The Community Nurses work with other agencies, and also in informal settings, meeting young people where young people go. Attention is focused on one-to-one confidential sessions, and young men are targeted – a so-called “hard to reach” group.
- 2.4.8 The proposed Buxton “One Stop Health Shop”, a collaboration between the High Peak and Dales Primary Care Trust, Chesterfield Royal Hospital Genitourinary Clinic and Derby University, is an example of responding to the challenges of *Choosing Health*, widening access to GUM services, in particular contact tracing, and providing services in a community setting.
- 2.5 Access to Sexual Health Services - including those for sexually transmitted diseases, and those for contraception
- 2.5.1 The North Derbyshire Contraception and Sexual Health Service is the main provider of specialist and generalist family planning services, including advice and guidance on sexually transmitted infections and contraception. Dr Stephen Searle is the lead consultant, and the clinical nurse specialist who leads the partnership working with young people’s centred agencies is Lindsay Sands.



- 2.5.2 The Contraception and Sexual Health Service delivers services in ten clinics across the North of the County, including the treatment of non-complicated sexually transmitted infections, and is a gateway for some patients to specialist genitourinary medicine clinics.
- 2.5.3 The Service also works with a number of partner organisations, including Derbyshire Youth Service, providing successful Youth Sexual Health Clinics, in settings suitable to young people.
- 2.5.4 More details of the services provided may be found in section 8.10.
- 2.5.5 North Derbyshire's main genitourinary service is based at Chesterfield Royal Hospital – it is known as Suite 7. The GUM Clinic is led by Dr Pauline Fraser, supported by Dr Anura Piyadigamage and Karen Sheriff, the Senior Sister and manager of the Department.
- 2.5.6 Statistically, it is amongst the worst performing GUM services in England, with currently only 15% of people able to access to the service within 48 hours of contact<sup>3</sup>.
- 2.5.7 However, this statistic does not provide a full picture of the service. Staff are dedicated to their task, and there is an absence of other diagnostic and treatment sites in the local area. The Primary Care Commissioners and the Foundation Trust senior managers need to further explore better ways of achieving the 48 hour access to GUM services target as well as delivering the planned increases in investment in these services, during 2006/2007 and 2007/2008. More information on GUM services is found in sections 8.8 and 8.9.
- 2.5.8 It is noted that the majority of positive diagnoses in Suite 7 (2003 figures) for Chlamydia, gonorrhoea and genital warts are amongst the under-25 population, predominately females. However, Chesterfield Royal Hospital is located approximately two miles out of Chesterfield town centre, and for many people who live in North Derbyshire without their own private car it is at least two bus journeys away.
- 2.5.9 The provision of community based diagnostic and treatment services across North Derbyshire is considered essential if the incidence of sexually transmitted infections is to be reduced.

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<sup>3</sup> Health Protection Agency. 48 hour waiting times. November 2005

- 2.5.10 We would like to thank Dr Stephen Searle and Lindsay Sands and Dr Pauline Fraser, Dr Anura Piyadigamage and Karen Sheriff for their support during the review. All made themselves available for interview, and shared appropriate information in a timely and helpful fashion.
- 2.6 Improvements in sexual health promotion / disease prevention
- 2.6.1 Health promotion and disease prevention is led by the North Derbyshire Health Promotion Service. Much of the work is delivered in multi-agency teams, for example the Health Promoting Schools Project and the young people's sexual health clinic in Unit 10, Chesterfield.
- 2.6.2 The Review gathered information from many services which support young people, but there was little evidence of health promotion and disease prevention activities amongst adults, particularly those who don't go to pubs and nightclubs.
- 2.6.3 The CASH Project provides advice, information and support to North Derbyshire's gay, lesbian and bisexual communities.
- 2.6.4 Derbyshire County Council's HIV / AIDS Resource Team provides advice, information and support to the County Council's looked after young people, including foster children and parents. The Team also provides a wide range of training courses covering sexual health and relationships issues for social workers, youth workers, community nurses and voluntary staff who work with young people.
- 2.6.5 The Teenage Pregnancy Strategy Board shared information in relation to how it seeks to achieve the national PSA target relating to teenage conceptions, but was only able to disclose limited useful information with the Scrutiny Committee in the range of work it delivers to improve sexual health of young people.
- 2.7 Involvement of patients and public, particularly young people, in shaping future service delivery
- 2.7.1 We welcomed the opportunity to work with the North Derbyshire School Nursing Service. Their work during the Review in listening to the views of young people's knowledge of sexual health is innovative, in North Derbyshire at least.

- 2.7.2 We also welcomed the opportunity to listen to young mums through the East Bolsover Sure Start programme. Whaley Thorns and Shirebrook are areas of disadvantage in Derbyshire, and the opportunity to capture the views of some young mums was invaluable.
- 2.7.3 We were disappointed not to find any evidence of involving patients or the public in developing the 2005/2008 sexual health strategy or as part of a general approach improving services. However, we are pleased to report that the Chesterfield Royal Hospital GUM Service plans to do some listening work with patients, as do the School Nursing Service, with young people.
- 2.7.4 Derbyshire Youth Service and the Contraception and Sexual Health Service deliver work with young people, and their sessional work, either in groups or one-to-one settings, reaches young people where they are. This work is influenced by feedback from young people.
- 2.7.5 We found no evidence of engagement with older people, say aged 25+, and hope that the planned Chesterfield Royal Hospital GUM Clinic consultation activity will include this group.
- 2.7.6 Overall, there is little evidence of a strategic or co-ordinated approach to listening, an area for improvement amongst all organisations.

## 2.8 RECOMMENDATIONS

### **Recommendation 1**

**Chesterfield, High Peak and Dales and North Eastern Derbyshire Primary Care Trusts commit their Choosing Health Sexual Health funding allocation to the further development of North Derbyshire's sexual health services, to achieve the objectives of the North Derbyshire Sexual Health Strategy for 2005 to 2008.**

### **Recommendation 2**

**The North Derbyshire Sexual Health Strategy Group, led by the North Derbyshire Primary Care Trusts, agrees a Consultation Strategy for engaging patients and the public.**

**The Strategy should include:**

- A programme of consultation with young people and adults, delivered across the range of organisations delivering sexual health services, health promotion, treatment and testing, and outcomes should explicitly influence the future direction of sexual health services.**
- A communications strategy, exploring the way in which NHS organisations and Derbyshire County Council share information on sexual health, access to services and generic guidance, in written and electronic format, with North Derbyshire's communities.**

### **Recommendation 3**

The North Derbyshire Sexual Health Strategy Group prepares a detailed Action Plan illustrating how it will achieve the objectives of the 2005/2008 Sexual Health Strategy and address the Choosing Health targets of:

- Accessible sexual health services delivered in both community and hospital settings.
- Chlamydia screening available across North Derbyshire by March 2007.
- 48 hour access to a GUM clinic by 2008.

The Action Plan should include specific and measurable activities and targets covering health promotion and prevention activities, and screening, testing and treatment, and should explicitly include all agencies and organisations working to improve the sexual health of people living in North Derbyshire.

The Action Plan should also identify how better services will be provided for vulnerable groups, and how sexual health will be improved in rural areas.

### **Recommendation 4**

Chesterfield Primary Care Trust, North Eastern Derbyshire Primary Care Trust and High Peak and Dales Primary Care Trust continue to resource the CASH (Community Action on Sexual health) project and to provide sufficient further resources to meet the identified sexual health needs of gay men, lesbians and bisexuals across North Derbyshire.

### **Recommendation 5**

Chesterfield Primary Care Trust, High Peak and Dales Primary Care Trust, North Eastern Derbyshire Primary Care Trust and Derbyshire County Council's Children and Younger Adults Services Department provide a response to all of the recommendations and issues raised by the School Nursing Team in Tables 11 and 12.



### **3. Sexual health, some facts – the national context**

- 3.1 The incidence of poor sexual health is increasing. Poor sexual health disproportionately affects communities experiencing inequalities, including those in lower socio-economic groups. Most importantly, poor sexual health can have serious longer term implications, including infertility and chronic ill health.
- 3.2 Chlamydia is the most common sexually transmitted infection (STI) and affects an estimated one in ten sexually active young women and men. The highest rate of increase in Sexually Transmitted Infections (STIs) in England, during the period 2000 to 2004, is found in Chlamydia (51%)<sup>4</sup>, with nearly 93000 new episodes diagnosed in 2004. Large increases are also reflected over the same period for the East Midlands (7736 new episodes in 2004, 38% increase) and Trent Strategic Health Authority (4532 new episodes in 2004, 44% increase) populations.

One of the contributory factors relating to the increase in diagnosed Chlamydia is the positive impact of the National Chlamydia Screening programme, over the period 2003/2004 and 2004/2005. It is reported that for the period 1 April 2004 to 31 March 2005 over 6,600 young people with Chlamydial infection would have remained undetected without the Screening programme<sup>5</sup>.

Additionally since 2000, laboratory testing procedures for Chlamydia have been more sensitive, resulting in more positive diagnoses, where previously they may have been reported as negative.

- 3.3 In relation to Genital Warts, the number of people diagnosed in English genitourinary medicine clinics (GUM clinics) remains high (over 68,000 episodes were observed in 2004), though the rate of increase is much smaller, at around 12%<sup>6</sup> over the period 2000 to 2004.

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<sup>4</sup> Chlamydia - %age increase in England between 2000 and 2004. 61370 new episodes in 2000, 92767 new episodes in 2004. Source: The Health Protection Agency. London. [www.hpa.org.uk](http://www.hpa.org.uk)

<sup>5</sup> National Chlamydia Screening Steering Group. Looking back, moving forward. Annual report of the National Chlamydia Screening Programme in England, 2004/2005. London: DHG, November 2005.

<sup>6</sup> Genital Warts - %age increase in England between 2000 and 2004. 60611 new episodes in 2000, 68134 new episodes in 2004. Source: The Health Protection Agency. London.

3.4 In relation to Gonorrhoea, the number of people diagnosed in English genitourinary medicine clinics (GUM clinics) has decreased over the past two years and is now at a level similar to that reported in 2000. (20494 new episodes were reported in 2000, with a high of 24357 new episodes reported in 2002 and 20919 episodes were reported in 2004, a 2%<sup>7</sup> increase over the 4 year period).

3.5 The Government also collects data for a number of other STIs, including Syphilis, Genital Herpes and HIV.

HIV – some statistics

- In 2004, there were an estimated 58300 people living with HIV in the United Kingdom, of whom 19700 were unaware of their infection.
- Numbers of diagnoses of HIV infections acquired through heterosexual contact remained high.
- 42182 HIV-infected individuals accessed treatment and care services in the UK during 2004, a 14% increase over 2003.

*The Review did not explore the incidence of HIV or testing and treatment for people who are HIV positive in North Derbyshire.*

3.6 Delays in access to diagnoses and treatment lead to more people being infected with STIs.

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<sup>7</sup> Gonorrhoea - %age increase in England between 2000 and 2004. 20494 new episodes in 2000, 20919 new episodes in 2004. Source: The Health Protection Agency. London.



### 3.7 Imperatives for improvement – Chlamydia

- 3.7.1 The so-called “explosion” in Chlamydia is most prevalent in England’s younger population, revealed in Table 1 – the age group up to 25 years. However, increases are also found in older age groups too.

**Table 1**

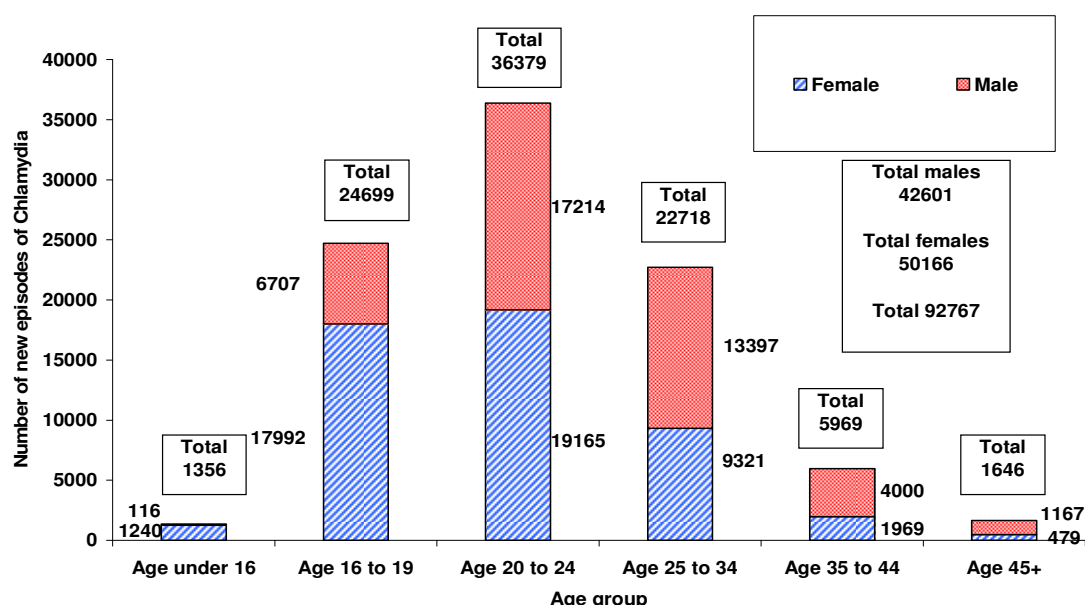
**Increase in rate of new episodes of Chlamydia seen in GUM Clinics, 2000 to 2004, total males and females, by age group, in England**

<b><u>Age Group</u></b>	<b><u>Percentage increase in new episodes of Chlamydia between 2000 and 2004</u></b>
<b>Age under 16</b>	<b>62%</b>
<b>Age 16 to 19</b>	<b>63%</b>
<b>Age 20 to 24</b>	<b>66%</b>
<b>Age 25 to 34</b>	<b>30%</b>
<b>Age 35 to 44</b>	<b>32%</b>
<b>Age 45+</b>	<b>53%</b>
<b>All ages</b>	<b>51%</b>

- 3.7.2 Chart 1 illustrates the number of new episodes of Chlamydia in England diagnosed in 2004. The information is reported by gender and by age group. As set out in section 3.2, it is reported that, for 2004/2005, over 6,600 young people with Chlamydial infection would have remained undetected without the National Chlamydia screening programme. Though the annual reporting periods of the Health Protection Agency data and the screening programme data are different, it may be inferred that the overall rate on increase in diagnosis of Chlamydial infection, between 2000 and 2004, is up to 10% to 15% greater, than without the programme in young people under 25 years old.

Furthermore, increased testing sensitivity means that there are now more positive diagnoses, where previously a negative test may have been reported.

**Chart 1 - Number of new episodes of Chlamydia seen in GUM clinics – by gender and by age group, in England, in 2004**



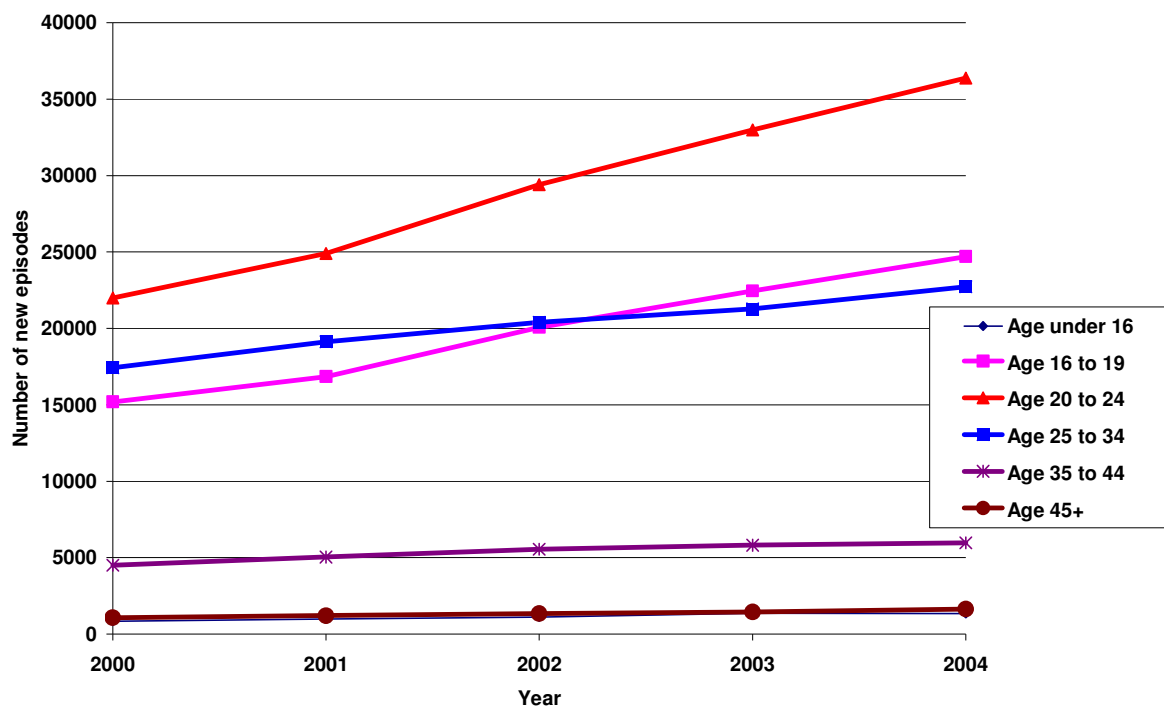
3.7.3 Table 2 illustrates the difference in rates of increase of Chlamydia between males and females in England between 2000 and 2004. The greatest rate of increase is found amongst the young male population, aged between 16 and 24 years.

**Table 2 - Increase in rate of new episodes of Chlamydia seen in GUM Clinics, 2000 to 2004, by gender and by age group, in England**

<u>Age Group</u>	<u>Percentage increase in new episodes of Chlamydia in males between 2000 and 2004</u>	<u>Percentage increase in new episodes of Chlamydia in females between 2000 and 2004</u>
Age under 16	68%	61%
Age 16 to 19	86%	55%
Age 20 to 24	88%	50%
Age 25 to 34	36%	24%
Age 35 to 44	37%	24%
Age 45+	50%	59%
All ages	60%	44%

3.7.4 Chart 2 illustrates the increase in numbers of patients diagnosed with chlamydia during the period 2000 to 2004. There has been a significant increase in the numbers of new episodes of diagnosed Chlamydia in the age group 16 to 24.

**Chart 2 - Number of new episodes of Chlamydia seen in GUM Clinics - 2000 to 2004, total males and females, by age group - England**



\* Note – Chart 2 - the data for the Age Groups “under 16” and “45+” are similar, and so the graph lines overlay each other

3.7.5 Further information relating to the diagnosis of new episodes of Chlamydia may be found on the Health Protection Agency website, [www.hpa.org.uk](http://www.hpa.org.uk)

### 3.8 Imperatives for improvement – Genital Warts

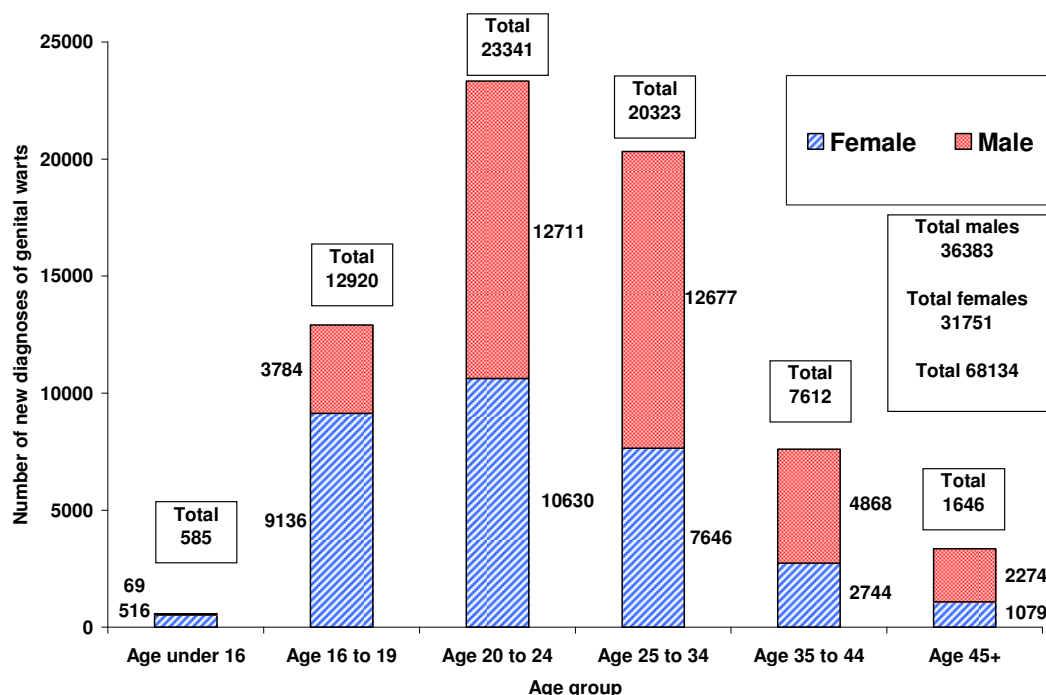
3.8.1 Table 3 illustrates a steady increase in the rate of new episodes of genital warts over the period 2000 to 2004, across all age groups.

**Table 3 - Increase in rate of new episodes of genital warts seen in GUM Clinics, 2000 to 2004, total males and females, by age group, in England**

<u>Age Group</u>	<u>Percentage increase in new episodes of genital warts between 2000 and 2004</u>
Age under 16	16%
Age 16 to 19	18%
Age 20 to 24	15%
Age 25 to 34	4%
Age 35 to 44	24%
Age 45+	22%
All ages	12%

3.8.2 Chart 3 illustrates the number of new episodes of genital warts in England diagnosed in 2004. The information is reported by gender and by age group.

**Chart 3 - Number of new episodes of Genital Warts seen in GUM clinics – males and females by age group, in England, in 2004**



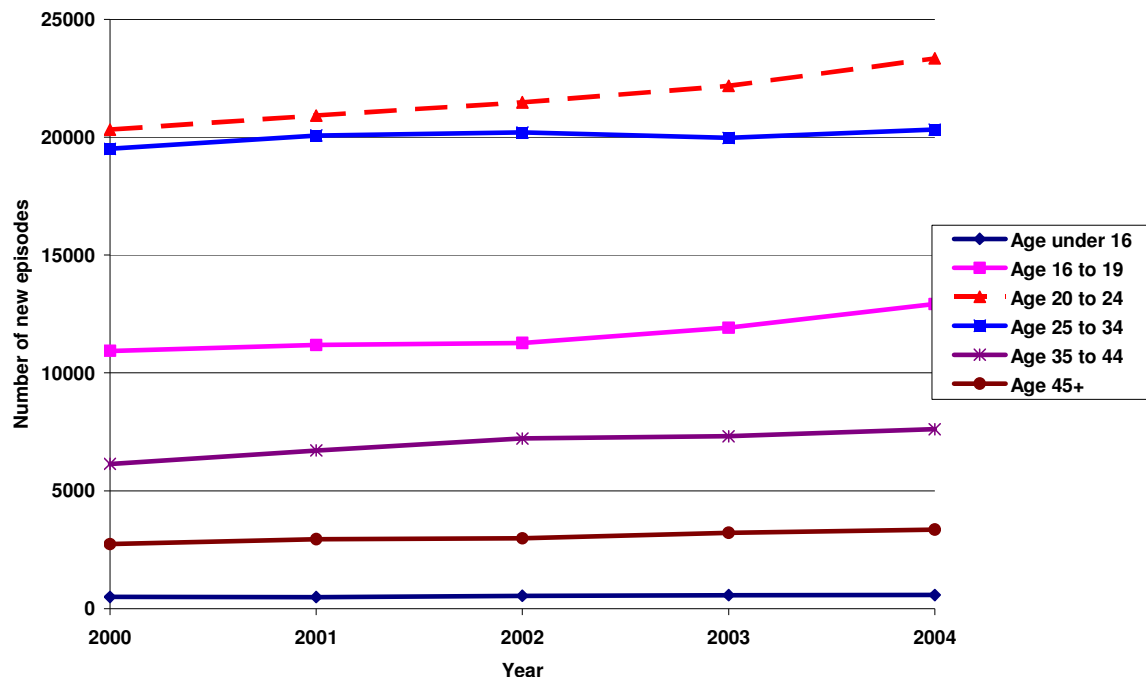
3.8.3 Table 4 illustrates the difference in rates of increase of genital warts between males and females in England between 2000 and 2004. The greatest rate of increase is found amongst the young male population, aged between 16 and 24 years.

**Table 4 - Increase in rate of new episodes of Genital Warts seen in GUM Clinics, 2000 to 2004, by gender and by age group, in England**

<u>Age Group</u>	<u>Percentage increase in new episodes of genital warts in males between 2000 and 2004</u>	<u>Percentage increase in new episodes of genital warts in females between 2000 and 2004</u>
Age under 16	-18%	23%
Age 16 to 19	25%	16%
Age 20 to 24	22%	8%
Age 25 to 34	3%	7%
Age 35 to 44	22%	28%
Age 45+	28%	12%
All ages	14%	11%

3.8.4 Chart 4 illustrates the increase in numbers of patients diagnosed with genital warts during the period 2000 to 2004. There is a steady increase in the number of new episodes of genital warts diagnosed between 2000 and 2004, in all age groups.

**Chart 4 - Number of new episodes of Genital Warts seen in GUM Clinics - 2000 to 2004, total males and females, by age group – England**



3.8.5 Further information relating to the diagnosis of new episodes of genital warts may be found on the Health Protection Agency website, [www.hpa.org.uk](http://www.hpa.org.uk)

### 3.9 Imperatives for improvement – Gonorrhoea

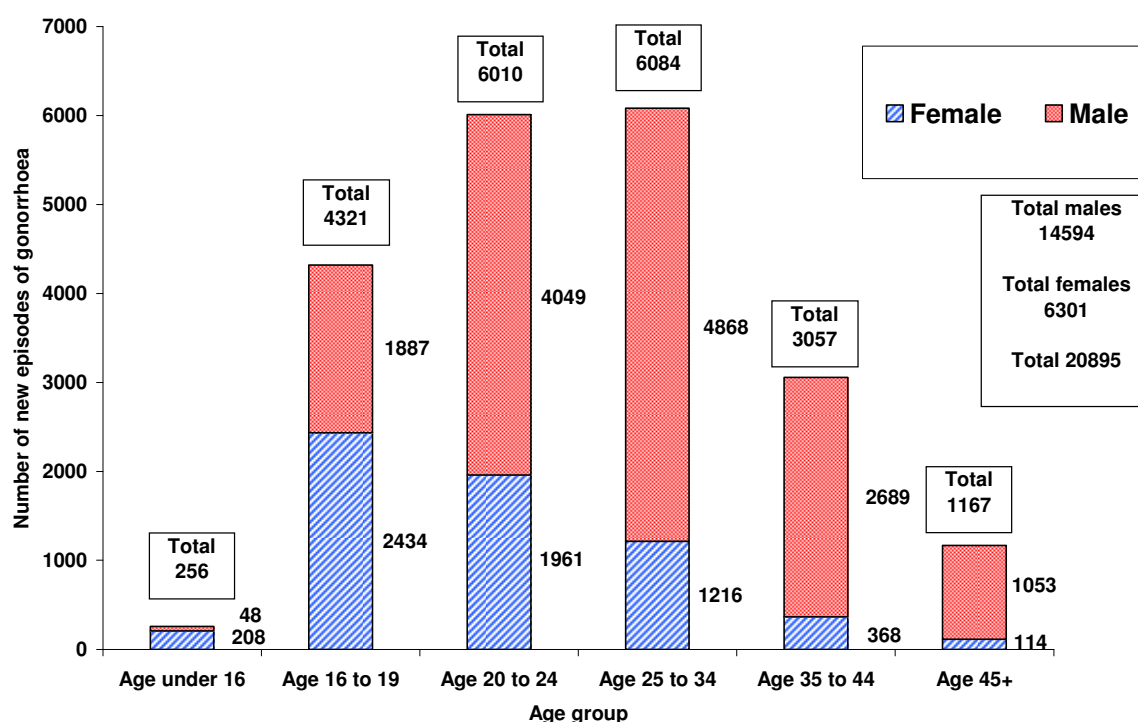
3.9.1 Table 5 illustrates no clear pattern of change across age groups. However, the rate of change, and the incidence of new episodes, is lower than that of Chlamydia or genital warts.

**Table 5 - Increase in rate of new episodes of Gonorrhoea seen in GUM Clinics, 2000 to 2004, total males and females, by age group, in England**

<u>Age Group</u>	<u>Percentage increase in new episodes of gonorrhoea between 2000 and 2004</u>
Age under 16	-4%
Age 16 to 19	5%
Age 20 to 24	11%
Age 25 to 34	-9%
Age 35 to 44	9%
Age 45+	25%
All ages	2%

3.9.2 Chart 5 illustrates the number of new episodes of gonorrhoea in England diagnosed in 2004. The information is reported as the total population, by age group.

**Chart 5 - Number of new episodes of Gonorrhoea seen in GUM clinics – total males and females, by age group, in England, in 2004**



3.9.3 Table 6 illustrates the difference in rates of increase of gonorrhoea between males and females in England between 2000 and 2004. There is no distinguishable change in the rates, given the relatively low number of people diagnosed with gonorrhoea.

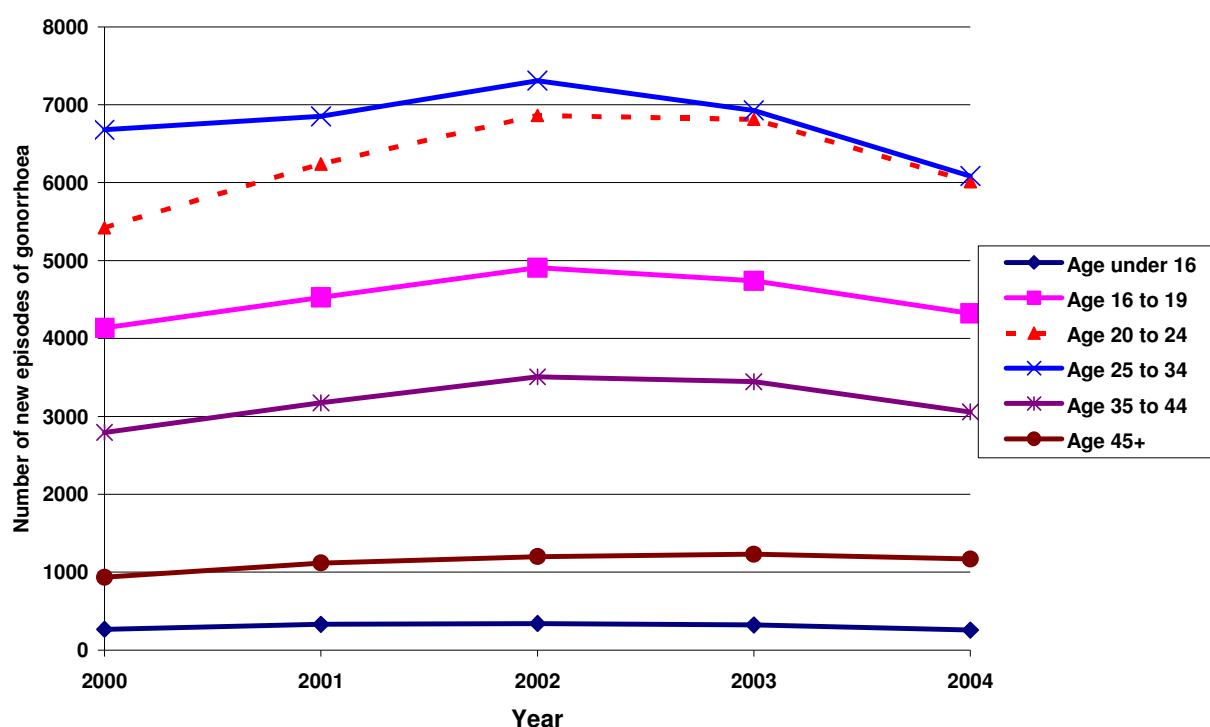
**Table 6 - Increase in rate of new episodes of Gonorrhoea seen in GUM Clinics, 2000 to 2004, by gender and by age group, in England**

<u>Age Group</u>	<u>Percentage increase in new episodes of gonorrhoea in males between 2000 and 2004</u>	<u>Percentage increase in new episodes of gonorrhoea in females between 2000 and 2004</u>
Age under 16	-19%	0%
Age 16 to 19	3%	6%
Age 20 to 24	15%	4%
Age 25 to 34	-10%	-3%
Age 35 to 44	13%	-12%
Age 45+	25%	27%
All ages	2%	1%



3.9.4 Chart 6 illustrates the increase in numbers of patients diagnosed with gonorrhoea during the period 2000 to 2004. After a peak in 2002, the numbers of new episodes diagnosed in 2004 are at a similar level to those diagnosed in 2000, in all age groups.

**Chart 6 - Number of new episodes of Gonorrhoea seen in GUM Clinics - 2000 to 2004, total males and females by age group – England**



3.9.5 Further information relating to the diagnosis of new episodes of gonorrhoea may be found on the Health Protection Agency website, [www.hpa.org.uk](http://www.hpa.org.uk)

### 3.10 Imperatives for improvement – Syphilis

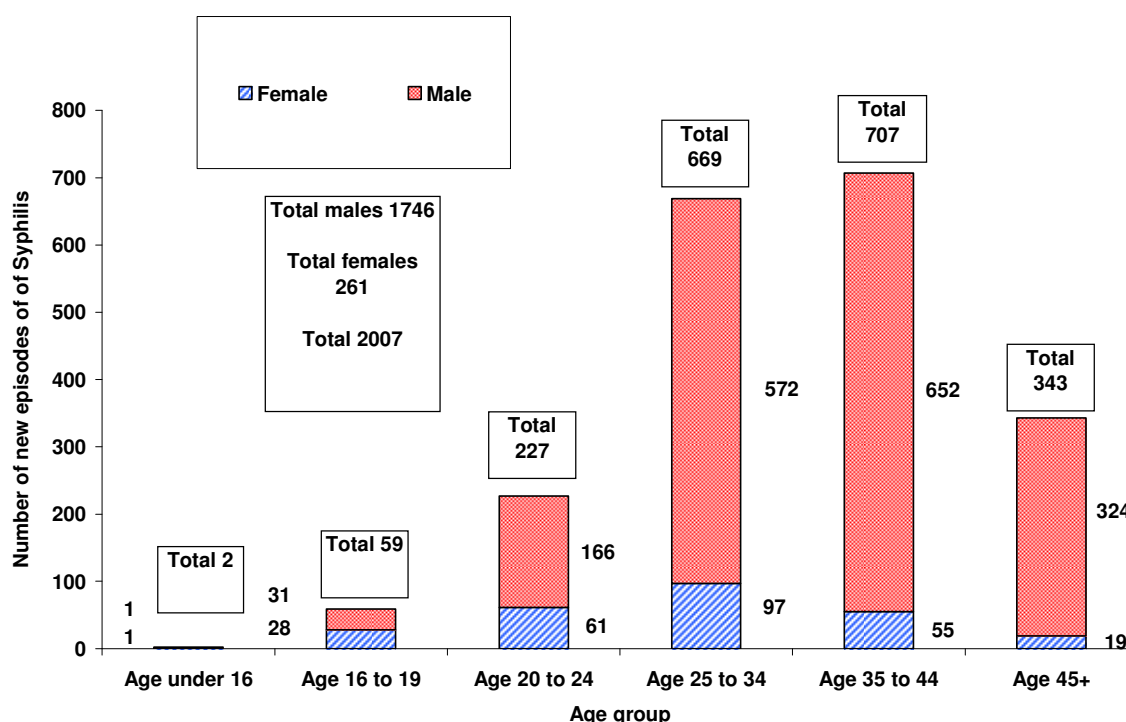
- 3.10.1 Table 7 illustrates that the rate of incidence of new episodes of syphilis extremely high, up to 636% in the age group, 35 to 44. Overall, the rate of increase over the period 2000 to 2004 is 524%. The total number of people diagnoses with syphilis in 2004 was 2007. The infection is prevalent in men, and the 2004 data identifies that over 52% of new diagnoses are men who have sex with men.

**Table 7 - Increase in rate of new episodes of Syphilis seen in GUM Clinics, 2000 to 2004, total males and females, by age group, in England**

<b><u>Age Group</u></b>	<b><u>Percentage increase in new episodes of syphilis between 2000 and 2004</u></b>
<b>Age under 16</b>	<b>Not measurable</b>
<b>Age 16 to 19</b>	<b>321%</b>
<b>Age 20 to 24</b>	<b>549%</b>
<b>Age 25 to 34</b>	<b>467%</b>
<b>Age 35 to 44</b>	<b>636%</b>
<b>Age 45+</b>	<b>513%</b>
<b>All ages</b>	<b>524%</b>

- 3.10.2 Chart 7 illustrates the number of new episodes of syphilis in England diagnosed in 2004. The information is reported by gender and by age group.

**Chart 7 - Number of new episodes of Syphilis seen in GUM clinics  
– total males and females, by age group, in England, in 2004**



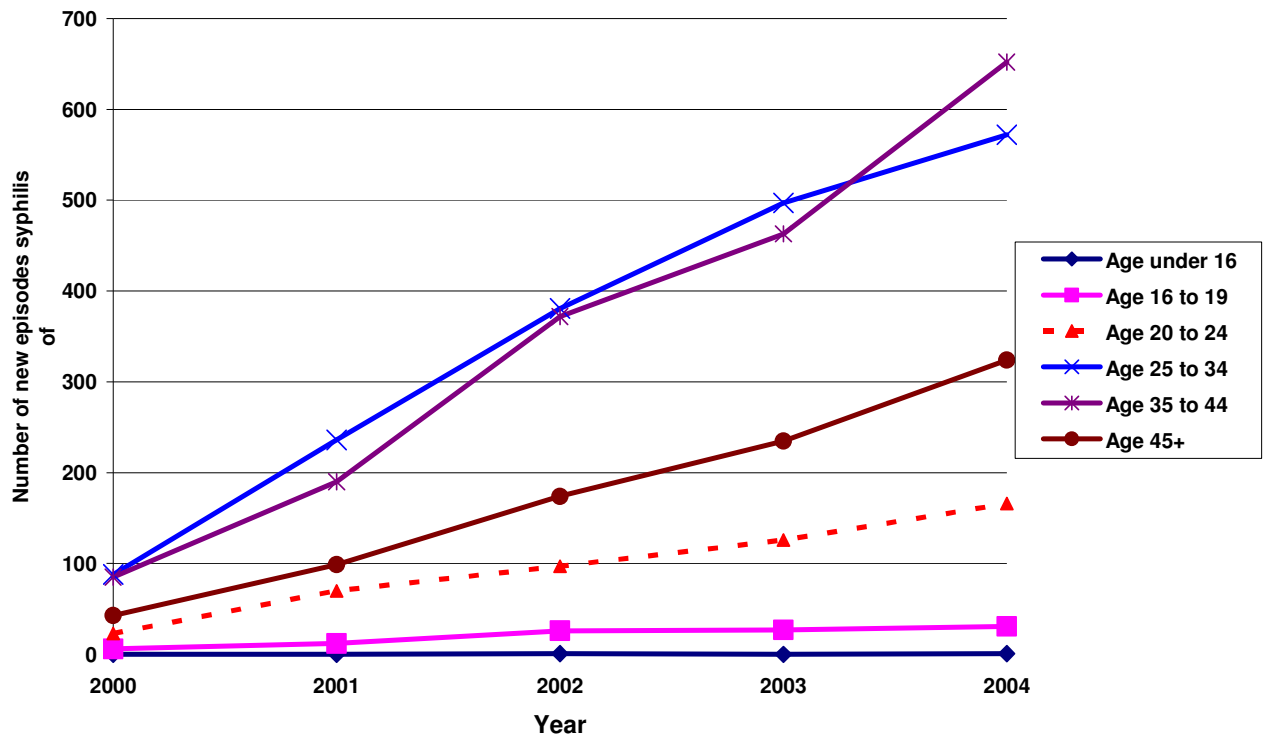
3.10.3 Table 8 illustrates the difference in rates of increase of syphilis between males and females in England between 2000 and 2004. The rate of change of diagnosis of new episodes of syphilis is very high, over 550% in all male age groups, and over 600% overall male age groups. The Health protection Agency data also indicates that it is a STI prevalent in gay and bisexual men.

**Table 8 - Increase in rate of new episodes of Syphilis seen in GUM Clinics, 2000 to 2004, by gender and by age group, in England**

<u>Age Group</u>	<u>Percentage increase in syphilis in males between 2000 and 2004</u>	<u>Percentage increase in syphilis in females between 2000 and 2004</u>
Age under 16	Not measurable	Not measurable
Age 16 to 19	417%	250%
Age 20 to 24	622%	588%
Age 25 to 34	550%	223%
Age 35 to 44	667%	400%
Age 45+	653%	46%
All ages	607%	186%

3.10.4 Chart 8 illustrates the increase in numbers of patients diagnosed with syphilis during the period 2000 to 2004.

**Chart 8 - Number of new episodes of Syphilis seen in GUM Clinics - 2000 to 2004, males by age group – England**



3.10.5 Further information relating to the diagnosis of new episodes of syphilis may be found on the Health Protection Agency website, [www.hpa.org.uk](http://www.hpa.org.uk)

#### **4. Sexual health, strategies, policies and standards – the national context**

##### **4.1 The Government's National Strategy for Sexual Health and HIV**

4.1.1 The Government's Strategy to tackle poor sexual health was set out in 2001.

4.1.2 It proposes a comprehensive model of sexual health service provision, and aims to:

- Reduce the transmission of HIV and STIs.
- Reduce the prevalence of undiagnosed HIV and STIs.
- Reduce the rates of unintended pregnancy.
- Reduce the stigma associated with HIV and STIs.

4.1.3 The Strategy requires commissioners and local providers in primary care and acute sectors and community-based services to work together to plan and commission a comprehensive sexual health service, which incorporates different levels of services in different settings. People who use these services should also be involved in the development of services, through a managed service network for sexual health.

4.1.4 The Strategy is supported by an implementation action plan, and toolkits covering effective commissioning and effective sexual health promotion. The Strategy is also complemented by the national teenage pregnancy strategy, which aims to reduce teenage conceptions.

##### **4.2 Developing a holistic approach to tackling sexual health**

4.2.1 There are a number of drivers for raising the awareness of the importance of good sexual health, and for improving services, such as the report of the House of Commons Committee on Sexual Health<sup>8</sup>, and Department of Health guides on the commissioning of Sexual Health and HIV Services, and Health Promotion.

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<sup>8</sup> House of Commons Health Committee. Sexual Health. Third Report of Session 2002-03. Volume 1.

4.2.2 *Choosing Health too* includes three specific targets for sexual health:

- **Accessible sexual health services delivered in both community and hospital settings.**
- **Chlamydia screening available across England by March 2007.**
- **48 hour access to a GUM clinic by 2008.**

4.2.3 Appendix 4 details more information on:

- the National Chlamydia Screening Programme in England
- Recommended standards for sexual health services (MEDFASH)
- Investment for Health – A public health strategy for the East Midlands
- The Government's Teenage Pregnancy Strategy
- Every Child Matters: Change for Children
- Sex and relationships education – OFSTED
- The Healthcare Commission's Annual Health Check
- The Audit Commission's Comprehensive Performance Assessment.

## **5. Sexual health in North Derbyshire, some facts**

- 5.1 The incidence of poor sexual health in North Derbyshire appears to be similar to the national picture.
- 5.2 The Health Protection Agency collects annual data relating to the number of new episodes of diagnoses of Chlamydia, Gonorrhoea, Syphilis, HIV/AIDS, Herpes and Genital Warts in GUM clinics, by calendar year.

There is wide publication of National and Regional Data by the HPA – both in hard copy and on their web-site For example  
[http://www.hpa.org.uk/hpa/publications/hiv\\_sti\\_2005/default.htm](http://www.hpa.org.uk/hpa/publications/hiv_sti_2005/default.htm)

And more generally on  
[http://www.hpa.org.uk/infections/topics\\_az/hiv\\_and\\_sti/default.htm](http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/default.htm)

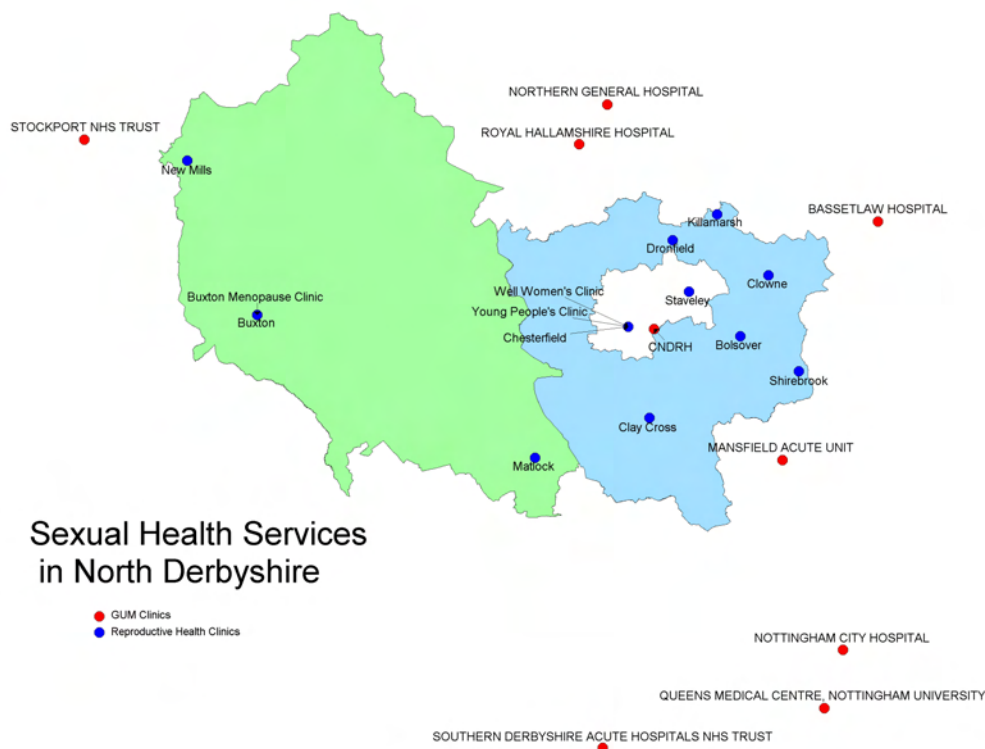
The most recent accessible data available to the Review relates to Suite 7, Chesterfield Royal Hospital for the period 1999 to 2003.

- 5.3 Use of this data provides an indication of the change in numbers of diagnoses of new episodes of a range of STIs, by age group and by gender, or over a particular calendar year period. The data set also indicates the percentage of those diagnosed who are men who have sex with men.
- 5.4 Furthermore, the Health Protection Agency also conducts quarterly surveys of waiting times in GUM clinics, such as Suite 7 in Chesterfield Royal Hospital. The most recent and available GUM waiting time data is for August 2005. Data also exists for May 2004, November 2004 and May 2005. The next published data will be for the November 2005 and February 2006. Note, this data informs a judgement on how GUM clinics are performing in relation to the Government's 2008 target waiting time for accessing GUM services set out in *Choosing Health*. See section 4.2.2.
- 5.5 In 2002, the North Derbyshire Primary Care Trusts carried out baseline assessments for NHS Contraceptive Services and Specialist Genitourinary medicine services.

### 5.6 NHS Contraceptive Services in North Derbyshire

The Primary Care Trusts consider that access to contraceptive services in North Derbyshire is comprehensive and equitable. Contraceptive services are provided in GP practices and family planning clinics. A further twenty-one pharmacies provide emergency contraception. All North Derbyshire GPs provide a contraceptive service. The Contraceptive and Sexual Health Service has eleven family planning clinics across North Derbyshire, and also participates in a number of outreach projects. The North Derbyshire School Nursing Team also provides a contraceptive service in some North Derbyshire schools. The Health Promoting Schools Team also provides contraceptive advice in North Derbyshire Schools, as part of the delivery of the Derbyshire Teenage Pregnancy Strategy.

**Map 1 – Location of Genitourinary Clinics and Family Planning Centres on North Derbyshire**





- 5.7 Specialist genitourinary medicine services (GUM) in North Derbyshire  
A baseline assessment was carried out for the whole of North Derbyshire in 2002. The majority of residents will attend the Suite 7 Clinic at Chesterfield Royal Hospital. About one third of attendees from North Eastern Derbyshire PCT are seen at King's Mill Hospital and one third of attendees from High Peak and Dales PCT are seen at Stepping Hill. Some Derbyshire residents may also access GUM services from the Royal Hallamshire Hospital in Sheffield or Bassetlaw Hospital in Worksop.
- 5.8 The North Derbyshire Primary Care Trusts are currently unable to compile data on the numbers of patients seeking testing for sexually transmitted infections in general practice. However, it is possible to gather some information in relation to the number of testing requests received by hospital laboratories, though gathering data is not easy, since requests go to different hospitals. It is envisaged that introduction of the National Chlamydia Screening Programme improve data collection, and so also support better "contact tracing".
- 5.9 The North Derbyshire Directors of Public Health have identified that better sexual health services are a priority area, as well as managing teenage pregnancy. The 2005/2006 Local Delivery Plans include new monies for tackling the 48-hour access to GUM clinics target, through investment in three community health advisors.
- 5.10 The Suite 7 GUM clinic also collects other supporting data to help inform its service delivery, including:
- Attendance data, annual, monthly – relating to new appointments and rebookings, follow-up appointments, did not attends, telephone contacts.
  - All infections.
  - Partner tracing and notification, including testing and treatment.
- 5.11 No other data relating to the incidence Chlamydia, genital warts or gonorrhoea exists which may be used to determine the prevalence of poor sexual health in North Derbyshire. This means that no further information is robustly gathered and used to plan future services, in other settings, such as the Family Planning and Contraception clinics nor GP practices.

**KEY ISSUE DRIVING RECOMMENDATION 3 – The Review Project Board was unable to source any information in relation to patients accessing GUM services in Stepping Hill, Hospital, Stockport**

## 5.12 Imperatives for improvement in North Derbyshire – Chlamydia

- 5.12.1 The highest rate of increase in Sexually Transmitted Infections (STIs) in North Derbyshire, during the period 1999 to 2003, is found with Chlamydia (44%)<sup>9</sup>, with 466 new episodes diagnosed in 2003.
- 5.12.2 However, the data for individual GUM clinics reflects the number of people observed at that clinic and tested positive for a sexually transmitted infection, in this case chlamydia. Patients who live outside the North Derbyshire area may also visit the Chesterfield Royal GUM clinic, and still be reported in the Chesterfield Royal annual data. However, people who live in the North Derbyshire area and visit a GUM clinic, say in Nottingham, Derby or Sheffield will not be recorded in the Chesterfield Royal GUM clinic data.
- 5.12.3 The increase in incidence of Chlamydia in North Derbyshire (observed in Suite 7) is revealed in Table 9 – in particular the age group 16 to 24 years. However, increases are also found in older age groups too. Care needs to be taken in interpreting the rate of increases due to the relatively small number of diagnoses. However, the information is in line with nationally observed data.

**Table 9 - Increase in rate of new episodes of Chlamydia seen in GUM Clinics, 1999 to 2003, total males and females, by age group, in Suite 7, Chesterfield Royal Hospital**

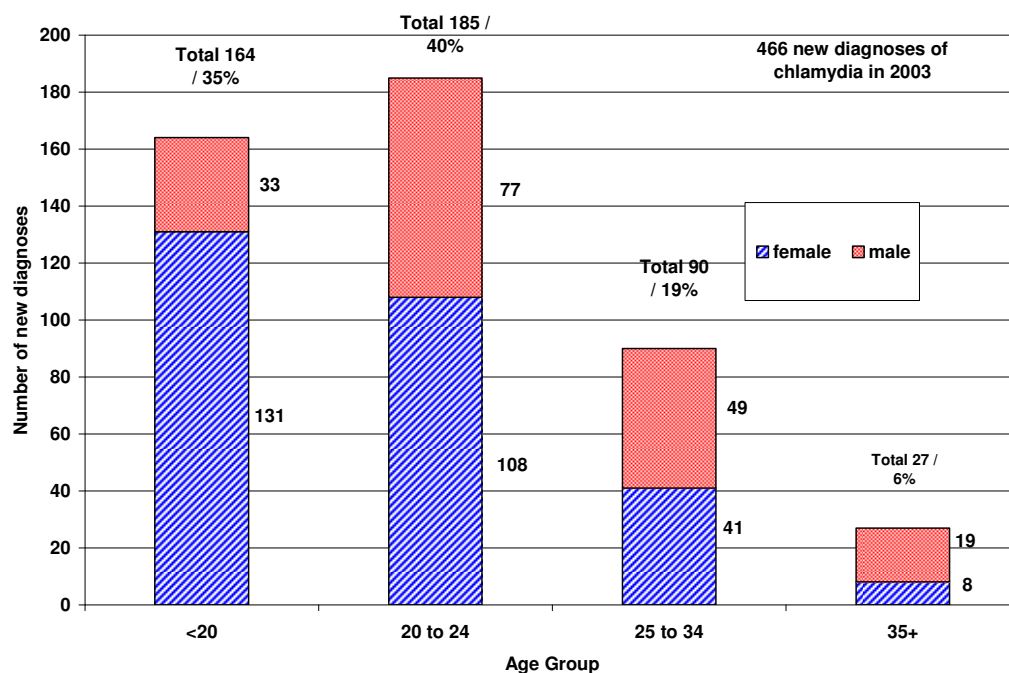
<b><u>Age Group</u></b>	<b><u>Percentage increase in new episodes of Chlamydia between 1999 and 2003</u></b>
<b>Age under 16</b>	<b>100%</b>
<b>Age 16 to 19</b>	<b>51%</b>
<b>Age 20 to 24</b>	<b>54%</b>
<b>Age 25 to 34</b>	<b>11%</b>
<b>Age 35 to 44</b>	<b>69%</b>
<b>Age 45+</b>	<b>150%</b>
<b>All ages</b>	<b>44%</b>

<sup>9</sup> Chlamydia - % increase between 1999 and 2003, 323 new episodes in 1999, 466 episodes in 2003. Source: The Health Protection Agency. London.

5.12.4 Chart 9 illustrates the number of new episodes of Chlamydia diagnosed in Suite 7 GUM clinic in 2003. The chart illustrates the prevalence of Chlamydia amongst the Under 20 and Under 25 communities.

- 35% of all new episodes of Chlamydia in 2003 are in young people aged under 20
- 75% of all new episodes of Chlamydia in 2003 are in young adults aged under 25
- The incidence of Chlamydia warts in young people and young adults is slightly higher than the national picture.

**Chart 9 - Number of new episodes of Chlamydia seen in GUM clinics – males and females by age group, in Suite 7, Chesterfield Royal Hospital, in 2003**



**5.13 Imperatives for improvement in North Derbyshire – Genital Warts**

5.13.1 During 2003, 242 people were diagnosed with genital warts, in the Chesterfield Royal Hospital GUM clinic. This figure represents a decrease of 19% in the number of new episodes of genital warts. The rate of change in diagnoses of new episodes of genital warts, across age groups, is shown in Table 10.

5.13.2 However, the numbers of new episodes diagnosed are relatively small. Total diagnoses over the past five years are:

- 1999 – 297 diagnoses
- 2000 – 243
- 2001 – 276
- 2002 – 237
- 2003 – 242
- 2004 – data not available

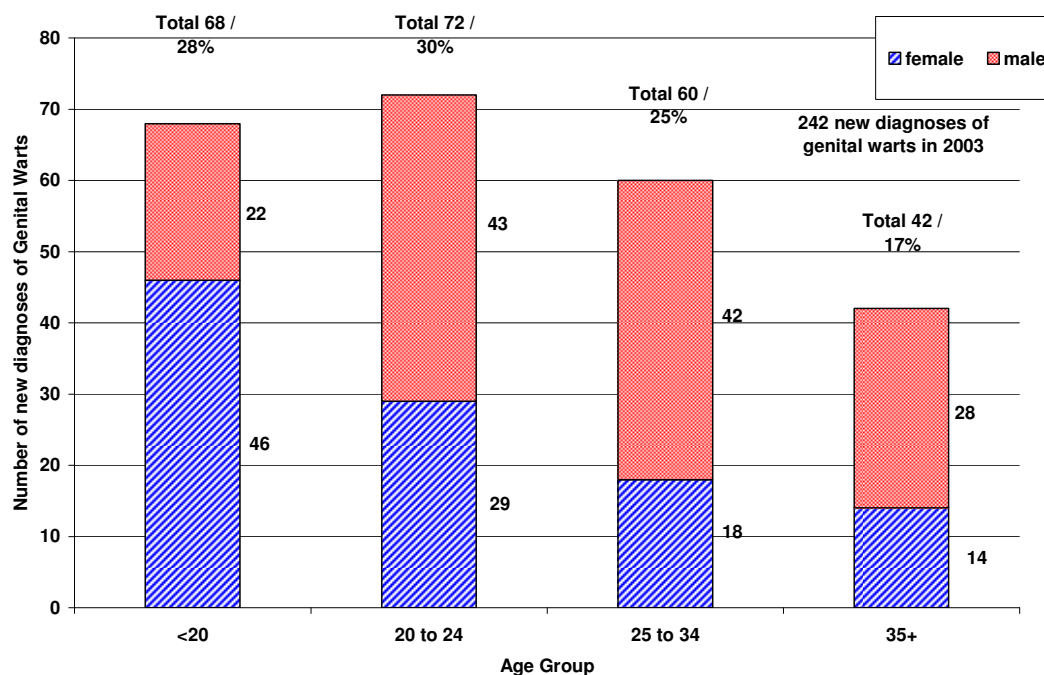
**Table 10 - Increase in rate of new episodes of genital warts seen in GUM Clinics, 1999 to 2003, total males and females, by age group, in Suite 7, Chesterfield Royal Hospital**

<b><u>Age Group</u></b>	<b><u>Percentage increase in genital warts between 1999 and 2003</u></b>
<b>Age under 16</b>	<b>-33%</b>
<b>Age 16 to 19</b>	<b>-1%</b>
<b>Age 20 to 24</b>	<b>-27%</b>
<b>Age 25 to 34</b>	<b>-29%</b>
<b>Age 35 to 44</b>	<b>12%</b>
<b>Age 45+</b>	<b>-26%</b>
<b>All ages</b>	<b>-19%</b>

5.13.3 Chart 10 illustrates the number of new episodes of genital warts diagnosed in Suite 7 GUM clinic in 2003. The chart illustrates the prevalence of genital warts across all age groups.

- 28% of all new episodes of genital warts in 2003 are in young people aged under 20
- 58% of all new episodes of genital in 2003 are in young adults aged under 25
- The incidence of genital warts in young people and young adults is similar to the national picture.

**Chart 10 - Number of new episodes of genital warts seen in GUM clinics – males and females by age group, in Suite 7, Chesterfield Royal Hospital, in 2003**



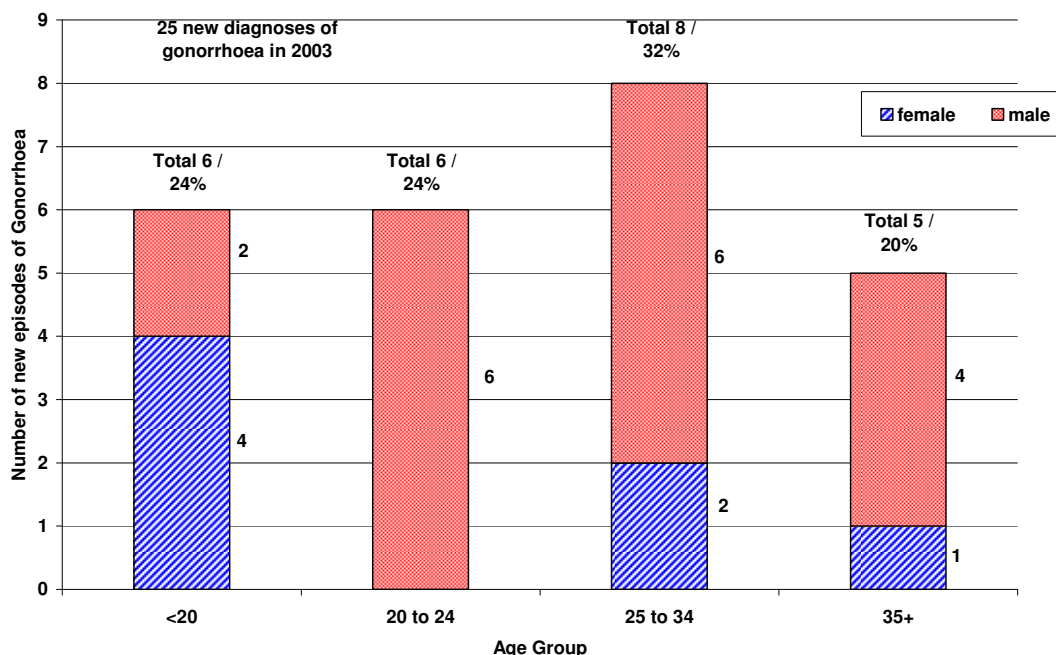
#### 5.14 Imperatives for improvement - gonorrhoea

5.14.1 Twenty five new episodes of gonorrhoea were diagnosed in Chesterfield Royal Hospital's GUM clinic in 2003, as illustrated in Chart 11. This represents a significant decrease in diagnosis of this STI over a 12-month period. However, over a period of four years, the number of new episodes of gonorrhoea are similar.

- 1999 – 21 new episodes diagnosed
- 2000 – 22
- 2001 – 33
- 2002 – 52
- 2003 – 25

5.14.2 As a proportion of diagnoses of all new episodes of gonorrhoea, it is this STI which is most prevalent in men who have sex with men.

**Chart 11 - Number of new episodes of gonorrhoea seen in GUM clinics – males and females by age group, in Suite 7, Chesterfield Royal Hospital, in 2003**



#### 5.15 Imperatives for improvement - syphilis

5.15.1 In 2003, no positive diagnoses of syphilis were made by Suite 7. Indeed, over the period 1999 to 2003, only one new episode of syphilis, in a female, was diagnosed.

6. **Sexual health in North Derbyshire, strategies, policies and standards**

6.1 **The Sexual Health Strategy for Northern Derbyshire – 2005/2008**

6.1.1 The Sexual Health Strategy for North Derbyshire, for the period 2005/2008 has been prepared by the North Derbyshire Sexual Health Strategy Group, under the leadership of the Public Health Team at North Eastern Derbyshire Primary Care Trust. The Strategy is reproduced in Appendix 3.

6.1.2 The Strategy was ratified by the North Derbyshire Primary Care Trusts during February and March 2006, as part of the Local Delivery Plan<sup>10</sup> process.

6.1.3 The total cumulative investment proposed to deliver the Strategy (in addition to the existing committed resources) is £89,000 in 2005/2006, £623,000 in 2006/2007 and £1.288 million in 2007/2008. Additional funding to improve sexual health services has been provided through the *Choosing Health* agenda. However, *Choosing Health* funding is added directly to mainstream PCT budgets, so there is no guarantee that investment will reach frontline sexual health services.

**KEY ISSUE DRIVING RECOMMENDATION 1 – Chesterfield Primary Care Trust, High Peak and Dales Primary Care Trust and North Eastern Derbyshire Primary Care Trust should commit their Choosing Health (Sexual Health) funding to further developing sexual health services in North Derbyshire.**

6.1.4 Generally, the Strategy seeks to incorporate these sub-strategies:

- A strategy for primary prevention (STI, unwanted pregnancy, abuse and psychological morbidity) through health promotion and marketing of messages and services delivered in partnership across sectors.
- A strategy for secondary prevention, including chlamydia screening, delivered in a wider number of accessible settings.

<sup>10</sup> Local Delivery Plan. Primary Care Trusts have a responsibility for planning and commissioning local health services. PCTs must ensure that both national and local priorities for improving health services and responding to health need are factored into their plans. The Local Delivery Plan is intended to give an overview of the objectives that local NHS organisations and their partners will be working towards in any given period.

- A strategy to improve treatment (improving access and effectiveness, implementing new service standards for STIs, evaluating support and social care for people with HIV) delivered by health and social care sectors.
  - Access to contraception and termination services
- 6.1.5 The Northern Derbyshire Sexual Health Strategy aims to address these national PSA targets:
- PSA11a – Reduction in the under 18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health.
  - PSA11b – 100% of patients contacting genitourinary medicine clinics to be offered an appointment within 48 hours by 2008.
  - PSA11c – Decrease in the rates of new diagnoses of gonorrhoea by 2008
  - PSA11d – Increase in the percentage of people aged 15 to 24 accepting Chlamydia screening by 2007.
- 6.1.6 The Northern Derbyshire Sexual Health Strategy identifies current strategies and gaps in service delivery. The identified funding needs are intended to provide services where there are currently gaps, to address the need to meet national targets, and reflect the North Derbyshire communities varying needs. The Strategy also identifies needs of young people, and needs of adults – which at times, will be a different intervention, through health promotion and diagnosis and treatment.
- 6.1.7 The Strategy recognises the role of non-NHS partner organisations in working in a cross cutting way to address sexual ill health, including Derbyshire County Council's education services, including school and the youth service, and the Connexions service.
- 6.1.8 The Strategy identifies that partner organisations will need to commit further resources to achieve the aims of the Strategy, and hence the national targets. The Strategy does not make clear the scale of such investment, or whether it is new investment or more targeted investment. Without such further information, the Health Scrutiny Committee is unable to take a view on the reasonableness of this requirement.



- 6.1.9 The Health Scrutiny Committee welcomes the establishment of community-based health advisers and the reinforcement of the GUM capacity. It is understood that one adviser is already in post and two further advisers will be recruited before April 2006. Each advisor will work on their own patch, based on PCT boundaries. These advisers will receive referrals with positive chlamydia tests for follow-up and contact tracing. This initiative should positively impact on the Chesterfield Royal Hospital GUM clinic waiting times, and so contribute to fewer people waiting for up to three weeks for an appointment, and so further reducing the possibility of further infection if a person continues to have sex.

The Review Team understands that there have been some issues discussed by the Sexual Health Strategy Group in relation to the training of the community health advisers. All of the guidance on sexual health, commissioning and delivery, indicates that the GUM Team are at the apex of a hierarchy of three levels of services, and have a responsibility for the delivery of contact tracing. Given that one of the primary roles of the community health advisers is the carrying out of contact tracing in a community setting, and so, potentially, having a positive impact on addressing the delivery of community based services, increasing the number of tests and treatments arising from contact tracing, and reducing the waiting time for a GUM appointment at Chesterfield Royal Hospital (in line with the 48 hour target) it is a little surprising that these advisers were having difficulty accessing training from the hospital.

- 6.1.10 The Strategy also includes the delivery of contraceptive services. North Derbyshire's NHS contraceptive services are mainly provided through GP surgeries and in family planning clinics. Some contraception advice and information, and the supply of free condoms are available in Derbyshire Youth Service settings.

**KEY ISSUE DRIVING RECOMMENDATION 3 – The North Derbyshire Sexual Health Strategy Group should provide regular updates in relation to the redesign of services in order to achieve the strategy's objectives progress on achievement of national targets.**

6.2 **The National Chlamydia Screening Programme in England – Chlamydia screening in North Derbyshire**

6.2.1 A local needs assessment undertaken by the Primary Care Trusts has identified a need to address:

- High levels of untreated Chlamydial infection, in the 16 to 24 age group.
- Access to GUM services. The current waiting time for a non-priority patient is up to 3 weeks at Chesterfield Royal Hospital.

6.2.2 The North Derbyshire Sexual Health Strategy Group has developed a three-stage service development proposal in relation to the need to address the incidence of Chlamydia, including:

- Stage 1 – 2005/2006 - the establishment of community based health advisers and reinforcement of GUM capacity.
- Stage 2 - 2006/2007 – the establishment of a central office for coordination of local Chlamydia screening services and increased GUM capacity.
- Stage 3 – 2007/2008 – the establishment of other test providers.

6.2.3 The Sexual Health Strategy Group recognises the importance of IT and data collection in order to demonstrate that targets are being achieved.

**KEY ISSUE DRIVING RECOMMENDATION 3 – The Health Scrutiny Committee welcomes the commitment in the 2005/2008 North Derbyshire Sexual Health Strategy to deliver community based Chlamydia screening services in support of better access to services and the reduction in GUM waiting times.**

6.3 **Derbyshire Teenage Pregnancy Partnership**

6.3.1 The Derbyshire Teenage Pregnancy Partnership shared some information with the Health Scrutiny Committee. The Teenage Pregnancy Partnership reports to the Children and Young People's Strategic Partnership.

- 6.3.2 The main message delivered to the Committee is that Derbyshire's Teenage Pregnancy Strategy is having a positive effect in reducing teenage conceptions. By 2003, the Partnership had achieved a 14.4% reduction over the period 1998 to 2003. However, there are "hotspots" where conceptions are rising, in particular in Chesterfield and in Bolsover.
- 6.3.2 The Partnership established the link between the *Be Healthy* outcome set out in Every Child Matters and sexual health services, and commented on a number of activities that it had supported, including:
- Sex and relationships education in and out of school settings.
  - Specific sex and relationships education to teachers and governors.
  - Theatre in Education providing participatory learning.
  - Sexual health and contraceptive service directories available to young people, parents and professionals.
  - Delivery of contraceptive and sexual health services to hard to reach groups and rural communities by the Youth Service.
- 6.3.3 The Partnership did not share any detailed evaluation or information on these activities, to raise awareness of the difference, if any, they make. The Partnership's main performance measure is related to the reduction in teenage conceptions, rather than a decrease in sexually transmitted infections.
- 6.3.4 There is some little difficulty in using the falling teenage pregnancy rate as a proxy for sexual health since, over a similar period of time, there has been a significant increase in Chlamydial infection, nationally as well as locally, for reasons documented in section 3.7.2. This suggests that the teenage pregnancy element of the Teenage Pregnancy Strategy may be working well, but the sexual health aspect is not.

- 6.3.5 There appears to be limited contact between the Derbyshire Teenage Pregnancy Partnership and the North Derbyshire Sexual Health Strategy Group. This is a lost opportunity. The Teenage Pregnancy Group includes a range of people from Children's Services, including education, youth service and children's social services as well as NHS and Sure Start and this means that this group of people can only effectively influence the teenage pregnancy element of the national Teenage Pregnancy Strategy, and not the sexual health element.

**KEY ISSUE DRIVING RECOMMENDATIONS 2 AND 3 – The North Derbyshire Sexual Health Strategy Group and the Derbyshire Teenage Pregnancy Strategy Group further improve their lines of communication to ensure that resources are focused on improving the sexual health of North Derbyshire's communities, in particular young people.**

6.4 **Every Child Matters: Change for Children – Derbyshire Children and Younger Adult Trust**

- 6.4.1 The Derbyshire Children and Younger Adult Trust (formerly the Derbyshire Children and Young People's Strategic Partnership) leads the agenda for change around children's services. It has adopted the key outcomes of the Every Child Matters:

- Be healthy –**including sexually healthy.**
- Stay safe.
- Enjoy and achieve.
- Make a positive contribution.
- Achieve economic well-being.

- 6.4.2 In early 2005, the Children and Younger Adult Trust undertook a consultation with a range of people, including children and young people, organisations who impact upon children and young people and also community and voluntary groups. In particular, an event was held in Alfreton in late January 2005, "Av Ur Say ...Init!".

- 6.4.3 The consultation leaflet included links between *Being Healthy* and being sexually healthy, e.g. suggested targets included a *reduction in the number of children with sexually transmitted diseases and the provision of good health information and improved information about sexual health.*

- 6.4.4 No tangible feedback on the outcomes of the consultation exercise was fed back to the Review Project Board. However, it is understood that no young people raised the issue of sexual health at the Alfreton event. It is also unclear as to whether there was an opportunity for young people to disclose information of very confidential nature to the event organisers.
- 6.4.5 No further information has been provided to the Review Project Board in relationship to the further development and shared ownership of the explicit Government targets around the *Being Sexually Healthy* element of the *Be Healthy* outcome. Indeed, there appears to be a significant gap between the Children and Young People's Strategic Partnership and the North Derbyshire Sexual Health Strategy Group.
- 6.4.6 A review of the national strategies, policies and plans set out in Information in Appendix 3 of this Report illustrates that there should be some significant overlap between the Children and Younger Adult Trust and the Sexual Health Strategy Group, if only because of the prevalence of Chlamydia in the Under 20 age group, and the ability of the Trust to bring organisations and agencies together, and to disseminate information to young people. Sexual health promotion and prevention requires a high degree of inter-agency working, and there will be opportunities for further community based screening and treatment services in the future.
- 6.4.7 In summary, it is not clear if the Derbyshire Children and Younger Adults Trust is aware of the sexual health service needs of young people in North Derbyshire.

**KEY ISSUE DRIVING RECOMMENDATIONS 2 AND 3 – The Derbyshire Children and Younger Adults Trust should be more aware of the sexual health of young people in North Derbyshire, and use the resources of its constituent organisations and groups to work with the North Derbyshire Sexual Health Strategy Group to improve sexual health.**

6.5 **Sex and relationships education in Derbyshire**

- 6.5.1 The Review Project Board included an Education Advisor with expertise in sex and relationships education. In Derbyshire, this activity is led by the Derbyshire Health Promoting Schools Partnership – a collaboration between Derbyshire County Council’s Education Inspection and Advisory Service and Derbyshire’s primary care trusts.
- 6.5.2 The Education Inspection and Advisory Service provided the following information:
- A generalist paper on the Health Promoting Schools Programme.
  - A generalist paper on Children’s Services and Being Healthy, which includes some detailed information on sexual health and sex and relationships education, including:
    - Links between the local education authority and Derbyshire’s teenage pregnancy strategy.
    - Activities relating to SRE policies in schools, a training programmes, Theatre in Health Education, specialist support to faith schools, enhanced drop-ins by school nurses, and the establishment of a part time SRE worker in a South Derbyshire secondary school.
- 6.5.3 Further detailed information in relation to how the Health Promoting Schools project / Derbyshire Children and Younger Adults Services Department responded to the lines of enquiry set out in the OFSTED report, Sex and Relationships (see Appendix 3), is given in Table 19.

**KEY ISSUE DRIVING RECOMMENDATIONS 2 AND 3 – The Derbyshire Children and Younger Adults Services Department provided little tangible information on the outcomes of the sex and relationships education for young people. There should be a stronger relationship between the commissioners and providers of sexual health services for young people and the educators of young people in Derbyshire.**

7. **Public and patient involvement in securing better sexual health services in North Derbyshire**

- 7.1 The Review Project Board attempted to explore:
- The capacity of others to discuss sex and sexuality.
  - The involvement of patients and public, particularly young people, in shaping future service delivery.
- 7.2 It is disappointing that the Review was not able to make much progress on these issues.
- 7.3 It is evident that little recent work has taken place in a primary care, an acute care or a children and younger adult's services setting about listening to the needs of young people or adults on what sort of sexual health services are needed in north Derbyshire. All organisations involved in delivering sexual health services report examples of listening to service users, but any information appears to be retained at a local level, and there is little evidence of sharing this information across other organisations, or upwards to influence strategic direction. Derbyshire Youth Service has shared some findings relating to the attitudes of young people, when wanting to access health services – see section 7.5.
- 7.4 The Journal of Family Planning and Reproductive Health Care reports describes "*a method of collecting qualitative data from large numbers of service users within a timescale consistent with service development*"<sup>11</sup>. The conclusion is that the approach could be used more widely to identify users' perspectives on priorities for improvement.
- 7.5 **Derbyshire Youth Service**  
Derbyshire Youth Service undertook a listening exercise, **Youth Matters**, in October 2005, across the whole of the County area. Delivered in community and outreach settings, youth workers asked young people about the provision and access to young people's services. 824 young people, aged by 11 and 25 shared their views.  
Key findings included:

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<sup>11</sup> Involving service users in sexual health service development. Paula Baraitser et al. Journal of Family Planning and Reproductive Health Care 2005: **31(4)**

### **Youth Matters findings**

#### *Things to do and places to go*

- *Teenage parents requested crèche facilities.*

#### *Encouraging more young people to do more activities*

- *Teenage-friendly sessions at leisure centres, health clinics and other providers need to be developed.*

#### *Having your say*

- *Young people identified that adults who meet with them should have the skills to engage with teenagers, at their level and in their settings.*

#### *Lead Professionals*

*It appears that professionals who have an overt young person centred approach were preferred. The ethos of the youth work approach is what teenagers are recognising as being appropriate, especially amongst vulnerable young people, such as looked after young people.*

- 7.6 North Eastern Derbyshire Primary Care Trust reports that the Bolsover Local Strategic Partnership identified sexual health as one of its priority areas for 2005/2006. Derbyshire Youth Service is currently delivering a sexual health partnership project in Bolsover and Creswell which is funded through Bolsover NRF fund. However, no further information has been shared with the Review in relation to how this involves local people.



- 7.7 Additionally, at times during the Review, the Project Board sought to find out further information in relation to the knowledge of young people and adults, and were not able to make progress for a range of reasons, including,
- Research ethics – the inability of the County Council to undertake a listening exercise in relation to sexual health on NHS premises.
  - No consultation, or community engagement work on sexual health being included in any 2005 work programme, or any recent work programme, either in local NHS organisations or Derbyshire Children and Younger Adult's Services Department.
  - Local authorities considering that sexual health is an inappropriate issue to ask questions of young people, and how such consultation may adversely impact on the reputation of Derbyshire County Council and others. The Review Project Board was not able to use the County Council's *b\_line* magazine to engage with young people.

**KEY ISSUE DRIVING RECOMMENDATION 2 – The lack of consultation or listening to people, in particular young people, is a concern when organisations are planning the further development of services. It is disappointing that Derbyshire County Council was not able to provide the Review Project Board with access to young people, to help find out the sexual health services that young people need.**

- 7.8 Given this difficulty in accessing the views of local people, it is particularly welcome that the following people and organisations should be congratulated for their support to his Review.
- Rosie Kightley, former North Eastern Derbyshire Sure Start programme manager
  - Jo Kirk, East Bolsover Sure Start programme manager
  - Alun Pelleschi, Head Teacher, Deincourt Community School, North Wingfield
  - Jane Duly, Lead Professional, North Derbyshire School Nursing Team
  - Anne Brockwell, School Nurse, North Derbyshire School Nursing Team

- We also welcome the support of three further North Derbyshire schools head teachers and colleagues. However, we have kept their details of these schools confidential in order not to identify any individuals who may have made a positive and welcome contribution.

All of these people have helped us better understand some of the needs of young people and young adults in north Derbyshire in relation to sexual health.

## 7.9 **Working with young people in schools – a report by the North Derbyshire School Nursing Team**

7.9.1 The North Derbyshire School Nursing Team undertook a discussion session with young people in three North Derbyshire secondary schools in June and July 2005.

7.9.2 The purpose of the work was to find out more about young people's knowledge of sexual health matters. The full report is set out in Appendix 4. The schools have been anonymised to preserve confidentiality.

7.9.3 The Summary of Overall Findings and the Recommendations of the School Nursing Team are set out in Tables below.

**KEY ISSUE DRIVING RECOMMENDATION 5 – Chesterfield Primary Care Trust, High Peak and Dales Primary Care Trust, North Eastern Derbyshire Primary Care Trust and Derbyshire County Council's Children and Younger Adults Services Department provide a response to all of the recommendations and issues raised by the School Nursing Team in Tables 11 and 12.**

**Table 11 - Listening to Young People**  
**Summary of overall findings of the North Derbyshire School Nursing Service**

<i>The issues raised in this consultation reflect wider nationally reported findings on young people's experience of sex education (Choosing Health, 2004).</i>
<i>Young people's curiosity in learning about sex and relationships leads them to gain information from a variety of sources which do not always provide them with appropriate knowledge, i.e. porn, late night TV.</i>
<i>The majority of young people were uncomfortable about talking to their parents / carers although there were some exceptions.</i>

<i>When given the opportunity to discuss issues with professionals they appear eager to engage and learn more. However, young people are often unaware of the knowledge they need to make informed decisions, i.e. health risks.</i>
<i>Young people identify that they are not getting information early enough as some are sexually active having gained limited knowledge to consider the practice of safe sex.</i>
<i>There appears to be a limited amount of time put aside for Sex and Relationships Education (SRE) on the timetable and therefore there is limited time to explore the issues in-depth.</i>
<i>Due to limited time spent on SRE there appears to be a lack of progressive building of knowledge throughout young people's time at school. This affects their retention of information given.</i>
<i>Young people are often not confident or comfortable with teachers delivery of SRE and this further inhibits discussion, i.e. over-reliance on videos.</i>
<i>Some young people are gaining knowledge from non-education settings (youth groups, contraceptive services) but signposting to these services is not always clear nor routinely advertised within the school setting.</i>
<i>Young people made the link between risky behaviour (alcohol) and unsafe sex practices. It was clear that they know they should practice safe sex but for a variety of reasons this does not happen.</i>
<i>Young people are concerned about confidentiality when accessing information and services inside and outside school. They are also fearful of being dealt with in a judgemental manner.</i>
<i>Knowledge of STIs was limited across the schools and where it had been covered knowledge was still insufficient to make fully informed decisions. Those young people who had most information had gained it from other services and had an idea of symptoms and where they would go for help. However, young people who had not accessed these services were very restricted in their knowledge of STIs.</i>
<i>Young people who had accessed young people's sexual health services (Unit 10 and Contraceptive Services, Saltergate Health Centre) had found these services met their needs appropriately.</i>
<i>One-off drama sessions and health days are reported by young people to be a positive contribution to SRE.</i>

**Table 12 - Listening to Young People**  
**Recommendations of the North Derbyshire School Nursing Service**

<b>To Derbyshire County Council's Children and Younger Adults Services</b>	
<b>Rec. 1.</b>	<i>To utilise external sexual health professionals in delivery and support of Sex and Relationships Education (SRE) provision.</i>
<b>Rec. 2.</b>	<i>Appropriate services need to be explicitly explained and signposted to young people at every opportunity. Ideally representatives from services should be invited into schools.</i>
<b>Rec. 3.</b>	<i>SRE needs to be developed through a spiral curriculum that builds appropriate knowledge for young people. This also needs to include a link to primary feeder schools.</i>
<b>Rec. 4.</b>	<i>Theatre in education and health days are important to SRE but should not be provided in isolation.</i>
<b>Rec. 5.</b>	<i>SRE should be based on a holistic approach that develops young people's self-esteem so that they can recognise factors on decision-making, i.e. alcohol, peer pressure.</i>
<b>Rec. 6.</b>	<i>Services should be explicitly advertised as confidential if this is appropriate. All staff need to be aware of their levels of confidentiality and make young people aware of this so that if a confidential service within school cannot be provided young people can be signposted to a service that can.</i>
<b>Rec. 7.</b>	<i>Young people should have more information about STIs at an earlier age. This information should include factual information on STIs as well as practical information on where to go for condoms, contraception and advice / support.</i>
<b>Rec. 8.</b>	<i>Support for parents on sexual health and communicating with young people through training and information.</i>
<b>Rec. 9.</b>	<i>Further development of young people's sexual health services across North Derbyshire that provide an accessible and appropriate service.</i>

7.10 **East Bolsover Sure Start – listening to young mums**

7.10.1 The East Bolsover Sure Start programme manager enabled the Review to listen to the views of two sets of young mums in the East Bolsover area, in Shirebrook and in Whaley Thorns.

7.10.2 Eighteen young mums participated in two separate sessions, nine in each session.

7.10.3 Shirebrook young mums

- *The young mums were able to discuss STIs and had considerable knowledge.*
- *They had experience of visiting both GPs and the Family Planning clinic, although they felt the availability of these facilities needed to be advertised.*
- *They also felt very strongly that the receptionists in these services needed to be very sensitive.*
- *They commented on the Family Planning clinic being available only once a week between 6pm and 8pm. They are embarrassed to ask for free condoms, even though they are married*
- *There is also a drop-in facility but they feel that waiting times can be very lengthy.*
- *There is a doctor who is not always available, and so the Health Visitor and the Midwife provide the family planning service.*
- *The young mums prefer to go their GP rather than wait in the Family Planning clinic, particularly as there are good female staff in the GP practice.*
- *They also feel that their GP does not need to go through their detailed patient history every time, which is their experience in the clinic. However, the clinic will undertake the tests immediately and results will be known the same day. The GP sends the samples away for testing, and so the results period is longer.*
- *The women commented that they did not like to take any of the information leaflets from the Family Planning clinic because they knew that other people were watching them.*
- *A lot of knowledge of sexual health was gained after childbirth although some was learned at school.*
- *Young mums who live in Langwith do not have the same service.*

- *The group agreed that women generally take charge of contraception. If improvements are to be made they would like the service to be open more often, and for more people to be on duty and to cater for shift patterns.*

#### 7.10.4 Whaley Thorns young mums

- *These young mums were aware of STIs – one commented “life and school” had given her this knowledge.*
- *Some however felt they had learnt nothing at school and their knowledge had been gained through reading or hearsay. The Family is a source of information.*
- *The group was aware of services available through GPs, the Family Planning clinic and the GUM clinic at King’s Mill Hospital, in Mansfield. One parent took her daughter to King’s Mill Hospital for a cervical smear and had been upset when NHS staff had assumed it was for an STI test – the sensitivity of the staff was seen as being particularly important.*
- *The young mums did feel however that for STI treatment they would prefer to go out of their district, in case they met someone they knew.*
- *Once they had children, they would always go to their GP, or to the chemist for emergency contraception.*
- *They would not think of ringing NHS direct for information.*
- *The Youth Service bus was not available in the area at the time of our meeting but it raised some interesting points particularly around the easy availability of condoms. One young mum felt that it was wrong to distribute them as she felt it encouraged promiscuity. She accepted however that for young people over 16, it was appropriate – a preferred option to infection or an unwanted pregnancy. Indeed, part of the information made available to young people should be the legal age for sex.*
- *The group did feel that sex education in school is important, although they recognised that it was not always easy. One mum commented that it needed more than one session particularly in view of the need to get over the “giggle factor”.*
- *The Male Pill\* was something that some of the women felt would be an advantage although there were issues around trust and responsibility. There is concern amongst the young women that some men purposely pass STIs. \*Note: The perception is acknowledged, though the male contraceptive pill is not currently available.*

- *The group did spend some time discussing the need for women to protect themselves at all times. This included not getting drunk and ensuring that drinks couldn't be "spiked". The whole issue of protected sex impacts beyond any physical contact between men and women.*

## 7.11 Outcomes of listening

- 7.11.1 The Review Report is better informed through listening to people who access, or may access, services than otherwise. In particular, the work delivered by the School Nursing Service required preparation and planning, and effort was made in trying to ensure that young people had a voice.
- 7.11.2 Similarly, the East Bolsover young mums reported that it was the first time someone had asked for their views in relation to the potential for having access to better services in the future.
- 7.11.3 It is reported that the Chesterfield Royal Hospital GUM Service plans to undertake some listening work with patients. The School Nurses, too, plan to do some further work with young people.
- 7.11.4 The finding of the listening work, Youth Matters, undertaken by the Derbyshire Youth Service reiterate the views shared by the North Derbyshire School Nursing Team that services are best delivered:
- In settings that young people are comfortable with, for example Unit 10, Buxton 4 Youth, Clay Cross Young People's Health Project.
  - By professionals who have an overt young person centred approach, perhaps through School and Community Nurses, as well as Youth Workers.

**KEY ISSUE DRIVING RECOMMENDATION 2 – It is evident that the commissioning and delivery of sexual health services, by NHS organisations, by local authorities and by other partners, need a consultation strategy, to support the improvement of services.**





## 8. Access to sexual health services by North Derbyshire's communities

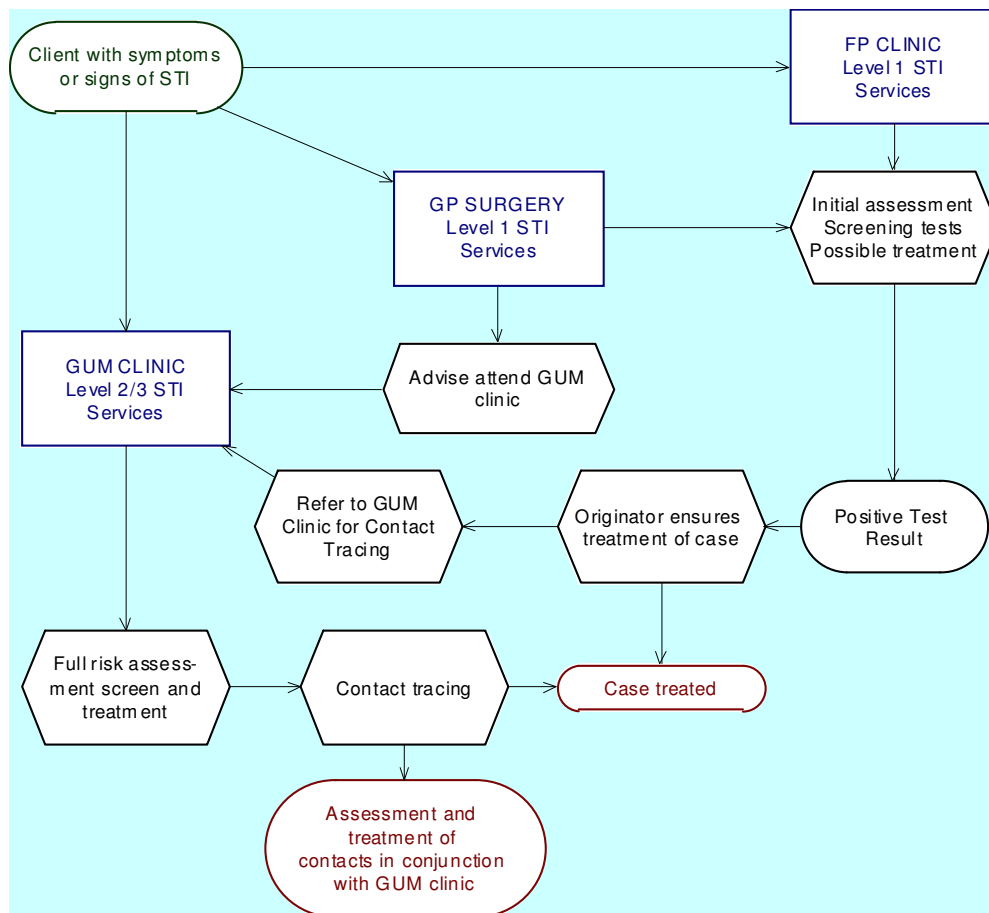
- 8.1 There are a wide range of sexual health services available in North Derbyshire. There are two main types of service:
- Treatment and testing
  - Health Promotion.
- 8.2 There are three levels of service provision in any comprehensive model of sexual health services model. These levels are set out in Table 13. Providers vary in provision and services and levels overlap.

**Table 13 – Hierarchy of Levels of Sexual Health Services, in the NHS**

<u>Level 1</u>	
* Sexual history and risk assessment	*Contraceptive information and services
*STI testing for women	*Assessment and referral of men with STI symptoms
*HIV testing and counselling	*Cervical cytology screening and referral
*Pregnancy testing and referral	*Hepatitis B immunisation
<u>Level 2</u>	
*Intrauterine device insertion (IUD)	*Contraceptive implant insertion
*Testing and treating sexually transmitted infections	*Partner notification
*Vasectomy	*Services for invasive serial transmitted infection for men
<u>Level 3</u>	
Level three clinician teams will take responsibility for sexual health services needs assessment, for supporting provider quality, for clinical governance requirements at all levels, and for providing specialist services. Services could include:	
*Outreach for sexually transmitted infection prevention	*Outreach contraception services
*Specialised infection management, including co-ordination of partner notification	*Highly specialised contraception
*Specialised HIV treatment and care	

- 8.3 In North Derbyshire, the main sexual health testing and treatment services are provided by:
- Chesterfield Royal Hospital genitourinary clinic (Suite 7)
  - The Contraception and Sexual Health Service, based at Saltergate Health Centre, Chesterfield.
  - Local GPs.

**Diagram 1 - Usual current care pathways for STI management in North Derbyshire**



- 8.4 Health promotion and prevention advice, information and support is provided by all of these, as well as:
- North Derbyshire Health Promotion Service, including the CASH project (CASH–Community Action on Sexual Health)
  - North Derbyshire School Nursing Team
  - Derbyshire Youth Service
  - Derbyshire Children and Younger Adults Services, including schools
  - Connexions
- 8.5 Access to all of these services is free, though some are more “accessible” than others, depending on issues such as:
- Geographic location.
  - Times of opening / availability.
- It is noted that medical prescriptions issued by GPs and the Contraceptive and Sexual Health Service may be “paid for”, depending on the circumstances of the patient. Prescriptions issued in a GUM clinic are free.
- 8.6 **The North Derbyshire Primary Care Trusts**
- 8.6.1 High Peak and Dales Primary Care Trust is the lead commissioner of sexual health services in North Derbyshire, in primary care and of GUM services.
- 8.6.2 Chesterfield, High Peak and Dales and North Eastern Derbyshire Primary Care Trusts work together to support the North Derbyshire Health Promotion Service, which is a jointly provided service. The North Derbyshire Health Promotion Service provides or supports much of the preventative work on sexual health in North Derbyshire. The Service supports the delivery of the Derbyshire Health Promoting Schools project and Derbyshire Youth Service Young People’s Health Projects which work with young people on self esteem and sex and relationships as part of mainstream and out of school education.
- 8.6.3 The Primary Care Trusts are the mainstream funders of contraceptive services through general practice and family planning clinics. Additionally, young people’s Family Planning Services operate in Chesterfield, Buxton, Clowne and Pinxton.

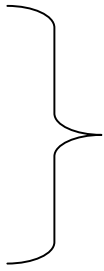
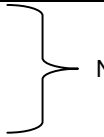
- 8.6.4 The Primary Care Trusts also fund the specialist GUM services. In North Derbyshire, GUM services are a “block service contract”, part of the service level agreement for out-patient services. The service level agreement does not specify data collection. The Primary Care Trusts comment that its position on reporting data is influenced by the imperative of keeping patient confidentiality, and therefore apart from Health Protection Agency national returns, little information has been used in the past to assess local GUM services.
- 8.6.5 The Primary Care Trusts contribute to a range of training programmes in sexual health. A list of groups supported is set out in Table 14.

**Table 14 – North Derbyshire Primary Care Trust support to sexual health training programmes**

	<b>Promoting sexual health / Signposting sexual health services</b>	<b>Screening and Treatment (including contact tracing)</b>
<b>Teachers</b>	Yes	Not applicable
<b>Youth workers</b>	Yes	Not applicable
<b>Social workers</b>	Yes	Not applicable
<b>Community nurses / Practice nurses</b>	Yes	Yes
<b>GPs</b>	Yes	Not applicable
<b>Midwives</b>	Yes	Yes
<b>Voluntary / community groups</b>	Yes	Not applicable

- 8.6.6 The Primary Care Trusts also commission a range of outreach programmes, delivered by organisations and groups such as the North Derbyshire Health Promotion Service, by the Contraceptive and Sexual Health Service and by local voluntary and community groups. Table 15 sets out a number of target groups, and the range of services provided.

**Table 15 - Sexual health outreach programmes commissioned by North Derbyshire PCTs**

Target group	STI (including HIV screening)	Contraceptive services	Condom distribution	Immunisations and vaccinations e.g. <i>Hepatitis B</i>	Advice and information	Needle exchange
Gay / bisexual men?	✓	✓	✓	✓	✓	No
Sex workers?	✓	✓	✓	✓	✓	No
IV Drug Users?	✓	✓	✓	✓	✓	✓
Black & minority ethnic groups?	 <p>Low prevalence – picked up within general services</p>					
Refugees/asylum seekers?						
Rough sleepers?						
Prisoners?						
Youth offender establishments?						
People with learning disabilities?	 <p>No specific services – picked up within general services.</p>					
Young people in care?						
Pupil referral units?						

## 8.7 Collaboration between High Peak and Dales Primary Care Trust, Chesterfield Royal Hospital and Derby University – One Stop Health Shop in Buxton

8.7.1 The North Derbyshire Sexual Health Strategy Group identified an unmet need for sexual health services to meet the needs of:

- The increase in Derby University students in Buxton, at the Harpur Hill site.
- High Peak, Buxton and Fairfield residents.

8.7.2 The Group proposed a One Stop Health Shop to complement local GP provision, primary care and the minor injuries unit at Buxton Cottage Hospital (which provides emergency contraception).

- 8.7.3 The plan also involved the integration of the Buxton Family Planning Clinic, Buxton for Youth (a Derbyshire Youth Service Youth Information Shop), Derby University and High Peak student nurses and the involvement of a Chesterfield Royal Hospital GUM consultant in a community based role.
- 8.7.4 The multi-agency team would also be supported by a Community Health Adviser, who was recruited to a post early in 2006. The Health Adviser also has a close working relationship with the Chesterfield Royal Hospital GUM Clinic and will deliver contact tracing in the High Peak area.
- 8.7.5 The delivery of the Project is dependent upon securing access to appropriate premises, which accommodates a:
- Health Shop.
  - Clinic with two consulting rooms with couches, lights and sinks.
  - Testing room for swabs and urine testing, with sink and storage.
  - Reception areas.
  - Waiting area.
  - Office, with storage for medical records and supplies.
- 8.7.6 One Stop Health Shop services would include:
- Diagnosis and treatment of common sexually transmitted infections.
  - Partner notification, testing and treatment.
  - Pregnancy testing, counselling and referral for pregnant women.
  - Contraception and emergency contraception.
  - Health promotion.
  - Advice and referral for people with drug and mental health concerns.
  - A base for input from other non-NHS advice and support organisations.
  - Telephone advice and referral outside clinic times, including support from the GUM Clinic.

- 8.7.7 Derby University supports the proposal to delivery a One Stop Shop in the Buxton area. It will improve access to family planning and contraception services for local people and University students. Currently, the Family Planning Clinic is open once a week, on Tuesday evenings, at Buxton Cottage Hospital. The location is difficult to access for Buxton residents, living in the Fairfield area.
- 8.7.8 There is some potential for the One Stop Shop to be located in the new Derby University premises, in the centre of Buxton. The University has around 5,000 students using the Buxton facilities every year, around 1,000 students on the site every day. There are also students on part-time evening courses, and distance learners too, who visit from time to time. The University believes that the One Stop Shop on its site would also provide easy access to sexual health services for students with learning difficulties.
- 8.7.9 There have been some tensions between the Primary Care Trust's demand that the One Stop Shop provides universal access to all sexual health services, within appropriate guidelines, and some nervousness of local schools whose students use the University facilities for out of school placements. Such students could then access the One Stop Shop services.
- 8.7.10 It was noted that there had not been significant involvement of the Students' Union representatives in the design and development of the One Stop Shop project.

**KEY ISSUE DRIVING RECOMMENDATION 3 – The Project supports the aims of the three Choosing Health, Sexual Health targets of:**

- **Accessible sexual health services delivered in both community and hospital settings.**
- **Chlamydia screening available across England by March 2007.**
- **48 hour access to a GUM clinic by 2008.**

## 8.8 Genitourinary Medicine Clinics

8.8.1 There are nine Genitourinary Clinics in or around Derbyshire. These are located in Hospitals:

- Chesterfield Royal Hospital (Chesterfield)
- Stepping Hill Hospital, Stockport (Greater Manchester)
- Bassetlaw Hospital, Newark (Nottinghamshire)
- Derby Royal Infirmary (Derby)
- King's Mill Hospital, Mansfield (Nottinghamshire)
- Northern General Hospital (Sheffield)
- Nottingham City Hospital (Nottingham)
- Queen's Medical Centre (Nottingham)
- Royal Hallamshire Hospital (Sheffield)

8.8.2 It is likely that most people living in North Derbyshire will access a GUM clinic in Chesterfield Royal Hospital, King's Mill Hospital or Stepping Hill Hospital.

8.8.3 An audit of the GUM attendees<sup>12</sup> in May 2004, indicated that:

- 92% of new attendees at Chesterfield Royal Hospital were registered with a North Derbyshire Primary Care Trust.
- 93% of the Chesterfield PCT population who go to GUM attend the Chesterfield Royal Hospital GUM clinic, 7% attend King's Mill, Mansfield GUM.
- 66% of the North Eastern Derbyshire PCT population who go to GUM attend the Chesterfield Royal Hospital GUM clinic, 31% attend King's Mill, Mansfield GUM and 3% attend Retford GUM.
- The High Peak and Dales PCT data gives a misleading picture – indicating that all patients attend Chesterfield Royal Hospital, since Stepping Hill GUM Clinic, in Stockport, is outside of the Trent Strategic Health Authority area. However, it is thought that about one-third of patients from High Peak and Dales PCT are seen at Stepping Hill.

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<sup>12</sup> Taken from Health Protection Agency data – however, information is reported on a Strategic Health Authority basis, and so no information is available relating to North Derbyshire patients who attend GUM clinics outside of Trent SHA area, e.g. to Sheffield, to Stockport or to Manchester



- 8.8.4 The latest waiting times (November 2005) published by the Health Protection Agency indicate that:
- 15% of patients access an appointment with 48 hours at Chesterfield Royal Hospital, though up to 25% of patients were offered an appointment with 48 hours (and some would have declined the appointment for their own personal reasons).
  - 41% of patients access an appointment with 48 hours at King's Mill Hospital, though up to 51% of patients were offered an appointment with 48 hours.
  - 50% of patients access an appointment with 48 hours at Stepping Hill, though up to 52% of patients were offered an appointment with 48 hours.

- 8.8.5 The current waiting time for a non-priority GUM appointment in Chesterfield Royal Hospital is three weeks (January 2006).

8.9 **Chesterfield Royal Hospital GUM Clinic**

- 8.9.1 North Derbyshire's main Genito-Urinary Medicine Clinic is located in Suite 7 at Chesterfield Royal Hospital. However, patients do not have to live in Derbyshire to access the Suite 7 GUM service. Indeed, patients who live outside Derbyshire can access the Suite 7 service – this arrangement is known as "open access".

8.9.2 The Suite 7 GUM Team

The Lead Consultant is Dr Pauline Fraser. Dr Fraser is supported by a GUM team including another consultant - Dr Anura Piyadigamage, Clinical Assistants (part time doctors), Nurses, Health Advisors, and a Clinic Manager and Reception Staff. The GUM Service does not have access to a Senior House Officer or a Registrar (trainee doctors).

8.9.3 What does the GUM Clinic do?

The Clinic delivers the following services:

- Diagnosis, treatment and management of STIs.
- Treatment and management of HIV (*It is acknowledged that the GUM team also provide a HIV service, though HIV is not included within the scope of this review*).
- Psychosexual counselling.
- Emergency contraception.

- Hepatitis C screening.
- Vulval / genital dermatology.
- Counselling and psychological support.

The Clinic provides 10 sessions per week. Male and female sessions are not provided at separate times, but the accommodation is designed so that males and females are physically separated.

The sessions are mainly delivered by Consultants, though nurses see some of the “follow-ups”.

#### 8.9.4 **Accessing GUM services through Suite 7**

The steps in the process experienced by a patient includes:

1. Making an appointment with the Clinic in advance, or by “walk-in”.

In practice, this is often a telephone call. The telephone could be picked up by any one of the GUM team. Initially, a potential patient will be “triaged” by one of the Nurses, or the Nurse Practitioner. The triage may result in an urgent timed appointment, or possibly an urgent appointment, without a specific time. Alternatively, if the triage indicates no significantly adverse symptoms, then an appointment will be offered within the following two to three weeks<sup>13</sup>.

2. Arrival at Suite 7 and booking in at Reception - there are separate receptions and waiting areas for males and females. Patients without an appointment may wait for a cancellation, or a “did not attend”.

3. A doctor or a nurse practitioner takes the patient’s medical history.

4. If the patient is symptomatic<sup>14</sup>, then he or she will be seen by one of the Consultants or Clinical Assistant (part-time doctor), who may take a swab and send it for microscopy<sup>15</sup>. The results would be usually available in a week or so.

<sup>13</sup> 2 to 3 week waiting time for non-urgent appointments, January 2006

<sup>14</sup> Symptomatic – definition, “*Showing symptoms, e.g., of a particular disease*”

<sup>15</sup> Microscopy is the investigation of minute objects by means of a microscope, in this case swabs are taken and sent off to a laboratory for analysis.

5. If the patient is asymptomatic<sup>16</sup>, then the patient may be seen by a Nurse Practitioner, a Clinical Assistant or a Consultant.

6. An appointment is made to see the patient again, or alternatively the results may be given over the telephone, or by letter, and a follow-up appointment is made then. At this stage a prescription may be dispensed. Prescriptions are free.

For the some patients, the process between initial contact with the Clinic and the start of treatment may take up to three to four weeks, though for many it is a much shorter period of time. Some of this time is attributable to “waiting time” and some to the period between testing and diagnosis of symptoms, if any, and thereafter the patient being available for an appointment to start the treatment.

The GUM Nurses assist and chaperone examinations, take blood samples, and perform microscopy and dispense medicine.

Nurses run clinics too for wart treatments, and manage vaccinations, and some “follow-up” appointments too.

#### 8.9.5 **Patients flows, opening times and triage**

During the period January 2003 to December 2003, 2730 new patients were seen in the Clinic, and a further 3324 patients were “followed up”.

In relation to patents attending the clinic, the time spent in the clinic, from arrival to leaving is:

- For patients with an appointment – 1 to 2 hours
- For walk-in patients – 2 to 3 hours.

Each week there are four morning sessions, four afternoon sessions, and two early evening sessions.

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<sup>16</sup> Asymptomatic – definition, “*Presenting no signs or symptoms of disease*”

Morning sessions are held from 9am to 12noon, afternoon sessions from 2pm to 4pm and early evening sessions from 4.30pm to 6.30pm. In total, Suite 7 is open for 24 hours per week. No sessions are available on Saturdays or Sundays

Few patients “walk-in”. Most self-refer and are triaged on the telephone with senior nursing staff or health advisers.

The Clinic has guidelines for men and women for stratifying priority through use of the triage system. There are three priorities:

- Urgent – same day / next clinic.
- Semi-urgent – within 1 week.
- Routine.

A male would be prioritised as “urgent” if he presented any of the following symptoms:

- Genital ulceration or blisters.
- Testicular pain or swelling.
- Urethral discharge or dysuria.
- Gonorrhoea diagnosed elsewhere or contacts of gonorrhoea.
- Untreated Chlamydia / symptomatic contact of Chlamydia.
- Contacts of acute hepatitis B.
- Severe anxiety or distress.

A female would be prioritised as “urgent” if she presented any of the following symptoms:

- Genital ulceration, blisters or dysuria.
- Lower abdominal pain or irregular vaginal bleeding.
- Gonorrhoea diagnosed elsewhere or contacts of gonorrhoea.
- Emergency oral contraception
- Untreated Chlamydia / symptomatic contact of Chlamydia.
- Contacts of acute hepatitis B.
- Severe anxiety or distress.

Young males and females, those under 16, will also be prioritised as “urgent”.

There are three ways in which non-HIV laboratory results are delivered to a patient:

- Over the telephone – though there is no scope for sending texts at the moment.
- By letter
- By further appointment.

Patients are asked which way they would prefer to be contacted.

Follow-up appointments are usually offered between 1 and 3 weeks after the confirmation of the diagnosis, and would normally involve the dispensing of medicine, and may also include the provision of counselling or psychological support. At this stage, the partner notification process would also commence.

#### 8.9.6 **GUM – waiting times, patient usage, diagnosis and treatment**

##### Waiting times – May 2004

In May 2004, the Clinic took part in a Health Protection Agency waiting time survey. Results showed that:

- 18% of patients were seen within 48 hours of contacting the clinic.
- 21% of patients were seen within 2 weeks of contacting the clinic.

Whilst the Clinic aims to provide a service within 48 hours, difficulties have been experienced. Historically waiting times have always been greater than 48 hours, and are highly sensitive to staffing changes, due to the relatively small team, for example managing periods of sickness absence, and recruitment.

At the end of 2003, a patient may have had to wait for up to 6 weeks for an appointment.

### Waiting times – November 2004

Waiting times worsened, i.e. increased, over the 6 month period, from May 2004 to November 2004, evidenced by a further HPA survey undertaken in November 2004.

- 10% of patients were seen within 48 hours of contacting the clinic.
- 31% of patients were seen within 2 weeks of contacting the clinic.

In early 2004, the Lead Clinician and her team actively managed processes and procedures aimed at reducing waiting times.

New initiatives included,

- A focus on managing new patients, with less emphasis on “follow-ups.
- The recruitment of a second consultant (filling a vacant post)
- Delivery of results by post
- Home treatment for genital warts.
- No follow-up for treated Chlamydia
- The establishment of a new nurse practitioner post, funded for one year under specific Department of Health “money”. The postholder was focused on asymptomatic new patients. Reducing the time spent by patients in clinic – no microscopy for asymptomatic patients. *(This post is no longer on the GUM establishment, since no further funding is available).*
- Enhancing the nurse’s role, particularly when no doctor is present in the clinic.

The GUM team state that these changes, in particular the creation of a Nurse Practitioner role reduced waiting times to an average of one week.

#### Waiting Times – May 2005

In May 2005, results showed that:

- 12% were seen within 48 hours of contacting the clinic

#### Waiting Times – August 2005

In August 2005, results showed that:

- 12% were seen within 48 hours of contacting the clinic

#### Waiting Times - Winter 2005

In November 2005, results showed that:

- 15% were seen within 48 hours of contacting the clinic

The Suite 7 Management Team reports that the temporary establishment of the Nurse Practitioner post once again had a positive effect on the reduction of waiting times. In January 2006, a patient triage as a “routine” and asymptomatic appointment may have to wait for three weeks. It is noted that the service is very sensitive to staff leave and sickness, such events having a negative impact on the delivery of services, and waiting times increasing as a direct result. **There is no budget for locum cover, if a consultant is on leave or is sick, then the clinic session is closed.**

The Waiting Time surveys analysed by the Health Protection Agency are now being undertaken every three months. Data for February 2006 will be available shortly.

#### Patient Usage

In 2003, 6050 patients visited Suite 7.

2731 were new patients, or patients that had rebooked following a “did not attend”, whilst a further 3319 patients attended for “follow-ups”.

During the period April 2004 to January 2005, the average number of new patients per month was 295, with 263 follow-ups. However, the busiest month was November 2004, with 365 new patients and 296 follow-ups, and the lightest month was September 2004, with 231 new patients and 234 follow-ups. This data does not take into account patient need, but actual service delivery.

#### 8.9.7 **Access to Chesterfield Royal Hospital GUM – Suite 7**

Sexual health services should be accessible to the populations they service.

The Suite 7 GUM Clinic is located within the grounds of Chesterfield Royal Hospital. It is a few minutes walk from a bus stop. The Hospital is approximately two miles from Chesterfield town centre.

Data for those presenting for a STI identifies that a significant number of people are aged under 20. Not all young people will have access to a car, and the nature of sexual transmitted infections is that not all young people will be confident in sharing knowledge of a STI with a parent or carer, who may have a car. This means that many young people may need to access public transport.

A review of the public transport timetables illustrate that, at times, patients may have some difficulty getting to Suite 7. Table 16 illustrates public transport journey times on weekday afternoons, to and from centres of population in the Chesterfield and North Derbyshire area. Suite 7 holds a late afternoon session on Monday and Wednesday afternoons, from 4.30pm to 6.30pm. Public transport journeys have been identified which would enable a young person to access the GUM service during this time.

Inevitably, longer bus journeys will be experienced by young people living further away. However, the frequency of some bus services reduces after 6pm, and nearly all journeys starting or finishing outside of Chesterfield require a minimum of two buses – and hence also knowledge of where to meet a connecting bus.



Young people in continuing education will have a b\_line2 student card which entitles them to concessionary fares - travel at half-price on public transport. Normal priced single tickets for travel to the GUM clinic (there is a bus stop in the Hospital grounds) cost up to £2.60, depending on the start point of the journey. However, if more than one bus is taken, it may be cheaper to buy a Wayfarer travel pass or a Dayrider Ticket at £3.75 or £1.45 respectively. Each travel pass has different terms and conditions and use of bus operators may vary. Put simply, it can be costly and the process is not straightforward.

Assumptions include:

- Some demand for many young people will be for services to be accessed at user-friendly times, after school or after work, i.e. to the “twilight” sessions, between 4.30pm on 6.30pm on Mondays and Wednesdays.
- Young people are content to catch up to 2 buses.
- There is a wide catchment area, including from Matlock / Bakewell, Dronfield and Eckington, Staveley, Clay Cross and North Wingfield.

**KEY ISSUE DRIVING RECOMMENDATION 3 - It is evident that it is not a simple task for a young person to access the Chesterfield Royal Hospital GUM service. In these circumstances, there is relationship between access to services and vulnerable groups of people, i.e. young people who rely on public transport, and young people who live at home, and who may not be able to travel to Hospital in the early evening without raising family suspicion.**

**Table 16 – Public Transport – to and from Suite 7 GUM Clinic at Chesterfield Royal Hospital, Calow, near Chesterfield**

Start of Journey	Minimum number of connections	Departure time to arrive between 4.30pm and 5pm	Return journey time
<b>Bakewell</b>	Outward - 3 buses Return – 2 buses	Over 90 minutes Depart 15.30, Arrive 17.06	Over 60 minutes Depart 18.31 Arrive 19.30
<b>Bolsover</b>	Outward – 1 bus Return – 1 bus	20 minutes Depart 16.05, Arrive 16.22	20 minutes Bus frequency, every 10 to 15 minutes until 18.12, then hourly
<b>Brimington</b>	Outward -1 bus Return – 1 bus, but more likely 2 buses	10 minutes Depart 16.02, arrive 16.12	10 minutes for single bus, up to 30 minutes involving a connection Bus frequency, every 10 to 15 minutes involving a connection, less regular direct
<b>Chesterfield</b>	Outward – 1 bus Return – 1bus	15 minutes Depart 16.00, Arrive 16.14	15 minutes Bus frequency, every 30 minutes
<b>Clay Cross</b>	Outward – 2 buses Return – 2 buses	40 minutes Depart 15.49 Arrive 16.29	45 minutes Bus frequency, every 15 minutes
<b>Dronfield</b>	Outward – train, then bus Return – 2 buses	25 to 30 minutes Depart 16.49 Arrive 17.15	55 minutes Depart 19.53 Arrive 21.57
<b>Eckington</b>	Outward – 2 buses Return – 2 buses	50 minutes Departs 15.45 Arrive 16.35	45 minutes Bus frequency, every 15 minutes
<b>North Wingfield</b>	Outward – 2 buses Return – 2 buses	35 minutes Departs 15.45 Arrive 16.35	40 minutes Bus frequency, every 10 to 15 minutes
<b>Holymoorside</b>	Outward – 2 buses Return – no return journey by bus to Holymoorside	35 minutes Departs 14.59 Arrive 15.35 (Would be quicker to walk into Chesterfield and catch bus to Calow, for a 16.30 appointment)	Would have to catch bus to Chesterfield, and walk

<b>Matlock</b>	Outward – 2 buses Return – 3 buses	60 minutes Departs 16.10 Arrive 17.06	60 minutes Depart 17.57 Arrive 18.54
<b>New Whittington</b>	Outward – 2 buses Return – 2 buses	35 minutes Departs 15.54 Arrive 16.29	40 minutes Bus frequency, every 10 to 15 minutes
<b>Staveley</b>	Outward – 1 Return – probably 2 buses	20 minutes Departs 16.21 Arrive 16.42	30 minutes Bus frequency, every 15 minutes

## 8.10 **The Contraceptive and Sexual Health Service**

8.10.1 The Contraceptive and Sexual Health Service across North Derbyshire is led by Dr Stephen Searle, and is delivered by High Peak and Dales Primary Care Trust. There are ten reproductive health clinics, illustrated on Map 1, in:

- Chesterfield
- Buxton
- Clowne
- Killamarsh
- New Mills
- Bolsover
- Clay Cross
- Dronfield
- Matlock
- Shirebrook

8.10.2 The Service delivers a full range of specialist and generalist family planning services,

<u>Generalist</u>	<u>Specialist</u>
<ul style="list-style-type: none"> <li>Pills, caps, spermicides, injectables, Intrauterine devices (IUDs), intrauterine insemination (IUI), intrauterine systems (IUS), male and female condoms, implants, emergency contraception (POEC), on-site pregnancy tests, advice on termination of pregnancies, HIV / STI prevention and Chlamydia testing, hepatitis B testing and immunisation and first-line sub-fertility investigations.</li> </ul>	<ul style="list-style-type: none"> <li>Young people's sessions, women's health clinics, psychosexual therapy, termination of pregnancies, vasectomy, training, consultancy for GPs, research, audit, outreach</li> <li>Treatment for uncomplicated STIs</li> </ul>

- 8.10.3 The Contraceptive and Sexual Health Service operates within a framework of values and principles aimed at improving the patient experience, including:
- Accessible services, by location and by opening times.
  - Targeted services, identifying small areas with high rates of poor sexual health.
  - Staff providing sufficient time and information to enable a patient to receive appropriate service.
  - Effective and efficient services, driven by needs and external audit.
  - Well publicised services.
  - Choice of a female doctor.
  - A programme of staff training, qualifications and recertification.
  - Confidentiality.
  - Further develop the role of nurses.
- 8.10.4 The Service also works with a range of partners, at times on partners premises, such as the Derbyshire Youth Service, the Derbyshire Education Service and schools and Children's Social Services.
- 8.10.5 The Service believes that there is a need to harmonise services supporting better sexual health, and to ensure that North Derbyshire family planning, genitourinary medicine, health promotion and primary care services are convergent. In particular, basis care for sexually transmitted infections should be incorporated into GP services.
- 8.10.6 The Lead Consultant for the Service made a number of recommendations to the Review Project Board, which would contribute to better sexual health services,
1. Delivery of enhanced services
  2. Delivery of a "one stop shop" approach, in particular in the High Peak area.
  3. Fund a training post for GPs and doctors.
  4. Delivery of IT systems to support the local implementation of the National Chlamydia Screening Programme, as well as other related STI services.
  5. Delivery of psychosexual therapy services.
  6. Further develop youth service / youth worker input, especially in Young People's Clinics.

**KEY ISSUE DRIVING RECOMMENDATION 3 - Chesterfield Primary Care Trust, High Peak and Dales Primary Care Trust and North Eastern Derbyshire Primary Care Trust provide a comment on the issues raised with the Review Project Board by the Lead Consultant for the Contraception and Sexual Health Service.**

8.10.7 Young People's Clinics

Lindsay Sands, a Clinical Nurse Specialist with the Contraceptive and Sexual Health Service shared detailed information on the range of services available to young people.

People, of all ages, may access the Contraceptive and Sexual Health Service in a range of settings, for advice and information on sexual health, contraception, unplanned pregnancies, STI testing and treatment. Currently, all of these services are available in Saltergate Health Centre in Chesterfield, and in the nine other family planning clinics across North Derbyshire.

Additionally, young people may access services through detached / outreach work. Community nurses will provide advice and information on contraception and sexual health matters, and some limited STI testing, in various places such as:

- Health promotion days at schools
- Youth Centres
- Car parks, where young people congregate
- Other agencies, e.g. the Chamber of Commerce, NCH - the children's charity, the Youth Offending Team.

Work is not undertaken in people's homes.

During the period January to December 2005, one of the Community Nurses recorded 1262 contacts with young people across North Derbyshire, of which 716 were male, and 546 female. Nearly all were under 20. Excluding school health promotion days, there is an average of nearly 30 individual contacts a month, predominantly young males.

A Community Nurse also provides a fortnightly clinic in Unit 10, the Chesterfield Youth Service Information Shop, on from 1pm to 4pm on Saturday afternoons. This Clinic provides advice and information on sexual health issues, including contraception for about 15 to 20 people each session, about half those attending been young males. The Community Nurse can also prescribe emergency contraception. Condoms may also be issued, using the Service Guidelines, and training has been provided to Youth Service staff for them to issue condoms during the Monday to Friday sessions when Unit 10 is open. However, the Derbyshire Youth Service has a different set of guidelines on condom distribution to the Contraceptive and Sexual Health Service. (Note: the AIDS Resource Team has its own guidelines too, which though similar, are slightly different).

Anecdotally, the Saturday Clinic is well regarded by young people, and the Service perceives a demand for a Monday to Saturday service. There are plans to introduce Chlamydia screening into Unit 10, using urine tests, and possibly swab tests too (for females), and linking this work to the new Community Health Adviser posts.

In relation to young people's clinics, opportunities for improvement include:

- Make mainstream clinics more "young person" friendly.
- Encourage more young men to attend.
- Encourage minority groups, gay, lesbian and bisexual communities.
- Schools should signpost young people to young people's clinics.
- Further develop outreach services, including services for prostitutes.

**KEY ISSUE DRIVING RECOMMENDATION 3 – The North Derbyshire Sexual Health Strategy Group should include in its action planning activities and actions to address these issues.**

8.10.8 Guidelines have been prepared by two doctors and a nurse specialist for use when issuing condoms to young people. It covers the issues staff should consider when asked for a condom. Principally, condom issue is at the discretion of the clinician seeing the young person. However, any young person seen aged 13 or under must be seen at every visit by a nurse or a doctor. In these circumstances, it is usually that they want to access further information after having PSHE at school, and want to meet the staff, to familiarise themselves with the clinic and to learn about other young people's services.

8.11 **General Practice**

8.11.1 All GPs deliver Level 1 sexual health services and some Level 2 services. (See Table 13). GPs also support patient care for patients accessing Level 3 services from GUM clinics. This means that GPs may provide health promotion information, contraception and testing and treatment for some sexually transmitted infections, predominantly Chlamydia. GPs may also refer asymptomatic patients to GUM clinics for testing and treatment.

8.11.2 At present there are no formal arrangements with GPs to provide a GP with Special Interest service for sexual health or GUM services. However, there are local GPs who have a personal interest in the development of sexual health services, particularly in Eckington, supporting the Eckington Here 4 U project and the Staffa Health Centre in Tibshelf. There are no records held relating to Nurses with a Special Interest in sexual health or GUM.

8.11.3 At the present time there is no commissioning of locally enhanced services from general practices. The Sexual Health Strategy Group has developed a specification for these services, should further funding be available to commission GPs to deliver them, for example Chlamydia screening, during 2006/2007.

8.11.4 Dr Sheila Kinghorn, an Eckington GP and a member of the North Derbyshire Sexual Health Strategy Group, reports that there is an increasing number of GPs and practice nurses attending STIF<sup>17</sup> courses.

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<sup>17</sup> STIF - Sexually Transmitted Infection Foundation Course run by the British Association for Sexual Health and HIV - [http://www.bashh.org/education/stif\\_course/index.asp](http://www.bashh.org/education/stif_course/index.asp)

#### 8.11.5 Eckington Here 4 U

The project was developed by a local GP practice. One of the partners, Dr Sheila Kinghorn, has an interest in sexual health. The project was established in 2001, in response to local need. The service provides advice on contraception and offers chlamydia screening.

Eckington School does not have a private room where young people can access confidential information and advice from school nurses, and so a young person's health clinic was established in the nearby Moss Valley Medical Practice.

The Here 4 U clinic is open on a "drop in" basis, no appointments are necessary, on Mondays and Thursdays, from 3.45pm to 5.45pm. The Clinic is run by practice nurses and covers health issues such as sexual advice, skin problems, drug problems, bullying etc. Connexions Personal Advisors link into the Here 4 U clinic, and will signpost young people to the Clinic, and sometimes accompany them too. The clinic used to be open on a Saturday morning too, and included Youth Workers who listened to young people to help them access appropriate advice, information & services related to their individual needs.

Here 4 U provides opportunistic chlamydia screening for young people. Screening is also provided in normal surgeries when attending for family planning advice etc. The test for young women includes collection a sample of urine or a self-taken vaginal swab. Men provide a urine sample.

The Here 4 U Clinic also has a chlamydia screening display on the notice board from time to time, and chlamydia testing packs are also placed in the toilets, "to avoid embarrassment of asking".



The Here 4 U leaflet provides guidance for young people on the key issue of confidentiality, briefly explains the style of sessions and also shares information on other alternative local contacts, i.e. GPs in Barlborough, Killamarsh and Renishaw, the Killamarsh Family Planning Clinic, the Young Person's Clinic in Saltergate Health Centre, Chesterfield, the Central Health Clinic in Sheffield, Unit 10 in Chesterfield and the GUM Clinic in Chesterfield Royal Hospital. This information allows a young person to make better choices about who to call or where to go for advice and information.

There is a need to further expand the Chlamydia screening service for young people in North Derbyshire. It is possible to carry out tests, which high levels of confidence for young men (urine tests) and young women (vaginal swab) in a community setting.

Chlamydia screening should be delivered in location where young people are, or go to, such as schools, the local health clinic or youth centres. By having local access to sexual health testing and treatment there is more chance of young people, particularly young men, attending the sessions, and accessing services.

In 2004, Chesterfield Primary Care Trust turned down a plan for GPs to run a locally enhanced service relating to sexual health, and so the current plans to further develop such services are largely dependent on funding the North Derbyshire 2005/2008 Sexual Health Strategy.

**KEY ISSUE DRIVING RECOMMENDATIONS 1 AND 3 – The Eckington Here 4 U young people's project is a good example of shaping sexual health services to meet a young person's needs.**

8.12 **North Derbyshire Health Promotion Service, including the CASH project**

- 8.12.1 The North Derbyshire Health Promotion Service provides or supports much of the health promotion and preventative work on sexual health in North Derbyshire. The Service, in partnership with Derbyshire County Council's Education Service, delivers the delivery of the Derbyshire Health Promoting Schools project, which works with young people in on self esteem, sex and relationships as part of mainstream education. More information on the Derbyshire Health Promoting Schools project is set out in section 8.15.
- 8.12.2 The Service also manages the CASH<sup>18</sup> project. The CASH Project was established in 1994 by the North Derbyshire Health Promotion Service to develop sexual health promotion initiatives with a range of key community groups, notably gay and bisexual men, lesbians. People living or affected by HIV / AIDS, and sex-workers and their clients.
- 8.12.3 The CASH team comprises a Project Manager, an administrator, a Gay and Bisexual Men's Worker, a Women's Community Worker, a Young People's Sexual Health Programme Manager and fifteen sessional volunteers (trained in public sex environment work and in one-to-one buddying).
- 8.12.4 It provides the following range of adults services across North Derbyshire:
- Outreach services – HIV prevention for gay and bisexual men, providing information, advice, signposting to other services and condoms, in gay venues and public sex environments.
  - Access to information – a generic sexual health and sexuality telephone line and drop-in facility (in Chesterfield), providing health information, support and counselling, condoms and lubricants.
  - Group work support, for example gay men, lesbian and bisexual youth provision, supporting men who have experienced childhood sexual abuse.
  - Individual support, for people who are HIV positive, through one-to-one buddying and drop-in sessions
  - Training, in sexual health promotion for NHS staff and

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<sup>18</sup> CASH – a North Derbyshire Health Promotion Service project, Community Action on Sexual Health

- professionals with partner agencies.
  - Advocacy, promoting a positive image of gay and bisexual men and women, through a programme of campaigns and publicity.
- 8.12.5 The CASH project also supports young people in outreach sessions to peers in nightclubs, cinemas and colleges, addressing sexual health, binge drinking and drug misuse. One-to-one counselling and support to gay, lesbian and bisexual young people is also provided.
- 8.12.6 Work is also centred on specific campaigns, for example raising awareness of the Service on World AIDS Day, at Christmas and on Valentine's Day. At times it has been difficult to access young people and adults in specific venues, due the lack of a gay nightclub in Chesterfield, or elsewhere in North Derbyshire. Many gay men, lesbians and bisexuals alternatively travel to Derby, Sheffield or Nottingham, where they do not receive information on support available in North Derbyshire.
- 8.12.7 The CASH Team bases its success on its informal approach – delivering services in a non-clinical building or in community settings. It is perceived by service users as a voluntary organisation – people go to CASH and CASH goes to people, where they are. The Team's ethos is centred on:
  - Valuing diversity
  - Working with people on their terms, wherever possible
  - Challenging stigma and stereotypes.
  - Encourage agencies and professionals to work together and to share information
- 8.12.8 The North Derbyshire Sexual Health Strategy for 2005/2008 identifies for the need for further investment in areas of counselling and training. The CASH drop-in facility currently receives an average of 50 callers per month (including under 16s, lesbians, transsexuals, survivors of sexual abuse), and is not resourced to provide the necessary specialist support.

**KEY ISSUE DRIVING RECOMMENDATION 4 – Chesterfield Primary Care Trust, High Peak and Dales Primary Care Trust and North Eastern Derbyshire Primary Care Trust continue to resource the CASH project and to provide sufficient further resources to meet the identified sexual health needs of gay men, lesbians and bisexuals across North Derbyshire.**

**8.13 North Derbyshire School Nursing Team**

8.13.1 The North Derbyshire School Nursing Team is managed by the Chesterfield Royal Hospital Foundation Trust. It is based in Saltergate Health Centre, Chesterfield, but the majority of its work is carried out in primary and secondary schools across North Derbyshire.

8.13.2 Each full-time school nurse may be partly responsible for the physical and well-being care of up to 3,000 pupils, aged between 4 and 19. The work of a North Derbyshire School Nurse may cover between six and thirteen schools, across all age groups.

8.13.3 The School Nursing Team also comments positively on being able to access young people in a school setting – because that is where young people are during the day. However, a number of barriers to young people accessing appropriate advice and information were shared:

- Young people often cannot seek support after school, since they may not have money for transport to the place where advice is available, or they may be “grounded”, or would prefer to “go out with their mates”.
- Young people may not be able to leave school premises during the lunchtime period, and may not be given permission to return after the afternoon period has started.
- Young people are reluctant to seek support from the family GP, fearing the GP or a member of the Practice Team breaking confidentiality.
- Young women may not have money to purchase magazines, such as Sugar, which have information in regarding sex. There are no similar magazines for young men.

- 8.13.4 A School Nurse may deliver work in a school, or sometimes off-site, with young people on issues such as:
- Sexual health
  - Contraception, including advice and information, issue of condoms and emergency contraception.
  - TB and immunisation programme
  - Self harm
  - Child Protection
  - Health promotion and health education.

The role of a modern School Nurse embraces a considerable amount of preventative work, aimed at keeping children and young people in good health, physically and emotionally.

- 8.13.5 School nurses also work with teachers, and also deliver classroom sessions in primary and secondary schools. In relation to Sex and Relationships education, School Nurses would share information with younger children on healthy lifestyles and puberty, and for young people in secondary school, it may involve lessons on sexually transmitted infections, contraception and drugs. The range of information and advice ranges across the area, some schools wanting more support than others.

- 8.13.6 One of the roles of a School Nurse is to provide a “drop-in” service, once a week during the lunchtime period, in secondary schools. No appointment is necessary, and the Nursing Team has produced posters for schools to put up announcing their visits. It is essential that these sessions are delivered in a setting that is private and enables discussion to take place with dignity. Confidential advice and support is given to young people, on a variety of issues. Information is not shared with teachers, any other member of the teaching staff or parents. These standard drop-in sessions are funded by the Chesterfield Royal Hospital Foundation Trust as part of the duties carried out by members of the North Derbyshire School Nursing Team.

- 8.13.7 At the standard drop-in sessions young people may be signposted to places where they can obtain contraceptive services, or sexual health screening tests.

8.13.8 An 'enhanced drop in' session is where the school nurse can issue emergency contraception, condoms and conduct pregnancy tests. These sessions, sometimes known as "*Clinic-in-a-box*", take place over one lunchtime period per week on school premises. For this to happen the School Nursing Team undertakes a rigorous and detailed consultation process with school staff, governors, parents and pupils. Enhanced drop-in sessions are funded by the Derbyshire Teenage Pregnancy Strategy Board, due to the need for "back fill" and administration to support the sessions. Again, no screening for sexually transmitted infections takes place on school premises – young people are referred to the GUM Clinic, to the Contraceptive and Sexual Health Service or to their GP.

8.13.9 Information is recorded at standard drop-in sessions in some detail by each school nurse and retained by them. Collected information will include:

- Gender
- Age
- Number of visits
- Nature of visit recorded

Further information is collected at enhanced drop-in sessions. The additional information may include:

- The number of incidences of the prescribing of emergency contraception.
- The number of condoms distributed.
- The number of pregnancy tests performed by each nurse.

This information is gathered three times a year, and information is forwarded to the Derbyshire Teenage Pregnancy Strategy Board.

- 8.13.10 The School Nurses commented that it would be desirable for North Derbyshire Schools to have common policies on confidentiality, and that these policies should be adhered to. From time to time, school staff have repeatedly interrupted confidential one-to-one sessions with young people. At times, a school may “double book” a room, and the Nursing Team find that they have to share a room, or more likely cancel the session. Such a working environment is not conducive to building confidence and trust, or securing better health outcomes.
- 8.13.11 The following are schools currently running enhanced drop-in sessions<sup>19</sup>:
- The Bolsover School, Bolsover (21.6%)
  - Deincourt Community School, North Wingfield (27.1%)
  - Heritage Community School, Clowne, Chesterfield (21.4%)
  - Highfields School, Matlock (8.1%)
  - Hope Valley College, Hope (3.2%)
  - New Mills School and Sixth Form Centre (8.5%)
  - Springwell Community School, Staveley (22.8%)
- 8.13.12 The following schools are about to commence the delivery of enhanced drop-in sessions:
- Buxton Community School, Buxton (8.9%)
  - Parkside Community School, Chesterfield (25.4%)
- 8.13.13 The following schools are at some stage in the consultation process:
- Brookfield Community School, Chesterfield (3.7%)
  - Chapel-en-le-Frith High School, Chapel-en-le-Frith (5.9%)
  - Frederick Gent, South Normanton (10.2%)
  - Lady Manners School, Bakewell (4.4%)
  - The Meadows Community School, Old Whittington (15.8%)
  - Netherthorpe School, Staveley (12.4%)
  - Tupton Hall School, Old Tupton (10.8%)

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<sup>19</sup> The percentage in brackets relates to the Free School Meal entitlement (FSM) rate at the school. FSME is simple measure of socio-economic status used by DfES. A rate of > 20% is indicative of disadvantage. The data is sourced from Derbyshire Local Education Authority – PLASC Collection 2005.

- 8.13.14 The School Nursing Team plan to approach the following schools in the near future:
- Dronfield Henry Fanshawe School, Dronfield (4.0%)
  - Eckington School, Eckington (9.0%)
  - Newbold Community School, Chesterfield (12.8%)
- 8.13.15 The following schools will not be approached:
- St Mary's Catholic High School, Chesterfield (4.6%)
  - St Thomas More Catholic School, Buxton (5.9%)
  - Tibshelf Community School, Tibshelf (9.2%) – there is no suitable accommodation in the School, and there is also a “teen clinic” next door in the Staffa Health Centre.
- 8.13.16 The following schools have been asked if they would be interested in supporting the delivery of enhanced drop-in sessions and have declined to undergo the consultation process:
- Hasland Hall Community School, Hasland (11.9%)
  - Shirebrook School, Shirebrook (25.6%).
- 8.13.17 The North Derbyshire School Nursing Team also comments that there is a real opportunity to improve working relationships with the Derbyshire Children and Younger Adults Services and schools, in particular schools' Governing Bodies.
- 8.13.18 North Derbyshire School Nurses also work with looked after young people, who may not be in full-time education and with excluded students.
- 8.13.19 The North Derbyshire School Nursing Team undertook some listening work with young people in three North Derbyshire schools during June and July 2005. A brief summary and the recommendations made by the School Nurses are set out in Tables 11 and 12. More information about the listening work may be found in Appendix 5.
- 8.13.20 The listening exercise has prompted the School Nursing Team to undertake further consultation with young people during 2006/2007, to better understand the needs of North Derbyshire, and to be able to respond appropriately.



**KEY ISSUE DRIVING RECOMMENDATIONS 3 AND 5 – The Review Project Board heard that the North Derbyshire School Nursing Team had little substantive contact with the managers in the Derbyshire Children and Younger Adults Service. An opportunity for improving young people’s sexual health could be seized through the Children and Younger Adults Services managers working more closely with the School Nursing Service.**

**8.14 Derbyshire Youth Service**

8.14.1 Derbyshire Youth Service provides access to information and advice on sexual health matters across North Derbyshire, either in one of its twenty four Youth Centres, in Youth Information Shops in Buxton or Chesterfield, through its four Mobile Information vehicles or its community based outreach projects, such as CHASE & BESAFE in Bolsover.

8.14.2 The Youth Service has Youth Centres across North Derbyshire. The locations are set out in Table 17.

8.14.3 The 2006/2007 Youth Service Plan is designed around the five outcomes emerging from Every Child Matters (sections 4.10.1 and 6.4.1.) In relation to the *Being Healthy* outcome, the Youth Service identifies that one of its targets is to “*Promote healthy lifestyles*” and its specific planned action is to:

*Deliver youth work in “out of school” settings that promotes healthy lifestyles focusing on:*

- *Sexual health and relationships education.*
- *Participation in sport and physical activity.*
- *Awareness of mental and emotional well-being.*
- *Drugs, alcohol and smoking education.*

In focusing on “promoting healthy lifestyles”, the Youth Service Plan is cross-referenced to the Derbyshire County Council Plan and to Every Child Matters.

- 8.14.4 In relation to sexual health, the Youth Service use has a policy document, *Sex and Relationships Education, a policy and guidance document for the Youth Service in Derbyshire*. This policy and practice document used since July 2000 provides comprehensive support and guidance for youth workers, on issues such as the a definition of sex and relationships education (SRE), the role of the youth service in delivering SRE, dealing with young people between the ages of 11 and 25, sexuality, confidentiality, SRE programmes and contraceptive advice and condom distribution.

The Youth Service also has developed more detail advice relating to condom distribution, *Guidelines for Youth Workers to Issue Condoms to Young People*. This guidance has been piloted in one district and will be implemented alongside appropriate training throughout the county.

The overall Policy and Guidance document is currently under review, in light of recent guidance documents published by the Government's Teenage Pregnancy Unit and the Department for Education and Skills, *Enabling young people to access contraceptive and sexual health advice – for youth support workers, and for social workers, residential social workers, foster carers and other social care practitioners*.

The Youth Service recognises that it is important to bring all of the current policy, advice and practice together in a single document. New guidance is anticipated to be available in September 2006.

- 8.14.5 The Youth Service has identified three tiers of service in relation to the delivery of sex and relationships education. These tiers are not the same as the three levels of sexual health service identified by the Department of Health, and set out in Table 13.

- Tier 1 – A universal advice and information service.
- Tier 2 – Targeted health projects, aimed at developing relationships and condom distribution
- Tier 3 – Specialist & medicalised services, accessed in or through signposting in the Youth Information Shops in Chesterfield (Unit 10), Buxton (Buxton for Youth) and Swadlincote (South Derbyshire).

For the future in Tier 2, the Youth Service is exploring the

possibility of Youth Workers developing an enhanced role in line with the new guidance. There are issues around capacity to deliver an enhanced service and meeting training and developmental needs as there is no specific CPD budget for Youth Work training in SRE.

Access to medicalised services, such as information on sexually transmitted infections, condoms, emergency contraception, pregnancy tests and youth counselling are provided by the Tier 3 specialised services. In practice, this provision currently undertaken by a Community Nurse and Safespeak Counsellors with the support of a Youth Worker. There is currently an adhoc service provided to young people which has developed through local networks as opposed to strategic planning.

For the future in Tier 3, the Youth Service is exploring the possibility of each of the 3 countywide Youth Information Shops, including Buxton (Buxton 4 Youth) and Chesterfield (Unit 10) working in partnership with other specialised services. This would enable young people to access a wide range of medical and non-medical services within a young people's environment and with young people friendly staff. Holistically, young people would feel safe to access services and information appropriate to their needs.

The hierarchy of services around sexual health also support the Teenage Pregnancy Strategy, in particular in relation to promoting confidence and self esteem, relationships counselling and access to contraception and emergency contraception.

- 8.14.6 The Derbyshire Youth Service was not involved in the development of the 2005/2008 North Derbyshire Sexual Health Strategy recently agreed by Chesterfield, North Eastern Derbyshire and High Peak and Dales Primary Care Trusts.

**Table 17 – Location of Youth Centres in North Derbyshire**

<b>Bolsover</b>	
• Bolsover	• Clowne
• Creswell	• Pinxton
<b>Chesterfield</b>	
• Birdholme	• Brimington
• Chesterfield	• Hasland
• Staveley	• Whittington Moor
<b>High Peak</b>	
• Buxton	• Chapel-en-le-Frith
• Chinley	• Glossop
• Hadfield	• New Mills
• Whaley Bridge	
<b>North East Derbyshire</b>	
• Clay Cross	• Dronfield
• Dronfield Woodhouse	• Eckington
• Killamarsh	• Tupton
• Wingerworth	

8.14.7 One of the Derbyshire Youth Service's projects aimed at improving health outcomes of young people is known as Unit 10, based in Chesterfield.

8.14.8 Unit 10 is a Derbyshire Youth Service "Youth Information Shop" open from 12.30pm to 5pm on Mondays to Fridays, providing information, support and guidance for young people aged between 11 and 25 years on housing, finance and sexual health matters in Chesterfield. On Saturdays, the "Shop" is open between 1pm and 4pm, in relation to sexual health matters only.

8.14.9 However, on weekdays Unit 10 provides only limited contraception advice and information. In practice, many young people have detailed enquiries relating to specific contraception issues, such as:

- A young woman wishing to begin using a long term method of contraception and needing to discuss the pros and cons between taking oral hormonal contraception and having an implant fitted, or
- A young woman needing emergency contraception on a Monday to Friday (though she could be referred to a specified local pharmacy).

These enquiries are usually referred to the Contraception and Sexual Health Service at Saltergate Health Centre, since youth workers do not have the necessary training or experience to deal with such issues. This means that some people who chose to access information and advice cannot do so directly, and may not refer themselves to the Health Centre if they feel that it is an inappropriate setting. A sexual health clinic is held in partnership with the Contraceptive and Sexual Health Service on Saturday afternoons. Attendances at these sessions are impressive.

8.14.10 The Saturday afternoon sexual health clinic is led by a nurse from the North Derbyshire Contraceptive and Sexual Health Service, supported by a youth worker. The clinic provides pregnancy testing, emergency contraception (prescribing of the (incorrectly termed) “morning after pill”, Levonelle) and condoms.

Free condoms are also available during opening times on Mondays to Fridays, and are issued in by youth workers in accordance with Youth Service guidelines for condom distribution. (See section 8.14.4). However, emergency contraception is not available during the week since youth workers cannot prescribe. Young people are signposted to the Contraception and Sexual Health Service at Saltergate Health Centre, their GP or to a local pharmacy working with the Contraception and Sexual Health Service guidelines.

**KEY ISSUE DRIVING RECOMMENDATION 2 – It appears advantageous for young people to be able to access all aspects of sexual health and contraceptive advice at the same time, rather than to be referred elsewhere during the week. Derbyshire Youth Service and the Contraceptive and Sexual Health Service should undertake a piece of listening work to identify actual need. This may mean that a Community Nurse is co-located within Unit 10, and perhaps other Youth Service settings, in the future.**

8.14.11 During the six month period from April 2005 to September 2005, 1850 young people accessed the Unit 10 service, in relation to sex and relationships advice and support.

8.14.12 Youth workers work in local secondary schools. This provides a useful link between Unit 10 and young people. Unit 10 information is also shared in Youth Centres.

Unit 10 staff report that schools' response to the work undertaken varies. Previous work has included sessions with a whole year group (Year 11) through networks with PHSE staff, though on one occasion subsequent visits were refused by the Headteacher.

8.14.13 There are currently no gynaecological services made available within the Unit 10 premises, although it is felt that chlamydia screening would be a welcome addition to the current services.

8.14.14 The Youth Service also has significant contact with young people on sexual and relationships across North Derbyshire. Table 18 illustrates the specific projects linked to sexual health, and the number of young people attending sessions, during the six month period, from April 2005 to September 2005. The information is intended to reflect the range of projects delivered rather than the relative value of each one against another.

**Table 18 – Derbyshire Youth Service Projects linked to sexual health,  
April 2005 to September 2005**

District Area and Project	Sessions	Attendance*
<b>Bolsover</b>		
Be Safe	11	159
Chase @ Peartree Community House	8	42
Chase Drop In @ Shirebrook School	14	173
Chase Drop In @ Model Village	15	96
Mill Street Project	5	52
Pinxton / South Normanton Health Clinic	12	108
Young Mums @ Shirebrook	5	12
<b>Total**</b>	<b>70</b>	<b>642</b>
<b>Chesterfield</b>		
Big Blue Bus	26	296
Chantry Health Shop	16	149
Unit 10	134	1850
Springwell School Health Awareness Day	1	770
Unit 10 Zanzibar Outreach Project	5	1245
<b>Total**</b>	<b>182</b>	<b>4310</b>
<b>High Peak and Dales</b>		
Buxton 4 Youth – Tots N Teens	15	55
Buxton 4 Youth – Information Shop	49	216
Buxton 4 Youth – Teenage Pregnancy	3	6
New Mills Health Clinic	3	9
Hadfield Young Mums Group	1	1
Sexual Health Project	2	17
Buxton 4 Youth Fair Aware	6	695
Young Mums	6	12
<b>Total**</b>	<b>85</b>	<b>1011</b>
<b>North Eastern Derbyshire</b>		
Clay Cross Bumps and Babies	18	111
Clay Cross Think Yourself Gorgeous	13	44
Clay Cross Wednesday Drop In	20	123
<b>Total**</b>	<b>51</b>	<b>278</b>

**Notes**

\*Attendance – The attendance figure is the aggregate for all sessions. It may include a person more than once, if he or she has attended more than one session.

\*\* Total – may include a person more than once, if he or she has attended more than one session or more than one project

- 8.14.15 The Youth Service has developed a more proactive in order to make contact with hard-to-reach young people. A partnership has been established with Chesterfield Sure Start making use of the *Big Blue Bus* to take the Service into community settings, four nights a week. The Mobile information Vehicles target areas of deprivation and disadvantage to engage young people.
- 8.14.16 There are also other outreach partnership projects targeting young people such as CHASE and BESAFE in Bolsover, FAIRWARE in Buxton and ZANZIBAR in Chesterfield, where Youth Workers work out on the streets with other agencies such as CASH, Community Nurses and the Police to target key events where young people maybe vulnerable to alcohol and sexual activity.
- 8.14.17 Derbyshire Youth Service also supports young people to learn, and gain qualifications outside of a school setting. In the period April to September 2005, the Youth Service supported 39 young people, who gained nationally accredited qualifications related to health & sexual health projects.
- 8.14.18 The Contraception and Sexual Health Service has delivered some training to Youth Service workers, but feel that Youth Service approach to staff training in sexual health and contraception is “fragmented”. On one occasion pregnancy test training was planned, but this was cancelled by the Youth Service, who, report the Contraception and Sexual Health Service, felt that pregnancy testing by Youth Workers is “inappropriate”.
- 8.14.19 Whilst the Youth Service has not undertaken any consultation or listening work with young people specifically on sexual health, its Youth Matters consultation, held in October 2005, has informed the direction of travel of the service, in that services should be delivered:
- In more informal settings, such as health clinics and leisure centres.
  - By appropriate professionals, skilled in listening to and working with young people.
- The Contraception and Sexual Health Service has indicated that it would also want to participate in consultation and listening work with young people using Unit 10, in particular enquiring about the needs of young people outside the Saturday afternoon joint sessions.



### **KEY ISSUES DRIVING RECOMMENDATIONS 2 AND 3:**

**The Derbyshire Youth Service is developing a new set of guidelines for Sex and Relationships Education (SRE) in a Youth Service setting. The HIV Team of Derbyshire's Children and Younger Adults Services, who deliver SRE for looked after children and foster children, also has a (separate) policy document on sex and relationship education. The North Derbyshire Contraceptive and Sexual Health Service, led by High Peak and Dales Primary Care Trust, also has separate policy guidelines relating to condom distribution.**

**The Health Scrutiny Committee considers that it is in the interests of young people to be able to access the same quality of sexual health advice and information, regardless of which agency or organisation is providing it.**

**The Health Scrutiny Committee recognises the current difficulties associated with condom distribution and the prescribing of emergency contraception by Youth Service Workers. However, a starting point should be the adoption of shared guidelines and practice, and a review of the roles of all of those involved in delivering SRE to young people, in whichever setting, to ensure consistency across the County.**

**8.15 Derbyshire County Council's Education Service**

8.15.1 Derbyshire County Council's Education Service is part of the Derbyshire Children and Younger Adults Services Department.

8.15.2 The Education Service has influence in a number of key areas relating to sexual health:

- Curriculum, sex and relationships education as part of PHSE, training, learning and development
- Delivery of the Derbyshire Health Promoting Schools project
- Teenage Pregnancy Strategy, and delivery of projects
- Access to Networks, including Head Teachers networks, links between organisations and agencies represented on the Derbyshire Children and Young People's Strategic Partnership and schools, such School Nurses, the County HIV / AIDS Resource Team
- School Governor training
- Work with families, children and young people
- The Director of Children and Younger Adults Services is also responsible for the Youth Service.

8.15.3 The Review sought information on a number of issues relating to the links between the Education Service and responding to the sexual health needs of young people.

#### 8.15.4 Derbyshire Health Promoting Schools

The Derbyshire Health Promoting Schools project is a partnership between the Derbyshire Education Service and the North Derbyshire Health Promotion Service. It is aligned to the national Health Promoting Schools programme, though is specific to Derbyshire. Amongst its aims and ambitions is the issue of raising the self-esteem and confidence of children and young people.

One of the nine Health Promoting Schools key areas is Sexual Health and Sex and Education.

The Health Promoting Schools project has worked with 60 North Derbyshire primary and secondary schools, with sex and relationships education (SRE) as a key area, and a further 104 schools have had their SRE looked at by Health Promoting Schools team as part of the Level 3 assessment<sup>20</sup>. The Health Promoting Schools team plans to work with Parkside Secondary School (which has a Free School Meal Entitlement rate of more than 20% (a measure of disadvantage)) when the school adopts a SRE policy.

The Review Project Board addressed a number of questions to Health Promoting Schools partnership. These are set out in Table 19. However, information was not provided on the outcomes of the initiatives taking place in schools in particular how the understanding of sexual health issues amongst young people is improved, for example how do we know that Theatre in Health Education is making a difference, and are the outcomes linked to on-going class work?

Information was also requested in relation to:

- School governor training on sex and relationships education.
- Parent education programmes
- Work with boys and young men.

However, no further information was provided by the Derbyshire Education Service on these issues.

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<sup>20</sup> Achievement of Health Promoting School at Level 3 is rewarded by the designation as a *Healthy School*

**Table 19 – Health Promoting Schools project and Sex and Relationships Education in North Derbyshire schools**

<p><b>Question - What views are held in relation to the abstinence approach<sup>21</sup>, sometimes associated with the “silver ring”?</b></p> <p><i>Response – Extensive research carried out by the National Children’s Bureau Sex Education Forum, specifically in the USA, demonstrates that abstinence approaches have no effect. “Just say no” does not work. Abstinence tends to refer to all aspects of sexual activity, and even anything other than a brief “kiss in public or private would not be countenanced. The abstinence approach is not promoted by the Derbyshire Health Promoting Schools partnership.</i></p>
<p><b>What activity is taking place in North Derbyshire schools to raise awareness of the understanding of contraception and sexually transmitted infections?</b></p> <p>Awareness of sexually transmitted infections is an integral part of SRE, and HIV / AIDS is mentioned in some primary schools. Information on STIs is included in the Theatre in Health Education programme materials.</p> <p>School Nurses also work in North Derbyshire schools. They are managed by the Chesterfield Royal Hospital Foundation Trust. The Nurses agree the level of service directly with each individual school. We are aware that school nurses are well respected by their schools though there is a need to ensure that any new services are properly introduced with full consultation. There have been some low levels of anxiety as a result of the “Mansfield experience<sup>22</sup>”.</p>
<p><b>What plans are in place to produce information and literature on sexual health matters for children and young people with low levels of literacy?</b></p> <p><i>The North Derbyshire Health Promoting Schools team has specific support materials available to schools already. The production of new materials has not been identified as a priority.</i></p>

<sup>21</sup> The “abstinence approach” is an American model of sex education. It is about the teaching that abstinence before and sex only within marriage is the way to health and happiness. Sexual activity outside marriage will have harmful social, psychological and physical consequences. Condoms and other forms of contraception are only discussed in terms of failure rates. Abstinence from sexual activity before marriage is taught as the only acceptable behaviour; while adoption is promoted as the only morally correct and mature decision for a teenager faced with an unintended pregnancy.

<sup>22</sup> The “Mansfield experience” - the decision made by a 14 year old girl, without her mother’s knowledge, to have an abortion in Mansfield, Nottinghamshire, in 2004. The young woman was counselled by a community health advisor

<b>Could we have further information relating to the SRE consultancy which is available to all North Derbyshire schools?</b>
<i>SRE consultancy is available through the Health Promoting Schools project and the CASH project.</i>
<b>What North Derbyshire schools do not have revised SRE policies in line with DfES guidance linking confidentiality to child protection policies? What are the implications for children and young people, and families, for those schools which do not revise their SRE policies?</b>
<i>Specific information is not available. All schools have received guidance and can access support. Approximately, three-quarters of schools have attended training sessions. The implications for children, young people and families is that there will be a lack of up-to-date information and support.</i>
<b>Could you please share more information on the Theatre in Health Education programme (TIHE) – has it covered sexual health themes, directly or indirectly (e.g. drug misuse)? Does the programme run in all North Derbyshire secondary schools every year? What feedback mechanisms are in place to gauge learning by students? Are the issues raised in these events followed up in classes, involving all of the Year Group?</b>
<p><i>There is one TIHE initiative - STRINGS - specifically around SRE delivered to Year 10 students in all North Derbyshire schools, apart from the Catholic schools.</i></p> <p><i>Indirect coverage comes through a Year 9 piece – TIGHT – around drinking on the park where there the risks of unplanned sexual activity is an integral part of the drama.</i></p>
<b>What specific support is available to faith schools, covering sexual health?</b>
<p><i>Catholic schools receive the same level of support as other schools. It is delivered in the light of the appropriate guidance from the Catholic Education Authority. Other church schools are supported in adapting the curriculum to suit any constraints imposed by their church.</i></p> <p><i>The family of Catholic schools in the High Peak area has worked together to develop a spiritual programme, for children and young people, aged from 5 to 16.</i></p> <p><i>Faith schools often provide some of the best SRE.</i></p>

<b>Are there plans to establish SRE workers in North Derbyshire schools?</b>
<i>There are no plans for additional posts in North Derbyshire schools due to a lack of available funding. The skills of existing staff have enabled work to progress. Training and support has been available to those staff.</i>
<b>What are the outcomes of the pupils being able to access peer counselling – are sexual health themes and issues covered by this scheme?</b>
<i>About three-quarters of the North Derbyshire secondary schools offer peer counselling and support. In those secondary schools offering peer support, sexual health is not always given a high profile due to confidentiality issues, particularly where younger pupils are involved.</i>
<b>What plans are in place to develop SRE for children and young people with special education needs?</b>
<i>Links with the Shepard School in Nottinghamshire have been established to learning from their experience. Derbyshire's Special schools already offer SRE, supported by the Health Promoting Schools project.</i>

- 8.15.5 The listening work undertaken by the North Derbyshire School Nursing Team, and set out in section 7.9, provides some challenges to the delivery of sex and relationships education and support services in schools. The School Nurses summary is set out in Table 11.

Key issues raised by young people in the School Nurse sessions include:

- *There appears to be a limited amount of time put aside for Sex and Relationships Education (SRE) on the timetable and therefore there is limited time to explore the issues in-depth.*
- *Due to limited time spent on SRE there appears to be a lack of progressive building of knowledge throughout young people's time at school. This affects their retention of information given.*
- *Young people identify that they are not getting information early enough as some are sexually active, having gained limited knowledge to consider the practice of safe sex.*

- *Young people are often not confident or comfortable with teachers delivery of SRE and this inhibits discussion, i.e. over reliance on videos*
- *Knowledge of STIs was limited across the schools and where it had been covered knowledge was still insufficient to make fully informed decisions.*
- *Young people are concerned about confidentiality when accessing information and service inside and outside school. They are also fearful of being dealt with in a judgemental manner.*

8.15.6 The School Nurses recommendations are set out in Table 12.

**KEY ISSUE DRIVING RECOMMENDATION 5 – Derbyshire County Council’s Children and Younger Adults Services Department responds in detail to the issues and recommendations emerging from the listening work undertaken by the North Derbyshire School Nursing Team.**

8.16 **Derbyshire Social Services – HIV / AIDS Resource Team**

8.16.1 Derbyshire County Council’s HIV / AIDS Resource Team is based within Derbyshire County Council’s Children and Younger Adult Services Department.

8.16.2 Much of the Team’s work is focused on young people and families, on sexual health issues, as well as teenage pregnancy and substance misuse. It also works with people who have HIV / AIDS and their carers. The HIV / AIDS Resources Team wants to lead by example, but understands the challenges involved, for example safe sex is not regularly shown in television programmes though it is advertised on the radio, and some women who carry condoms feel that they may be seen as “*up for it*”. The Team helps build the skills and confidence of young people in order to enable them to negotiate condom use (and not just the young people carry them), though drug and, or alcohol use will have a bearing on these negotiating skills.

The Team also raises awareness of young people, and those who work with young people, of sexually transmitted infections, including HIV / AIDS, contraception and unplanned conception.

- 8.16.3 The Head of the HIV / AIDS Resource Team is a member of the North Derbyshire Sexual Health Strategy Group.
- 8.16.4 The Team is a useful resource, providing a range of specialist courses for health and social care professionals working with people with HIV / AIDS, and also sharing information, advice and guidance for those seeking help on sexual health matters. The Resource Centre is a source of learning materials, such as games, books and pamphlets, and videos and DVDs. They may be borrowed by other professionals, or schools, or by parents or carers, or by young people.
- 8.16.5 One of the vulnerable groups supported by the HIV / AIDS Resource Team is “looked after young people”. There are currently around 500 looked after children and young people in Derbyshire, with about 400 in foster care. There are no specific details available for the North Derbyshire area. In particular, looked after young people may not always be in mainstream education, and so the provision of information, advice and guidance to this group is extremely important.
- 8.16.6 There is a significant chance of looked after young people becoming pregnant within two years of leaving the care of a local authority. Consequently, the HIV / AIDS Resource Team works closely with the Derbyshire Children’s Services After Care Services Team to help young people as they move towards adulthood.
- 8.16.7 In relation to HIV / AIDS, most of the referrals to the County HIV / AIDS Team is from Derbyshire’s GUM clinics, Chesterfield Royal Hospital (Suite 7) and the William Donald Clinic (Derby NHS Hospitals), rather than from GP practices. People who access the County service comment that most people who want a HIV test will go to a GUM clinic for pre-AIDs test counselling. Local people prefer not to go to a GP practice since their partner, if they have one, may also be registered at the practice, and they fear a breach of confidentiality. The AIDS Resource Team may offer guidance and support if contacted, but it does not offer pre-test counselling. An effective partnership between the Chesterfield Royal Hospital GUM Team and the County HIV / AIDS Team has built up over many years.



- 8.16.8 Some women may access the GUM service at a later stage, with advanced HIV. This circumstance may present an issue for Derbyshire's Children and Younger Adults Services if the woman is a single parent, for example "*will the children need fostering?*" Derbyshire Social Services can then provide structured support to the family. Currently, there is no HIV paediatric nurse available at Chesterfield Royal Hospital GUM Clinic (Suite 7). This means that young people, under 20, would access HIV treatment services in Sheffield, at the Royal Hallamshire Hospital GUM Clinic. This is an area for improvement, since a HIV paediatric nurse in Suite 7 would enhance health outcomes for young people.
- 8.16.9 The HIV / AIDS Resource Team has links with many organisations across North Derbyshire, including the CASH Project (Community Action on Sexual Health) and Derbyshire Positive Support, Derbyshire Drug and Alcohol Action Team.
- 8.16.10 The Team also provides a range of training for health and social care professionals who work with young people and adults on sexual health matters. At the moment none of the training programmes are accredited, and are aimed at NHS and non-NHS professionals, for example community nurses, people who work in schools, the youth service, social services, foster parents and people who work in relevant voluntary services.
- 8.16.11 Furthermore, Derbyshire Social Services employs over 7,500 staff. 51% of these staff are home helps, who regularly work with families, in a family setting. Training programmes for home helps and carers includes appropriate information on HIV / AIDS and other aspects of sexual health, and this element of their training is mandatory, and covers health and safety working practices. The Team feels that further advice and information on the preventative elements of sexual health promotion could be added to the exiting training plan.

8.17 **Connexions Derbyshire**

8.17.1 Connexions is an information, advice and support service for all 13 to 19 year-olds, and for people up to 25 who have learning difficulties or a disability (or both).

Its aim is to raise the aspirations and achievement of young people – to encourage more young people to stay in learning and tackle the barriers that prevent some young people from achieving their full potential.

8.17.2 The service is delivered through personal advisers (PAs). The PA diploma includes work on sexual health and relationships.

8.17.3 There is some information on the Connexions Derbyshire website relating to organisations which provide access to sexual health services. However, the list of organisations providing advice and guidance is incomplete, for example there is no mention of the GUM clinics at Chesterfield Royal Hospital or Stepping Hill Hospital. There is also no mention of the School nurses, and standard or enhanced drop-in sessions in schools.

8.17.4 Connexions Derbyshire has produced a mini fact-file *TRAX*, a young person's survival guide! It has nearly 200 pages of vital information and contacts and is provided to all Year 11 students. It includes information on sexual health and pregnancy.

However, *TRAX* is not available on the Connexions Derbyshire website, nor is it given to young people outside of Year 11.

**KEY ISSUE DRIVING RECOMMENDATION 3 – The North Derbyshire Sexual Health Strategy Group further engage with Derbyshire-Connexions to ensure that advice and information offered to young people is consistent.**

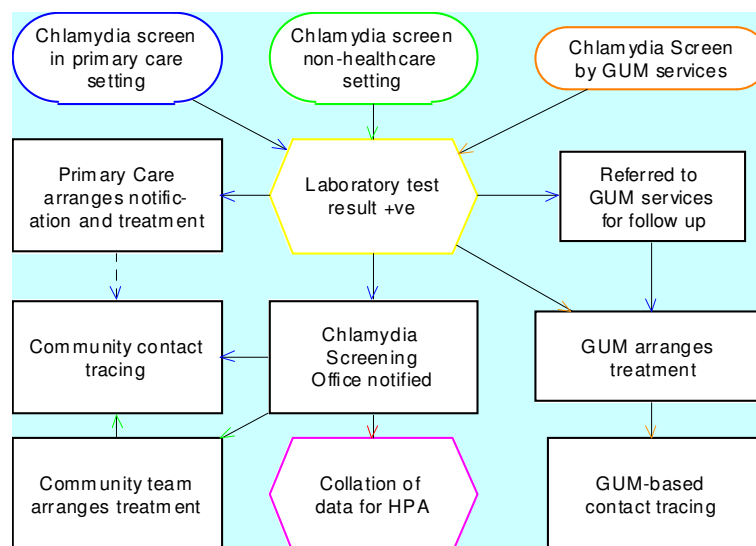
## 8.18 **Future delivery of sexual health services in North Derbyshire**

8.18.1 The planned Primary Care Trust reconfiguration under the *Ensuring a Patient Led NHS* agenda will lead to the establishment of a Derbyshire Primary Care Trust in October 2006. The PCT reconfiguration will provide many challenges for the North Derbyshire and South Derbyshire sexual health services.

8.18.2 However, the North Derbyshire Sexual Health Strategy set out in Appendix 3 will require a different approach to delivering testing and treatment of sexually transmitted infections to the current process, set out in Diagram 1.

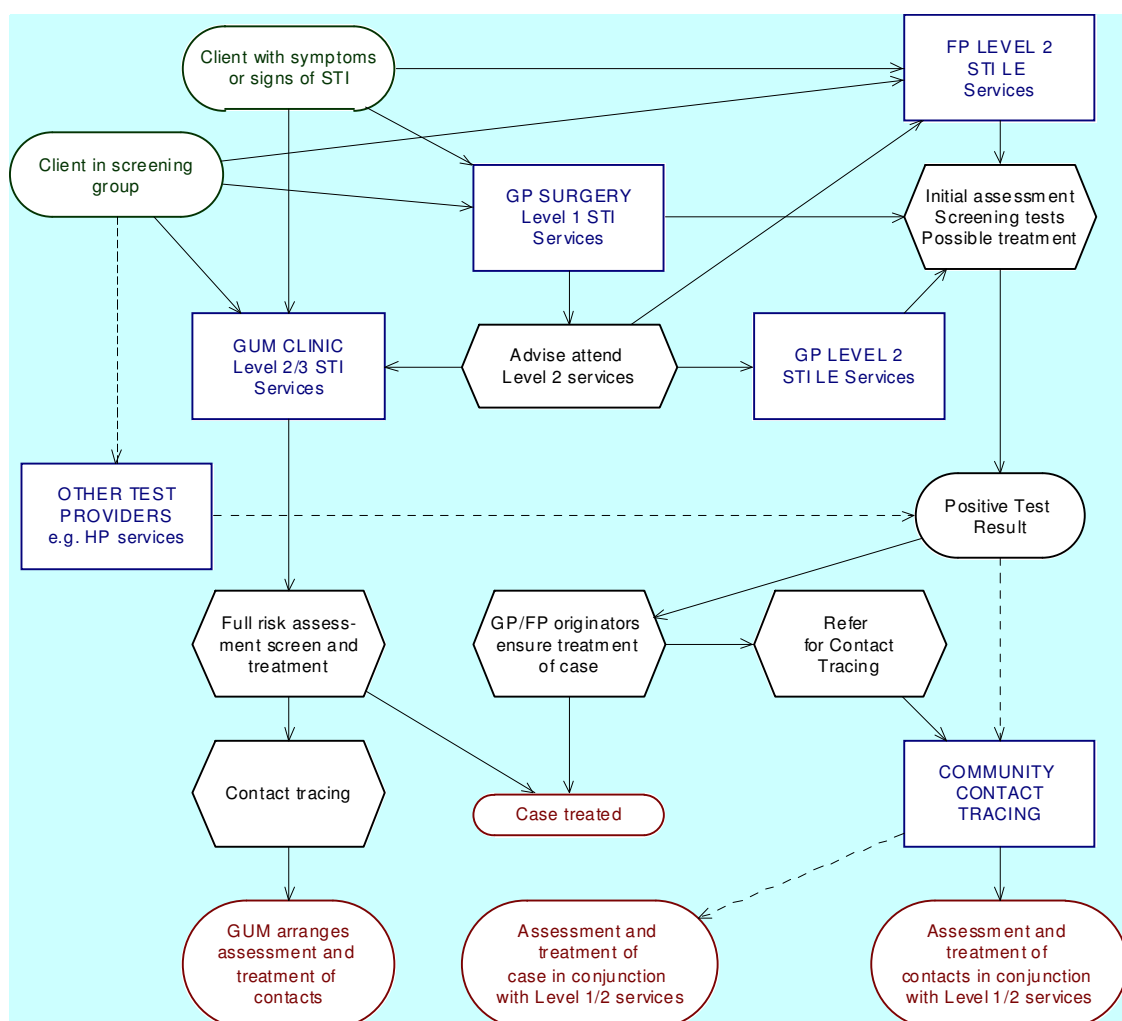
8.18.3 Two alternative pathways for delivering testing and treatment services are shown in Diagram 2 and 3. Diagram 2 illustrates the pathways for Chlamydia screening found in some of the National Chlamydia Screening Programme centres. These pathways are designed principally for Chlamydia screening, rather than a more comprehensive testing and treatment process covering a wide range of sexually transmitted infections, and the imperative to deliver more community-based services.

**Diagram 2 – Possible pathways for Chlamydia screening  
– from the National Programme**



8.18.4	<p>The pathways model set out in Figure 3 provides for an increasing number of Level 2 providers, in particular through the commissioning of locally enhanced services through North Derbyshire general practices and the Contraception and Sexual Health service. The model also lends itself to Derbyshire, a community with several market towns and many rural areas. The delivery of a community-based contact tracing service will also have a positive impact on reducing the pressure on the Chesterfield Royal Hospital GUM clinic. The GUM clinic is retained as the specialist service, and there remains the provision for general practices and the Contraception and Sexual Health Service to refer patients to it for specialist services.</p>
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**Diagram 3 – Possible care pathways for STI management in North Derbyshire**



#### 8.18.5 Written Health Promotion materials

During the Review, the Project Team was shared much written information for young people and adults in GUM Clinics, Health Centres and GP Practices. A number of internet sites were also accessed, providing either “signposting” information or general advice and information.

Derbyshire County Council's Libraries Service has undertaken an appraisal of some of the leaflets aimed at young people and adults and collected during the Review. Using the Basic Skills Agency SMOG Ready Reckoner, the Library Service comments are set out below.

##### **Information about sexually transmitted diseases.**

*“During the review, a number of leaflets and pamphlets have been collected to assess two major concerns.*

*“The first concern is that of availability of such information and the second is to consider its accessibility or readability. This latter consideration is of vital importance because in Derbyshire approximately 25% of the population have difficulties with literacy.*

*“The leaflets vary in their appeal. Many of those produced for young people by the Family Planning Association look up to date, interesting and attractive, with a lot of colour and a modern, magazine type presentation. Those for adults, however, look dull, dated and hard to read with blocks of text which may mystify some less able readers.*

*“Readability has been tested using a Basic Skills Agency SMOG Ready Reckoner. A low readability level indicates that the information is easier to read and understand. A readability level under about 10 will be able to be understood by most people.*

*“A number of leaflets available from the Family Planning Association targeting young people score between 10 and 13. However, other leaflets, aimed principally at adults, have a readability level of 14 and 15. As an important area of health information, it is significant that some of the information reviewed does not meet the readability level “understood by most people”.*

*"It is interesting to note perhaps that these leaflets have been collected from places to which people might go when they have identified a problem or think they need help. General information is almost certainly available through popular magazines but the absence of readily available information regarding STIs in an appropriate and accessible format is a major concern. This review has encouraged the increased availability of information for young people in Derbyshire libraries where free internet access is also available."*

#### 8.18.7 Internet sites

There are a range of Internet sites providing detailed information and advice on teenage health and sexual health issues, including [www.teenagehealthfreak.org](http://www.teenagehealthfreak.org), [www.bbc.co.uk/radio1/onelife/health](http://www.bbc.co.uk/radio1/onelife/health), [www.likeitis.org.uk](http://www.likeitis.org.uk), [www.ruthinking.co.uk](http://www.ruthinking.co.uk), [www.gayyouthuk.org.uk](http://www.gayyouthuk.org.uk).

However, there is limited access to details of where local services are provided. [www.connexions-derbyshire.org.uk](http://www.connexions-derbyshire.org.uk) provides some information, but it is incomplete in relation to North Derbyshire services, for example the GUM Clinic at Chesterfield Royal Hospital is not included. There is also no information on which services are the closest or most accessible to a young person, or how a young person might get there.

There is no information on sexual health on [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk), in relation to Children and Younger Adults Services or Education Services, or B-Line, the young person's webpages.

A report published in the Journal of Family Planning and Reproductive Health Care indicates that *"The Internet has great potential as a tool to improve sexual health awareness but young people do not directly use it for health information. Sexual health information needs to be incorporated imaginatively into activities and websites young people enjoy and access"*<sup>23</sup>.

The report also suggests that young people should be involved in the development of such websites.

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<sup>23</sup> Can the Internet be used to improve sexual health awareness in web-wise young people? PC Goold, M Ward, EM Carlin. Journal of Family Planning and Reproductive Health Care 2003: **29(1)**  
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There is no evidence that anyone in the North Derbyshire NHS or local government communities has asked young people if they access sexual health information, by the Internet, or through use of email, or by texting.

8.18.8 Training, Learning and Development

There are numerous references to training and learning and development activity throughout the review report.

Main providers include the Consultants at the Chesterfield Royal Hospital GUM Clinic, the Contraception and Sexual Health Services and the Derbyshire County Council HIV / AIDS Resource Team.

However, there is no overall strategy for training, or support given to staff working in multi-agency environments.

**KEY ISSUE DRIVING RECOMMENDATIONS 2 AND 3 – The North Derbyshire Sexual Health Strategy Group should oversee an audit of training and learning development needs of individuals and organisations delivering sexual health promotion and poor health prevention, and screening, testing and treatment services in North Derbyshire.**

**All organisations delivering such services should produce a training plan which supports the achievement of the aims and objectives of the 2005/2008 Sexual Health Strategy and identifies what will happen if such training is not undertaken.**