Sexual Health – Chlamydia Screening In Kirklees

CONTENTS

1. RATIONALE FOR REVIEW

1.1 In June 2012, Scrutiny received a suggestion from Public Health that it would be timely to undertake a project focusing on sexual health services within Kirklees.

1.2 This was in light of the new mandatory responsibility the Council would take on in April 2013 to commission comprehensive open-access, accessible and confidential sexual health services. This would also include the testing, treatment and prevention of sexually transmitted infections, and responsibility for sexual health promotion and prevention of poor sexual health.

1.3 The Well-Being & Communities Scrutiny Panel requested a more detailed briefing in July 2012 on the key issues pertinent to sexual health in Kirklees, to assist in developing focused terms of reference for the project.

1.4 The Panel was briefed on the new Department of Health's Public Health Outcomes Framework 2013-16 which included three key outcomes relevant to sexual health:

- People presenting with HIV at a late stage of infection.
- Under 18 conceptions.
- Chlamydia diagnosis (15 – 24 year olds)

1.5 Chlamydia is one of the most common sexually transmitted infections in the UK, and is most common in 15 – 24 year olds. In 2011, Kirklees had the highest rate of Chlamydia amongst 15 – 24 year olds in West Yorkshire, and was comparably higher than the regional and national average.

1.6 A new approach to commissioning services had also commenced in April 2011 and it was felt timely to review this.

1.7 It was therefore determined that a Task Group would be established to focus on Chlamydia screening for people aged under 25 in Kirklees.

2. TERMS OF REFERENCE AND METHODOLOGY

The members of the Task Group were:

Cllr Judith Hughes
Cllr Andrew Palfreeman
Cllr Amanda Stubley
Charlie Coates (Voluntary Co-optee)
Kimberley Stock (Voluntary Co-optee)

The Task Group was supported by Laura Ellis, Principal Governance & Democratic Engagement Officer (until July 2013) and Steve Copley, Principal Governance & Democratic Engagement Officer (from July 2013).

The agreed terms of reference were:

1. To assess the availability of access to Chlamydia screening for young people aged 15 – 24 in Kirklees.

2. To explore the different approaches to screening in north and south Kirklees, and identify where good practice exists and how this could be replicated in both areas.

3. To assess whether the change of approach to Chlamydia screening since April 2011 is working effectively.

4. To establish how the Council, NHS and other partners deliver sexual health education to young people aged 15 – 24, which seeks to prevent sexually transmitted infections such as Chlamydia and promote access to screening.

The Task Group carried out their work between September 2012 and 2 October 2013 and interviewed the following people:

Date	Witnesses
14 September 2012	No witnesses – setting terms of reference
10 October 2012	• Rachel Spencer-Henshall, Public Health Consultant, NHS Kirklees • Alison Cotterill, Public Health, NHS Kirklees
12 November 2012	• Liz Clough, CHLASP Co-ordinator
12 December 2012	• Alan Laurie, Commissioning Manager – Joint Commissioning, Kirklees Council
16 January 2013	• Jane Peacock, General Manager – Women's

	Services, Calderdale & Huddersfield NHS Foundation Trust • Lindsay Short, Lead Consultant for GUM & HIV Services, Calderdale & Huddersfield NHS Foundation Trust • Catherine Riley, Assistant Director: Strategic Planning, Calderdale & Huddersfield NHS Foundation Trust
28 February 2013	No witnesses – evaluating evidence
1 March 2013	Visit to Huddersfield New College to observe open door approach
15 March 2013	• Vivien Thompson, Chlamydia Screening / C Card Coordinator, Spectrum CIC *(There was a single interview with the Coordinator. B/Clear was not observed delivering its services. However, additional information was supplied by Vivien Thompson and Dr Deborah Hallott in Nov 2013)*
15 April 2013	Visit to CHLASP, Brian Jackson House
5 June 2013	No witnesses – evaluating evidence
24 July 2013	• Fay McIntosh, Area Operations Manager, C & K Careers • Dr Shirley Tabner, Clinical Lead, CaSH, Locala • Dawn Broadbent, Nurse Manager, CaSH, Locala
4 September 2013	• Dr Amy Mammen-Tobin, Consultant GU Medicine. Mid Yorkshire Hospital Trust • Alison Cotterill, Health Improvement Practitioner, Directorate of Public Health
2 October 2013	No witnesses – Completion of draft report and timetable for completion

The Task Group also wrote a letter to the Chairs of the two Clinical Commissioning Groups within Kirklees to seek their views on the issues under consideration. Their responses are included in this report

SUMMARY OF EVIDENCE

2.1 Background – What is Chlamydia?

- Chlamydia is one of the most common sexually transmitted infections (STIs) in the UK, and is particularly prevalent in the under 25 age group. It is estimated that up to 1 in 10 sexually active young people are infected.

- Chlamydia is caused by a bacterium called Chlamydia trachomatis, which is found in the semen of men and vaginal fluids of women who have the infection. It is very easily transmitted from one person to another through unprotected sex.

- 70% of women and 50% of men will have no symptoms, and for those who do develop symptoms, this may be many months after infection occurs.

- For those who are tested, infection can be easily diagnosed via a urine sample or swab.

- The most common treatment for Chlamydia is a course of antibiotics, which is very effective. Most infections will clear up after a single course.

- If left untreated, Chlamydia can spread to other parts of the body. In women this can cause pelvic inflammatory disease, long term pelvic pain, blocked fallopian tubes, infertility and ectopic pregnancy. In men, it can lead to a painful infection in the testicles and can sometimes reduce fertility.

- It is possible and quite common, to be infected with Chlamydia more than once – particularly if a sexual partner remains infected.

- The risk of complications increases with repeated infections, and those with repeated infections have a much higher risk of Pelvic Inflammatory Disease. PID is an immunological response, and is not caused by the length of infection but by the number of multiple exposures. Not all PID is caused by Chlamydia, however approximately 10 – 15% of people diagnosed with PID will also test positive for Chlamydia.

2.2 Legislative Background

The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000 stipulate that health authorities must not disclose any information that could identify a person being treated for sexually transmitted diseases, unless it is necessary to communicate with a medical practitioner who is treating the disease or to prevent the spread of the disease. GUM services therefore maintain anonymity through separate patient systems and records.

The Department of Health has reviewed a wide range of secondary legislation in light of the Health & Social Care Act including the above.

2.3 The National Chlamydia Screening Programme (NCSP)

The NCSP was established in England in 2003 with a number of objectives:

- To prevent and control Chlamydia through early detection and treatment of infection.
- To reduce onwards transmission to sexual partners.
- To prevent the consequences of untreated infection.
- To ensure all sexually active under 25 year olds are informed about Chlamydia, and have access to sexual health services that can reduce risk of infection or transmission.
- To normalise the idea of regular Chlamydia screening among young adults so they expect to be screened annually or when they change partner.

The programme was delivered locally by Primary Care Trusts, who commissioned the services and established local Chlamydia Screening Offices.

This is now part of the responsibilities inherited by the Council on 1 April 2013.

2.4 Public Health Outcomes Framework 2013-16

The Framework, which was published in early 2012, includes an indicator on the Chlamydia diagnosis rate in 15 to 24 year olds.

2.5 Picture in Kirklees

The National Chlamydia Screening Programme collates data on Chlamydia screening and this shows that:

2011/12 Data

	Kirklees	Bradford	Calderdale	Leeds	Wakefield
No of tests	12,469	16,622	5,542	35,787	11,466
% of 15-24 year olds tested	22%	22%	23%	24%	28%
% testing positive	10%	9%	10.8%	9.4%	8.4%
Diagnoses per 100,000	2,187	2,021	2,432	2,287	2,364

From January 2012, changes were made to the way in which data is collated and presented. This included the presentation of data by calendar year, rather than financial year, and the results are not therefore directly comparable between years.

Data from Public Health England details the following picture for the 2012 calendar year:

2012 Data

	Kirklees	Bradford	Calderdale	Leeds	Wakefield
No of tests	11,253	13,316	4,585	33,985	9,851
% of 15-24 year olds tested	20.0%	18.7%	18.9%	27.7%	24.8%
% testing positive	10.6%	8.3%	10.6%	9.6%	7.8%
Diagnoses per 100,000	2,118	1,545	2,002	2,668	1,941

Data is also available for the first quarter of 2013 (January – March):

	Kirklees	Bradford	Calderdale	Leeds	Wakefield
No of tests	3,180	2,892	1,323	8,592	2,851
% of 15-24 year olds tested	5.7%	4.1%	5.5%	7.0%	7.2%
% testing positive	10.2%	9.1%	11.3%	9.7%	8.2%
Diagnoses per 100,000	2,297	1,483	2,460	2,720	2,370

Data is not broken down beyond a Kirklees level, and it is therefore not possible to see whether there are specific hot spots within the Kirklees area.

Appendix A to this report, provides a copy of a report from the Health Protection Agency “Kirklees local authority sexually transmitted infections epidemiology report for 2011” This provides more detail on the rate and treatment of all sexually transmitted infections in Kirklees. It is important in terms of the recommendations which the Task Group would like to make.

Term of Reference 1

> To assess the availability of access to Chlamydia screening for young people aged 15 – 24 in Kirklees.

The Task Group sought, during the course of its investigation, to identify where young people could access screening in Kirklees. Consideration was also given to opening hours, location and ease of access, and whether the service was young person friendly.

The Task Group went on to consider where young people were currently accessing services, and how these services were promoted.

What does screening involve?

- The majority of tests are straightforward urine samples, and are therefore non-invasive. In a Genito-Urinary Medicine (GUM) setting, it is more usual to undertake a swab test, which is invasive.

- The Task Group were advised by Calderdale & Huddersfield NHS Foundation Trust's GUM service that whilst non-invasive testing was adequate, it could sometimes result in false negative and positive results.

- It is generally accepted that whilst urine tests are slightly less accurate, they are easier and less invasive to carry out.

- Testing is free of charge.

How is it treated?

- Treatment is by a single dose of four antibiotic tablets.

- If treatment is given by the Chlamydia Screening Office then it is free of charge. However, if a young person was given a prescription and is not in full time education, they would have to pay the standard prescription charge.

- If there is a high chance that a person is infected with Chlamydia then treatment may be started before the test results are known.

- A person will continue to be infectious for 7 days after treatment, and re-infection is a concern. Young people will be advised not to have sexual intercourse during this period in order to avoid re-infection.

Where do young people access services?

The data for the number of screens carried out in Kirklees is split into those tests carried out in a Genito-Urinary Medicine (GUM) setting, and those that are not.

GUM Setting

In Kirklees, just fewer than 40% of tests are carried out in a GUM setting. Young people can only access a GUM clinic at either the Princess Royal Community Health Centre in Huddersfield or at the Chadwick Clinic at Dewsbury District Hospital.

Princess Royal offers both walk-in and booked appointment clinics:

Monday	9.00am – 2.00pm	Queue and Wait
	9.30am – 10.30am 1.00pm – 4.00pm	Booked doctor appts
	3.00pm – 4.00pm	Booked nurse appts
Tuesday	12.30pm – 5.00pm	Queue and Wait
	6.00pm – 7.00pm	Booked nurse appts
Wednesday	9.00am – 2.00pm	Queue and Wait
	3.00pm – 4.00pm	Booked nurse appts
Thursday	12.30pm – 5.00pm	Queue and Wait
	3.30pm – 5.45pm	Booked doctor appts
	6.00pm – 7.00pm	Booked nurse appts
Friday	9.00am – 12.30pm	Queue and Wait

The Chadwick Clinic offers booked appointment clinics only:

Monday	9.30am – 12.30pm 1.30pm – 6.30pm
Tuesday	9.30am – 12.30pm 1.30pm – 4.30pm
Wednesday	-
Thursday	9.30am – 12.30pm 1.30pm – 6.30pm
Friday	9.30am – 12.30pm

Non-GUM Setting

In respect of the 60% of tests that are not carried out in a GUM clinic, the Task Group considered a breakdown of those tests reported to the Chlamydia Screening Offices. This revealed that over the last 12 months, tests have been sourced from over 100 different locations in Kirklees.

Spectrum provided the Task Group with a briefing paper that stated that, in the period 1st April to 29th November 2012, Spectrum reported 86 screening sites across North Kirklees.
Tests will be available at other locations, but the data is only collected when a test is completed.

The data does not encompass all tests, but it does serve as an indicator of the main types of location where young people access screening tests. It should be noted that the test may not have been completed at that site; it is attributed to the location where it was picked up.

Analysis of this shows the following:

Location	% of tests picked up at specific location in South Kirklees	% of tests picked up at specific location in North Kirklees
CaSH	43%	62%
GP surgeries	10%	6%
Pharmacists	1%	3%
CSO	10%	-
Postal Requests	3%	9%
Midwives	4%	<1%
Locala including school nurses and health visitors	3%	-
School / College / Uni	20%	18%
Other	6%	2%

It is evident that there is a difference of approach between south and north Kirklees:

- There is a much heavier reliance on testing taking place through CaSH in north Kirklees.
- GP surgeries in south Kirklees are more likely to issue tests.
- Pharmacies in north Kirklees are more likely to issue tests.
- There is no Chlamydia Screening Office geographically located in north Kirklees. The CSO for north Kirklees is actually located in Castleford. The CSO actions all text and website requests for kits. Whilst requesting these kits via text or websites results in a postal pack, it is well recognised that young people find social media methods of requesting screening highly accessible and user friendly. The CSO also oversees and processes the results from pub screening and other outreach sites, in addition to managing the positive tests and undertaking partner notification.
- The number of tests requested remotely i.e. postal requests via text or website is higher in north Kirklees.
- It is evident that midwives in south Kirklees are carrying out significantly more tests than in north Kirklees.
- There is also evidence of activity via school nurses and health visitors in south Kirklees; but no comparable activity in north Kirklees.

The Task Group considered the wide variety of locations in which young people are evidently accessing testing and concluded that whilst opening hours and locations vary, overall accessibility is good in Kirklees

Young Person Friendly?

It is generally acknowledged that GUM clinics are not specifically designed to be young person friendly, but are provided for people of all ages.

However, there are other options which are more young person friendly available.

School or College provision is particularly important, and the Task Group witnessed the excellent work carried out at Huddersfield New College.

The Contraceptive & Sexual Health Service (CaSH) currently provides young person drop in clinics at four locations across the district:

- Princess Royal Health Centre – Mon, Wed, Fri 3pm – 4.30pm
- Dewsbury Health Centre – Wed 3pm – 4.30pm
- Batley Health Centre – Tues 2pm – 4.30pm
- Cleckheaton Health Centre – Thurs 2pm – 4.30pm

Postal Screening

Young people can request free Chlamydia screening tests without having to visit a venue where tests are available. There are two ways to request a postal screening kit:

- Completing a postal request form online
- Texting the local Chlamydia Screening Office

The kit enables young people to undertake a urine sample in the privacy of their own home. Once requested, a white envelope is sent containing a urine sample request form, urine sample pot, and an information leaflet explaining exactly what to do. The young person provides a sample, completes the form, and sends it back free of charge in the envelope provided.

A young person chooses how they wish to be contacted with the result, whether negative or positive, and this can be via phone, text or letter. This contact is undertaken by the Chlamydia Screening Office and if the test if positive a convenient time and place will be arranged to meet for treatment.

Confidentiality

Chlamydia screening is confidential. The fact that someone has undertaken a test, and its result, should remain confidential and should not be discussed with anyone other than the patient.

If someone is under the age of 16 i.e. under the age of consent, then it may be necessary to refer the matter to the Safeguarding Team. For those aged 13 to 15, a decision is made on a case by case basis with the majority referred. For anyone under the age of 13, it must be referred to safeguarding.

However, there is significant anecdotal evidence of confidentiality issues faced by some young people when they have visited their GP. This does appear to be linked to cultural issues, and religious views on sexual activity outside of marriage

The Task Group raised this issue with the two Clinical Commissioning Groups.

Dr David Kelly, the Chair of the North Kirklees Commissioning Group submitted a letter (18 July). In this, he explained that:-

This will be discussed at the next sexual health pathways group to be held towards the end of this month. The group will have representation from public health and health provider colleagues. From North Kirklees CCG, our representative will be one of my GP colleagues, Dr Ghosh. I have asked that they share their proposals with me regarding this population group and I will ensure that these are communicated to the sexual health task group.

As you would expect, confidentiality is paramount in primary care. I would welcome sight of the anecdotal evidence you refer to so that I can decide what appropriate action to take on behalf of the CCG to allay these concerns. In the interim, I have asked the sexual health group to gather evidence on access to services in the area for this age group, to enable a wider discussion.

Dr Steve Ollerton, the Chair of the Greater Huddersfield Clinical Commissioning Group submitted an e-mail (18 July). In this, he explained that:-

"Chlamydia screening is offered in all GP surgeries in greater Huddersfield. Surgeries have posters in the waiting room offering the CHLASP service see www.chlamydiascreening-chlasp.co.uk. This offers a free test to all under 25s and can be accessed by filling in the online form or texting name and address to 81025.

There are several surgeries offering sexual health drop in clinics for young people.

These weekly clinics are advertised in all local schools and are held at - Fartown Health centre, Kirkburton surgery, Kirklees College, Hudds University practice, Princess Royal Hospital (daily CASH clinic), Thornton Lodge, Brunel House (HD2), Chestnut Centre (Deighton) and Milnsbridge. These clinics are open to any young people and do not require registration.

I spoke to the University practice directly who have over 10,000 young people on their books. They offer CASH advice to all new enrollers; they offer free condoms and always give sexual health advice leaflet with these and advertise all their services widely throughout the university campus. Any patients attending for contraceptive advice are always offered sexual health advice including chlamydia screening.

Any patient attending a sexual health clinic would be offered routine screening for chlamydia and all other STD

The National Chlamydia Screening Programme View

The NCSP believe that high volume, high quality screening is best delivered by considering Chlamydia screening alongside wider sexual health service planning and delivery. It suggests that by embedding screening within primary care and sexual health services, this will ensure that young adults are offered screening as part of a routine consultation.

It makes the following suggestions:

- **Sexual and reproductive health services:** such services are already providing confidential sexual health services for large numbers of sexually active young adults with appropriately trained staff experienced in discussing sexual health issues with this age group. The offer of screening can come from any one of the practice team, including receptionists, and should be accompanied by appropriate written information.

- **General practice:** around 75% of young adults visit their GP every year, providing an ideal opportunity to offer an annual Chlamydia screen. Additionally, information on screening and internet testing can be mailed to the relevant age ranges on the practice list. Staff training (e.g. raising screening during non-sexual health consultations) and developing pathways for the management of positives and partner notification must be considered.

- **Abortion services:** Chlamydia screening should be part of all service level agreements with abortion service providers, to ensure testing continues to be offered to all women undergoing abortion. If the abortion service provider cannot provide full management of positive cases (partner notification, testing and treatment to prevent re-infection), patients should be referred on appropriately.

  (NOTE: Public Health has advised that women attending termination of pregnancy services are routinely screened for Chlamydia. However, some are private providers and it is difficult to have influence there)

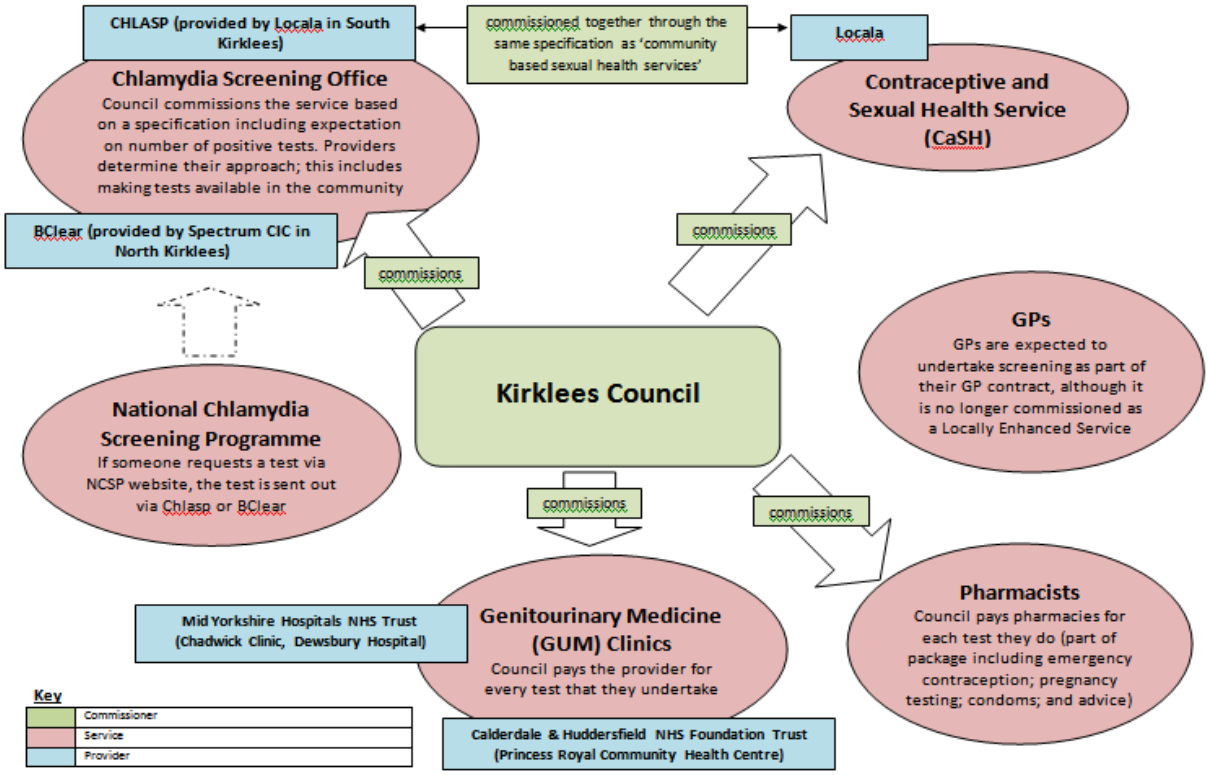
- **Community pharmacy:** pharmacists are already established providers of sexual health services (e.g. pregnancy tests, emergency contraception provision) and Chlamydia screening is an appropriate addition to these services. Following appropriate training and support pharmacists are also well placed to provide treatment and partner notification, with long opening hours and high-street presence.

Term of Reference 2

To explore the different approaches to screening in north and south Kirklees, and identify where good practice exists and how this could be replicated in both areas.

How is screening commissioned?

The commissioning of screening services is complex and the Task Group has spent a considerable amount of time determining all the parties involved and identifying the commissioning relationships. The Task Group has developed the diagram below to try to explain the complexity of the current arrangements. The diagram is reproduced in a larger size at Appendix 2



Chlamydia Screening Office (CSO)

- The service was commissioned through two separate providers in Kirklees due to the need for all screens to be tested in a laboratory, which is run by the acute trusts – which is different in both areas. Consideration does not appear to have been given to commissioning just one screening programme in Kirklees.
- Partner notification – the CSOs are responsible for partner notification and will work with those identified as positive to find as many partners as possible. It is recognised that whilst partner notification is very time consuming, it is the most effective way of identifying others who are positive.

- This was one of the mandated services coming in to Kirklees Council. No budget is ring fenced for chlamydia screening. It is a pay on block arrangement at the moment, with providers doing as many cases as possible. The downside is that some could get away with doing just enough. A lot of Councils have decided that they will move to block. A specification for the service will be assigned to value of block. Under PCT rules there has to be regular contract and performance management meetings. Performance notice(s) can be served.

South Kirklees – CHLASP

CHLASP explained that prior to the change in approach, when the focus was on the number of screens; they had used incentives such as 'Wee for a Wii' on stands at events. This had encouraged young people to visit a stand.

CHLASP work with Kirklees College to run drop-in sessions each week at their Dewsbury, Brunel and Huddersfield bases. It had been intended to run a drop in at the Engineering site but there had not been a suitable location, which could offer privacy. The drop-in sessions enable staff to see between 8-15 students an hour.

The programme has recently secured funding for a Sexual Health Outreach Worker who would be supporting vulnerable young people such as those attending Pupil Referral Units and Looked after Children.

CHLASP have a vision of introducing mobile CaSH workers, meaning that if someone accessed a service such as housing, and this was identified as a risk, staff could go out to them.

CHLASP feel strongly that Chlamydia screening should not be undertaken in isolation and that whilst the National Chlamydia Screening Programme helped to raise its profile, it reinforced chlamydia as a stand-alone issue although work is now underway to address this.

CHLASP do offer training and gave examples such as pharmacies, the Barnardos project, CMS, Best Training, and The Zone. However recognised that there was a lot more need, than capacity.

CHLASP had a number of techniques in respect of engaging young people:

- Storylines in soaps could work well as triggers.
- Distancing techniques – so young person didn't have to make eye contact, flowchart was used.
- Twitter / Facebook used
- Patient opinion website – encourage young people to include feedback and they provide responses – take ipads out to help facilitate

When CHLASP were seeking high volume testing, tests had been sent to all 21 year olds, however it was felt that without a conversation to engage, this was not a cost effective method.

Chlasp will take treatment with them to appointments so that someone doesn't have to go to a pharmacy to collect. This maximises the potential for successful treatment.

North Kirklees – BClear

The Task Group met with Vivien Thompson on 15 March 2013, but did not visit the BClear CSO Office and meet other clinicians or members of the BClear team.

This organisation has eight staff and it is based in Castleford, and circulates information, leaflets, posters and forms to other sites in North Kirklees and Wakefield. A third of their funding comes from Kirklees, but they feel they probably devote more than a third of their time to their work in North Kirklees.

The organisation has tried a number of initiatives with varying degrees of success. These include:-

- Visits to Dewsbury College (Wheelwright outreach site)
- Visits to Whitcliffe Mount to talk to pupils in different year groups
- Visit to Thornhill to do some teaching at assembly
- Paying Kirklees Youth Service to do a minimum number of tests; and Brunswick Centre to do outreach in pubs. Managed about 700 a year.
- Use bank workers who go into pubs on Friday and Saturday nights, to approach people under 25 and offer screening. About two sessions a month in north Kirklees – 7 to 15 tests per session.
- Training sessions to health professionals. Also young people teaching sessions. Done 14 sessions to 306 young people this year.
- Tried advertising with Dewsbury Rugby Club a few years ago, by sponsoring a player. Advert in programme and website etc.
- Posters in GPs, pharmacies, colleges.
- Interviews on Real Radio for Batley and Dewsbury area.

BClear also have close working links with CaSH who do a lot of the screening for the organisation

Nurses also try to contact the partners of those people who are tested. The success rate is good although this does depend on the quality of the information that is given. This will go back 6 months or to most recent change of partners.

Cultural issues have presented some problems in North Kirklees. Staff in some of the colleges in Dewsbury objected to having displays and stands in buildings

The amount of testing in North Kirklees GP surgeries is very small, much less than elsewhere.

BClear has been successful in terms of attaining nationally set standards. Whilst it is impossible to pull out the difference between north and south Kirklees in terms of the NCSP data produced by Public Health England, it is clear that Kirklees as a whole is reaching the nationally set target [Public Health England]. In April to June 2013, the diagnostic rate for Chlamydia was 2,382 per 100,000 [National standard 2,300 per 100,000] with a positivity of 11.3%. The diagnostic rate alone ranks Kirklees above fifth out of fifteen local authority areas within Yorkshire and Humber, which is quite an achievement given the population diversity in Kirklees with the associated religious and cultural variations that may impact on Chlamydia screening.

Genitourinary Medicine Clinic

Genitourinary Medicine is the medical speciality concerned with the screening, diagnosis and management of sexually transmissible infections (STIs) and related genital medical conditions. It also includes HIV diagnosis and management.

GU Medicine is provided by both acute trusts operating in the Kirklees area – Calderdale & Huddersfield NHS Foundation Trust in the south Kirklees area and Mid Yorkshire Hospitals NHS Trust in the north.

All notes retained by GU Medicine must be kept separate from general hospital records.

Fuller screening through multiple and tiered test(s) are available and this is important. The assessment is based on each patient and their history – so screening and tests are offered as appropriate to their particular circumstances, examination and history. E.g. High(er) risk clients get directed towards the full(er) test(s).

GUM clinics also have to deal with patients and referrals from other agencies. However, because of the confidentiality of clinical records and people's reluctance to share details accurately or honestly, this means that GUM often have to conduct their own (repeat) tests.

GUM is considering some novel approaches to contact the partners of patients who have positive results. For example, they are looking at the use of "apps" and "social media" to try to contact the partners of those who have produced positive results. This may be the only option if patients have sexual encounters with new partners or strangers

Calderdale & Huddersfield NHS Foundation Trust

The Trusts provides all levels of GU medicine, from level 1 basic STI information through to the complex workloads associated with level 3.

The majority of people self refer to the clinic and are walk-in patients. However, referrals are also made through GPs, the contraceptive clinic, and the Looked after Children Team for example.

The clinic is at Princess Royal, and the Trust does not run any peripheral clinics in Kirklees. There is a different approach by the Trust in Calderdale, where a hub and spoke model is used. In Calderdale there are a number of clinics in health centres, and as multiple uses there is no stigma attached to attending. The model does have staffing implications.

In Calderdale, the Trust works closely with the local authority and their communications team, and they can post information where teenagers can access. The biggest advocate is those who've had positive experience in clinic. Friendly to everyone, not age or gender specific. This needs to become the norm.

They are also trying to do more work with sex workers and men who have sex with men but don't identify themselves as gay. This can lead to problems e.g. undiagnosed HIV.

Contraceptive and Sexual Health (CaSH)

CaSH offer a broad range of services across Kirklees and offer a fuller and tiered assessment to all under 25's i.e. they test for more than chlamydia. This is popular and more effective in terms of picking up on STI's. The additional costs and time involved are minimal. People tend to opt in for the lot, but can also ask for specific tests.

CaSH work with ChLASP and B/Clear who deal specifically with cases involving chlamydia. Follow up on referrals, assessments and positive assessments appear different depending on which agencies are involved.

Term of Reference 3

> To assess whether the change of approach to Chlamydia screening since June 2011 is working effectively.

Approach to Screening Prior to April 2011 and Reasons for Change

Since the National Chlamydia Screening Programme's launch in 2003, the two Chlamydia Screening Offices (CSOs) have been responsible for delivering the national target of screening a defined percentage of the population aged 15 – 24 years. They are responsible for delivering this through all screening venues and by delivering screen themselves.

The national targets set have steadily increased:

- 2007-08 – 15%
- 2008-09 – 17%
- 2009-10 – 25%

In April 2010, this national target was increased to 35% for 2010/11. However it was agreed locally that the Primary Care Trust would not be pursuing this target, and would continue to screen 25%. This was due to concerns over the effectiveness of the National Chlamydia Screening Programme approach.

The NCSP was launched in 2003 on the basis that it was believed there was sufficient evidence that reducing the prevalence of Chlamydia via opportunistic screening would reduce a potentially significant burden on the NHS in treating and managing the complications of Chlamydia.

Evidence, including a review by Royce Neagle, NHS Kirklees, Public Health Intelligence, looking at the '*Risk of Chlamydia Resulting in Pelvic Inflammatory Disease (PID) and the Risk of PID in Infertility*' identified that the 'strength of evidence supporting Chlamydia screening as a population-level intervention has been questioned and challenged'.

In addition, many Primary Care Trusts, including Kirklees, struggled to meet the demanding targets and a report from the Public Accounts Committee in 2009 stated that nationally around £100million had been spent on the NCSP with little evidence of its effect on reducing Chlamydia prevalence where the screening was not targeting areas of greater than 8% prevalence.

How Did the Approach to Screening Change?

In October 2010, a report was produced by Kirklees Primary Care Trust proposing that significant changes needed to be made to the Chlamydia Screening Programme in Kirklees. It was proposed that a move should be made to targeted Chlamydia testing, treatment and partner notification, with a greater emphasis on positivity rates.

It was also proposed that the service should include testing for gonorrhoea, which is another STI prevalent in at risk groups in Kirklees.

It was identified that the service should target its resources where prevalence was known to be highest and specific at risk groups. The report reference clinical guidance produced by the Scottish National Intercollegiate Guidelines Network (SIGN), which identified these groups as:

- Young women aged 15 to 19 and young men aged 20 to 24.
- All women undergoing termination of pregnancy.
- Sexual partners of Chlamydia positive individuals.
- Sexual partners of those with suspected but undiagnosed chlamydial infection.
- Those who have been diagnosed with Chlamydia in the previous 12 months.
- Those who have had two or more partners in the last 12 months.

It was therefore agreed that from 1st April 2011, providers would be commissioned to:

- Deliver a targeted Chlamydia and gonorrhoea testing, treatment and partner notification service, with greater emphasis on positivity rates combined with client centred risk reduction education.
- Target specific groups within the 15 to 24 age range in areas of high risk and prevalence.

It was also agreed that the target would be changed from the number of screens, to the number of positives. It was envisaged that this would ensure the programme was targeting those settings and populations who were at greatest risk of having Chlamydia. It was commented that settings such as outreach services, which had generated significant numbers of screens but with only a low positivity rate of 3.9%, were not the settings accessed by high risk groups.

The target for 2011/12 was 800 positive screens with a positivity rate of 8.0%, based on the National Office of Statistics positivity ratio of 1 in 14. It was the equivalent of the number of positives that would be obtained through screening 35% of the targeted population.

What has been the impact of this change?

In 2010/11, the final year before the change of approach, 13,115 chlamydia tests were undertaken in Kirklees amongst 15 to 24 year olds. Based on the population figures of the 2011 Census, this equated to approximately 23% of 15 to 24 year olds in Kirklees.

Of those who were tested in 2010/11, 6.1% tested positive.

Since the change of approach, data shows that although a smaller number of tests have been carried out – equivalent to 20-22% of 15 to 24 year olds – the positivity rate has significantly increased to over 10%.

Although the data is not directly comparable, the indication is that focusing on more targeted testing has achieved the intended outcome of higher positivity rates.

Does the new Public Health Outcomes Framework impact upon this?

The new Public Health Outcomes Framework originally envisaged a diagnosis rate of at least 2,400 Chlamydia diagnoses per 100,000 15-24 year olds.

However, in June 2013, in consultation with Public Health England, the Department of Health reduced the recommended diagnosis rate to at least 2,300 per 100,000. This decision was taken following changes to the reporting system in 2012, which made it possible to remove previously double-counted tests and diagnoses from national and local totals. The higher diagnosis rate had been set based on previous reporting that included double-counted data.

It is recognised that two thirds of upper tier local authorities have never achieved this diagnosis rate, and Kirklees is amongst them.

To understand the potential implications of the Public Health Outcomes Framework, the Task Group projected what could be required by Kirklees to achieve a diagnosis rate of 2,300 per 100,000:

In 2012:

- 1,191 positive tests equated to a diagnosis rate of 2,118 per 100,000.
- 1,294 positive tests would have been required to achieve a diagnosis rate of 2,300 per 100,000.
- This is an **additional 103 positive tests** per year.
- At a positivity rate of approximately 10%, this would require an **additional 1,030 tests** to be carried out each year, targeted at high risk groups.

Public Health England envisages that screening coverage can be increased by focusing on:

- Encouraging repeat testing (annually or on change of partner);
- Maintaining good quality treatment and partner notifications pathways;
- Expanding internet testing.

The importance of continuing to integrate Chlamydia screening into broader health services for young adults is also emphasised, on the basis that this will help local authorities ensure screening remains widely available. It is also anticipated that it will help the age group develop positive relationships with services, enabling them to develop and maintain good sexual health throughout their lives.

Gonorrhoea Testing

Gonorrhoea is a growing problem in Kirklees. The number of cases increased by 67% between 2009 and 2011, and Kirklees has the second highest rate in Yorkshire and the Humber. Gonorrhoea is of particular concern as it is developing resistance to drug treatments, and left untreated can lead to Pelvic Inflammatory Disease and infertility. It can also be passed by a pregnant mother to her child.

Calderdale & Huddersfield NHS Foundation Trust's GUM service raised particular concern about the increasing difficulty of treating gonorrhoea. They advised that they were already prescribing double doses and that there was only one antibiotic that could treat it. Drug companies were not developing any new treatments. It was felt that this could become a major public health problem.

Directorate of Public Health

At the Task Group on 4 September 2013, members met with Alison Cotterill, Health Improvement Practitioner from the Directorate of Public Health and discussed how the commissioning and provision of services might change and be improved from 2014 onwards. Members expressed the view that:-

- Chlamydia has been a high profile STI, and still is an important STI. However, does it still deserve to be a priority and receive special attention? It was unfortunate that chlamydia screening was not integrated in to mainstream screening from the outset.

- The issues and time have moved on and the working environment has changed. Members would like to see chlamydia screening integrated in to mainstream services to avoid duplication, to make the best use of the increasingly limited resources available to local agencies and to improve services. Members hope that this will lead towards the creation of an improved specification for the screening of STI's

- There appears to be no ring fence surrounding the use of the NHS funding that is available for chlamydia. Kirklees Council could look at the provision and funding of services in different ways.

- It feels as though there are too many agencies and organisations involved in the screening and treatment of chlamydia. This needs to be considered and reviewed in 2014 in looking at the development of screening services and the best use of the resources. Kirklees Council and Public Health inherited a number of former NHS contracts with the changes that occurred on 1 April 2013. Public Health are already looking for changes by April 2015

- Public Health and the Clinical Commissioning Groups in Kirklees have already established a Sexual Health Pathways Group which is looking at possible changes. It will look at the development of a new specification for services and the models to deliver them in north and south Kirklees. More information

about the development of these proposals should be available from Autumn 2014

- Education is every bit as important as treatment, and this should become a feature in the new specification and contracts and work from 2014 onwards.

Term of Reference 4

To establish how the Council, NHS and other partners deliver sexual health education to young people aged 15 – 24, which seeks to prevent sexually transmitted infections such as Chlamydia and promote access to screening.

Sex and Relationships Education

The most up to date legislation relating to sex and relationships education (SRE) is contained within the Education Act 1996 and the Learning and Skills Act 2000. The requirements are that:

- It is compulsory for all maintained schools to teach some parts of **sex education** i.e. the biological aspects of puberty, reproduction and the spread of viruses. These topics are statutory parts of the National Curriculum Science which must be taught to all pupils of primary and secondary age.
- There is also a separate requirement for secondary schools to teach about HIV and AIDS and sexually transmitted infections.
- The broader topic of **sex and relationships education** (SRE) is currently not compulsory but is contained within non statutory PSHE education within the National Curriculum and is strongly recommended within Government SRE Guidance (2000). School governors are in law expected to give 'due regard' to this guidance.
- Both primary and secondary schools are legally obliged to have an up-to-date SRE policy that describes the content and organisation of SRE taught outside the Science Curriculum. In primary schools if the decision is taken not to teach SRE outside the Science Curriculum this should also be documented in the policy.
- It is the responsibility of the school's governing body to ensure that the policy is developed and is made available to parents. Parents have a right to withdraw their children (until the age of 19) from any school SRE taught outside the Science Curriculum.
- To qualify for Healthy School status, there must be a planned programme of PSHEe which includes SRE, in place.
- Schools have a legal duty to ensure the well-being of their pupils; and SRE contributes to this duty.

The Government outlined their commitment to SRE in the Schools White Paper 'The Importance of Teaching', published in November 2010. The Paper states that children need high-quality sex and relationships education so they can make wise and informed choices and the Government promises to work with teachers, parents, faith groups and campaign groups to improve SRE.

On the 20th January 2011, the Secretary of State for Education announced a review of the National Curriculum in England for both primary and secondary schools. The

government has stated that SRE will not be included in the remit of the review even though it is covered in National Curriculum science. However, it does state that 'the Government recognises good PSHE education supports individual young people to make safe and informed choices but that often schools need more support and help in the way they cover the important topics dealt with within PSHE education, including sex and relationships education'. The Government will be conducting a separate internal review into PSHE to consider how to improve the quality of PSHE teaching.

The Equality Act 2010 covers the way the curriculum is delivered, as schools and other education providers must ensure that issues are taught in a way that does not subject pupils to discrimination. It is also a legal requirement for schools to teach a balanced view of any political issue. Schools must ensure equal opportunities in the education they provide, so it would not be lawful for schools to provide SRE only for girls or only for boys. An example of good practice given in guidance for education providers on the Equality Act is that PSHE education should cover equality and diversity based subjects including gender equality and non-violent, respectful relationships between women and men. The Act also provides new protections for pupils from discrimination because of pregnancy and maternity in school as it is now unlawful for schools to treat a pupil less favourably because she becomes pregnant or has recently had a baby.

Academies are ‘independent’ schools directly funded by central government and the coalition government is committed to expanding the number of academies. Academies have greater freedoms than maintained schools including not having to follow the National Curriculum. However, there are some requirements placed on academies as part of their contract known as their funding agreement. Each Academy’s funding agreement varies so it can be difficult to make generalisations about requirements on academies. The coalition government released the most recent model funding agreement in 2010.

In terms of sex and relationships education, this draft model funding agreement states that Academies must: ‘*Have regard to any guidance7 issued by the Secretary of State on Sex and Relationships Education to ensure that children are protected from inappropriate teaching materials and they learn the nature of marriage and its importance for family life and for bringing up children*’. The only other curriculum requirements in the draft model funding agreement are that academies must teach English, Mathematics and Science and must make provision for the teaching of religious education.

The Task Group questioned whether these views are still appropriate for children and young people and their lives and relationships in 2013/14

The difference between the current legal status of SRE in maintained schools and academies:

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

In 2008, a secondary PSHCE education toolkit was developed to enable schools across Kirklees to deliver a comprehensive PSHCE education programme; this toolkit covers children and young people from the ages of 11 – 16, with a further toolkit being developed for use in colleges and alternative providers. These programmes set out concepts, skills, process and opportunities that pupils should learn or experience by the age of 16 and includes sex and relationships.

All primary schools in Kirklees have been provided with a copy of the primary PSHCE education toolkit for children aged 5-11, which covers many of the topics above, taught in an age appropriate way.

Kirklees is one of only a few authorities that provide a comprehensive toolkit to support the delivery of PSHCE education in both Primary and Secondary schools. The toolkit is intended to enable teachers, co-ordinators and those tasked with delivering the PSHCE education programme to tailor sessions according to the age of the student and to the individual requirements of schools.

While this toolkit is available free of charge to all Kirklees schools, it is discretionary as to whether they use it; evidence submitted to the Group suggested that information from monitoring visits and the Kirklees PSHCE education annual conference during 2009- 2011 showed that all Kirklees schools use the Secondary Integrated PSCHE education toolkit and that teachers found it helpful in their planning. However the Group was unable to determine with any degree of certainty the actual level of usage within schools. The Panel however, acknowledges that the toolkit was valued by other local authorities and agencies that choose to buy and use the resource.

Schools that chose to use the toolkit were able to develop a clear lesson plan using a comprehensive DVD resource designed to support best practice in PSHCE education. The toolkit includes; detailed lesson plans, national and local guidance and management and planning tools. It was not clear what approach was taken by those schools that chose not to use the toolkit.

An additional resource in the form of comprehensive guidance on Relationship and Sexual Health Education from an Islamic perspective is also available. A working

group which included leading members of the Muslim community and Islamic scholars was established to address concerns about the need to cover relationship and sexual health education from an Islamic perspective.

Evidence from previous scrutiny inquiry into Teenage Pregnancy

Evidence to the Group suggests that there is no standard approach across Kirklees about how PSHCE education is delivered. It is left to each individual school to determine how much time, effort and resource it allocates to the programme; and it therefore varies considerably. The issues that are expected to be covered as part of the programme include citizenship, rights and responsibilities, drugs and alcohol and sex and relationships.

Evidence presented to the Group suggested that the information on contraception and Sexually Transmitted Infections (STIs) was first introduced to Pupils in year 10 (14/15 years old), although the panel acknowledges that the development of underpinning knowledge, skills and attitudes throughout the PSCHE education programme is evident at Key Stage 2 and 3 dependant on individual schools.

However, compounded with the information presented in the year 9 survey that young people aged 13 and 14 were claiming to have had sex, the Group were concerned that the introduction of information on contraception and STIs at year 10 (14/15 year old) was possibly too late.

Parents Right of Withdrawal

Parents have the right to withdraw children and young people from part or all of SRE which is outside the National Curriculum. This means the part delivered through the PSHCE education programme.

Ofsted reports that about 4 in every 10,000 children and young people (0.04%) are currently withdrawn from the non-statutory aspects of SRE. (National Curriculum Section 351)

We have no local information on the number of children and young people withdrawn from SRE. Anecdotally the numbers are very low and largely on the grounds of objections related to faith/culture (Christianity and Islam).

Is secondary school the first point at which sex education is compulsory?

It really depends how sex education is defined. Basically no, teaching about puberty is currently part of the primary science curriculum.

A Kirklees Primary PSHE toolkit has been supplied to all schools in Kirklees, which includes sexual health lessons; ideally young people in Kirklees could receive age appropriate sex education from the age of five as progressive learning throughout their journey into secondary school and then Further Education.

Further Education Wellbeing Toolkit.

The Kirklees Further Education Wellbeing Toolkit **grew** out of requests from colleges in Kirklees for a brief programme of study related to the personal and social welfare of young people post 16.

For a number of years the key focus of a range of strategic bodies within health and education had been primary and secondary schools. As a result of this Kirklees developed a PSHCE programme for Primary Schools, (published 2008) and then perhaps the most comprehensive PSHCE education package of its type in the UK, 'The Secondary Integrated PSHCE education Toolkit'

The Toolkits are now used as the main planning and teaching tools across Kirklees, and have been purchased by individual schools and Local Authorities throughout the UK.

Understandably those representing FE in Kirklees highlighted the need for something similar for young people in colleges. The toolkit funded from the Kirklees Teenage Pregnancy Plan was launched in May 2012 and is provided free of charge to all Kirklees 6th form schools, FE Colleges and interested alternative providers.

The FE toolkit includes a package of support for use with young people aged 16 and over and includes additional DVD's and resources including 'Alco-Sex' and 'Don't deny an STI'. Both of these resources also included in the PSHCE education toolkit, but have also been included in the FE toolkit with additional age appropriate teaching material and to address any non delivery of topics due to other learning pressures during Years 9 - 11.

In Kirklees educational approaches are intended to inform and enable young people to make their own informed choices, and places emphasis on relationships as being a key and important element within sexual health education hence the use of the descriptor RSHE.

Levels of delivery are variable and no evaluation of its effectiveness has been undertaken, however a number of providers have provided favourable feedback and Leeds City Council have negotiated to purchase the complete FE toolkit for delivery in their area.

The following briefly outlines the information made available specifically in terms of identifying whether young people are briefed on how to access services, and what is made available in terms of increased understanding around how sex education is helping with knowledge of Chlamydia and prevention as well as treatment with the promotion of the Kirklees Young People Friendly Quality Kite Mark (KYPF) standards being included throughout.

The Kirklees Secondary Integrated PSHCE education Toolkit

The toolkit contains in excess of 180 hours of PSHCE lessons, 33 hours of which are specifically around RSHE with developmental learning pathways made available in every high school year from Years 7 to 11 and a range of alternative providers. RSHE also provides a valuable opportunity to challenge and question stereotypes and messages about 'normality'.

Year 7 - *5 hours minimum*

Evaluates the student experience of RSHE during primary school. Lessons start by looking at the central importance of agreed ground rules in RSHE lessons and establishing what is meant by RSHE. The unit then moves on to explore relationships, effective communication, the qualities of positive relationships, personal safety, what exactly is 'sex'? and where to get information and support.

Year 8 – *6 hours minimum*
Year 8 builds on the work done in Year 7. The unit, after picking up relationships again, moves on to look at the act of sex, an introduction to contraception and STIs/HIV and ends with support services and advice.

Year 9 - *6 hours minimum*
Year 9 starts by encouraging students to explore difference and diversity in relation to Relationships and Sexual Health. The unit then moves on to look at the pressures to be sexually active and the alternatives, STI's, contraception including where to get information and support and advice and KYPF standards. This unit specifically concentrates on Chlamydia. Condoms and includes a DVD "Don't deny an STI" involving a visit into a local STI clinic and deals with some of the most common questions from young people.

Year 10 - *5 hours minimum*
Year 10 picks up on a number of areas explored in earlier years. The issues covered range from self image and the media, through to the impact of substance use and emergency contraception. Students explore issues related to emergency contraception. They find out what it is and where to get support and advice.

Year 11 – *11 hours minimum*
Six 1 hour lessons for Year 11 providing an opportunity to evaluate the student experience of RSHE during the past five years. What do they feel could be added, taken out or done in a different way? The lessons concentrate on influences, choices, decision making and consequences. These are set around who influences what we do, assertiveness, negotiation and relationships, pregnancy and the options available including where to get information and support.

Also included is an additional unit of five 1 hour lessons supported by the DVD - Alco-sex. The unit covers the issues related to an unplanned pregnancy, the influence of alcohol on behaviour and sexual 'risk taking' including all STI's and where to get information and support.

Further Education Wellbeing Toolkit
Contains 10 hours of emotional health and well being lessons on Alcohol and sexual activity, Cocaine use, Emotional Health, Identity and Respect, Sexual Health, Risk taking behaviour and E-Safety including sexting. Two of the units specifically look at sexual health messages for young people aged 16 and over which should continue the learning pathways following on from Year 11.

Unit 1 - Alco-Sex - DVD with two 1 hour sessions which deals with

- improving pastoral care by making available routes of support both inside and outside of college which offer access to information and services around sexual health and advice and support around emotional health and wellbeing
- how the actions of an individual can be influenced by other people and by

excessive use of alcohol
- Identification of support services

Unit 5 – Sexual Health – DVD with one 1 hour session which deals with

- possible risks connected to a range of different types of sexual behaviour
- how people can reduce the risks connected to different types of sexual behaviour (HIV
- what may happen for someone with an appointment at the GUM clinic. Includes the DVD "Don't deny an STI"
- assessment of relative risk associated with a range of different types of sexual behaviour and explain in some detail how risks can be reduced
- identification of support services

Kirklees Young Advisors

Running in parallel with the Ad-hoc Scrutiny review was the first cohort of the Kirklees Young Advisors (YAs) consisting of six males and six females aged between 15 - 19 from the Dewsbury and Batley.

As part of their initial training and project development their first assignment was "*helping adults understand what some young people perceive as barriers to accessing sexual health services in North Kirklees*" which also incorporated service user feedback.

Whilst their work only covered a very small sample of views, their findings did highlight some important points the panel may wish to consider.

Group discussions during initial training identified the following:

1. "**the fear of the unknown"** was felt to be one of the biggest factors that might prevent young people from accessing or using available services.
2. **not all young people knew about the services available.**
3. **young people still do not always understand or more importantly trust the rules regarding confidentiality.**

"The fear of the unknown" was subsequently addressed by the YAs producing a short film in collaboration with students from the University of Huddersfield. The film shows what happens when a young person attends a Contraception and Sexual Health (CaSH) appointment; the film has subsequently been included on the Kirklees Young People Friendly (KYPF) website. This compliments the approaches offered with the "Don't deny an STI" DVD supplied in education and alternative providers.

The YAs developed a series of questions which a voice and influence worker used to interview five groups involving a total of 43 young people in informal sessions. Generally the groups knew someone who they could seek sexual health support from. They all felt confident that if the person they spoke to could not help them directly, they would be 'signposted' to somebody who could. This was very positive.

There was good awareness of the C-Card and Chlamydia screening in Kirklees.

The main factors young people expressed as barriers to visiting services included:

- Not believing the confidentiality rules (or in some cases experiencing their confidentiality being broken by adult professionals from different services)
- The perception of 'being judged'
- Concerns about the gender/age of the practitioner seen
- The stigma and/or fear of attending an appointment
- Experiencing poor relations with reception staff at the services
- Having to discuss personal issues with someone they did not know.

The following were offered as a few suggestions to alleviate some of these issues:

- More 'myth busting' education delivered by trusted professionals they know
- Having clinical professionals visit 'social groups' such as youth clubs
- Involving young people in training of reception staff
- Professionals using less clinical language in consultations and literature
- Making young people more aware of the services on offer and what happens when they visit.

As part of their training the YAs assessed a number of websites for any elements they thought were helpful and could be applied to websites of Kirklees services. Key points identified:

- Real life experiences, such as those on 'Embarrassing Bodies' or 'The Real Sex Ed Show' appeal more to young people than 'general information'
- Short 'talking heads' style films that give snippets of information were favored over having to read lots of text. The 'Sexperience' website (www.sexperienceuk.channel4.com) shows examples of this, however some of the site content may be inappropriate in certain settings and if to be viewed by young people under 18 they strongly recommend parental guidance
- Information needs to strike a balance of 'enough but not too much'. In depth information presented in a clinical style is off putting and hard to understand
- Message boards or online chat facilities could be really helpful tools to put service users in contact with professionals/clinicians
- Websites should be sophisticated with clear fonts and colour. The YAs did feel sexual health based services should not be 'childish' or too 'young looking'
- Including 'kite marks' or information about the length of time a service had been helping young people made the YAs feel the information presented was more 'trustworthy' and would encourage them to seek support from the site
- Commission YAs In the future to help create young person friendly, effective resources for a variety of services.

The frequency of training around SRE/PSHE has been reduced as a result of the introduction of the Traded Learning Service (TLS) and the demise of the health in schools team (funded partly by the PCT). TLS can no longer offer any training to schools without cost and as such the demand has fallen.

A PSHE education secondary conference was held in Summer 2012, through TLS. The conference had an SRE focus and was well attended and brought secondary school PSHCE leads up to date with current sexual health issues including STI's.

Kirklees Traded Learning Service also ran a sex education course for primary and

secondary during the spring term 2013 (in conjunction with Locala).

Training in schools is also offered by Locala who also charges for the delivery, information about levels of delivery are not available.

Anecdotal reporting from schools is that since Locala have withdrawn free support for SRE schools are much less likely to use their services. This has resulted in schools looking elsewhere for free support. This raises quite serious questions about the quality of this support.

In terms of 'Healthy Schools' The Public Health department will not be reinstating an awards based approach, whilst it is acknowledge that some schools embraced the whole ethos which would have made some difference, there was little evidence that the 'awards' approach improved health and wellbeing outcomes and are currently considering alternative approaches to improve outcomes through education based settings.

Discussions are also ongoing regarding school nursing services involving Locala and schools as a 'short term' specification for school nursing services which will allow the School Nurse services to be more locally needs-led and for Locala to determine in partnership with schools how to best deploy resources most effectively

Huddersfield New College

The Task Group visited the College and met with Kate Birch, who took members through the sexual health talk that is given to all students as part of their tutorial timetable. It is not a legal requirement, and students do not have to stay for the talk if they wish to leave. However the vast majority attend, and at the point of the visit in March 2013, 58 talks had been given to students during the academic year.

The talks focus on giving information to help students keep safe; it is not about encouraging sex. As a result of the tutorials, a lot of students then visit the Open Door service, and a significant number of Chlamydia screens are carried out.

The Open Door service is the college's one stop shop for any health or personal problems which students may have. It has both Kirklees Young Person Friendly and national You're Welcome kite marking and provides an opportunity for young people to access support at college from health professionals in a pleasant, non-threatening environment. It is free, confidential and non judgemental.

The Open Door service offers a drop in for all students for a whole range of personal issues such as feeling low or lost, stress, problems with college, relationships, health worries, lifestyle checks, alcohol or substance misuse, pregnancy testing, Chlamydia screening, condoms, emergency contraception, and hormonal contraception (pill and injection).

Open Door cannot undertake testing for gonorrhoea – this would have to be done at GUM or through the 'peace of mind' check at CaSH. Neither of these offers a particularly young person friendly experience. A lot of the clinic times for CaSH and GUM are not accessible for students.

Open Door undertakes a lot of health promotion and signposts students to other services. However it has never received any information from BClear in North Kirklees and is not familiar with its services. It therefore is not in a position to signpost students to this service.

Students can drop off their Chlamydia screens into a letterbox within the Open Door unit – it can therefore be undertaken anonymously. The results are reported directly to the student. This is usually by text, if the result is negative. If there is a positive result, then Chlasp would phone the student on a non-traceable number to discuss treatment.

A big advantage of the Open Door approach is that it enables young people to find out what's available, take responsibility for their own health and well-being in a friendly service and also develop necessary skills in accessing NHS services.

New College Open Door service attracts around 50% young men from a range of ethnic groups which far exceeds the proportion that would normally be seen in NHS CaSH clinics. Young men find the service convenient, non-threatening and have the opportunity to build relationships with staff so they are comfortable exploring a range of health and relationship issues.

The Open Door Service available in college plus Sexual Health sessions really works. Just having the education but no young person friendly services **or** just having the service without the link to information is far less effective.

C & K Careers

The work of C& K Careers focuses primarily on young people not in education, employment or training.

However, the services provided also include work with young people to help (i) prevent young people becoming pregnant, and (ii) support pregnant young people to overcome barriers to education, employment and training.

C&K Careers have 20 staff trained to provide advice and support about sexual health, plus the distribution of condoms. Advice and help is available via drop in sessions in Dewsbury and Huddersfield from 1000-1700 on Monday through to Friday available. A weekend service is not available.

With regards to Chlamydia screening, postal screening kits are available to young people through the C&K Careers centres. The results of tests are sent directly to clients. Clients are also able to request postal kits from advertisements within centre(s) without consulting staff.

4. CONCLUSIONS AND FINDINGS

The Task Group would like to acknowledge the honest and open contributions which the representatives of all of the agencies made to the discussion and the development of the findings and recommendations in this draft report. It would also like to acknowledge the help and support which Laura Ellis and Steve Copley (Governance Team) provided.

It has taken over 12 months to consider all of the contributions and it is clear that this debate could go on for even longer if resources and time permitted. However, in the latter meetings, members began to put together some clear and consistent views about their findings and recommendations on the way forward. Further discussion will probably only add further weight to what is set out below.

Finally, the Task Group accepts that it has developed the terms of reference agreed at the outset to consider how work on the screening of all STI's takes place, which will become apparent when reading the findings and recommendations on the following pages. That is because chlamydia is an STI – not the only STI – and the commissioning and provision of screening and treatment services in Kirklees from 2014 should develop accordingly.

First term of reference

To assess the availability of access to chlamydia screening for young people aged 15-24 in Kirklees.

Findings and task group views

- Chlamydia screening is widely available across Kirklees with over 100 different locations for young people to access screening.
- The majority of screening takes place in a sexual health setting, for example at CaSH and GUM clinics, and through the Chlamydia Screening Offices run by CHLASP and BClear.
- Screening is also widely available through GP surgeries, pharmacies, and schools, colleges and other education settings.
- Young people can request screening tests via text message and on the website. Tests are then posted out, and can be returned by post.
- Due to the wide range of locations and the fact that tests can be requested and undertaken remotely, the availability of access seems good across Kirklees.
- Some services that are specifically designed for young people, whilst others are generic such as the GUM clinic, and are not particularly young person friendly.
- There is anecdotal evidence that young people, particularly from certain ethnic

groups, may be reluctant to visit their GP for screening due to concerns over confidentiality. Whilst this is disappointing, the Task Group are satisfied that there are alternative ways of accessing screening for young people across Kirklees, in a confidential way.

- The promotion of the availability and need for screening is fundamental. Whilst young people who are at school or college may be targeted with publicity, those who are not in education are unlikely to see promotional activity. So how can the Council and those agencies that are contracted or obliged to provide advice and services to children and young people tackle this?

Second term of reference

To explore the different approaches to screening in north and south Kirklees and identify where good practice exists and how this could be replicated

Findings and task group views

- There are multiple agencies in Kirklees who have been commissioned to provide screening in North and South Kirklees. The details are set out on page 15 of this report and in Appendix B

- The availability of so many options and sites presents both pros and cons. The main advantage is that people can and should have easy access to screening in a number of different locations and settings. This is helpful to both the people living in Kirklees and those living in neighbouring areas.

- The disadvantage is that all of these agencies are struggling to keep their services open, or to develop them further, because of the pressures on their limited resources. There was also evidence of duplication with some agencies passing on referrals to other agencies in Kirklees.

- All of the agencies are able to produce information and statistics about the success of their work. However, the comparison and tracking of data becomes difficult to assess because so many agencies are involved and because of the routes that people can take in/out of the screening process.

Third term of reference

To assess whether the change of approach to chlamydia screening since June 2011 is working effectively

Findings and task group views

- In April 2011, the approach to screening changed. Previously the emphasis had been on the numbers being screened, however this changed to focus on the number of positive results achieved.

- It is evident that whilst the percentage of 15 to 24 year olds being tested has decreased, the positivity rate has significantly increased. This suggests that the approach was successful in achieving a higher number of positives.

- However, the Public Health Outcomes Framework 2013-16 is introducing a new target based on the diagnosis rate per 100,000 of the 15-24 year old population.

- Kirklees is not currently meeting the target diagnosis rate of 2,300 per 100,000, and is likely to need to significantly increase the numbers tested in order to achieve this. Consideration will need to be given to the implications of this for the service(s) commissioned in Kirklees.

- The change of approach introduced in 2011 intended that alongside testing of Gonorrhoea would be introduced. This has not happened.

- The testing kits state that Gonorrhoea is being tested for, and it is of concern that young people may wrongly assume they have been tested.

- Gonorrhoea is a growing problem, and is becoming antibiotic resistant.

- It's time to look again at the specification within the contracts that are commissioned, funded and taken up by local agencies to provide advice, guidance and screening for STI's. A much clearer and simpler process would certainly benefit and help the commissioners, providers and users of services.

Fourth term of reference

4. To establish how the Council, the NHS and other partners deliver sexual health education to young people aged 15-24, which seeks to prevent sexually transmitted infections such as chlamydia and promote access to screening.

Findings and task group views

- The Council has provided info and toolkits to schools and academies to help raise awareness of sexual education

- There are some concerns that this offer of general and specific advice and training may not be being taken up. People also have the right to withdraw children and young people from these lessons. This needs to be considered.

- The promotion of the availability and need for screening is fundamental. Whilst young people who are at school or college may be targeted with publicity, those who are not in education are unlikely to see promotional activity. So how can the Council and those agencies that are contracted or obliged to provide advice and services to children and young people tackle this?

- The approach taken by staff and students at Huddersfield New College was encouraging, showing a way by which the issues can be dealt with successfully. Are there any other examples of good practice in Kirklees, or elsewhere, that the commissioners and providers of services could draw on

- The Council needs to find a way to use the advice, help and information that are already available and tailor this so that it will be taken up by all schools and colleges in Kirklees.

5. Recommendations

The screening and treatment of chlamydia has been a high profile issue in previous years. Whilst it is still important, it is just one of many STI's that exist. It is time for things to change. Therefore, the Task Group would ask the Cabinet consider the following recommendations

1. The Task Group felt that chlamydia screening is available through a number of agencies in both north and south Kirklees. However, there are differences in their approach, services and ways of working. The advice, support and treatment appear to be better in south Kirklees when compared to north Kirklees. This must be considered to achieve a greater level of consistency and quality of service across Kirklees.

2. The referrals, assessment and screening process needs to change. Members would like to see a better and more consistent approach and possibly "one general assessment" for sexual health in order to test for a number of STI's. This may mean changing the specification of the contracts for agencies from 2014 onwards.

3. The Task Group also felt that fewer agencies and/or a more joined up approach could help to develop improvements in the assessment and treatment of chlamydia and other STI's. The Task Group recommends a review of:

- The number of agencies involved and their contracts for the provision of advice and services,

- The number of clinics and the opening hours currently available to provide more flexible hours, including providing more weekend cover.

- The opportunities to make better use of the increasingly limited resources available to agencies.

4. Awareness and education on STI's, including chlamydia, needs to be improved with children and young people in the 15-24 age groups. This may also require a rethink by local agencies about the information and materials that are available to schools, academies and colleges and a more modern and "smart" campaign (use of apps and social media etc) to promote both awareness and accessibility of the screening service(s) available. However, this also requires care and thought to get more children and young people and their parents interested.

5. The Task Group would like to see how the work of the new Sexual Health Pathways Group will progress, along with its recommendations for change. We would ask the Director for Public Health to report back on this in Spring 2014.

6. Kirklees Council, through Public Health, now has a lead role and new responsibilities for the funding and provision of sexual health services. Are councillors and officers aware of this? How can councillors and senior managers be made aware of this?

APPENDIX A

Kirklees Local Authority sexually transmitted infections epidemiology report: 2011

Due to risk of deductive disclosure this report and the data contained within should not be made publicly available and should not be distributed further. Please access the data sharing policy on the HPA website at: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1247816526850.

The aim of this report is to describe sexually transmitted infections (STIs) in the local area to inform local Joint Strategic Needs Assessments (JSNAs) so that commissioners can effectively target service provision.

Key findings

• Kirklees is ranked 56 (out of 326 local authorities, first in the rank has highest rates) in England for rates of STIs in 2011. 3681 acute STIs were diagnosed in residents of Kirklees, a rate of 898.2 per 100,000 residents.

• 65% diagnoses of acute STIs were in young people aged 15-24 years old.

• The rate of chlamydia diagnoses per 100,000 young people aged 15-24 years old in Kirklees was 2284.1.

• The proportion of Kirklees residents attending genitourinary medicine (GUM) clinics who received an HIV test was 58%.

National Recommendations

• Local areas should be working towards achieving a chlamydia diagnosis rate of at least 2,400 per 100,000 (Public Health Outcome Framework Indicator). Areas that are achieving at or above this level should aim to sustain or increase diagnosis rates, with areas achieving below it aiming to increase their diagnosis rate incrementally, for example by 10% from the previous year.

• Local areas should focus on embedding chlamydia screening in primary care and sexual health services, emphasise the need for repeat screening annually and on change of sexual partner, and ensure treatment and partner notification standards are met.

• Prevention efforts, such as greater STI screening coverage and easier access to sexual health services, should be sustained and continue to focus on groups at highest risk.

• Men who have sex with men (MSM) having unprotected sex with casual or new partners should have an HIV-STI screen at least annually, and every 3 months if changing partners regularly.

• Health promotion and education are important interventions for the prevention of STIs and HIV through improving public awareness and encouraging safer sexual behaviour. Consistent condom use, reducing the number of sexual partners and the avoidance of overlapping sexual relationships all reduce the risk of being infected with an STI.

Information used in this report

Please note that this report has been compiled only using routine data, the majority of which comes from GUM clinics. The report contains information on diagnoses of chlamydia made in GUM clinics and for those aged 15-24 years old in other community settings. Diagnoses of all other STIs are reported from GUM clinics only.

The data is being continually updated and this report uses data as of 13 April 2012. Furthermore, to calculate 2011 rates, population denominators for 2010 have been used. The information in this report may differ from other published data using data extracted at a different date, or using different population denominators.

Appendix 1 describes the data sources in more detail.

Other sources of information

For more information on STIs, or information on HIV, please contact your local Health Protection Unit or Regional Epidemiology Unit or access the Health Protection Agency (HPA) website (http://www.hpa.org.uk/).

For local information on a range of sexual health indicators including teenage pregnancy, please access the Sexual Health Balanced Scorecards http://www.apho.org.uk/sexualhealthbalancedscorecard).

Burden and trend of acute STIs

3681 acute STIs were diagnosed in residents of Kirklees in 2011 (1671 in males and 2009 in females), a rate of 898.2 per 100,000 residents (males 829.3 and females 964.2) (for 1 episodes gender was not specified or unknown). The number of cases of each acute STI diagnosed in Kirklees can be found in Appendix 2. Please see Appendix 3 for diagnoses included in acute STIs.

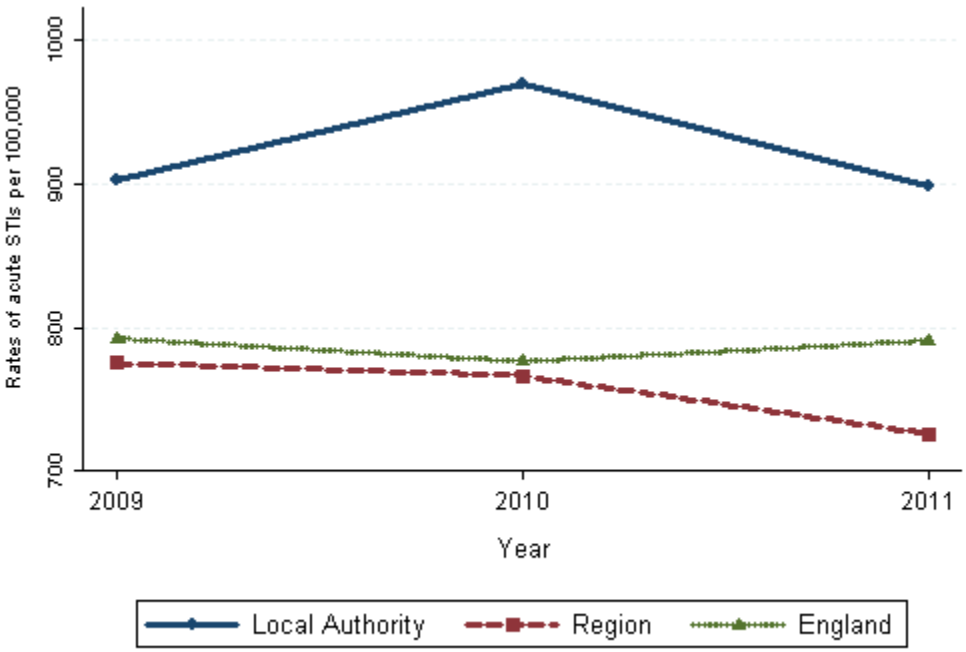
Table 1: Rates per 100,000 population of all ages of STIs in Kirklees: 2010-2011

Diagnoses	*Rate: 2010*	*Rate: 2011*	*% change 2010 to 2011*	*Rank within England: 2011**	*Rate in England residents: 2011*
Acute STI	969.6	898.2	-7.4	56	791.2
Chlamydia	448.0	392.1	-12.5	67	351.2
Gonorrhoea	42.2	47.3	12.1	45	39.0
Syphilis	4.6	4.9	6.5	66	5.4
Genital Warts	166.4	150.1	-9.8	87	141.6
Genital Herpes	56.4	67.6	19.9	64	58.0

*Out of 326 local authorities, 1st rank has the highest rates
Data Source: The Genitourinary Medicine Clinic Activity Dataset (GUMCAD) and community settings (National Chlamydia Screening Programme (NCSP) and non-GUM, non-NCSP returns)

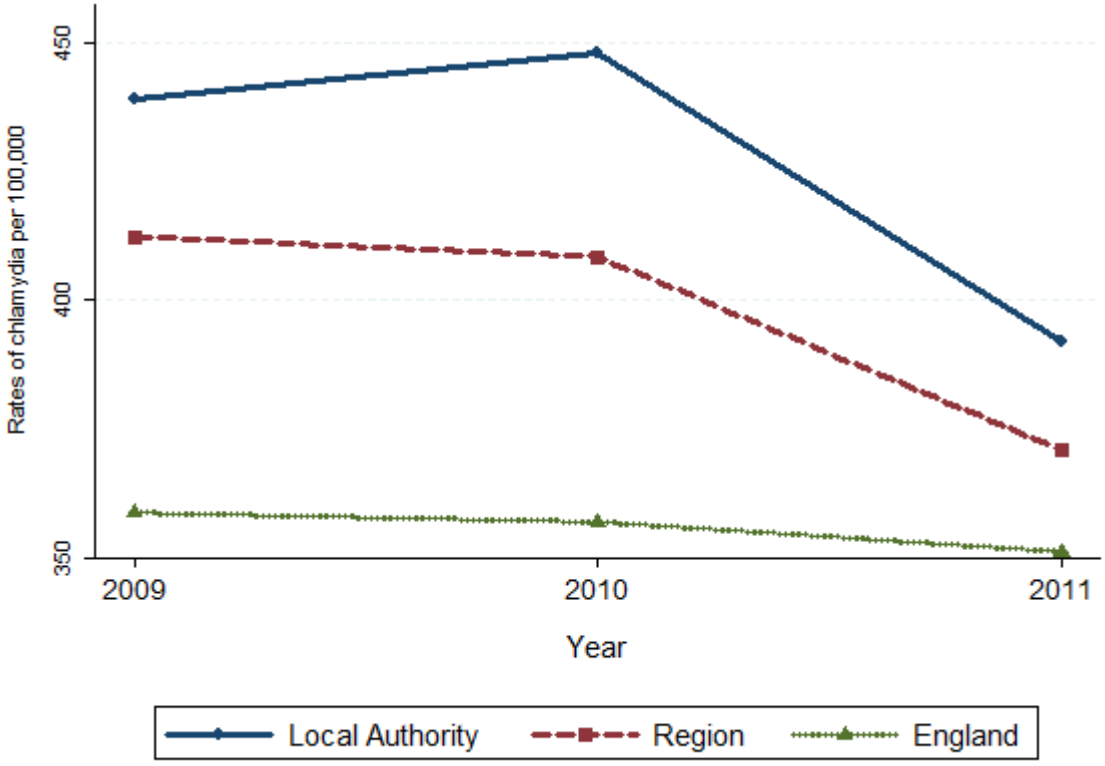
Figures 1a to 1f show the rates per 100,000 resident population of all ages of diagnoses of acute STIs, chlamydia, gonorrhoea, syphilis, genital warts and genital herpes by year in Kirklees compared to rates in Yorkshire and the Humber region and England. *(Please note different scales).*

1a. Rates of acute STIs



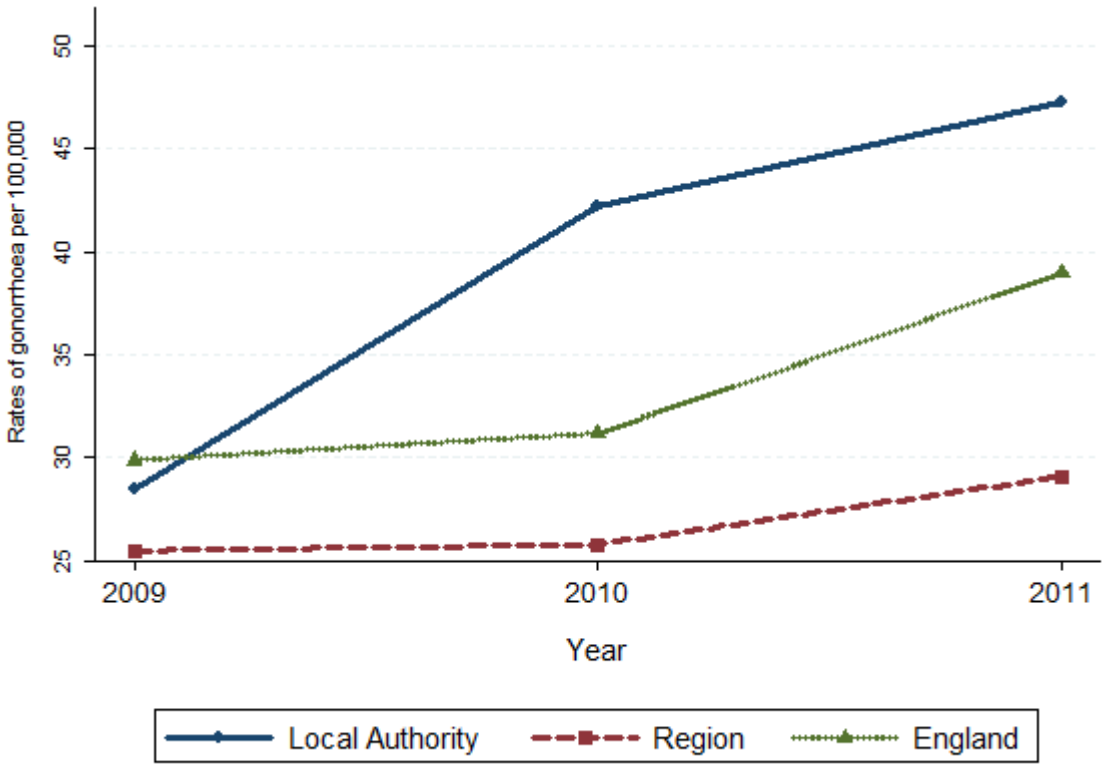
Source: Data from Genitourinary Medicine Clinics and community settings (for Chlamydia only)
See appendix 2 for diagnoses included in acute STIs

1b. Rates of chlamydia



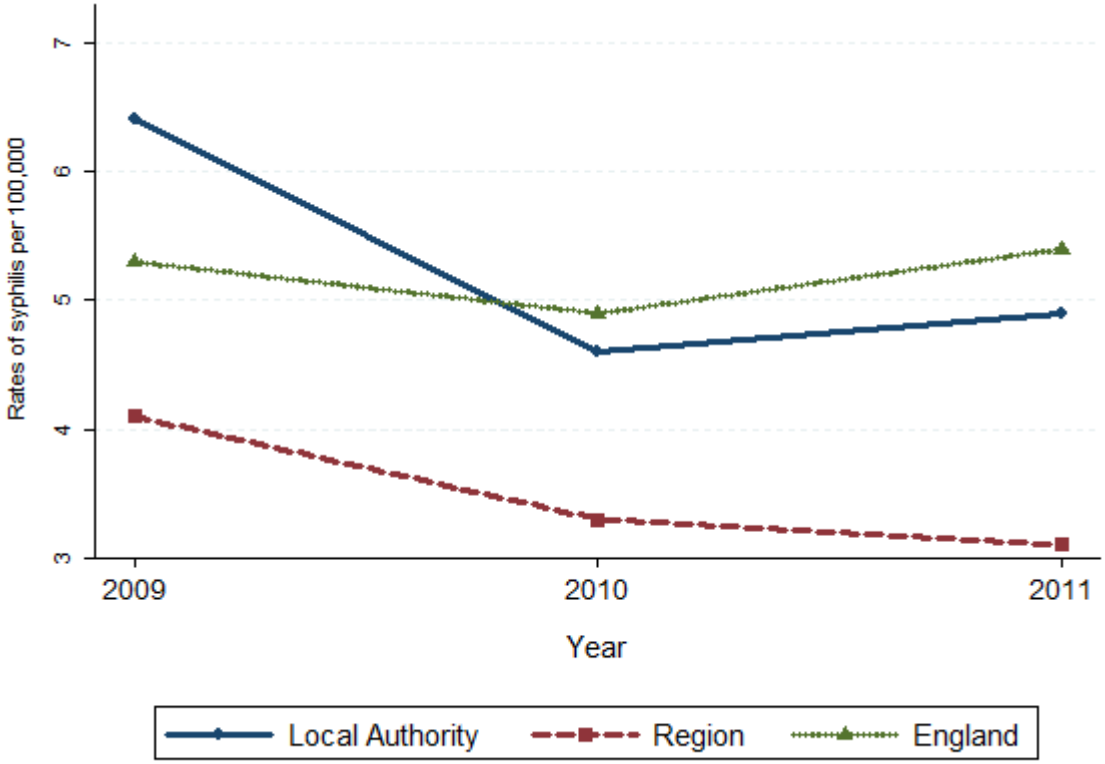
Source: Data from Genitourinary Medicine Clinics and community settings

1c. Rates of gonorrhoea



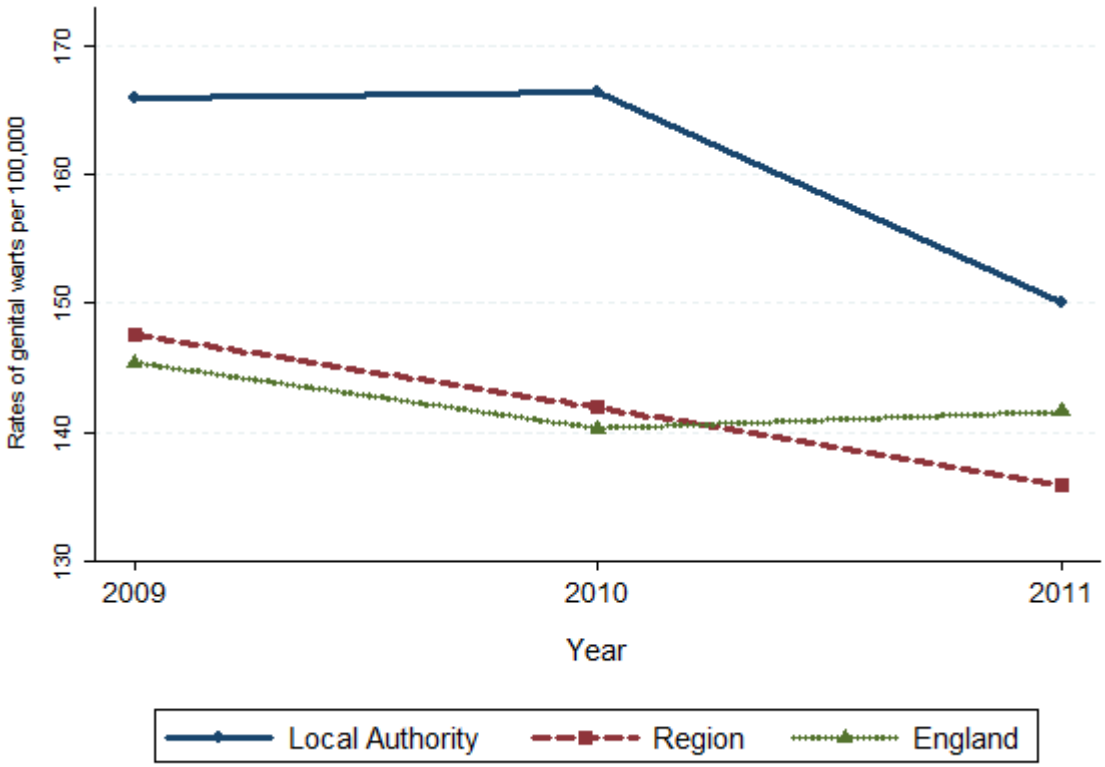
Source: Data from Genitourinary Medicine Clinics

1d. Rates of syphilis



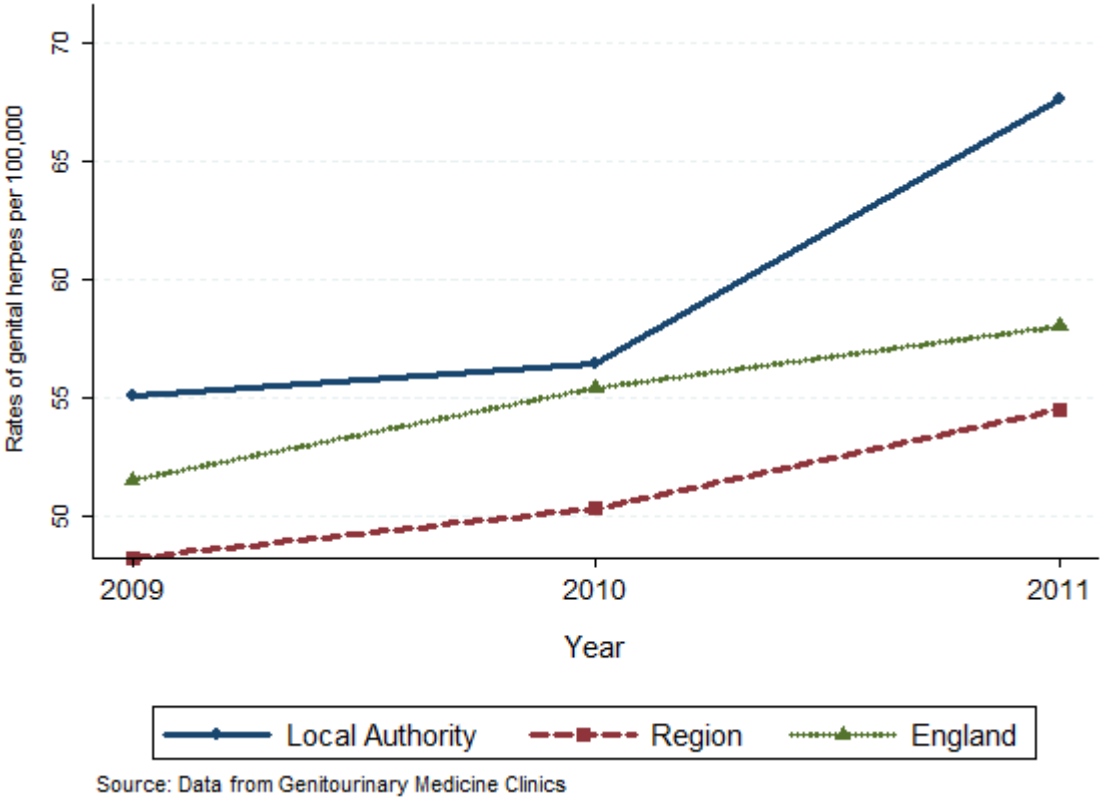
Source: Data from Genitourinary Medicine Clinics

1e. Rates of genital warts



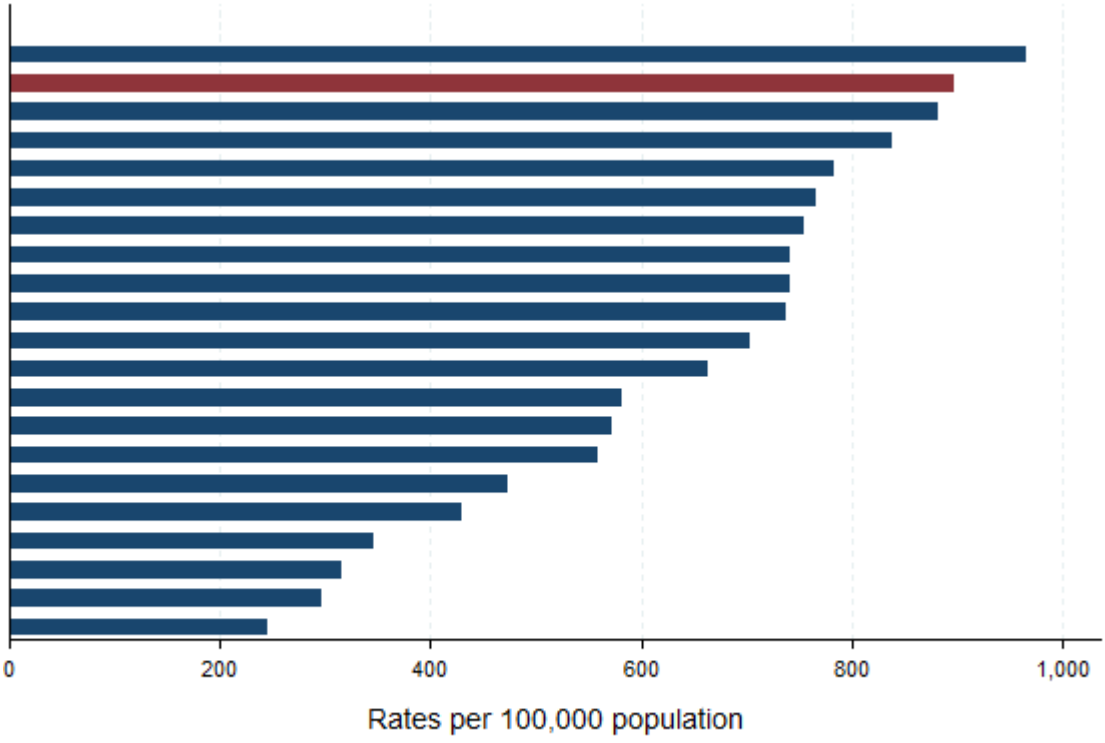
Source: Data from Genitourinary Medicine Clinics

1f. Rates of genital herpes



Source: Data from Genitourinary Medicine Clinics

Figure 2. Rates of acute STIs in each local authority in Yorkshire and the Humber region: 2011
(Bar highlighted in maroon indicates rates in Kirklees)



Source: Data from Genitourinary Medicine Clinics and community settings (for Chlamydia only)

Reinfection

In Kirklees, an estimated 9.7% of women and 10% of men presenting with an acute STI at a GUM clinic during the three year period from 2009 to 2011 became reinfected with an acute STI within twelve months. An estimated 3.6% of women and 3.7% of men presenting with gonorrhoea became reinfected with gonorrhoea within twelve months.

Nationally, during the same period of time, an estimated 7.1% of women and 9.1% of men presenting with an acute STI at a GUM clinic became reinfected with an acute STI within twelve months. An estimated 3.8% of women and 6.7% of men presenting with gonorrhoea became reinfected with gonorrhoea within twelve months.

Prevention groups

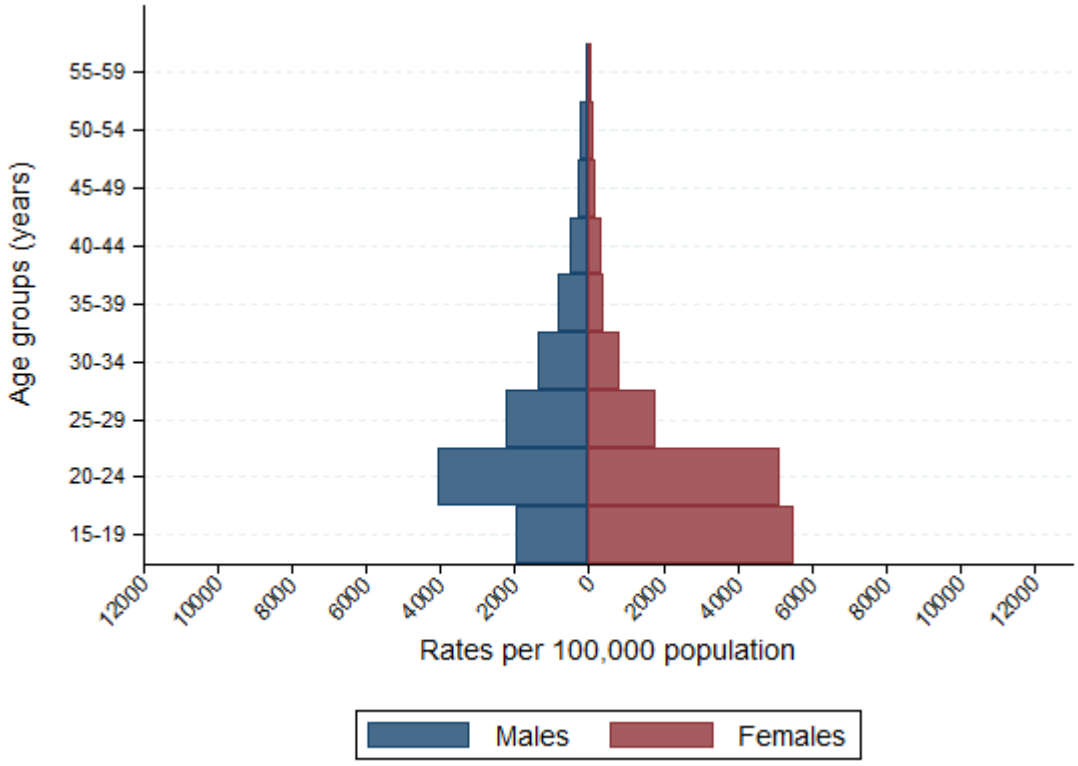
Nationally, young people, MSM and Black Caribbean ethnic groups have been shown to have higher rates of acute STIs.

Overall, of those diagnosed with an acute STI in Kirklees, 45% were male and 55% were female (gender was not known or unspecified for 0% of episodes).

Young adults

Young people between 15 and 24 years old experience the highest rates of STIs. In Kirklees, 65% of diagnoses of acute STIs were in 15 to 24 years old young adults. The age profile is shown in figure 3.

Figure 3. Age group and gender of cases of acute STIs in Kirklees: 2011



Source: Data from Genitourinary Medicine Clinics and community settings (for Chlamydia only)

Young people are also more likely to become reinfected with STIs, contributing to infection persistence and health service workload. In Kirklees, an estimated 13.5% of 16 to 19 year old women and 14% of 16 to 19 year old men presenting with an acute STI at a GUM clinic during the three year period from 2009 to 2011 became reinfected with an STI within twelve months. Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate safer sex.

The new Public Health Outcome Framework includes an indicator to assess progress in controlling chlamydia in sexually active young adults under 25 years old: the annual diagnostic rate amongst the resident 15-24 year old population. The diagnosis rate reflects both coverage and the proportion testing positive at all sites, including Genitourinary Medicine (GUM) diagnoses as well as those made outside of GUM.

Since chlamydia is most often asymptomatic, a high diagnosis rate reflects success at identifying infections that, left untreated, may lead to serious reproductive health consequences. The HPA recommends that local areas achieve a rate of at least 2,400 per 100,000 resident 15-24 year olds, a level which is expected to produce falls in chlamydia prevalence. Areas already achieving this rate should aim to maintain or increase it, other areas should work towards it. Such a level can only be achieved through the ongoing commissioning of high-volume, good quality screening services across primary care and sexual health services.

The chlamydia diagnosis rate in 15-24 year olds in Kirklees was 2284.1 per 100,000, 24% of 15 to 24 year olds were tested for chlamydia with a 9% positivity rate. Nationally, 30% of 15 to 24 year olds were tested for chlamydia with a 7% positivity rate. The number of tests, annual coverage and positivity for Kirklees are shown in table 2. The diagnoses rate per 100,000 and its rank in Yorkshire and the Humber region and England are shown in table 3.

Table 2. Chlamydia testing data in 15-24 year olds in Kirklees: 2011

Number of chlamydia tests in GUM	*Number of chlamydia tests in other settings*	*Total number of tests*	*Number of positives (all settings)*	*Percentage of population tested (all settings)**
4701	9269	13970	1308	24

*Repeat tests are not excluded
Source: Data from Genitourinary Medicine Clinics and community settings

Table 3. Rates per 100,000 of chlamydia diagnosis in 15-24 year olds in Kirklees: 2011 (*Rank 1 has highest rate)

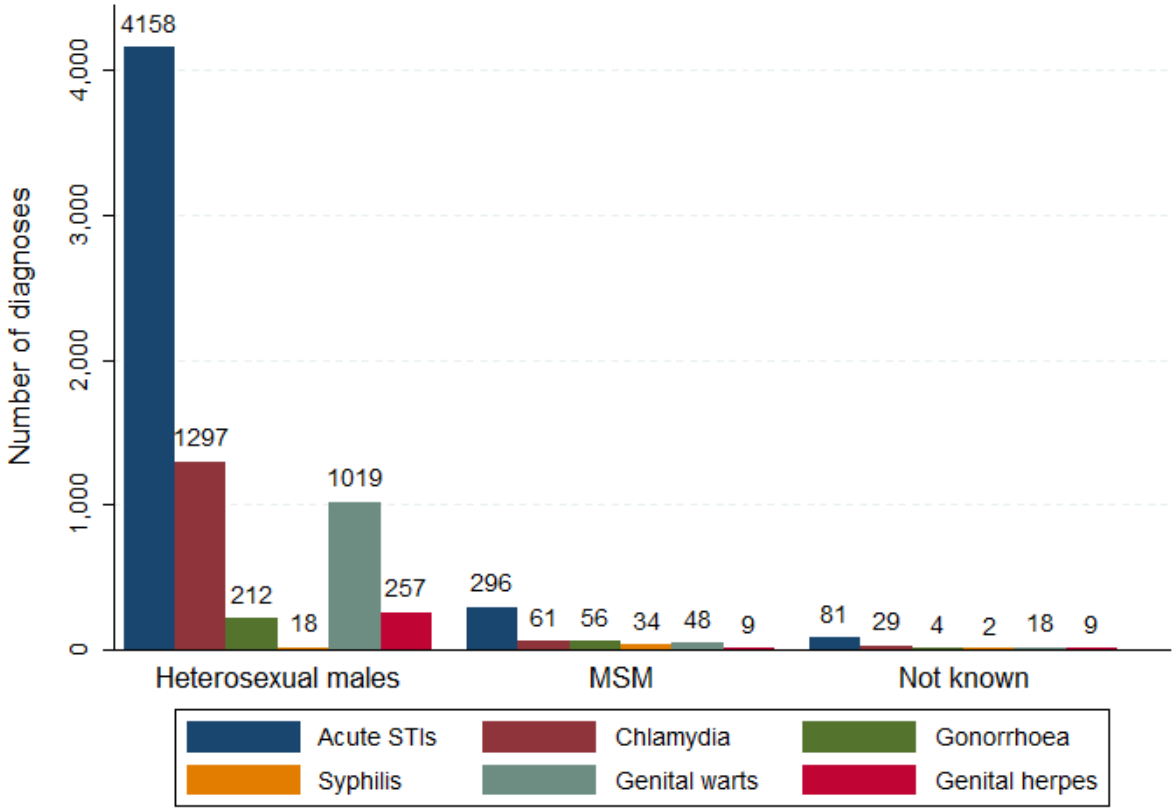
Rates of diagnosis	*Rank within region**	*Rank within England**
2284.1	9	88

Source: Data from Genitourinary Medicine Clinics and community settings

Men who have sex with men (MSM)

In Kirklees in 2009 to 2011, for cases in men where sexual orientation was recorded, 6.6% of acute STIs were among MSM.

Figure 4. Number of acute STIs, chlamydia, syphilis, gonorrhoea, genital warts and genital herpes in men by their sexual orientation in 2009 to 2011



Source: Data from Genitourinary Medicine clinics
Exludes chlamydia diagnoses made outside GUM

Ethnic groups

The proportion of acute STIs diagnosed in GUM clinics by ethnic group is shown in table 4. 8.4% of acute STIs diagnosed in Kirklees were in people born overseas.

Table 4. Number and proportion of acute STIs* diagnosed in GUM clinics by ethnic group: 2011

Ethnic group	*Number*	*%*
White	2330	77.8
Black or Black British	156	5.2
Asian or Asian British	196	6.5
Mixed	235	7.8
Other ethnic groups	23	0.8
Not specified	55	1.8

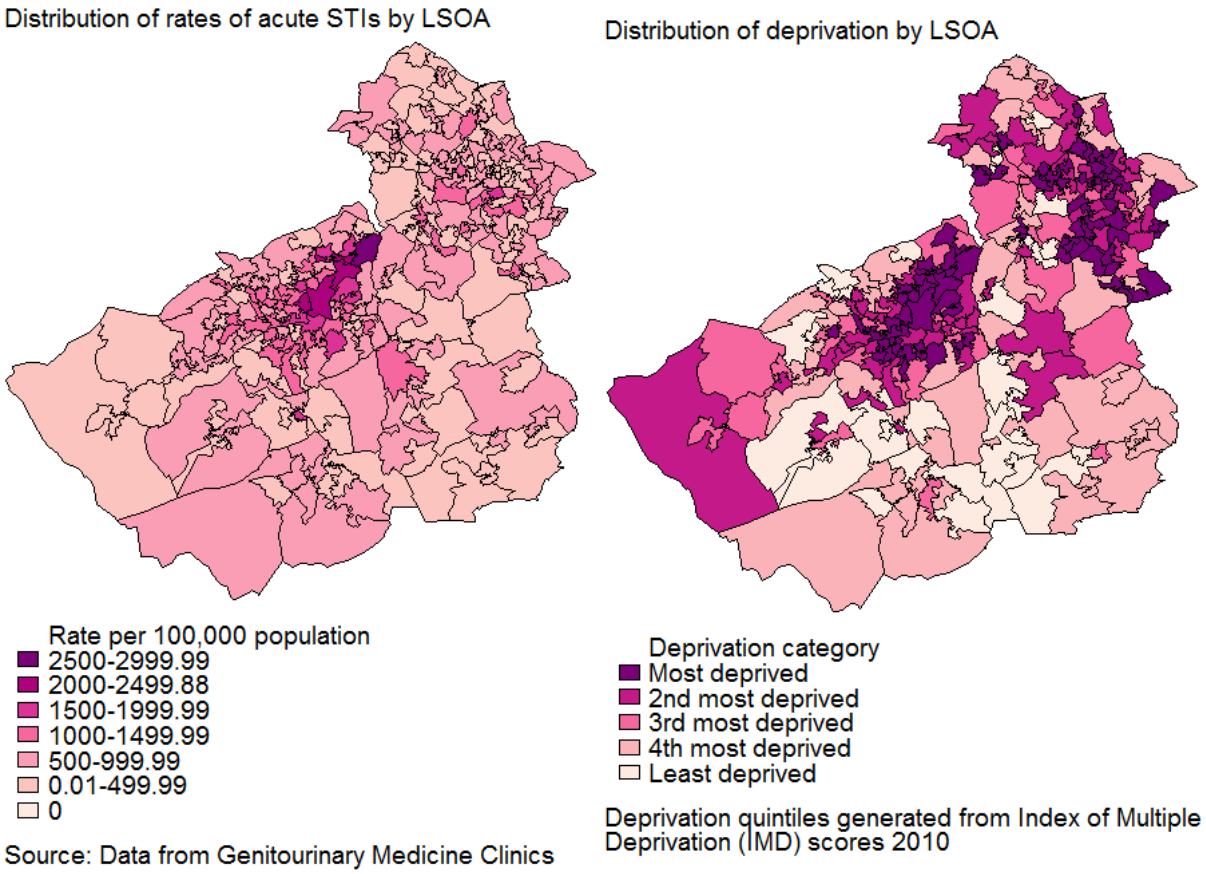
*Excludes diagnoses made outside GUM

Geography and deprivation

There is considerable geographic variation in the distribution of STIs and for Kirklees, this is highlighted in figure 5.

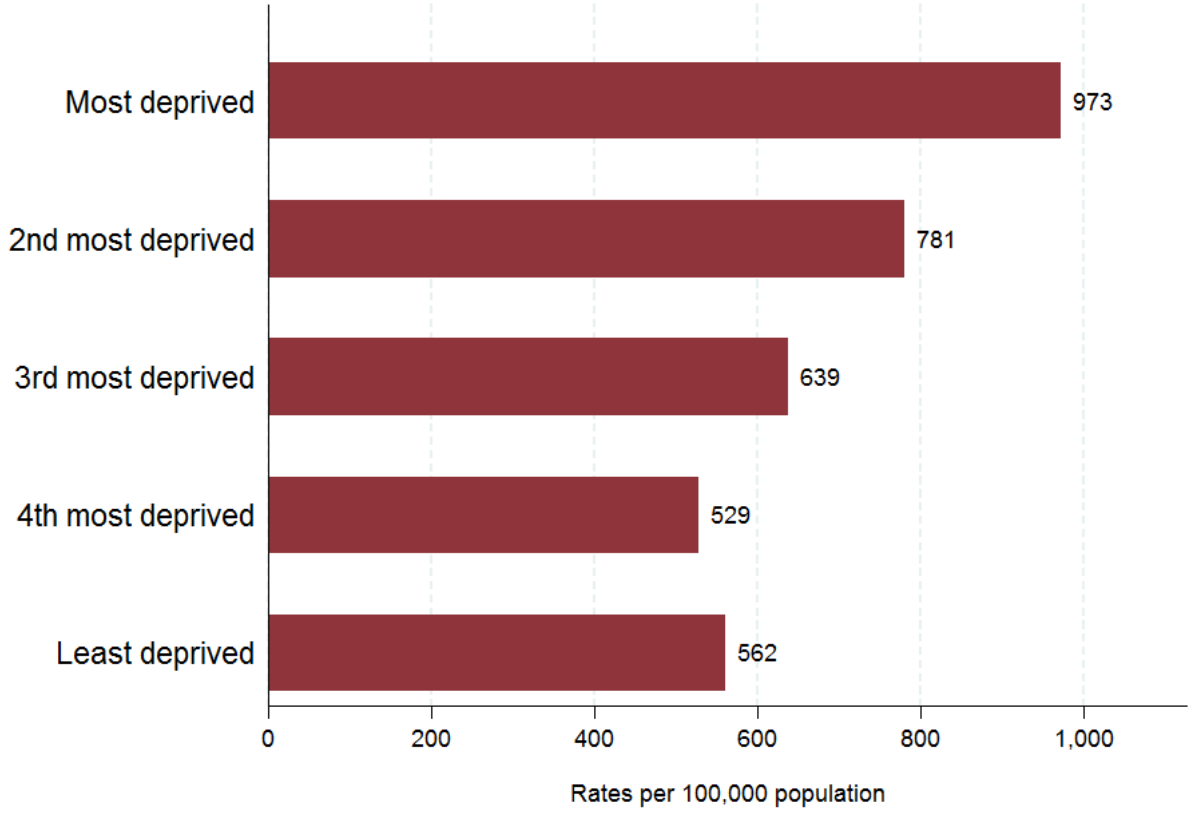
Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from GUM clinics show a strong positive correlation between rates of STI and the index of multiple deprivation across England. The relationship between STIs and SED is probably influenced by a range of factors such as the provision of and access to health services, education, health awareness, health-care seeking behaviour and sexual behaviour. The rates of acute STIs by deprivation are displayed in figure 6.

Figure 5. The rate per 100,000 of acute STIs by LSOA* in Kirklees: 2011



*Lower Layer Super Output Areas (LSOA) are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The minimum population is 1,000 and the mean is 1,500.

Figure 6. The rate per 100,000 of acute STIs by deprivation category in Kirklees: 2011



Source: Data from Genitourinary Medicine Clinics

Service use

Information on the clinics attended by residents of Kirklees is shown in table 5. The table shows the list of GUM clinics with more than ten attendances by residents of Kirklees.

Table 5. Percent of all attendances by Kirklees residents to GUM clinics: 2011

Clinic name	*% of all attendances*
Princess Royal Health Centre	55.8
Chadwick Clinic	34.2
Clayton Hospital	2.2
Leeds General Infirmary	2.2
Laura Mitchell Health Centre	1.9
The Trinity Centre	1.2
Barnsley District General Hospital	0.8
Manchester Royal Infirmary	0.3
Rotherham General Hospital	0.1
Newcastle General Hospital	0.1
Harrogate District Hospital	0.1
Monkgate Health Centre	0.1
Royal Hallamshire Hospital	0.1

Offer and uptake of HIV testing in GUM clinics

In 2011, a HIV test was offered in 86% of attendances and a HIV test was done in 58% of attendances at GUM clinics by the residents of Kirklees.

Nationally, 77% of attendances at GUM clinics were offered a HIV test and a HIV test was done in 62% of attendances.

Acknowledgements and contact details

This report was compiled by Akram Zaman, HPA Colindale on 10 October 2012 under guidance from a multi-region HPA steering group. We would like to thank all GUM clinic, laboratory and NCSP staff for providing the data.

For queries, please contact your local HPU or Regional Epidemiology Team (http://www.hpa.org.uk/).

Appendix 1: Data sources

1. Genitourinary Medicine Clinic Activity Dataset (GUMCAD) returns

2. National Chlamydia Screening Programme (NCSP) returns for chlamydia diagnoses and tests in those 15-24 years old only

3. Non-NCSP / Non-GUM returns from laboratories for chlamydia diagnoses and tests in those 15-24 years old only

Notes

1. Data presented are compiled from a combination of sources and reflect diagnoses made in GUM clinics and include chlamydia diagnoses made in other community healthcare and non-healthcare settings such as general practice.

2. Data presented are the number of diagnoses reported and not the number of people diagnosed

3. ONS 2010 population data has been used for calculation of 2011 rates

4. This report uses data as of 13 April 2012

Appendix 2 (Table 6): The number of cases of each acute STI diagnosed in Kirklees (including GUMCAD codes): 2009 - 2011

Diagnoses	*Codes**	*2009*	*2010*	*2011*
Acute sexually transmitted infections (Acute STIs) †	All codes in this table	3674	3974	3681
Chancroid / LGV / Donovanosis	C1, C2, C3	<5	<5	<5
Chlamydia ‡	C4, C4A, C4B, C4C	1786	1836	1607
Gonorrhoea	B, B1, B2, B5	116	173	194
Herpes: anogenital herpes (first episode)	C10A	224	231	277
Molluscum contagiosum	C12	90	83	99
Non-specific genital infection (NSGI)	C4H, C4N	451	571	521
Pelvic inflammatory disease (PID) & epididymitis: non-specific ¥	C5, C5A	243	308	276
Scabies / pediculosis pubis	C8, C9	21	14	15
Syphilis: primary, secondary & early latent	A1, A2, A3	26	19	20
Trichomoniasis	C6A	41	56	56
Warts: Anogenital warts (first episode)	C11A	675	682	615

* Please see Appendix 3 for information on codes
† Data from GUMCAD and community settings (for Chlamydia diagnoses only)
‡ Chlamydia diagnoses data from GUMCAD and community settings
¥ Chlamydial and gonococcal PIDs are included in Chlamydia and gonorrhoea totals
Data Source: The Genitourinary Medicine Clinic Activity Dataset (GUMCAD) and community settings (for Chlamydia diagnoses only)

Appendix 3: Acute sexually transmitted infections (STIs)

Suffixes of relevant SHHAPT codes* have been removed during the data cleaning procedure, but the base codes of suffixes have been included in the following list.

Acute STIs include:

A1 Primary syphilis
A2 Secondary syphilis
A3 Early latent syphilis
B Gonorrhoea
B1 Uncomplicated post-pubertal gonorrhoea
B2 Uncomplicated pre-pubertal gonorrhoea
B5 Complicated gonococcal infection – including PID and epididymitis
C1 Chancroid
C2 Lymphogranuloma venereum
C3 Donovanosis
C4 Chlamydial infection
C4A Uncomplicated chlamydial infection of the lower genital tract
C4B Complicated chlamydial infection – including PID and epididymitis
C4C Uncomplicated chlamydial infection, other sites
C4H Uncomplicated non-gonococcal/non-specific urethritis in males, or treatment of mucopurulent cervicitis in females
C4N Non-specific genital infection
C5 Complicated infection (non-chlamydial/non-gonococcal) – including PID and epididymitis
C5A Pelvic inflammatory disease and epididymitis (excluding C4 or B)
C6A Trichomoniasis
C8 Scabies
C9 Pediculosis pubis
C10A Anogenital herpes simplex: first episode
C11A Anogenital warts infection: first episode
C12 Molluscum contagiosum

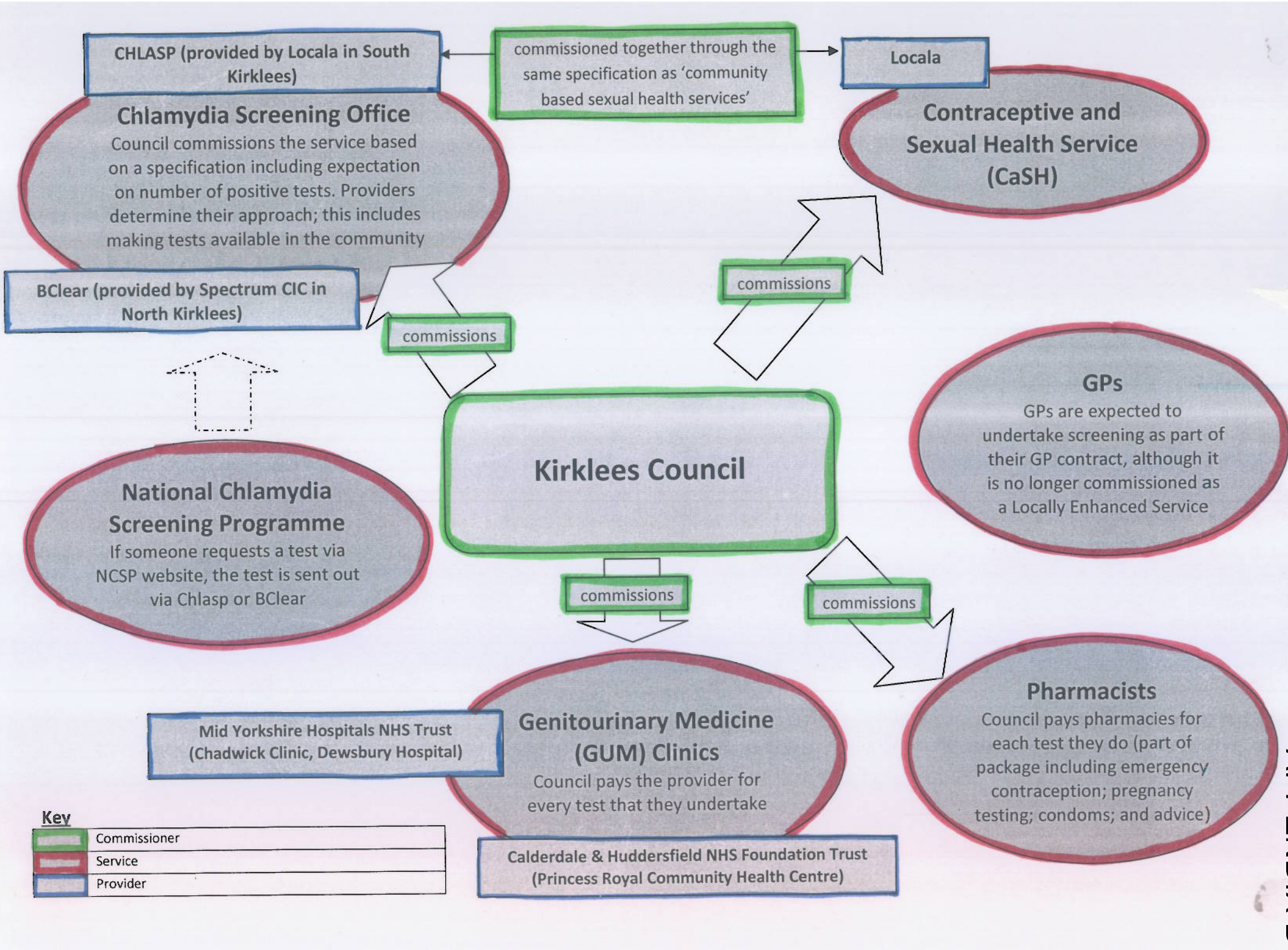
* SHHAPT codes: Sexual Health and HIV Activity Property Type (SHHAPT) codes, previously known as KC60 codes. These codes are used by clinic staff for coding data for GUMCAD extracts.

Appendix 4: Local clinics and data quality

Table 7 shows the list of clinics with more than ten attendances by residents of Kirklees sorted by the number of attendances to clinics (highest to lowest).

Table 7. Percent of attendances to GUM clinics with "known" information on sexual orientation, ethnicity, country of birth, gender and age by residents from Kirklees and percent of attendances to GUM clinics with known information on patient LSOA by residents from any Local Authorities: 2011

Clinic name	*Sexual orientation*	*Ethnicity*	*Country of birth*	*Gender*	*Age*	*LSOA*
Princess Royal Health Centre	99.4	97.2	95.3	100	100	100
Chadwick Clinic	72.9	99.7	99.1	100	100	100
Clayton Hospital	69.5	98.9	98.6	100	100	100
Leeds General Infirmary	97.8	100	99.7	100	100	100
Laura Mitchell Health Centre	100	99	96.8	100	100	100
The Trinity Centre	7.4	95.2	97.9	100	100	97.6
Barnsley District General Hospital	100	77.7	87.7	100	100	100
Manchester Royal Infirmary	100	92.7	100	100	100	100
Rotherham General Hospital	100	100	100	100	100	93.8
Newcastle General Hospital	100	92.3	92.3	100	100	90.8
Harrogate District Hospital	100	100	100	100	100	97
Monkgate Health Centre	100	100	100	100	100	96.9
Royal Hallamshire Hospital	100	100	100	100	100	94.5


CHLASP (provided by Locala in South Kirklees)
commissioned together through the same specification as 'community based sexual health services'
Locala
Chlamydia Screening Office
Council commissions the service based on a specification including expectation on number of positive tests. Providers determine their approach; this includes making tests available in the community
Contraceptive and Sexual Health Service (CaSH)
BClear (provided by Spectrum CIC in North Kirklees)
commissions
commissions
GPs
GPs are expected to undertake screening as part of their GP contract, although it is no longer commissioned as a Locally Enhanced Service
National Chlamydia Screening Programme
If someone requests a test via NCSP website, the test is sent out via Chlasp or BClear
Kirklees Council
commissions
commissions
Mid Yorkshire Hospitals NHS Trust (Chadwick Clinic, Dewsbury Hospital)
Genitourinary Medicine (GUM) Clinics
Council pays the provider for every test that they undertake
Pharmacists
Council pays pharmacies for each test they do (part of package including emergency contraception; pregnancy testing; condoms; and advice)
Calderdale & Huddersfield NHS Foundation Trust (Princess Royal Community Health Centre)
Key
Commissioner
Service
Provider

APPENDIX B

SCRUTINY ACTION PLAN

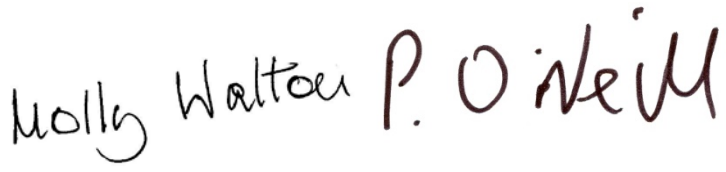
Project: Sexual health – Chlamydia screening in Kirklees
Lead Scrutiny Officer: Penny Bunker and Steve Copley

	FOR COMPLETION			
Recommendation	**Do you agree with recommendation? If no, please explain why.**	**How will this be implemented?**	**Who will be responsible for implementation?**	**What is the estimated timescale for implementation?**
The screening and treatment of chlamydia has been a high profile issue in previous years. Whilst it is still important, it is just one of many STI's that exist. It is time for things to change. Therefore, the Task Group would ask the Cabinet consider the following recommendations 1. The Task Group felt that chlamydia screening is available through a number of agencies in both North and South Kirklees. However, there are differences in their approach, services and ways of working. The advice, support and treatment appear to be better in South Kirklees when compared to North Kirklees. This must be considered to achieve a greater level of consistency and quality of service across Kirklees.	Yes	Public Health are currently retendering for integrated sexual health service Implementation date of April 2015. **Principles of new service model:** • Greater emphasis on prevention and relationship and sexual health education. • Increased accessibility for all • Hub and spoke model. • Provision of two hubs – one in North and one in South. The two Hubs combined will represent The Kirklees Specialist Sexual Health Service (SSHS) and will act as the local sexual health service leader. It will be consultant led and provide support, effective clinical governance systems, coordinate partner notification and provide training for the wider sexual health system across Kirklees. • Both Hubs and spokes will represent the SSHS • A multidisciplinary team approach. • GUM, Chlamydia and Contraception staff work in partnership and interchangeably (within each other's speciality, training permitting). • Service provision delivered in a tiered manner (levels 1,2 & 3) • Hubs to deliver levels 1, 2 & 3 provision • Spokes to deliver levels 1/2 provision STI/Contraception provision in a holistic way • Spokes are nurse led	Rachel Spencer-Henshall	The new service will be in place by 1st April 2015

		• Clear pathways for vulnerable groups into the SSHS established/joint working with key partner agencies. • The SSHS will provide and operate a telephone line and web based booking system which acts as a single point of access into SSHS (levels 1, 2,& 3). Patients directed/offered levels 1/2 Spoke's if appropriate and closer to home • One holistic sexual health appointment		
2. The referrals, assessment and screening process needs to change. Members would like to see a better and more consistent approach and possibly "one general assessment" for sexual health in order to test for a number of STI's. This may mean changing the specification of the contracts for agencies from 2014 onwards.		See above – the new model will implement this	Rachel Spencer-Henshall	The new service will be in place by 1st April 2015
3. The Task Group also felt that fewer agencies and/or a more joined up approach could help to develop improvements in the assessment and treatment of chlamydia and other STI's. The Task Group recommends a review of: - The number of agencies involved and their contracts for the provision of advice and services, - The number of clinics and the opening hours currently available to provide more flexible hours, including providing more weekend cover. - The opportunities to make better use of the increasingly limited resources available to agencies.	Yes	See above – the new model will implement this	Rachel Spencer-Henshall	The new service will be in place by 1st April 2015
4. Awareness and education on STI's, including chlamydia, needs to be improved with children and young people in the 15-24 age groups. This may also require a rethink by local agencies about the information and materials that are available to schools, academies and colleges and a more modern and "smart" campaign (use of apps and social media etc) to promote both awareness and accessibility of the screening service(s) available. However, this also requires care and thought to get more children and	Yes	A strategy for communication and marketing is being developed to support the new integrated service. It is expected that the provider will have a role in delivering this strategy with support from Public health. The strategy will consider the use of apps and social media. Kirklees schools, academies and colleges all have access to comprehensive educational resources which provide current information on STI's,	Rachel Spencer-Henshall	The comms strategy will be in place by April 2014, the new service will be in place by 1st April 2015.

young people and their parents interested.		including chlamydia. The 2014 annual PSHCE conference will include appropriate sexual health updates for teachers and Locala continue to offer their services to schools. Professionals supporting the Teenage Risk & Resilience Network are also being provide with additional training on C-Card and Chlamydia Screening which promote safe and positive sexual health choices by young people. (Hosted by Locala from PH Funding – next event is 10 December 2013). Opportunities to commission services to support lessons in in targeted schools will be explored and may include using peer educators. Peer educators will also be looking to extent their provision to support young men around sexual health and parenting issues		September 2014
5. The Task Group would like to see how the work of the new Sexual Health Pathways Group will progress, along with its recommendations for change. We would ask the Director for Public Health to report back on this in Spring 2014.	Yes	Happy to report back in Spring 2014	Rachel Spencer-Henshall	Spring 2014
6. Kirklees Council, through Public Health, now has a lead role and new responsibilities for the funding and provision of sexual health services. Are councillors and officers aware of this? How can councillors and senior managers be made aware of this?	No	The public health transition was overseen by the councils director group, as well as a cross party working group of elected members. Sexual Health and the new council responsibilities were discussed at length. In addition, presentations have been made to the health and wellbeing board and the council management board highlighting the new public health responsibilities the council has, including sexual health.		

Signed



Cllr Molly Walton Cllr Peter O'Neill Cllr Jean Calvert Cllr Cath Harris