Cheshire & Merseyside Sexual Health Network Update
by Cheryl Yeardsley, Commissioning Improvement Programme Officer

The champs public health Collaborative Service (which evolved from the champs public health and sexual health networks) was launched on 1st April 2013. The aim of this was to enable the nine local authority public health teams across Cheshire and Merseyside to gain greater access to public health expertise and advice.

There are four components to the Collaborative Service:

1. Improving Commissioning
2. Advice to the NHS
3. Protecting Health
4. Leading Public Health

At the last Sexual Health Board they agreed to review their terms of reference and work streams and explore future development opportunities for the Board.

From April 2013 sexual health became a mandated responsibility for further information please of local government and is a key contact: champsccommunications@ wirral.gov.uk

The next update from the Department of Health will be in the September issue of the bulletin.
The Network Structure
We have reinvigorated the Network and are pleased to welcome new membership from the regional HIV commissioner. The Network has produced an initial draft sexual health strategy and local action plans are also being developed.

Commissioning
As commissioners we are agreeing some Key Performance Indicators. Having shared indicators will mean that, we have much greater intelligence not just about activity, but performance against investment. This intelligence will help to inform future commissioning. We have committed to working together where at all possible in respect of any future procurement plans.

Open Access Arrangements and the Integrated Sexual Health Tariff
Across Greater Lancashire (Lancashire, Blackpool and Blackburn with Darwen) we have agreed to adopt the non-Mandatory GUM tariff for 2013/14. We continue to invest in the integrated tariff, with all our providers submitting data and being committed to adopting tariff arrangements in 2014/15. We await the outcomes of the national work to support this intention.

HIV
The transfer of responsibilities means the majority of the commissioners in the Network no longer hold responsibility for HIV care and treatment. However, we remain fully committed to ensuring that HIV testing is improved to reduce the likelihood of late diagnosis. We are also working in close collaboration with the HIV commissioner in NHS England to ensure high quality care for those living with HIV. The HIV formulary group and the forum of HIV clinicians and nurses are both proving very successful.

Workforce Development
The majority of us now sit in local authorities and this shift to new ways of working in relation to both commissioning and procurement regulations means that ourselves and our providers are working in a challenging new arena. We intend to develop and implement some provider workshops to highlight what we as commissioners expect in relation to any potential procurement opportunities.

It is a challenging, but exciting time, with lots of unknowns for us all, but the Network is committed to ensuring sexual health is commissioned as a whole system and recognise that working collaboratively will be the means to achieving this.

Do you want more support to effectively commission sexual health?
The English HIV and Sexual Health Commissioners Group is a free network for anyone who commissions either HIV or sexual health services in England. The Group is an opportunity to share best practice with colleagues and find out how other areas are achieving integrated sexual health services. The Group meets three times a year in London and there is also a secure online forum where members can discuss shared questions around commissioning. To join the English HIV and Sexual Health Commissioners Group apply to the online forum at: http://commissioners.nat.org.uk/

Jackie Routledge
Public Health Commissioning Manager
Sexual Health Quarterly Bulletin

Greater Manchester Sexual Health Network Update
by Neil Jenkinson, Wendy Alam, Sarah Doran & Diane Cordwell

ABC Commissioning Newsletter
The Greater Manchester Sexual Health Network (GMSHN) has produced a summary commissioning brief to address a number of transitional issues relating to the transfer of responsibilities for commissioning of sexual health services to local government, NHS England and Clinical Commissioning Groups. It is hoped this will provide a useful guide for stakeholders to share with local elected members, local Health and Well Being Board members, local commissioners, contractors and wider colleagues. This summary brief will be published on a quarterly basis and it is the Network’s intention to publish detailed subject specific briefs on policy and progress on at least a monthly basis. Each brief will focus on key public health outcome targets for improving teenage conceptions, Chlamydia screening and reducing late diagnosis of HIV.

Child Sexual Exploitation (CSE)
The Greater Manchester Sexual Health Network is leading work across Greater Manchester to improve the identification of CSE in sexual health services and to ensure there are clear pathways and protocols in place to support young people who are at risk of being exploited. The Network is working closely with the police, social services and other partners, to take this work forward.

- Achievements to date include:
  - Establishing a CSE Task and Finish Group which consists of sexual health commissioners and sexual health service representatives
  - Mapping current CSE policies and procedures in GM sexual health services
  - Developing a CSE risk assessment tool kit and a referral pathway for use by sexual health services.

GMSHN also participates in the multi-agency Phoenix Project. In addition the Network is working with Designated Nurses for Safeguarding and the CSE Task Group members to agree minimum health input requirements into specialist CSE teams as well as using health intelligence from the RUclear? programme to identify young people at risk of CSE.

The work on CSE in Greater Manchester sexual health services was presented at a ‘Lessons from Rochdale’ CSE Conference in May and at the Office of Children’s Commissioner Recommendations workshop in June. It is also being presented at the Festival of Public Health in July and the Public Health England Conference in September.

Long Acting Reversible Contraception (LARC) Training Programme
The Greater Manchester Sexual Health Network is to fund a further cohort of trainees for the 2013-14 sub-dermal implant training programme following the success of last year’s programme with 50 new Long Acting Reversible Contraception (LARC) fitters being trained.

A poster on the Greater Manchester LARC training programme is to be presented at the Public Health England Conference in September.

RUclear?
Sue Berelowitz, Deputy Children’s Commissioner, visited the service in February 2013. Further to this, as an example of good practice, Diane Cordwell from RUclear? presented at the Commissioner’s Child Sexual Exploitation (CSE) workshop in June.

For 2012, chlamydia screening data split by local authority area showed that Greater Manchester achieved a diagnosis rate of 2,227 per 100,000 against a target of 2,300 compared with England’s diagnostic rate of 1,979. Positivity rates in Greater Manchester were higher than the England average (9% of tests in Greater Manchester were positive, compared with 7.7% of positive tests for England). The percentage of the population tested in Greater Manchester was similar to the national average.

RUclear? achieved a treatment rate of 96.4% in 2012; higher than the national target of 95%. The partner notification measure (Standard 4) of the National Chlamydia Screening Programme Standards (6th edition) has been amended to ‘attendance at a sexual health service as reported by a health care worker or index case of at least 0.6 per index’, in line with BASHH guidance and RUclear? achieved this standard. If non-confirmed attendance (PNC) is also included (e.g. where partners have been contacted and may have attended a service but cannot be married back to the index) then a rate of 0.8 per index is recorded. During 2012, 34.5% of partners have been treated and 50% of partners have been screened.

The poster submitted to the 5 Nations Public Health Conference in Dublin on the evaluation of the RUclear? dried bloodspot pilots for HIV won 1st prize.

For more information visit the website:
www.ruclear.co.uk

For further information about the Greater Manchester Sexual Health Network & our contact details please visit:
www.sexualhealthnetwork.co.uk
North West - Sexual Transmitted Infections Surveillance

Dan Hungerford, Epidemiology and Surveillance Scientist and Roberto Vivancos, Consultant Epidemiologist: Public Health England, Field Epidemiology Services North West

Sexual Transmitted Infections in the North West 2012

The national data tables for sexually transmitted infections have been updated by Public Health England (PHE) for 2012 and are available at: STI national data tables 2012. Data cover STIs diagnosed in genito-urinary medicine (GUM) clinics and other clinical and community-based settings. One of the most significant changes is the introduction of the Chlamydia Testing Activity Dataset (CTAD) for 2012.

CTAD

CTAD replaces the National Chlamydia Screening Programme (NCSP) core data return and the non-NCSP non-GUM aggregate data returns. CTAD enables unified, comprehensive reporting of all chlamydia data, to effectively monitor the impact of the NCSP through estimation of population screening coverage, proportion of all tests that are positive and diagnosis rates. However, due to the changes to CTAD chlamydia data from previous years are not comparable to 2012.

Data overview

In the North West in 2012 there were 56,777 (rate of 804.7 per 100,000 population) diagnoses of acute STIs and over half (29,064; rate of 411.9) were diagnoses of chlamydia infection. Figure 1 shows that rates of gonorrhoea diagnoses in the North West have continued to rise in 2012, from 36.6 in 2011 to 43.1 in 2013. Gonorrhoea diagnoses have increased more in males than females. Rates of diagnosis for anogenital warts have continued to decrease and rates have remained similar for syphilis and anogenital herpes.

Acute STI diagnoses rates for the North West (804.7) and England (803.7) were very similar in 2012 (Figure 2). The local authorities in the North West that have rates of diagnoses which are significantly greater than the North West average are; Manchester, Blackpool, Preston, Lancaster, Salford, Liverpool and Warrington (Figure 2).

For further information please contact:
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Dan Hungerford: daniel.hungerford@phe.gov.uk

Figure 1 (Left): Change in rate of acute STI diagnoses at GUM clinics by STI and gender, North West England, 2012.
Figure 2 (Right): Rate of all acute STI diagnoses by local authority of residence, North West England, 2012.
“Between the Sheets: A Patient Engagement Improvement Project”
Pauline Jelliman, Service / Operational Lead, Liverpool Community Nursing Team, Liverpool Community Health NHS Trust

Introduction
The Between the Sheets (BTS) project was conceived and developed by myself and three women living with HIV (WLHIV), the focus group. This was supported by a project team from Liverpool Community NHS Trust (LCH), and the voluntary agency Sahir House, who are Merseyside’s support agency for those infected or affected by HIV or AIDS. The HIV/AIDS community nursing team has been operational since 1993, providing specialist nursing care, support and advice to patients, professionals and carers across Liverpool communities. This affords a privileged position of supporting patients in their own homes. As community nurses nationally will agree, patients are often more relaxed and willing to talk more openly in their own environment. This nurse / patient relationship is described as “the prime therapeutic tool” (QNI, 2009) and was the catalyst for change, for the evolvement of BTS project. From personal and intimate conversations with (WLHIV), relating to HIV and sexual activity, commonalities emerged.

Issues
- A perception of an unmet need for women to explore and discuss their sexual activity in relation to an HIV diagnosis.
- Many women highlighting that they felt confused as to the relevance of an undetectable viral load in relation to infectivity.
- Difficulties in disclosing their HIV status to new partners: “tell and kiss, or kiss and tell” scenario.
- A loss of sensuality, and perceptions of future celibacy.
- Fear of rejection, violence or abuse within sexual relationships.

The frustration conveyed by the women was both alarming and emotive. Despite safer sex messages from various sources, my aim was to explore what actually goes on “Between the Sheets”. Just how difficult is it for WLHIV to negotiate the kind of sex they want? How and when does disclosure take place? How common is abuse or violence within a sexual relationship a cause or result of HIV? My question to myself was what can I do within my specialist nurse role to support WLHIV with this intimate, sensitive issue? Following consideration, this led to action to ensure these issues were appropriately and effectively addressed. Patient engagement is strongly eluded to on the 2012 Health and Social Care Act, “Greater Voice for Patients.” This project aligns with this national context.

Aim
To have a greater understanding of the impact HIV has on the sexual activity of WLHIV. To utilize evaluation data to effectively plan future events.

Objectives
- To provide a safe, inclusive forum where WLHIV can explore issues relating to their sexual activity.
- To impart health messages and factual information via expert presentations /personal stories.
- To provide interactive workshops to address sensuality, empowerment and self esteem.
- To facilitate networking opportunities to provide peer support.
- To evaluate current experiences of women, and establish support provision for the future.

Methodology
- A qualitative focus group was formed consisting of an HIV specialist community nurse and WLHIV.
- Funded by a Public Health Grant.
- A number of venues were considered as part of the stakeholder engagement.
- An LCH project group was formed, consisting of communications, equality and diversity, information governance, audit, analysts, administration and supported by senior management.

A high level of consideration was given to confidentiality and sensitivity during promotion. Event details were imparted personally to WLHIV, electronically and by post to HIV clinics and voluntary sector.

Compiled anonymous pre & post event questionnaires. Pre event captured baseline information as to the experiences of WLHIV in relation to sexual activity. Post event provided evaluation, asking women to identify future support.

Regular meetings held with focus and project groups.

Identified volunteer support and collaborated with voluntary agency.

The event
- A total of 67 women attended. There are 203 WLHIV in Liverpool and 323 in Merseyside (Harris et al 2011).
- 85% were aged between 25 - 59.
- The ratio of WLHIV compared to men is almost equal in Liverpool, (Harris et al 2011) yet this evaluation indicates women feel unsupported around sexual activity.

Presentations were delivered by health care professionals entitled:
- “Contraception and HIV: Considerations and options”
- “Unprotected sex in the ART era- Protection, Pleasure, & Procreation”
- “Criminalisation / Prosecution.”
All the presentations received excellent feedback, and demonstrated appropriate content.

In addition, four powerful, inspiring personal stories were presented by WLHIV, who disclosed positive and negative experiences of living with HIV, and how this impacted on their sex lives. The evaluations were astounding, demonstrating a positive, inspiring impact. Two of the women on the focus group, had never spoken about their HIV in public. This gave them a huge sense of pride and ownership of the project.

Over and above the presentations a number of workshops were facilitated by qualified, well respected therapists;

♦ Speak up: How to confidently communicate your sexual needs.
♦ Your Personal Pleasure Map.
♦ Big Love Creative Boudoir.

Pre Event Questionnaire
This consisted of 14 questions covering issues such as stigma, disclosure, sex negotiation, confidence within sexual relationships, where to access support, condoms etc., PEPSE, the effect of HIV on sexual relationships, incidence of violence and abuse with HIV being a cause or consequence of HIV, and the influence of viral load on sexual activity.; Examples of some of the questions and responses are;

Are you comfortable about disclosure of your HIV status to sexual partners?”

Forty-eight percent said no. This gives a clear indication of the enormity of the issue of disclosure. A further question showed that 65% of women stated a need for support around disclosure.

“I have never had support around this and I have been diagnosed 17 years. I have had to jumble my own way through the pitfalls of disclosure and the consequences which have sometimes been violent either verbal or physical”

What are your thoughts and feelings as a woman if you need help/support/advice regarding your sexual activity?

Responses were mainly negative:

“I don’t deserve a sex life. I used to love sex”

“Very, very, very isolating. Gay men get loads of support and seem more open about sex. Where can I go to talk about HIV and sex as a woman? No where”

“I have never met a woman who has HIV, I would like to ask how they coped telling their partner”

“I have never had any support around my sexual activity. I have never been empowered through education to be able to negotiate the sex I want or safe sex”

“I feel isolated as a woman with HIV. There is nowhere to talk openly. My own culture prevents me talking about sex let alone HIV as well”

“Stigma still exists for women with HIV”

Have you ever experienced violence or abuse by either a partner or someone else because of your HIV status in a sexual relationship?

Forty-five percent of women answered yes to this question.

“Father of my kids constantly throwing it in my face and violence”

“Emotional violence when you are just left for another woman”

“Mentally- they freaked out thinking you could catch this from kissing, this abused my mental state of health”

“I never experienced physical abuse but after disclosing to someone they started to talk down to me and treated me like I was contagious”

“Mental abuse emotional abuse financial abuse”

“Well I suppose you live with the guilt of being HIV and transmitting to another person”

“I have been spat at battered and raped because of my HIV status I have been verbally abused and sexually denied or manipulated by sex either being granted or denied”

“Intimidating behaviour, bullying, financial abuse, blackmail, threat of criminalisation.”

“Verbal abuse like dirty slag, and whore. I don’t deserve that”

“Name calling, threats of disclosure to others that don’t need to know”

“In marriage or long term relationships sex is sometimes forced or expected and undertaken as a given (or a right)”

Forty-five percent of WLHIV disclosed HIV as a cause or consequence for violence or abuse. The alarming responses echo a feasibility study entitled “Confronting GBV & HIV in the UK: Hutchinson J., Perry G., (2012). There has been global interest in this subject; however, the UK has little evidence to support this link and is under researched.
“Between the Sheets; A Patient Engagement Improvement Project” Continued

Are you aware of where to access help in the event of a condom breaking or not using one at all? (PEPSE, morning after pill, STI screen)

Forty-eight percent of women stated that they did not know where to access help relating to the above. This clearly indicates the need for on-going education and support to ensure timely intervention.

If you have a partner, do you feel your current relationship has been adversely affected by your HIV status?

All responses showed negative changes on relationships.

“Have struggled with it when having sexual contact”

“How hard to talk about”

“We argue and he makes me feel small”

“Living in denial has taken its toll on present relationship but it’s taken time for me and my partner to accept”

“We talk about HIV all the time not our relationship. It shouldn’t all be about HIV. What about just living my life? I can’t live normally”

“Yes, it changes things about sex forever”

“Wouldn’t have a long term partner now. Too complicated and they can use the fact you have HIV against you”

“ Took ages for him to accept me for me and not HIV”

Post Even Evaluation
The feedback regarding the venue, catering and organisation was all positive without exception, and women valued a safe female only space.

Suggested future topics
♦ Confidence in disclosure, how and when.
♦ Pregnancy.

♦ Practical information about HIV and sex in real life.
♦ More around violence towards women, maybe more about African women’s issues, know it can affect their ideas of sexuality, more about what sexuality means for a woman.
♦ Negotiating safer sex.
♦ Couples issues.
♦ Similar on-going event.
♦ How to deal with the stigma and discrimination.
♦ How to use a female condom/dental dam.
♦ Peer support.
♦ Funky, nice, safe things to do with your partner

Other comments were:
“Fantastic event which should be repeated and expanded on. In a time of austerity, well done to funders and organisers for pulling off a powerful, innovative event – the empowering impact of which has been felt by everybody I have spoken to today. Thank you.”

“Today I spoke to a significant number of women who had never either met another positive woman or felt able to talk about their HIV. It reminded me how important peer support/networking is, in a safe place. Excellent that is women only.”

“Take ages for him to accept me for me and not HIV”

Ethnicity
Half of the attendees identified themselves as black, yet none of them were willing to speak publically. However, post event data demonstrated there was a need and desire for women from black and ethnic minority groups to “have a voice”, and be represented. This was addressed at the feedback event, where an African lady eminently shared her experiences of sex and HIV. She said that after seeing how safe the initial event was she felt more confident to speak publically.

Current situation June 2013
♦ Delivered 2 successful BTS Events.
♦ Demonstrated an Unmet Need Via Evaluation.
♦ Secured Funding For 2013.
♦ Finalist In National Patient Safety Award.
♦ Publication In Nursing Times, (Jelliman 2013).
♦ Approved Publication in Baseline www.baseline-hiv.co.uk.
♦ Poster Presentation at NHIVNA National Conference.
♦ Secured Inclusion in HIV Heritage Project (Artwork) to be exhibited at Liverpool Museum.

Next Steps
♦ Expand focus group encouraging wider membership of WLHIV.
♦ Expand project group incorporating wider professional membership.
♦ Explore website potential.
♦ Event delivery.
♦ Investment or change in support resource for WLHIV, regardless of sexuality, to promote inclusion.
♦ Consider inclusion footprint for future events.
♦ Explore research potential.
♦ Explore HIV testing initiatives to encourage increase in uptake by women. (NICE guidelines refer to MSM, African communities. In North West England, women have the lowest uptake of testing (Harris et al 2011).
“Between the Sheets; A Patient Engagement Improvement Project” Continued

The feedback event was attended by WLHIV, potential funders, professionals working in HIV, and other stakeholders. Evaluation data was presented, and discussions held on how WLHIV want to progress with the project considering the above points. One WLHIV reported that the event had a profound positive effect on her, resulting in handling a potentially difficult situation differently. She presented her story at the feedback event.

I would urge nurses, to pursue issues which come directly from patients, exercise influence, to bring about change to enhance the health and well being of the patients they support.

References

DH 2012 The Health and Social Care Act Greater voice for patients

DH 2011 NHS Future Forum Patient Involvement and Public Accountability Report


Jelliman P., 2013 Identifying needs of women living with HIV Nursing Times 05.06.13 / Vol 109 No 22 / www.nursingtimes.net

DH 2005 Disability Discrimination Act (DDA)


Queen’s Nursing Institute 2009 ; 2020 Vision: Focusing on the future of district nursing British Journal of Community Nursing, Vol. 14, Iss. 1

Sexual Health Needs Assessment: Sexual Health Survey - Vale Royal, Cheshire
By Suzy Hargreaves

The Sexual Health Team and Applied Health and Wellbeing Team at the Centre for Public Health are currently working on a Sexual Health Needs Assessment for Vale Royal Clinical Commissioning Group, in collaboration with Cheshire West and Chester Council.

The needs assessment has two arms: a desktop study looking at readily available local sexual health data, and a primary research arm. As part of the primary research, the team are conducting a general sexual health questionnaire asking for views on sexual and reproductive health services, barriers to access and knowledge of sexual health and risk-taking. In order to take part, you need to be resident or using services in the Northwich and Winsford area, including the surrounding towns and villages, and you need to be aged between 16 and 60 years.

The questionnaire is online at https://www.surveymonkey.com/s/valeroyalsexualhealth. If you have any questions about the study, please contact Suzy Hargreaves, Public Health Researcher/Analyst, s.hargreaves@ljmu.ac.uk, 0151 231 4445.
**News and events**

**BASHH ABC of Sexual Dysfunction**  
17th October 2013  
Venue: Royal Society of Medicine, London  
This educational meeting aims to provide an introduction to the latest information on common sexual problems relevant to doctors, nurses, health advisers and psychologists working in GU Medicine and other sexual health services. For further information please [CLICK HERE](#).

**Children & Young People HIV Network**  
*Practice sharing events: supporting young people living with HIV in their transition to adulthood.*  
As part of the Network’s project on managing transitions for young people living with HIV, the Network recently held three practice sharing events in London, Leeds and Birmingham. You can view the presentation slides [here](#).

**Studying with HIV**  
This web-based guidance is for people working in further and higher education. It aims to support them to meet the needs of young students who have HIV, whether this involves responding positively to a student’s disclosure of HIV, answering a question, providing emotional or practical support, signposting to services, or making their institution more welcoming for young students who have HIV. Students who wish to disclose their HIV status to their college or university may direct staff to the website. Visit the website [here](#).

**Protecting the health of the local population**  
This document explains the new health protection duty of local authorities. It focuses on arrangements for preventing and planning responses to health protection incidents and communicable disease outbreaks. Last month’s eFeature by Dr Gwenda Hughes looked at effective sexually transmitted infection (STI) outbreak and incident management. For links to this and the new guidance click below. Visit the website [here](#).

**LGB&T Public Health Outcomes Framework Companion Document**  
This document is a resource to help those commissioning and delivering healthcare services to ensure that the public health system tackles inequality related to sexual orientation and gender identity. It sets out the evidence base on Lesbian, Gay, Bisexual and Trans (LGB&T) communities for each public health indicator, and makes recommendations for action to address inequalities in outcomes for LGB&T communities at local, regional and national levels. It is supported by a range of organisations including the Department of Health (DH) and Public Health England (PHE). Click link below for more information and to access the companion document. The [LGB and T Public Health Outcomes Framework Companion Document](#).

**NCSP 3Cs (&HIV) Programme**  
The National Chlamydia Screening Programme (NCSP) has developed the 3Cs (& HIV) programme to strengthen sexual health work being delivered by general practices. The 3Cs (&HIV) programme focuses on encouraging the delivery of a basic sexual health offer during routine consultations with 15-24 year olds: a chlamydia screen, signposting information on contraception and free condoms, plus the offer of an HIV test for new practice registrants aged over 16 years in high HIV prevalence areas. NCSP are aiming to work with up to 1,500 practices across England. For more information on this initiative click the link below. Visit the website [here](#).

**PHE Annual Conference: 10/11 September 2013**  
Public Health England (PHE) will hold its first annual conference at Warwick University on September 2013. The programme includes a session on sexual health, looking at the impact of the shift in commissioning and opportunities for improving health outcomes. Click below for full details and registration. Visit the website [here](#).