

Sexual Health Quarterly Bulletin

Available online at: www.cph.org.uk/expertise/sexual-health/

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Cumbria & Lancashire Sexual Health Networks Update

by Cathryn Beckett-Hill



It has been a busy few months for Cumbria and Lancashire commissioners, with much of our time and effort directed towards procurement of integrated sexual health services.

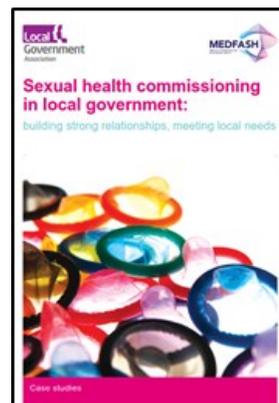
In Cumbria, we have now completed evaluation and scoring of bids, in collaboration with NHS England for HIV. The successful bidder(s) will be announced following Cabinet approval, for a new contract to be in place by October 2015.

Public Health in Blackpool has identified savings by shadowing the Integrated Sexual Health Tariff to replace the existing GUM payment by results tariff and the block contract. Payments are based on over 140 clinical pathways that cover the broad range of work carried out in Reproductive Sexual Health and GUM clinics, using the latest best practice and clinical standards required to deliver better health outcomes. Each element of care has been priced based on what it costs to deliver. A six month final road test was undertaken to iron out any technical issues and to conduct a financial impact assessment review which informed our decision. The Integrated Sexual Health Tariff was fully implemented in April this year, and will be applied to the new contract.

Our joint network has been highlighted in a recent MEDFASH publication, along with eight other case studies, which showcase local government experience of commissioning sexual health services since taking over this responsibility in April 2013. From a mix of

urban and rural settings, they illustrate commissioners acting on a range of sexual health priorities – meeting rising demand with tightening resources; expanding the role of sexual health services to address the broader needs of vulnerable young people; redesigning services in large cities to deliver a new model of care; integrating HIV and sexual health services to avoid fragmentation and maintain service viability and updating HIV prevention approaches. The studies demonstrate how commissioners have grasped the opportunities of having a local government base. They outline the steps taken to collaborate not only within and between local authorities (LAs) but also with NHS England and Clinical Commissioning Groups (CCGs). The case studies presented are based on interviews with councilors, officers and external partners.

Further information available here: <http://www.medfash.org.uk/publications>



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North West - Sexually Transmitted Infections Surveillance

Roberto Vivancos, Consultant Epidemiologist: Public Health England, Field Epidemiology Services North West



Gonorrhoea in the North West of England

In the past, we have highlighted continued increases in incidence of gonorrhoea in the North West. However, for the first time in five years, the number of new cases has not exceeded the number from previous years. This is mainly because of cases in Cheshire, Merseyside,

Cumbria and Lancashire levelling off, and significantly reducing in Greater Manchester (figure 1).

Over the five year period the greater risk of transmission (by area of residence) has been in areas of Greater Manchester and Blackpool (figure 2), although other hot spots exist in Liverpool and Preston.

The increase in cases over the years has been marked primarily by increases in the 20-24 and 25-34 years age groups, and slightly more in males than females (figure 3). Between 2010 and 2014 cases increased most markedly in men who have sex with men (MSM).

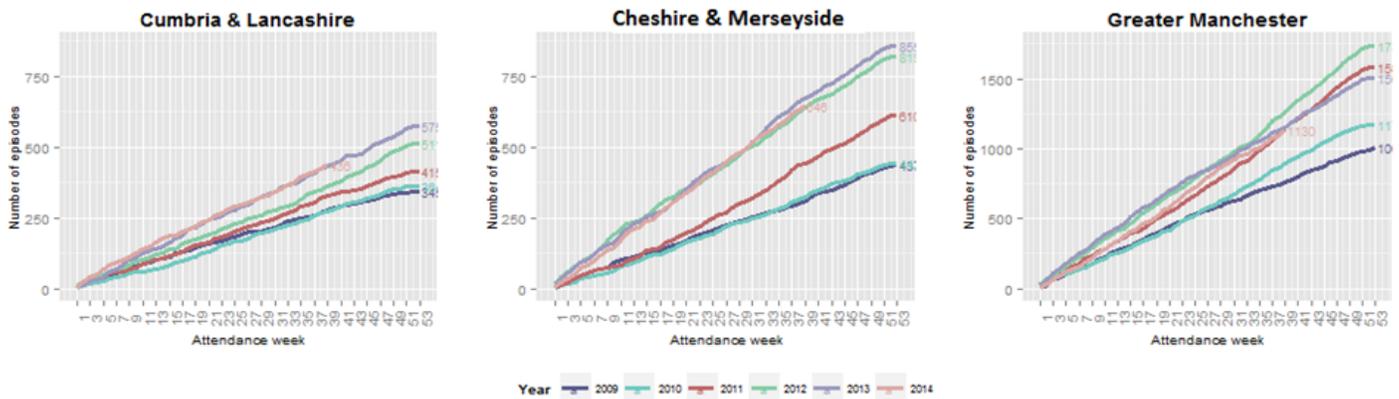


Figure 1: cumulative new cases of gonorrhoea in the North West of England between January 2009 and September 2014, by year.

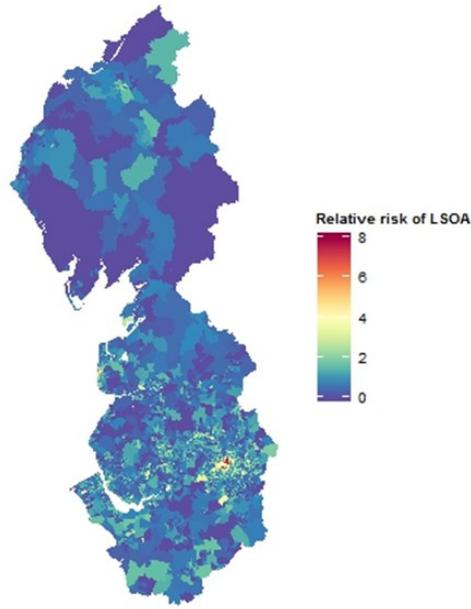


Figure 2: Map of gonorrhoea incidence risk in the North West of England

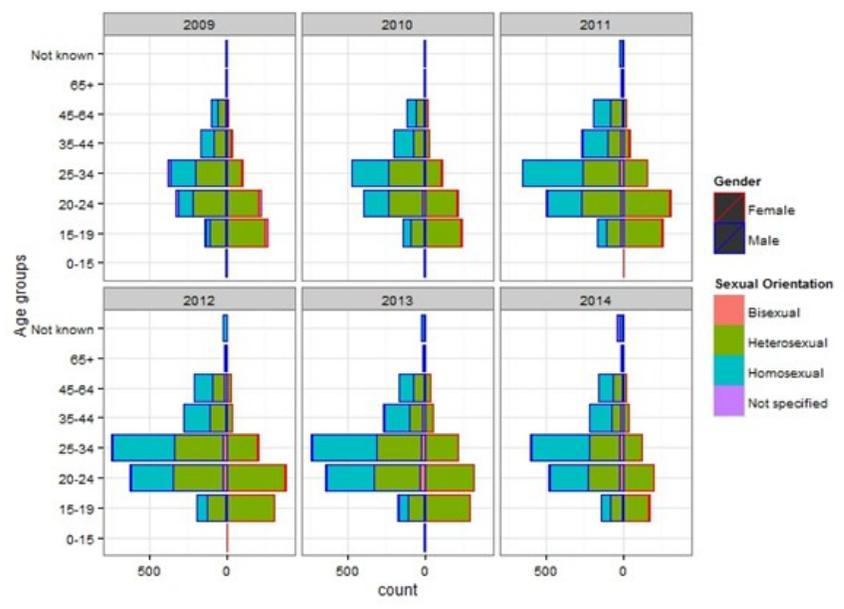


Figure 3: Age, gender and sexual orientation distribution of cases in the North West of England between January 2009 and September 2014.

North West - Sexual Transmitted Infections Surveillance continued

Annual STI/NCSP 2014 data releases The 2014 sexually transmitted infections and National Chlamydia Screening Programme (NCSP) data tables and report have been published online (available [here](#)). These data include regional data breakdowns. Our North West

Spotlight report, highlighting some of the issues in and around the North West, will be produced in due course. In recent years, these data have shown increasing STI levels with young adults and men who have sex with men.

Local STI and NCSP data is accessible to local authorities using the restricted access HIV & STI web portal (available [here](#)), or by contacting local Field Epidemiology Services.

Rape Support Cheshire & Merseyside

by Charlotte Smith, Independent Sexual Violence Advisor
St Helens and Wirral



The Rape and Sexual Abuse Support Centre (RASASC) is a registered charity established in 1995 to provide advice, support and counselling to those affected by sexual violence throughout Cheshire and Merseyside. Since this time our service has grown and developed and we recently secured funding to provide an 'ageless' service, to include support for children. We provide assistance to Men, Women, Children and Young People affected by recent or historic incidents of sexual violence.

overwhelming to our clients so to work with them and help identify and address their concerns can prove to be invaluable. For example, we can refer them for housing support, benefits advice, and assist with making sexual health appointments and, if there is a need, attend with them. The role also involves working with partner agencies.

Often, clients have a lot of questions about the criminal justice process and the implications of making a formal report to the Police. For example, they may have concerns about being believed and taken seriously and have questions about whether they will have to give evidence in court or if they will have to see their perpetrator. We can help to talk through their concerns and answer their questions, and therefore help them to make informed choices. Whilst we are an independent service we do work in partnership with local Police forces and by working together we can help our clients to feel heard and informed throughout the process.

We offer a range of help, and work with individuals to develop a bespoke care plan to meet their specific needs.

As an Independent Sexual Violence Advisor (ISVA) it is my role to provide practical and emotional support and advice to individuals considering making a report to the Police. We also offer support throughout subsequent police and criminal justice proceedings and at court, as well as ensuring clients have access to any other assistance they may require. Unfortunately the impact of sexual violence is far-reaching and frequently clients need advice regarding health, housing and finances as well as emotional support. This can often feel

provide support at this very difficult time to children and their families.

We also offer a specialist counselling service for children and young people, and our adult clients. Our service provides a range of therapeutic approaches working to the needs of the individual. Through counselling we aim to provide a safe space to talk about the impact of sexual violence. We offer a pre-trial therapy service for clients who have decided to make a report to the Police, to enable them to access therapeutic support whilst their case is under investigation, and work in accordance with Crown Prosecution Service guidelines. We also offer a counselling service and support group for those not involved in the criminal justice process to talk through their feelings and find help from others who have experienced abuse.

We listen to the clients' wishes and make them aware of their rights and options and work to empower them to make the decisions that are right for them. There is no obligation for clients to accept our support or report to the Police but allowing them the space to talk through their options can be extremely powerful and therapeutic.

Rape Support Cheshire & Merseyside continued

It may be the first time the client has spoken about their abuse and therefore working at their pace is important. Client Feedback is very important to us and helps us to develop our service. Below are some extracts from client experience evaluations;

“My worker was warm and welcoming and helped me through, not just with the trial but she helped me cope with behind the scenes family life. I think that without her help I would have struggled through everything. She has lifted a weight off my shoulders.”

“Although I have a long way to go in my recovery still and with my

confidence and anxiety issues, I have still made huge progress from feeling able to report the abuse all the way through to the court case and beyond. My life is forever changed in a good way, I no longer have to hide from my past and I cannot thank everyone enough for their support.”

“I have enjoyed coming to counselling as it was the only place I felt listened to. It did take me a while to open up at first but my worker always made me feel at ease and I always felt comfortable talking to her. It was nice not to feel judged; I would recommend the service to others.”

“When I met the ISVA I felt I was listened to, she helped me to get

things off my chest and she was able to explain things to me and helped me to prepare for an important meeting. It was good that I was contacted so quickly.”

Charlotte Smith, Independent Sexual Violence Advisor, St Helens and Wirral.



For more information about our service please see our website www.rapecentre.org.uk or call 0330 363 0063.

Recent Success of Social Norms and Health & Wellbeing event in Manchester

by Grace Kelly, Social Sense, Manchester

In Spring we proudly hosted four roadshow events across the UK, one of which took place in Manchester city centre.



Delegates joined us from local authorities, schools, public health groups and other organisations to hear about the work we have been doing over the last five years as well as exciting upcoming projects.



Our presentation, led by our Director Gary Lovatt, revolved around our leading Social Norms Intervention Programme *R U Different?* which assesses teenagers' attitudes and perceptions on risk-taking behaviours including sexual health and sex and relationships.

'Social norms' refers to our perceptions of what is 'normal' behaviour in the people around us. It has long been established that these beliefs are very influential on our own behaviour and that individuals have a tendency to 'follow the herd' or what they perceive the herd to be doing. The same goes for young people, who are undoubtedly influenced by their

peers. The data from our project shows us that teenagers often overestimate certain behaviours amongst their age group.

So what does this data look like?

Data from a local authority we work with based in the North West showed us that 9% of year 9's have had sexual intercourse but their perception is that 33% will have had sex by the end of the year. Despite the media and others making us believe that 'everyone is doing it', the truth is that they are simply not engaging in this behaviour and the majority (71%), when asked, say they are happy to wait until they are older.



Recent Success of Social Norms and Health & Wellbeing continued

Our survey is not only used to assess behaviour; another local authority wanted to track how effective their sexual health services were. Through our 'first survey – intervention – repeat survey' process, we were able to demonstrate an increase in awareness of sexual health services from 37% to 55%.

What's next for the data?

As mentioned, the *R U Different?* programme begins with a baseline survey and is followed by the 'intervention' phase where we feed back the positive messages to the students. Finally we repeat the survey with the same cohort, to measure the distance travelled in terms of changing and improving perception and behaviour.

A youth-led approach to positive change

During the intervention phase, we take the findings and feedback the largely positive 'truth' to the students. Priding ourselves on being Youth Engagement Specialists, only the most engaging and innovative methods are used. Students attend interactive assemblies where they are invited to guess on the survey

results (cue audible gasps) and participate in enterprise days where they are asked to create their own (often crazy and imaginative) campaign ideas to promote the positive findings.

What do the experts say about the approach?

This brings us back nicely to our presentation in Manchester and how our work aligns with Public Health England's Marketing strategy. PHE state that *'communicating early to young people about health issues is critical as the attitudes and behaviours shaped at this early stage influence behaviour in later life'*. They also go on to say that teenagers *'receive lots of misinformation from their peers and the media, which can lead to misinterpretation of social norms, increasing the pressure they feel if they think all people in their age are smoking, drinking or having sex'*.

Young people must be presented early on with the facts in order to make wise and informed choices around risk-taking behaviours.

Guest speakers took to the stand for the rest of the afternoon, including

Happy Fit who talked about our latest collaborative 'Mindfulness in Schools' project and John Rees, a PSHE Consultant, explained the latest Ofsted guidance around health and wellbeing in schools.

The afternoon concluded with delegates volunteering to talk about the positive work they were undertaking with young people – it was encouraging to hear about other projects going on in the local area and brought it home that we all have the same aim and goal; to improve the health and wellbeing of young people.

Gary Lovatt reflecting on the roadshows, said *"The events offered us an invaluable opportunity to reflect on our work and receive feedback from like-minded individuals and organisations across the UK, who share our passion for delivering better outcomes for young people."*

If you would like any information about *R U Different?* please follow the link www.rudifferent.co.uk or Social Sense's other programmes please contact: grace@social-sense.co.uk

Help develop a guide to sexual health and homelessness

The Queen's Nursing Institute's *Homeless Health Project*, is funded by The Monument Trust, and is currently developing a series of guides on homelessness and health, to cover conditions including diabetes, cancer, epilepsy and sexual health. The QNI are seeking health professionals and researchers with expertise in the sexual health of vulnerable groups including the homeless, sex workers, gypsy and traveller groups and vulnerable migrants, to help contribute to this guidance. The aim is to ensure professionals have the understanding

they need about sexual health risks, challenges and interventions for this vulnerable group of patients.

Activities a health professional may get involved with include:

- Answering survey questions
- Suggesting Guide content and tools
- Editing draft versions of guidance
- Surveying patient/carer groups
- Promoting the work to peers, colleagues and patients
- Evaluating impact and communicating this to the QNI

This does not replace NICE or other

national professional guidance. When complete, the guide will be made freely available to help support the learning of community nurses working with people who are homeless. Professionals who contribute to this guide will be named in the guide. The process of peer-review is undertaken by the expert professionals representing the Homeless Health National Advisory Group.

For more information, or to get involved please see the [Homeless Health Website](http://HomelessHealthWebsite) or email david.parker-radford@qni.org.uk



News and events

Sexual Health Quarterly Bulletin

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START Trial

The Strategic Timing of AntiRetroviral Treatment (START) study finds that early treatment improves outcomes for people with HIV. The following link has more detailed information on the trial: <http://bit.ly/1LiC7fi>

Armistead: Improved HIV Testing Service

Armistead is a Voluntary Service based in Liverpool providing free and confidential sexual health support. In May 2015 they launched a new HIV test which involves a simple finger prick test. For further information about the initiative can be found here: <http://bit.ly/1K9kbV1>

Brook Conversation Cards

Brook & Fink have worked together to produce conversation cards to enable families and those working with young people to start pertinent discussions. For more detail about content and cost follow the link: <http://bit.ly/1J1WdrM>

Local Government Association

The LGA has produced a resource pack for councils to help with tackling child sexual exploitation (CSE). The resource pack contains a range of materials that may be helpful to councils. For more information and a link to the pack please click here: <http://bit.ly/1J4QukW>

Office for National Statistics (ONS) Quarterly conceptions to women under 18, England and Wales, Q1 2014

The ONS have released the first quarter of under 18 conception data for 2014. All regions apart from the North West have seen a reduction compared to the same quarter in 2013. Data by regions and local authorities can be accessed here: <http://bit.ly/1S1r243>

Beyond Boundaries Peer Project

The UK charity, Body & Soul has created a new project called Beyond Boundaries. It enables young people living with HIV to access support from anywhere in England via Skype, phone and/or email. Follow the link for more detail: <http://bit.ly/1LB73pd>

New 2015 BHIVA ART guidelines are open for consultation see: www.bhiva.org/treatment-guidelines-consultation.aspx

Please contact us at the address provided if you could write an article or if you have any information concerning upcoming events, reports or other news to advertise in the next quarter of the bulletin.
Thank you.