



# South West Sexual Health Board Annual Report 2017/18

**'Leading improvement in sexual health across the south west'**

## Welcome

Professor Mark Pietroni, Director of Public Health for South Gloucestershire Council, has been Chair of the Sexual Health Programme Board, and leading the Office for Sexual Health South West since the 1<sup>st</sup> of March 2014. The Programme Board is made up of representatives from NHS England, Public Health England, Local Authorities, Acute Trusts, General Practice, Universities, BASHH, The Terence Higgins Trust, Eddystone Trust and Brook. Administration for the Office is provided by the South Gloucestershire Council Public Health & Wellbeing Team.

This year we held our first sexual health conference which was attended by over one hundred delegates – a mix of clinicians, commissioners, practitioners, elected members, academics and voluntary sector representatives from across the south west. Feedback from conference delegates has been overwhelmingly positive, indicating that presentations and workshops helped to increase their knowledge and understanding of issues faced. As a result of the feedback received the Programme Board will now consider the format and frequency of future events.

My thanks go to all those who have contributed to the achievements and developments during 2017-18 and to the production of this annual report.

Professor Mark Pietroni  
Chair  
South West Sexual Health  
Programme Board



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## 1. SEXUAL HEALTH COMMISSIONING

### **Sexual Health Commissioners Network Feedback**

*Laura Juett (Sexual Health Commissioners Network Chair), Public Health Specialist, Plymouth City Council*

Over the last year the Sexual Health Commissioners Network has met regularly and continues to be well attended by public health leads from all local authorities in the south west.

Lively discussions about commissioning and system transformations have continued to take priority. It has been interesting to learn about the different re-procurement approaches across the area and the diverse challenges and opportunities that these have brought. As a group we have explored and learnt about various aspects of digital developments including online testing for sexually transmitted infections. We have continued to consider approaches to supporting provision of Long Acting Reversible Contraception (LARC) in Primary Care and begun to look at how local areas are preparing for the introduction of mandatory Relationship and Sex Education in 2019.

The network provides a good opportunity to discuss and understand wider system issues including those related to cervical screening and local responses to sexual violence. We have enjoyed sessions with external speakers including Bayer who shared their ideas for 'women's health hubs' to improve access to LARC and Public Health England who presented emerging work around Adverse Childhood Experiences.

Members of the network gave useful input to the regional event in May and linked with local colleagues to ensure there was a diverse audience at the event. Feedback was positive and members are keen to contribute to future events. The network offers a regular link with Public Health England who offer useful updates on data and intelligence, national policy and other developments.

Overall the network continues to provide a dedicated space to link with colleagues and share experiences and learning – long may it last!

### **Responding to the changing landscape for sexual health services: partnership working across Bristol, North Somerset and South Gloucestershire (BNSSG)**

*Thara Raj, Consultant in Public Health, Bristol Public Health*  
*Annette Billing, Public Health Principal (Sexual Health), Bristol Public Health*

Unity Sexual Health, the new integrated sexual health service for Bristol, North Somerset and South Gloucestershire (BNSSG) was launched in June 2017 following a successful procurement and mobilisation. University Hospitals Bristol NHS Foundation Trust is the lead provider for the service, which also includes major third sector providers Brook, British Pregnancy Advisory Service, Marie Stopes International, Terrence Higgins Trust and the Eddystone Trust, as well as Weston Area Health Trust in North Somerset. Local authority and CCG commissioners are now working closely with Unity to overcome the challenges arising from reduced local authority budgets, combined with increasing demand for services.

The contract has year on year financial reductions in line with reductions to the public health grant. This has given an opportunity to implement a number of service innovations at the start of the contract designed to deliver value for money whilst focusing on improving sexual health outcomes during the following years. Examples include the introduction of online STI testing for asymptomatic patients, a rapid STI clinic with same day results for high risk groups and symptomatic patients, and a centralised partner management service for STIs diagnosed in primary care. To support the transformation of the service the Sexual Health Improvement Programme (SHIP) is now closely aligned with Unity's research and evaluation work. The SHIPP is a multiagency multidisciplinary Health Integration Team (HIT) from Bristol Health Partners which was set up to promote the commissioning of evidence-based services.

The team is made up of commissioners, academics, clinicians and public health specialists working in the field of sexual health and this combination is reflected in the leadership, as Dr Katy Turner from the University of Bristol and Dr Paddy Horner from Unity have joined as new directors working alongside Thara Raj from Bristol City Council and Public Health England. The strength of this partnership enables a whole system approach to improving sexual health outcomes, and it is hoped the work will have a wider impact beyond the BNSSG footprint.

### **Young People Friendly**

The office continues to support Young People Friendly (YPF) accreditation of services by funding the YPF leads network which provides opportunities for training, sharing practice and peer assessment of services seeking or renewing accreditation. To review the south west YPF documentation please see:

<https://www.4ypbristol.co.uk/for-professionals/for-professionals/young-people-friendly/>

The national 'You're Welcome' standards pilot of the revised standards has been completed. When the new standards are published the south west will review its position. For further information please see the link

<http://www.youngpeopleshealth.org.uk/yourewelcome/>

## **2. PREVENTION**

### **Outbreak Management**

*Andrew Evans, Director of Operations and Finance, Eddystone Trust*

#### **Syphilis**

In conjunction with Public Health England, The Eddystone Trust, Terence Higgins Trust (THT), UNITY (Bristol, North Somerset & South Gloucestershire), SWISH (Somerset) and The Centre (Exeter) are involved in identifying campaigns to raise awareness of an outbreak of syphilis in the south west. Throughout October to December 2017, The Centre and SWISH have diagnosed an equivalent number of syphilis cases that would normally be diagnosed in a twelve month period.

An enhanced surveillance questionnaire has been instigated as part of the outbreak management process, which has identified that the sexuality split is 19% heterosexual and 80% men who have sex with men (MSM). The age range is 17 to 66, with the median range being 30 for heterosexuals and 46 for MSM. Unlike the Hepatitis B and Hepatitis A outbreaks previously there are no themes that can be identified through the surveillance with the exception that the heterosexual cohort are primarily within the Bristol area and the MSMs are from East Devon through to Bristol.

THT are working on a new campaign with UNITY which is planned to be rolled out across the south west, covering all sexualities.

The Eddystone trust has also been delivering focused interventions at public sex environments across the south west, since the outbreak was identified, with a message that syphilis is 'Easy to Get...Easy to Treat'. This has been carried out by means of business cards similar to those used for the Hepatitis B campaigns, with a view that a number of other campaigns will be initiated over the coming months to reach other cohorts. Rapid Point of Care Testing for HIV & syphilis has also been delivered as part of the outreach undertaken at public sex environments and within one month of testing, we identified three reactive syphilis tests, which were all linked into clinics and treatment within a few days of their initial diagnosis.

### **British Association for Sexual Health and HIV (BASHH)**

*Indrajith Karunaratne, BASHH Regional Chair*

The BASHH South West Branch Chair, Dr Indrajith Karunaratne, has reported to the Board on a number of areas of interest over the past twelve months including audits which have taken place during the year focussing on gonorrhoea and syphilis and the update to the BASHH sexual health standards. The South West BASHH meeting took place in November when Sarah Wollaston MP agreed to take part in a question and answer session, giving attendees an opportunity to raise questions about the current climate.

During the Spring of 2018 Dr Karunaratne presented a paper entitled 'Key Metrics for Sexual Health Services – the 'Hot' Six', looking at the increasing pressures faced by sexual health services with record levels of sexually transmitted infections, service users with high levels of complexity, coupled with high demand for contraception provision and HIV testing all within limited financial resources. The six metrics have been produced to help services identify pressure points and trends within their services but there may be other metrics that services may also wish to measure and track, including those that are included in their local key performance indicators.

Further information can be found on the [BASHH](#) website.

### **Relationships and Sex Education Survey**

With the Government announcement last year that Relationship and Sex Education in secondary and Relationships Education in primary schools will become statutory subjects by September 2019, the Office for Sexual Health in collaboration with Public Health England South West developed a short survey to establish if and what support and resources local authorities are currently providing to schools. The survey was circulated in March and a draft report has been prepared for the board. The findings and proposed next steps will be shared more widely in due course.

### **Relationships and Sex Education Hub**

The RSE Hub has now published the RSE briefing for councillors which was revised in collaboration with Public Health England, the Sex Education Forum and the Local Government Association. The briefing was presented to councillors at the Children's and Adults Services Conference last autumn and can be found via the following link:

<http://www.rsehub.org.uk/news/2018/february/rse-hub-briefing-for-councillors/>

The RSE Hub continues to use emailers as a way of advocating for the quality provision of RSE, raising awareness and promoting the resources available through the Hub to schools. Further information can be found on their website : [RSE Hub](#)

### 3. SEXUAL AND REPRODUCTIVE HEALTH

#### Reproductive Health

##### What we have done well:

##### Under 18s conception rate

All areas of the south west have shown a reduction in the under-18 conception rate from 1998 to 2016. For eight local authorities this reduction was greater than the England reduction of 59.7%. For 14 out of the 15 local authorities in the south west the reduction over the last 18 years was more than 50%. For five local authorities (North Somerset, South Gloucestershire, Torbay, Bournemouth and Somerset) the under-18 conception rate increased between 2015 and 2016, although these increases were not significant (based on 95% confidence intervals).

##### Under 18s conception rate per 1,000 females aged 15-17, South West local authorities, South West and England

Source: Sexual and Reproductive Health Profiles, Public Health England

Area	% change		% change
	2016	1998-2016	2015-2016
Bath and North East Somerset	5.8	-80.0%	-49.1%
Bournemouth	22.7	-56.0%	10.7%
Bristol	17.2	-66.3%	-0.6%
Cornwall	16.1	-59.5%	-8.5%
Devon	16.4	-50.2%	-10.4%
Dorset	11.6	-62.7%	-24.2%
Gloucestershire	14.9	-64.2%	-2.0%
North Somerset	17.8	-50.1%	25.4%
Plymouth	19.6	-64.2%	-18.3%
Poole	19.4	-55.2%	-5.8%
Somerset	17.4	-55.2%	1.8%
South Gloucestershire	11.7	-65.4%	6.4%
Swindon	19.1	-64.3%	-5.0%
Torbay	25.7	-41.8%	11.7%
Wiltshire	12.9	-59.8%	-7.9%
<b>South West region</b>	<b>15.8</b>	<b>-59.9%</b>	<b>-6.0%</b>
<b>England</b>	<b>18.8</b>	<b>-59.7%</b>	<b>-9.6%</b>

## Total prescribed LARC excluding injections rate

The rate for the prescription of long acting reversible contraception (LARC) excluding injections has been higher in the south west than England since the indicator began in 2014. In 2016 the rate of prescribed LARC excluding injections was 62.2 per 1000 in the south west compared to 46.4 per 1000 in England. Eleven of the local authorities in the south west had a prescribed LARC rate that was significantly higher than the England rate in 2016. However, three local authorities in the south west had a prescribed LARC rate that was significantly lower than the England rate in 2016 (Bournemouth, Dorset and Poole).

### Total prescribed LARC excluding injections rate / 1,000 2016

Crude rate - per 1000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	492,620	46.4	46.3	46.6
South West region	–	59,907	62.2	61.7	62.7
Bath and North East Somers...	–	2,206	57.7	55.3	60.2
Bournemouth	–	945	22.7	21.3	24.2
Bristol	–	7,277	67.1	65.6	68.7
Cornwall	–	7,126	80.4	78.6	82.3
Devon	–	8,400	67.1	65.7	68.6
Dorset	–	2,263	38.2	36.7	39.8
Gloucestershire	–	7,834	72.5	70.9	74.1
Isles of Scilly	–	22	60.3	37.8	91.3
North Somerset	–	2,316	67.2	64.5	70.0
Plymouth	–	3,363	64.0	61.9	66.2
Poole	–	703	27.0	25.0	29.0
Somerset	–	5,834	67.2	65.5	68.9
South Gloucestershire	–	2,849	55.5	53.5	57.6
Swindon	–	1,928	45.9	43.9	48.0
Torbay	–	1,247	61.5	58.1	65.0
Wiltshire	–	5,594	69.9	68.1	71.8

Source: NHS Digital, NHS Business Services Authority and Office for National Statistics

## Where we need to improve:

### Total abortion rate

Between 2012 and 2016 the total abortion rate has increased by 5.8% in the south west. This compares to a marginal increase of 0.3% in England over the same time period. Eleven of the 15 local authorities in the south west showed increases in the abortion rate between 2012 and 2016, and this increase was significant (based on 95% confidence intervals) for Bristol, Plymouth and Somerset. Between 2015 and 2016 the abortion rate increased by more than 10% in two local authorities in the south west (Bath and North East Somerset and North Somerset), but neither of these increases were significant (based on 95% confidence intervals).

### Rate of abortions per 1000 female population aged 15-44, south west local authorities, south west and England

Source: Sexual and Reproductive Health Profiles, Public Health England

Area Name	% change		% change
	2016	2012-2016	2015-2016
Bath and North East Somerset			
Somerset	11.5	5.2%	11.2%
Bournemouth	17.3	9.8%	-0.4%
Bristol	15.1	14.2%	5.1%
Cornwall	13.3	5.3%	1.7%
Devon	11.5	-11.0%	0.1%
Dorset	13.7	2.1%	1.6%
Gloucestershire	12.2	-1.4%	-4.5%
North Somerset	13.1	12.7%	13.7%
Plymouth	16.2	16.7%	5.3%
Poole	16.7	14.9%	-1.1%
Somerset	14.1	15.0%	6.0%
South Gloucestershire	13.4	15.3%	4.4%
Swindon	16.9	-3.2%	0.4%
Torbay	21.6	11.5%	-3.7%
Wiltshire	13.0	-1.2%	4.0%
<b>South West region</b>	<b>13.9</b>	<b>5.8%</b>	<b>2.3%</b>
<b>England</b>	<b>16.7</b>	<b>0.3%</b>	<b>-0.1%</b>

## Sexual Health

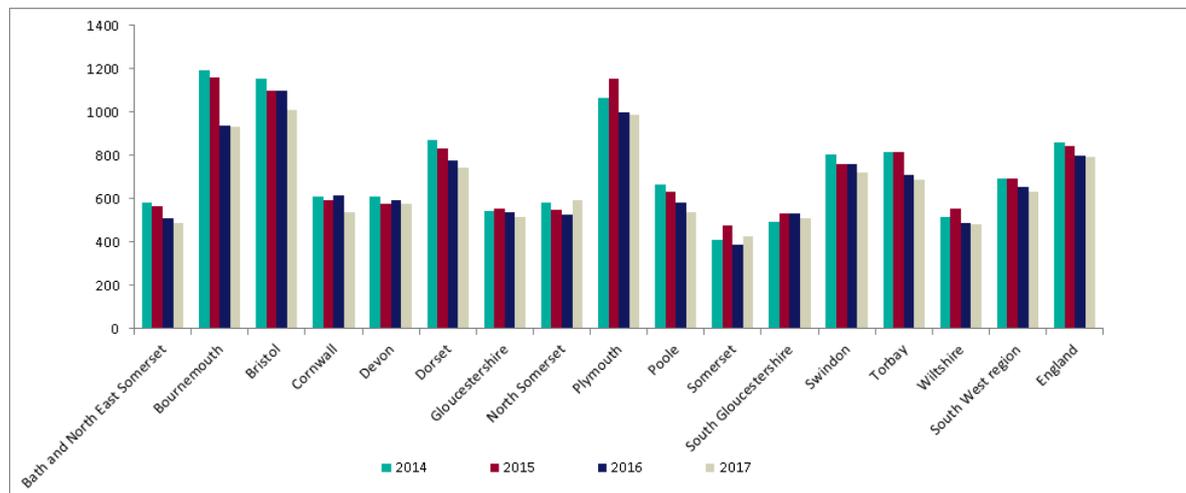
### What we need to continue improving:

#### All new STIs excluding chlamydia under 25:

The rate of new STIs (excluding chlamydia in under 25 year olds) has been consistently lower in the south west than England from 2014 to 2017. However, Bournemouth, Bristol and Plymouth all had rates of new STIs significantly above the England rate in 2017. Rates of new STIs (excluding chlamydia in under 25 year olds) in the south west also decreased between 2016 and 2017. Only Somerset and North Somerset had higher rates of new STIs in 2017 than in 2016, but neither of these increases were significant (based on 95% confidence intervals).

#### New sexually transmitted infection (STI) diagnoses (excluding chlamydia in under 25 year olds) per 100,000 population aged 15 to 64, south west local authorities, south west and England

Source: Sexual and Reproductive Health Profiles, Public Health England



## Chlamydia detection rate in 15-24 year olds

Six local authorities increased their chlamydia detection rate from 2016 to 2017, and for three local authorities (Gloucestershire, Plymouth and Somerset) this increase was significant (based on 95% confidence intervals). The six local authorities include three (Dorset, North Somerset and Plymouth) that have shown increases in the chlamydia detection rate in 2017 following a period of year-on-year decreases between 2013 and 2016. In 2017 only Plymouth and the Isles of Scilly had a detection rate above the recommended 2,300 per 100,000 population aged 15-24.

## Rate of chlamydia detection per 100,000 young people aged 15 to 24, south west local authorities, south west and England

Source: Sexual and Reproductive Health Profiles, Public Health England

Upper Tier Local Authority	2013	2014	2015	2016	2017
Bath and North East Somerset	1567.1	1339.0	1069.9	1374.2	1141.8
Bournemouth	2364.2	2595.5	2366.1	2637.3	2244.0
Bristol	2074.2	1799.4	1594.3	1719.4	1691.4
Cornwall	1891.7	1833.4	1710.6	1812.1	1712.1
Devon	2074	1721.0	1651.3	1575.3	1553.7
Dorset	1740.6	1533.5	1413.5	1351.2	1405.7
Gloucestershire	1800.2	1638.1	1624.4	2016.5	2285.2
Isles of Scilly	*	*	*	*	3828.0
North Somerset	2359.2	2231.5	1851.9	1690.1	1839.0
Plymouth	2848.6	2701.3	2592.5	2403.0	2830.7
Poole	2156.4	2192.4	1869.5	1662.9	1681.9
Somerset	1463.4	1529.3	1562.3	1629.3	1884.6
South Gloucestershire	1697.8	1599.8	1552.4	1751.8	1496.4
Swindon	2339.9	1957.6	2018.3	2366.9	2075.3
Torbay	2619.6	2600.1	2562.3	2155.3	1939.8
Wiltshire	1870.7	1699.6	1628.3	1737.2	1682.7
South West region	1985.5	1831.9	1724.1	1808.2	1817.5
England	2087.6	2035.3	1913.6	1916.9	1881.9

\*Cells suppressed due to small numbers

## What we need to monitor:

### Syphilis

The syphilis diagnostic rate per 100,000 population in the south west significantly increased in 2017 compared to 2016, and increases were also seen nationally. The diagnostic rate increased between 2016 and 2017 for 13 local authorities in the south west, but this increase was not significant for any of the local authorities. Although the diagnostic rate remains significantly lower than the England rate in twelve of the sixteen local authorities in the south west, the increase in syphilis diagnoses is a concern and is being monitored. Control measures including awareness raising with the public and healthcare professionals have been put in place.

### Rate of syphilis diagnoses per 100,000 population, south west local authorities, south west and England

Source: Sexual and Reproductive Health Profiles, Public Health England

Upper Tier Local Authority	2013	2014	2015	2016	2017
Bath and North East Somerset	1.1	2.8	4.3	2.1	5.9
Bournemouth	8.0	12.1	5.2	4.1	9.3
Bristol	6.6	9.0	8.9	6.4	8.8
Cornwall	3.7	2.7	3.8	3.4	5.2
Devon	1.8	1.6	1.9	1.7	3.6
Dorset	1.4	1.9	0.7	1.7	2.1
Gloucestershire	1.7	3.1	3.1	2.6	5.1
Isles of Scilly	0.0	0.0	0.0	0.0	0.0
North Somerset	3.9	2.9	2.9	3.8	8.5
Plymouth	9.3	4.2	4.6	5.3	3.8
Poole	2.0	4.7	1.3	6.6	3.3
Somerset	0.7	1.8	1.1	1.8	3.4
South Gloucestershire	3.0	1.8	2.2	1.1	2.5
Swindon	1.9	2.8	1.8	5.5	7.8
Torbay	1.5	2.3	6.7	7.4	8.9
Wiltshire	1.5	1.4	2.0	1.8	3.9
South West region	2.9	3.3	3.1	3.1	5.0
England	6.0	8.0	9.4	10.5	12.5

## Gonorrhoea

The gonorrhoea diagnostic rate per 100,000 in the south west increased between 2016 and 2017, following a decrease in 2015. The gonorrhoea diagnostic rate increased for 12 local authorities in the south west between 2016 and 2017. However, this increase was only significant (based on 95% confidence intervals) for Gloucestershire, North Somerset, Plymouth and Wiltshire. The south west diagnostic rate also remains significantly lower than the national rate in 2017.

### Rate of gonorrhoea diagnoses per 100,000 population, south west local authorities, south west and England

Source: Sexual and Reproductive Health Profiles, Public Health England

Upper Tier Local Authority	2013	2014	2015	2016	2017
Bath and North East Somerset	26.7	34.2	39.6	22.5	32.6
Bournemouth	51.6	56.4	67.3	54.7	65.6
Bristol	54.5	82.5	84.3	60.1	57.5
Cornwall	13.1	15.8	18.9	17.3	20.3
Devon	9.6	16.6	21.0	15.7	20.7
Dorset	7.4	9.8	17.3	11.8	12.5
Gloucestershire	21.9	26.8	34.8	28.9	40.4
North Somerset	24.7	36.5	37.6	26.0	43.0
Plymouth	32.9	74.1	46.7	45.0	75.1
Poole	22.2	23.4	18.0	21.2	33.8
Somerset	10.8	11.8	18.3	12.7	15.1
South Gloucestershire	22.3	27.7	38.3	28.9	24.2
Swindon	48.6	45.8	45.5	44.4	34.8
Torbay	18.9	15.8	21.7	15.6	17.9
Wiltshire	16.3	18.8	20.7	14.6	26.0
South West region	22.1	29.6	32.9	25.6	31.6
England	56.2	66.5	73.2	64.8	78.8

## What we need to improve:

### HIV late diagnosis:

HIV late diagnosis increased in the south west in 2014-16 compared to 2013-15, but this increase was not significant (based on 95% confidence intervals). Although HIV late diagnosis increased in the south west overall, seven local authorities reported reduction of HIV diagnosis in 2014-2016, compared with 2013-15. These reductions were however not significant for any local authorities. In 2014-16 all local authorities in the south west had a late HIV diagnosis proportion of at least 25%, with four areas having a proportion of more than or equal to 50%.

### Percentage of adults (aged 15 or above) newly diagnosed with HIV with a CD4 count less than 350 cells per mm<sup>3</sup>, south west local authorities, south west and England

Source: Sexual and Reproductive Health Profiles, Public Health England

Upper Tier Local Authority	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16
Bath and North East Somerset	48.2	41.2	40.0	50.0	50.0	52.9
Bournemouth	30.2	31.2	33.3	32.1	30.1	27.1
Bristol	51.5	49.6	49.1	43.3	41.9	44.1
Cornwall	57.5	62.8	57.1	52.9	46.0	41.0
Devon	43.7	47.6	33.9	34.5	31.0	39.0
Dorset	33.3	47.2	44.8	56.0	39.3	34.2
Gloucestershire	55.0	50.0	44.1	40.6	37.8	50.7
North Somerset	58.1	51.5	41.9	44.4	38.9	40.0
Plymouth	45.1	40.0	34.0	40.0	33.3	40.5
Poole	51.3	48.8	35.3	40.0	43.8	44.4
Somerset	60.0	57.1	63.9	56.4	53.3	48.8
South Gloucestershire	44.4	60.9	63.3	65.5	50.0	50.0
Swindon	57.1	60.0	66.0	65.9	61.1	57.6
Torbay	68.8	38.5	53.9	41.7	52.9	37.5
Wiltshire	46.2	52.2	52.0	41.7	46.3	44.4
South West region	49.4	48.6	46.7	45.1	41.5	42.9
England	50.2	48.5	45.8	43.1	40.3	40.1

The indicators described above, including 95% confidence intervals can be found in the Sexual and Reproductive Health Profiles (<https://fingertips.phe.org.uk/profile/sexualhealth>)

## **Sexual and Reproductive Health Data Sources**

### **Sexual and Reproductive Health Profiles (publicly available)**

<http://fingertips.phe.org.uk/profile/sexualhealth>

The profiles have been developed by Public Health England (PHE) to support local authorities, public health leads and other stakeholders to monitor the sexual and reproductive health of their population and the contribution of local public health related systems.

The profiles are publicly available and presented as interactive maps, charts and tables that provide a snapshot and trends across a range of topics. The tool allows for comparison between local authorities and benchmarking against the England average or nationally advised goals or thresholds where available.

### **PHE HIV and STI web portal (not publicly available)**

Access is for those working within level three sexual health services; this includes local authorities, clinical commissioning groups and trusts.

Standardised reports are available for both GUMCAD (GUM clinic activity dataset) and CTAD (chlamydia testing activity dataset), based on the quarterly submissions of data. Reports can be created for local authorities (upper and lower tier), by service attended and by date of attendance. Types of report include: service provision, STI trends and epidemiology, performance monitoring, data completion and quality.

### **Local Authority Sexual Health Epidemiology Reports (LASERs) (not publicly available)**

LASERs are produced by PHE on an annual basis. The LASERs bring together a range of sexual and reproductive health and HIV intelligence in one document for local authorities to identify burden, trends and population groups and geographical areas of greater need. These reports are available through the HIV and STI Web Portal and are intended for internal local authority use only.

### **HIV Data Tables**

HIV data tables at lower tier local authority level are produced by PHE annually. The tables show HIV cases accessing care by:

- survey year
- sex
- risk group
- geographical area (MSOA)
- age group
- index of multiple deprivation
- infants born to HIV diagnosed women
- CD4 count

The tables are intended for internal local authority use only.

### **Further Links:**

PHE has produced a guide to local and national sexual and reproductive health data, updated in February 2018. This guide can be found here: [sexual and reproductive health in England local and national data](#)

Please note all use of sexual health data should follow the guidance set out in the PHE HIV and STI Data Sharing Policy, found here: [HIV and STI data sharing policy](#)

For help, advice, useful links, or further information about sexual health data sources, please contact your local PHE Field Epidemiology Service ([fes.southwest@phe.gov.uk](mailto:fes.southwest@phe.gov.uk))

Outbreak guidance can be found via the following link:

<https://www.gov.uk/government/publications/sexually-transmitted-infections-stis-managing-outbreaks>

### **Topics of interest brought to the attention of the Board during the last year**

#### **STIs in all persons and Non-MSM**

- New STI diagnosis rate in 2016: 621 diagnoses per 100,000 population
- Plymouth, Bournemouth and Bristol had higher rates than England of new STI diagnoses in 2016
- Between 2015 and 2016 syphilis and chlamydia in all persons in the south west increased by 4%.
- Between 2015 and 2016 gonorrhoea in all persons in the south west decreased by 21%.

#### **STIs in MSM**

- Between 2015 and 2016 diagnoses of new STIs and syphilis, gonorrhoea, chlamydia, genital herpes and genital warts all decreased in MSM in the south west.
- The largest decrease was in gonorrhoea which decreased by 33% between 2015 and 2016.

Information about Hepatitis A and Hepatitis C within the south west has also been shared with the board.

#### 4. ACADEMIC UPDATE

*Dr Patrick Horner, Consultant Senior Lecturer, School of Social and Community Medicine, University of Bristol*

**During 2017/18 research on the following areas was brought to the attention of the Board:**

- Use of antibiotics during pregnancy and risk of spontaneous abortion. Muanda FT, Sheehy O, Berard A. *Canadian Medical Association journal* 2017;189(17):E625-e33.
- Can you recommend any good STI apps? A review of content, accuracy and comprehensiveness of current mobile medical applications for STIs and related genital infections. Gibbs J, Gkatzidou V, Tickle L, et al. *Sex Transm Infect* 2017;93:234-235.
- Chlamydia diagnosis rate in England in 2012: an ecological study of local authorities. Chandrasekaran L, Davies B, Eaton JW, Ward H. *Sexually Transmitted Infections* 2017;93(3):226-8.
- Chlamydia trachomatis Pgp3 Antibody Population Seroprevalence before and during an Era of Widespread Opportunistic Chlamydia Screening in England. Woodhall SC, Wills GS, Horner PJ, et al. *PLOS ONE* 2017;12(1):e0152810.



Academic Update  
July 2017.pdf

- Using the eSexual Health Clinic to access chlamydia treatment and care via the internet: a qualitative interview study. Aicken, C. R. H., et al. *Sexually Transmitted Infections* 2017 doi:10.1136/sextrans-2017-053227.
- Incidence of repeat testing and diagnoses of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in swingers, homosexual and heterosexual men and women at two large Dutch STI clinics, 2006–2013. Dukers-Muijrs, N. H. T. M., et al. *Sexually Transmitted Infections* 2017;93(6): 383-389.



Academic Update  
October 2017.pdf

- Cost-effectiveness of pre-exposure prophylaxis for HIV prevention in men who have sex with men in the UK: a modelling study and health economic evaluation. Cambiano V, Miners A, Dunn D, McCormack S, Ong KJ, Gill ON, et al. *The Lancet Infectious Diseases* 18(1):85-94.
- Prevalence, Magnitude, and Correlates of HIV-1 Genital Shedding in Women on Antiretroviral Therapy. King CC, Ellington SR, Davis NL, Coombs RW, Pyra M, Hong T, et al. *The Journal of Infectious Diseases* 2017;216(12):1534-40.

- Finding sexual partners online: prevalence and associations with sexual behaviour, STI diagnoses and other sexual health outcomes in the British population. Cabecinha M, Mercer CH, Gravningen K, Aicken C, Jones KG, Tanton C, et al. *Sexually Transmitted Infections* 2017;93(8):572-82.



Academic Update  
January 2018.pdf

- Treatment of urogenital chlamydia infection in women: consider doxycycline 100mgs bd 7 days as first line treatment. Review four papers.
- e-STI testing increases uptake of STI testing for all groups including high-risk groups. Wilson E, Free C, Morris TP, Syred J, Ahamed I, Menon-Johansson AS, et al. *PLOS Medicine* 2017;14(12):e1002479.
- Testing for urogenital mycoplasmas in men and women. LID letter on *M. genitalium* and position statement urogenital *Mycoplasma hominis*, *Ureaplasma parvum* and *U. urealyticum* testing in men and women of European STI Guidelines Editorial Board.



Academic update  
April 2018 vs2.pdf

## 5. CURRENT AND FUTURE OPPORTUNITIES

### Strategic Review 2017-18

#### Summary

At the beginning of its new three year term (2017 – 2020), a paper discussing the strategic direction of the Office for Sexual Health South West was circulated. During May 2017, the Directors of Public Health, sexual health commissioners and members of the Office Board were consulted about the direction and future priorities for the Office. Feedback and suggestions for potential work streams were collated throughout the consultation exercise and have been used to inform the development of the new work programme for the Office running from 2017 – 2020.

#### Past achievements

As part of the consultation exercise, the Office reflected on some of the innovative programmes of work that have been delivered through the work plan over the past three years. These have included:

- Sexual dysfunction – clarifying descriptions, patient pathways and establishing significant service change
- Abortion Expert Advisory Group – improvements in provision, highlighting the need for equitable access and revisions to the abortion outcome indicators

- Local authority briefings – sexual health briefing papers for elected members covering topics such as teenage pregnancy and HIV (PrEP and PEP)
- Chlamydia testing programme – analysis of trends, current issues, costs and benefits, improving value for money plus recommendations for ensuring optimum delivery of testing
- Young People Friendly (YPF) – establishing young people friendly health services
- Relationships and Sex Education (RSE) – review of RSE provision, advice and guidance on quality assurance, training, resources and research for local authorities and schools
- The Integrated Sexual Health Tariff (ISHT) – establishing a set of tariffs to promote the delivery of integrated sexual health care
- Late HIV Diagnosis - development of training for primary care, increased access to testing and revision of the protocol for using Serious Incidence Reporting (SIR)
- Long Acting Reversible Contraception (LARC) – coordination of the South West LARC training programme
- South West Quarterly Outcome Indicator Reports – production of quarterly sexual health reports for local authorities, establishing benchmarks and comparing regional and national performance
- Integrated Sexual Health Education Training - training model introduced in the South West
- Out of Area payments – exploring the viability of a single payment structure in the South West

In addition to these specific and discrete pieces of work, the strong relationships with key networks, professional organisations and academic bodies maintained by the Office were recognised. The value of the Office's coordination role, sharing information and disseminating research, policies, guidance, evidence reviews, reports and event information, was also noted.

### **Looking ahead**

The strategic review considered a range of key projects and priorities that demonstrated added value and would address issues identified as a priority by the sexual health stakeholders. The work programme for the Office has been developed to support these preferences and concerns. Workstreams will focus on developing and implementing innovative programmes of work and influencing practice across the south west and nationally.

Examples of potential work projects that were proposed during the consultation period and subsequently incorporated into the Office's plans included:

- Exploration of the digital landscape
- Review of online access to services
- Review of relationships and sex education (RSE)
- Hosting a sexual health conference for the south west

## **The future of sexual health in the south west – innovations, opportunities and new technologies.**

During the consultation exercise held in May 2017 there was a lot of interest in hosting a sexual health conference in the south west and was subsequently highlighted as a priority for the Office in 2018. This resulted in the first sexual health conference coordinated by the Office for Sexual Health South West being held on 2<sup>nd</sup> May at Taunton Racecourse. The conference was attended by 134 delegates – a mix of clinicians, commissioners, practitioners, elected members, academics and voluntary sector representatives from across the South West.

The event aimed to showcase good practice, emerging trends and innovative work, whilst facilitating sharing, learning and networking opportunities. The overarching theme of the conference was digital innovations, future opportunities and new technologies, with plenary presentations covering key issues:

- Online sexual health services: safe, accessible, effective?
- Social media and marketing
- E-services in practice

A series of short fire presentation introduced a range of topical issues that were then explored further during the afternoon workshops:

- Sex in a digital world – ChemSex, transgender issues and sex apps
- Why Jeremy Hunt is wrong – young people and online safety
- Child sexual exploitation and social media – with a focus on boys and young men
- Revenge porn - online safety and support
- Data, intelligence and geo-mapping
- Pushing out PrEP – technologies and processes to get PrEP to those who need it

### **Reflections**

The day proved to be a great success, where delegates were fully engaged in the discussions and the atmosphere was both upbeat and optimistic. Feedback from the conference delegates has been overwhelmingly positive, with over 90% of the 67 delegates completing the online evaluation reporting that the presentations were effective at extending their knowledge and understanding of the issues and 80% reporting that the workshops increased their knowledge base.

As a result of the conference, many people reported that they will be making changes to their practice, including the review of online service provision and the digital offer. The event provided a useful forum for discussion and idea exchange. Delegates reported that they would be building on the connections made, ensuring continuation of the sharing of experience and expertise. Follow-up with individual speakers and workshop leaders was also encouraged and this will be facilitated through the dissemination of slides and workshop notes. Due to the success of this event, the Office will be discussing options for hosting further events or conferences in the future.

### **Sexual Violence**

The Office for Sexual Health South West, in conjunction with Somerset and Avon Rape and Sexual Abuse Support (SARSAS), has developed an online map of services available for the victims of sexual violence. It enables all victims of sexual violence in the south west to have easy access to the information that will help them to identify and access appropriate support.

An act of sexual violence is any unwanted sexual activity. It includes rape, sexual assault, sexual abuse, incest, sexual domestic violence, trafficking, sexual exploitation, female genital mutilation, ritual abuse, forced marriage, crimes in the name of honour, sexual intimidation, coercion or harassment. A sexual assault is any sexual act that a person did not consent to, or is forced into against their will. It is a form of sexual violence and includes rape. In the south west it is estimated that 42,900 people over the age of 16 experience some kind of sexual assault every year.

The Crime Survey for England and Wales for the year ending March 2015 showed that police recorded 88,219 sexual offences, encompassing rape (29,265 cases) and sexual assault, and also sexual activity with children. This is a steep rise on previous years.

Whilst many support services exist for the victims of sexual violence, identifying the appropriate service for the individual is sometimes very complex and confusing. The support accessed by victims of sexual violence will vary, depending on what is available locally as well as personal preference, age and the length of delay in making the initial contact with services. It is increasingly recognised that identifying appropriate and legitimate services is not easy and that for young victims particularly, the internet is the key signposting resource.

The online directory aims to simplify the process. The online resource is based on the Survivor Pathway site hosted by SARSAS who provided information for part of the south west. However, it was recognised that outside this catchment area, the access to referral information and service details was variable. The new online directory is now helping victims and professionals to identify appropriate information and support. Information about the services in each local area has been collated and uploaded to the shared website. A full map of services and the links between them provide a region-wide resource.

The [www.survivorpathway.org.uk](http://www.survivorpathway.org.uk) website is now live and is proving useful across the south west. Over the summer, marketing, training and promotional activities will be rolled out to ensure that awareness and use of the directory is maximised and as many people as possible are able to benefit from the resource.

### **Training Directory**

Sexual and Reproductive Health is delivered in various settings, requiring different levels of qualifications, training requirements and expertise that are essential to deliver quality sexual health across specialised services, primary and third sector care.

The South West Training Directory aims to outline the qualifications needed for professionals working in sexual and reproductive health and the relevant qualifying bodies. It does not cover the broader depth of skills and knowledge that each professional will need to fulfil their role but focuses upon the essential and desirable training requirement for the sexual and reproductive health workforce.

This is a working document and not a definitive list. The document covers

- Sexual and reproductive health care services
- Primary care
- Midwives and nurses working in abortion services
- School nurses
- Pharmacists

Members of the South West Sexual Health Programme Board are:

Ann Steele-Nicholson	Nurse Manager Bristol Sexual Health Services
Dave McConalogue	Public Health Consultant
Debbie Stark	Deputy Centre Director Public Health England South West
Debra Laphorne	Centre Director Public Health England South West
Frances Keane	Consultant Sexual Health/HIV Royal Cornwall Hospital Trust
Indra Karunaratne	BASHH Regional Chair
Julia Nibloe	Service Manager, Brook, Bristol
Kay Rundle	Operations Manager, Brook, Cornwall
Lindsey Thomas	Specialist Public Health Manager
Mags Davies & Andrew Evans	Eddystone Trust
Mark Pietroni	Director of Public Health
Michelle Hawkes	Public Health Specialist
Norah O'Brien	Sexual Health Facilitator Public Health England South West
Paddy Horner	Consultant Senior Lecturer University of Bristol
Phil Kell	Consultant Physician in Sexual Health South Devon Healthcare NHS Trust
Rachel Campbell	Public Health England Public Health Specialist Health and Justice South West
Rebecca Marsh	Senior Health & Justice Associate
Ruth Woolley	Consultant in Public Health
Sarah Fuhrmann	Terrence Higgins Trust
Sarah Scott	Director of Public Health
Selena Gray	Professor of Public Health
Sharon Moses	Consultant in Sexual and Reproductive Health Unity Sexual Health

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