

**AN ASSESSMENT OF SEXUAL AND  
REPRODUCTIVE HEALTH NEEDS IN  
BROMLEY 2019**

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## Executive Summary

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government set out its ambitions for improving sexual health in its publication in 2013 *A Framework for Sexual Health Improvement in England*.

Local Authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception.

This needs assessment examines sexual and reproductive health needs of the Bromley population and current population-level sexual health outcomes.

The aim of this sexual and reproductive health needs assessment is to gain a full understanding of the needs and gaps in service provision of public health commissioned services in Bromley. The findings from this needs assessment will be used to inform the commissioning plan.

The key findings and recommendations of the needs assessment are categorised under the following areas:

1. High risk and vulnerable groups
2. Bromley Sexual Health
3. Bromley Reproductive Health
4. Activity of current commissioned services

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## 1. Introduction

Under the Health and Social Care Act 2012, Public Health was transferred from the NHS to Local Authorities along with its workforce and budget. Since 1 April 2013, local authorities have been the responsible commissioner for a range of public health services, including sexual health. Commissioning for sexual and reproductive health services is complex and there are many different commissioners responsible for different elements of the services and system as detailed in the table below.

Local Authorities	<ul style="list-style-type: none"> <li>• Contraception, including any enhanced services commissioned in general practice or pharmacy settings including all prescribing costs – but excluding contraception provided as a service under the GP contract</li> <li>• STI testing and treatment, including Chlamydia testing and HIV testing</li> <li>• Sexual health aspects of psychosexual counselling</li> <li>• Any sexual health specialist services, including young people’s sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies</li> </ul>
Clinical Commissioning Groups	<ul style="list-style-type: none"> <li>• Abortion services</li> <li>• Vasectomy</li> <li>• Non sexual-health elements of psychosexual health services</li> <li>• Gynaecology, including the use of any contraception for non-contraceptive purposes</li> </ul>
NHS England	<ul style="list-style-type: none"> <li>• Contraception provided as an additional service under the GP contract</li> <li>• HIV treatment and care, including post-exposure prophylaxis after sexual exposure (PEP(SE))</li> <li>• Promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs</li> <li>• Sexual health elements of prison health services</li> <li>• Sexual Assault Referral Centres</li> <li>• Cervical Screening</li> </ul>

For the purposes of this needs assessment the focus will be on the commissioning responsibilities of the local authority only.

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government set out its ambitions for improving sexual health in its publication in 2013 *A Framework for Sexual Health Improvement in England*.

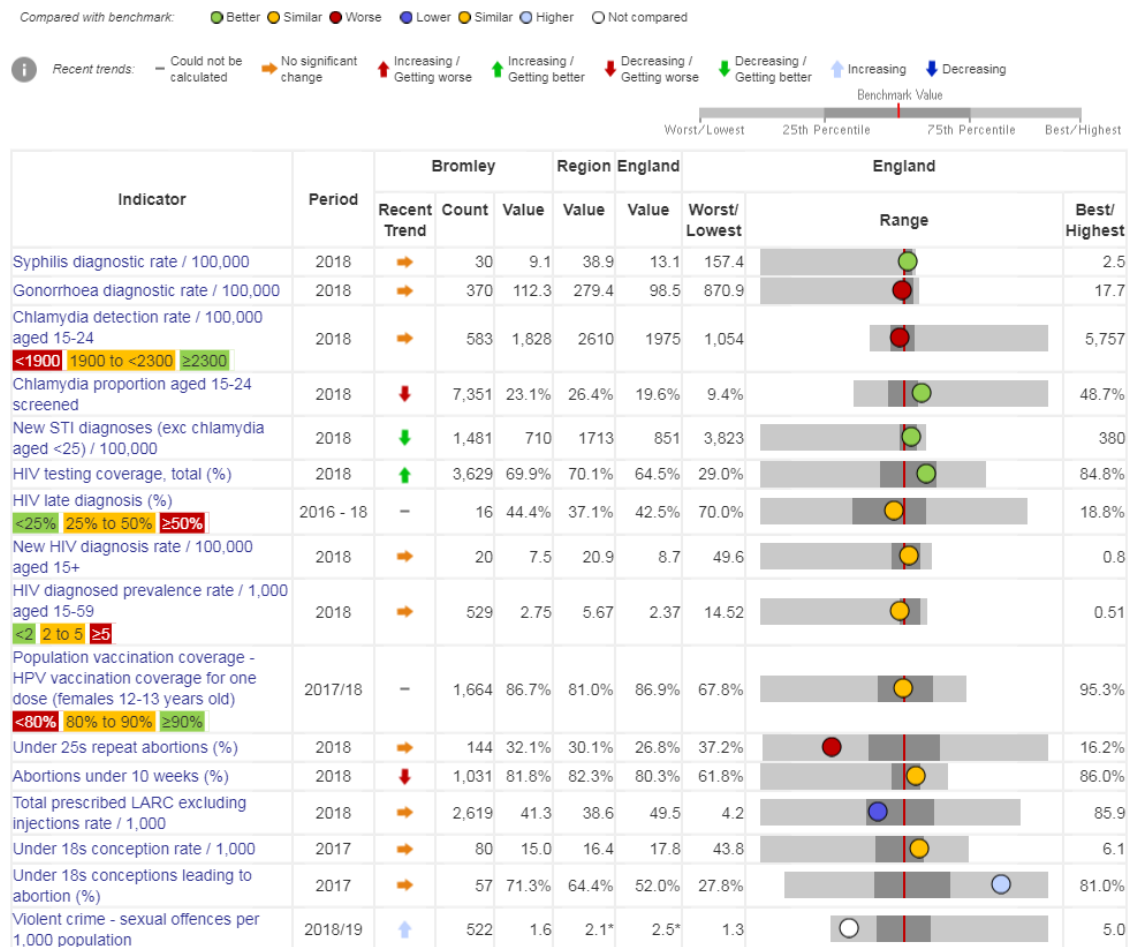
Local Authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception.

This needs assessment examines sexual and reproductive health needs of the Bromley population and current population-level sexual health outcomes.

There remains a complex picture in terms of the responsibility, planning and delivery of sexual and reproductive health services. While this needs assessment focusses on parts of the system which fall to the local authority, it is recognised that needs cut across organisational boundaries. Outcomes in one area can have lifelong implications, for example early detection and treatment of STIs can reduce infertility and ectopic pregnancies.

The figure below shows the general picture of sexual and reproductive health in Bromley.

Figure 1: STI Diagnosis rate per 100,000



Source: PHE Fingertips

The population of Bromley has a lower proportion of men and women aged 15-39, but a higher proportion of older age groups 45 and upwards compared to London. The population projections for the borough show the following:

- 15-24 years will increase by 2029
- 25-34 will decrease
- 35-44 will decrease
- 45-64 will increase

- 65+ will increase

Cray Valley West and Bromley Common and Keston Wards have the highest proportion of all Bromley residents aged 15-24. With Copers Cope and Bromley Town wards having the highest proportion of all residents aged 25-34. Cray Valley West has the highest percentage of 15-24 year olds in Bromley but a comparatively low proportion of patients using services. Penge and Cator and Crystal Palace have a much higher usage of integrated sexual health services compared to the proportion of 15-54 year olds in Bromley in those wards. We know that 53% of the total number of Bromley residents in work commute to destinations outside of Bromley for work. With approximately 86.4% of these commuting to London. For more information on the population demographics in Bromley see the JSNA:

[https://www.bromley.gov.uk/info/200048/health\\_and\\_wellbeing/1192/joint\\_strategic\\_needs\\_assessment](https://www.bromley.gov.uk/info/200048/health_and_wellbeing/1192/joint_strategic_needs_assessment) .

## 2. Aim and Objectives of the Needs Assessment

### 2.1 Aim

The aim of this sexual and reproductive health needs assessment is to gain a full understanding of the needs and gaps in service provision of public health commissioned services in Bromley. The findings from this needs assessment will be used to inform the commissioning plan.

Services that lie outside of the scope of the needs assessment are:

- Sterilisation services
- Vasectomy services
- Cervical screening
- HIV treatment and care
- Abortions

### 2.2 Objectives

This aim will be achieved through the following objectives:

1. To use national, regional and local research and data to identify needs and demand for services in Bromley
2. To gather information in order to provide an overview and increased understanding of current sexual and reproductive health service provision in Bromley and its use
3. To use the information on needs and demand to assess whether or not resources have been appropriately directed towards the best possible outcomes

## 3. Sexual Health Profile

### 3.1 STIs

Sexually transmitted Infections (STIs) are communicable diseases that must be controlled. Once acquired, STIs need to be diagnosed and treated quickly to prevent onward transmission to partners. It is therefore essential to provide accessible screening, diagnosis and treatment management for those affected and their partners. Prevention methods and advice are a crucial part of the care pathway to minimise the re-infection rates within the community.

STIs continue to represent an important public health problem in London, which has the highest rate of 5 listed STIs (chlamydia, gonorrhoea, genital herpes, genital warts and syphilis) in England. Bromley has a lower rate than London for all 5 listed STIs. It also has a lower rate than England for Chlamydia, Genital Warts, Genital Herpes and new STIs. The at risk populations continues to be young people aged 15-24 who are at highest risk of chlamydia infection, MSM and Black African (BA)/Caribbean ethnic groups who have the highest rates of new STI infections in Bromley. Based on the diagnostic rates (diagnostic rates are used as a proxy for incidence) this indicates there is also a steep rise in the incidence of Gonorrhoea and Syphilis in recent years and due to their resistance of current treatment, a more targeted approach is required.

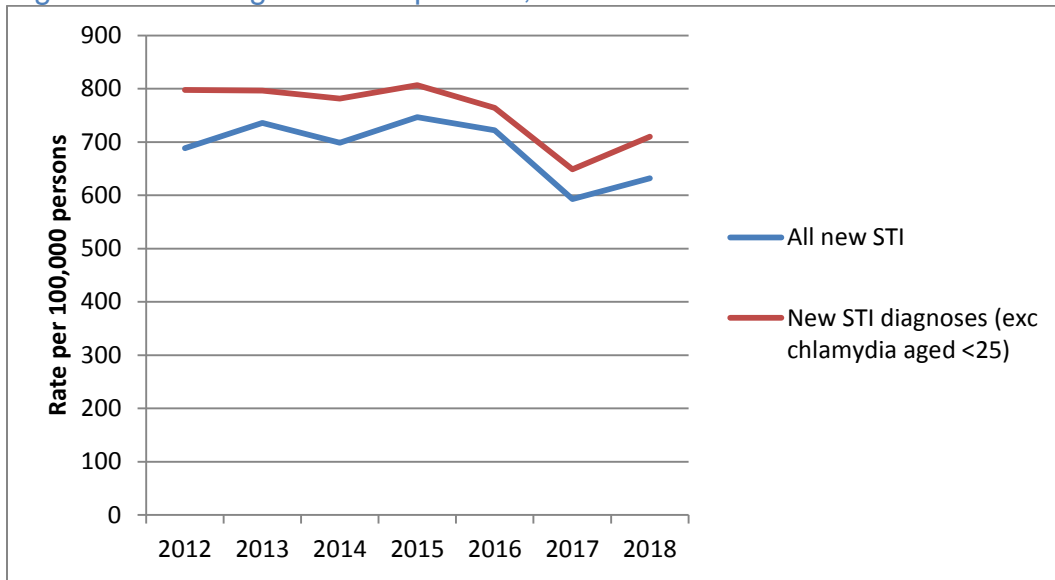
#### 3.1.1 New STIs

Over the past decade, diagnoses of gonorrhoea and syphilis have increased considerably in England, most notably in males, while diagnoses of genital warts have decreased. Since the full-scale implementation of the National Chlamydia Screening Programme (NCSP) in 2008, diagnosis rates of chlamydia have increased in men and women. More STI testing in sexual health services and through the NCSP with routine use of more sensitive diagnostic tests, such as nucleic acid amplification tests (NAATs), will partly explain increases in the early part of the decade, although ongoing high levels of condomless sex will have played a role.

A total of 2,082 new STIs were diagnosed in residents of Bromley in 2018 (1,140 in males and 937 in females, 5 were not recorded), a rate of 632.1 per 100,000 residents (males 720.0 and females 547.8). Overall, of all those diagnosed in 2018 with a new STI in Bromley, 54.8% were men and 45% were women.

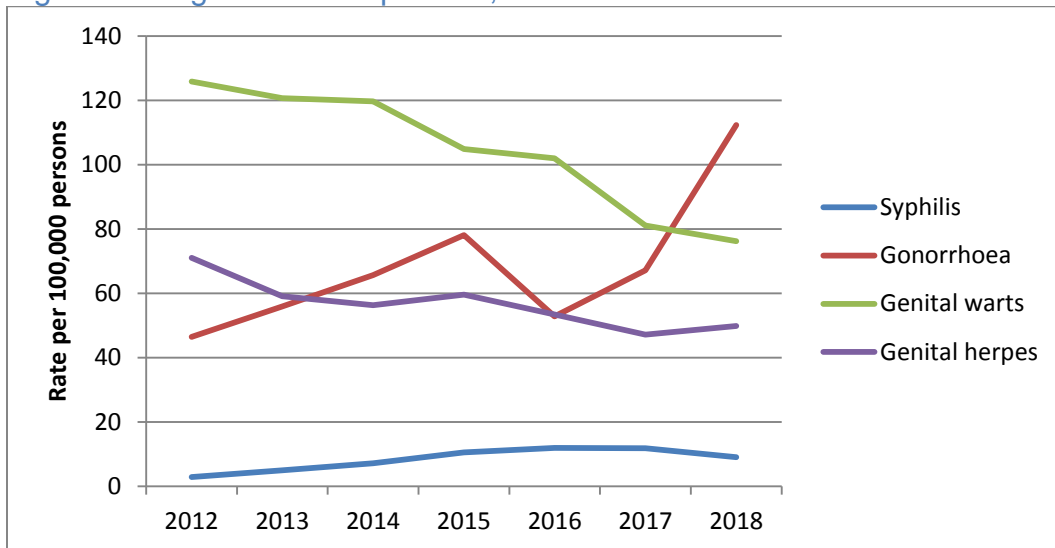


Figure 2: STI Diagnosis rate per 100,000



Source: PHE Fingertips Sexual and reproductive health profiles

Figure 3: Diagnostic rates per 100,000



Source: PHE Fingertips Sexual and reproductive health profiles

Table 1 shows the percentage change of diagnosis rates for STIs from 2014 to 2018 and rankings.

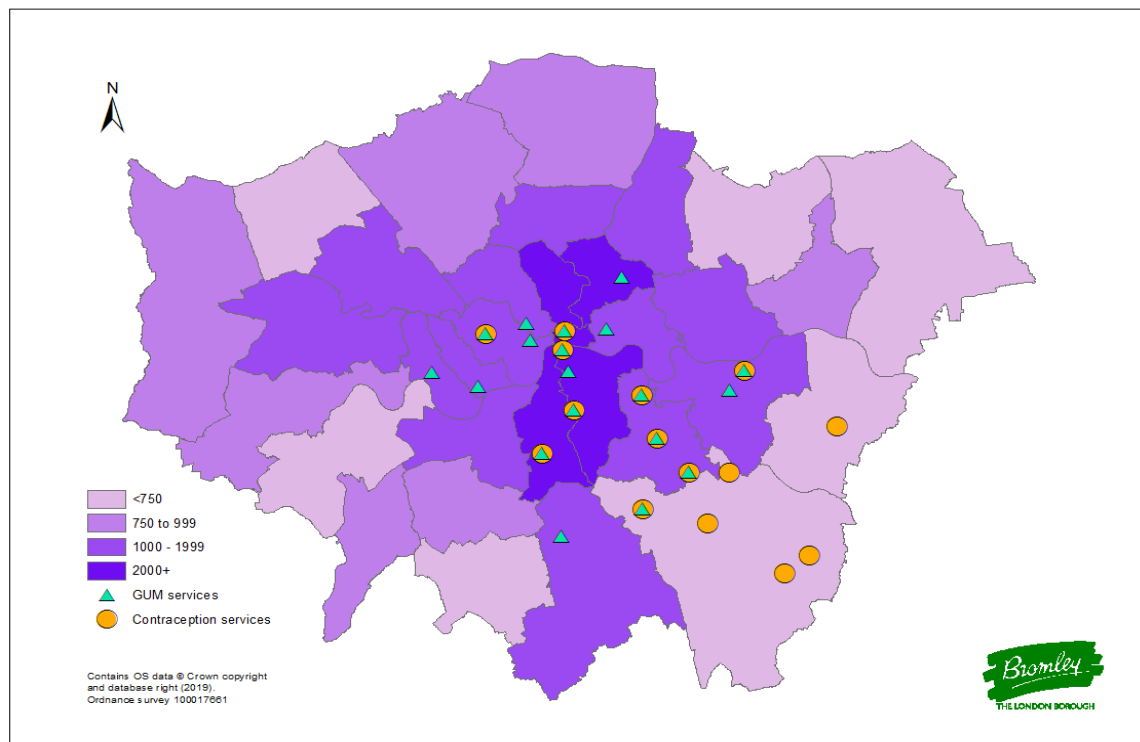
Table 1: percentage change in diagnosis rates for STIs from 2014 to 2018 and rankings

Diagnosis	Bromley % change 2014 - 2018	Bromley Rank within England: 2017 (1=highest rate)
New STIs	-15.1	
New STIs (excl. those with Chlamydia aged 15-24)	-16.9	119
Chlamydia	3.0	
Gonorrhoea	71.2	64
Syphilis	27.4	51
Genital Warts	-36.3	226
Genital Herpes	-11.5	171

Source: PHE Fingertips; GUMCAD; LASER, 2017

The data shows that Chlamydia, Gonorrhoea and Syphilis have seen increases in the percentage change between 2014 and 2018. Bromley ranks 64<sup>th</sup> highest for Gonorrhoea and 51<sup>st</sup> highest for Syphilis. It should be noted that if high rates of gonorrhoea and syphilis are observed in a population, this reflects high levels of risky sexual behaviour.

Figure 4: Map of new STI rates per 100,000 residents by London local authorities: 2017



Source: PHE Sexual and reproductive health profile; Bromley PH

50% of all STIs in Bromley are diagnosed in the 15-25 year age group, PHE also point out that this age group have a higher 're-infection' rate than any other age groups (males in particular).

Young people aged between 15 and 24 experience high rates of new STIs. This is reflected in Bromley where 47% (an increase of 4%) of diagnoses of new STIs made in Sexual Health Services (SHSs) and non-specialist SHSs were in young people in this age-group.

Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Bromley, an estimated 8.4% of 15-19 year old women and 12.2% of 15-19 year old men presenting with a new STI at a SHS during the 5 year period from 2013 to 2017 became re-infected with an STI within 12 months. Teenagers may be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex.

Black ethnic minority groups are growing at a faster rate than others, in particular Black Africans. This is of special importance in sexual health services because of the high proportion of newly diagnosed HIV infections occurring in this group, of whom 41% are diagnosed late. Twice as many women as men are affected. Services tailored to this group need to find ways of helping people who are at risk of STIs to be tested for HIV and to access services earlier.

Where recorded, 19.5% of new STIs diagnosed in Bromley were in people born overseas.

### ***3.1.2 Men who have sex with men (MSM) & LGBTQ***

ONS data estimates 2.6% of the London adult (16+) population identify themselves as lesbian, gay or bisexual (LGB) which equates to around 6,900 LGB adults (16+) in Bromley based on 2019 population projections.

The data estimates a gender distribution of LGB identity in the UK as 56% men and 44% women. Applying these percentages to Bromley assuming an equal proportion of men and women in the overall population, if around 6,900 are LGB, 3,900 are estimated to be men and 3,000 women. Of the men, we can estimate 74% or nearly 2,900 are gay and 1,000 bisexual while among women the split is equal.

A 2009 report by GIRES estimates 600 per 100,000 people 16 and over are transgender which would indicate around 1,600 adults in Bromley. Although sexual identity does not necessarily reflect attraction or sexual behaviour, the LGB population is disproportionately affected by STIs.

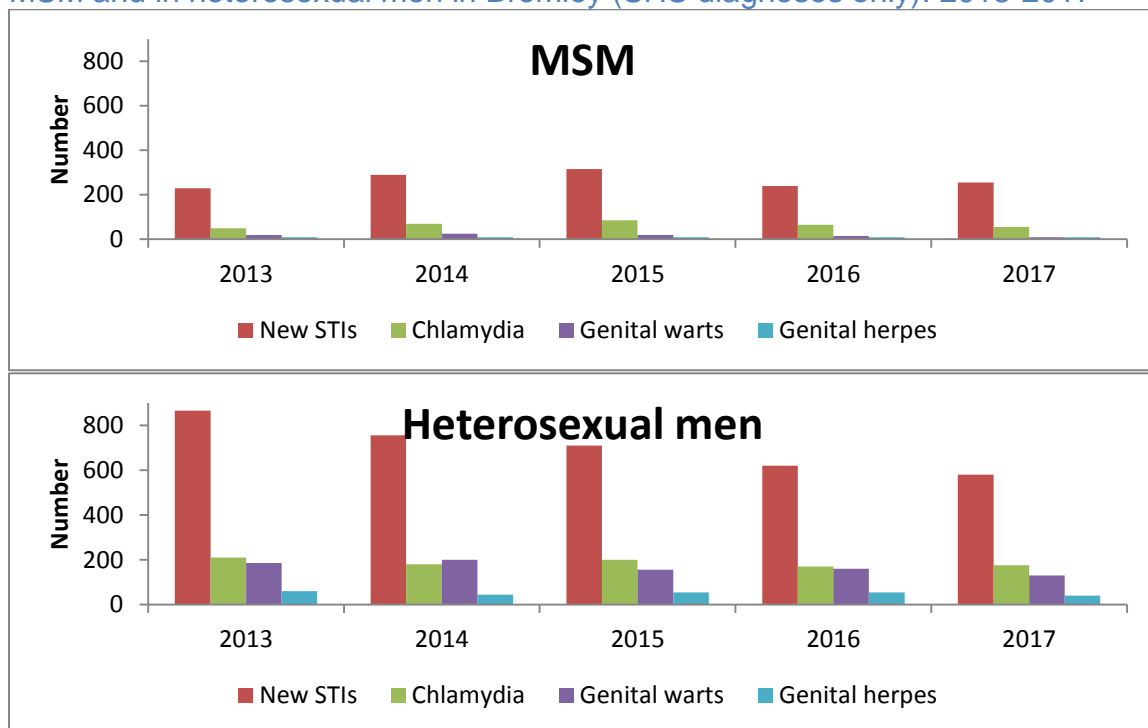
The number of STI diagnoses in MSM has risen sharply in England over the past decade. Several factors may have contributed to this, including condomless sex

associated with HIV seroadaptive behaviours and 'chemsex' (the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience). More screening of extra-genital (rectal and pharyngeal) sites in MSM using NAATs will also have improved detection of gonococcal and chlamydial infections, although this will have had less impact in recent years as these developments have become more established.

In Bromley in 2017, for cases in men where sexual orientation was known, 30.5% (n=255 - number rounded up to the nearest five) of new STIs were among MSM. In 2013, this proportion was 21.0% (n=230 - number rounded up to the nearest five). Please note that the numbers for MSM presented include gay and bisexual men.

Figure 5 indicates the numbers of common STIs in men who were MSM compared to heterosexual men. GUMCAD data reports there were 115 new diagnoses of gonorrhoea and 30 new diagnoses of syphilis (rounded up to nearest 5) in MSM (72% and 86% of all cases among men respectively) in Bromley in 2017 (percentages distorted due to rounding especially for smaller numbers). In England 64% of gonorrhoea cases and 84% of syphilis cases among men diagnosed with STIs were in MSM.

Figure 5: Number\* of new STIs, chlamydia, genital warts and genital herpes in MSM and in heterosexual men in Bromley (SHS diagnoses only): 2013-2017



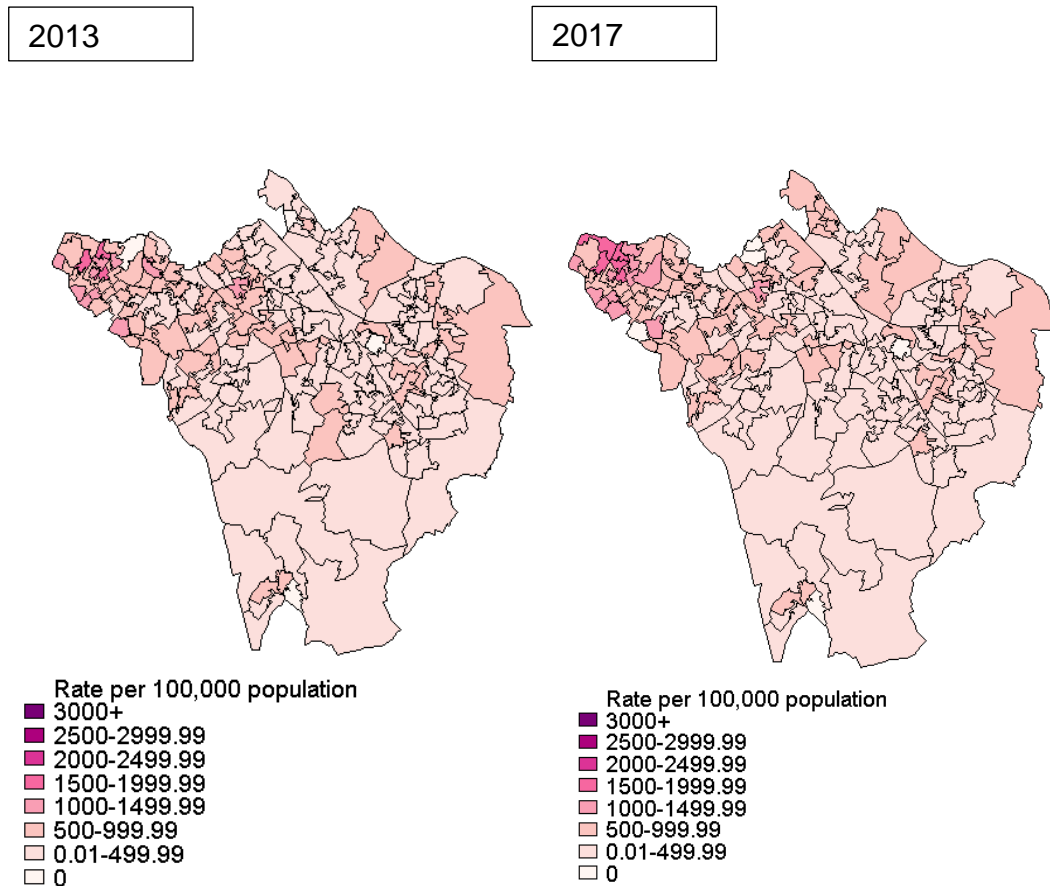
\*The number of STI diagnoses has been rounded up to the nearest 5 to prevent deductive disclosure

Source: LASER, 2017

### 3.1.3 Distribution of STIs and Deprivation

The Index of Multiple Deprivation (IMD) 2015 is a measure of relative deprivation in England at various geographical levels including lower super output area (LSOA) and local authority. The London Borough of Bromley is ranked 220 out of 326 local authorities where rank 1 is the most deprived.

Figure 6: Rates of new STIs by LSOA in Bromley (GUM diagnoses only): 2013 and 2017. (See appendix 2 for an explanation of the wards)

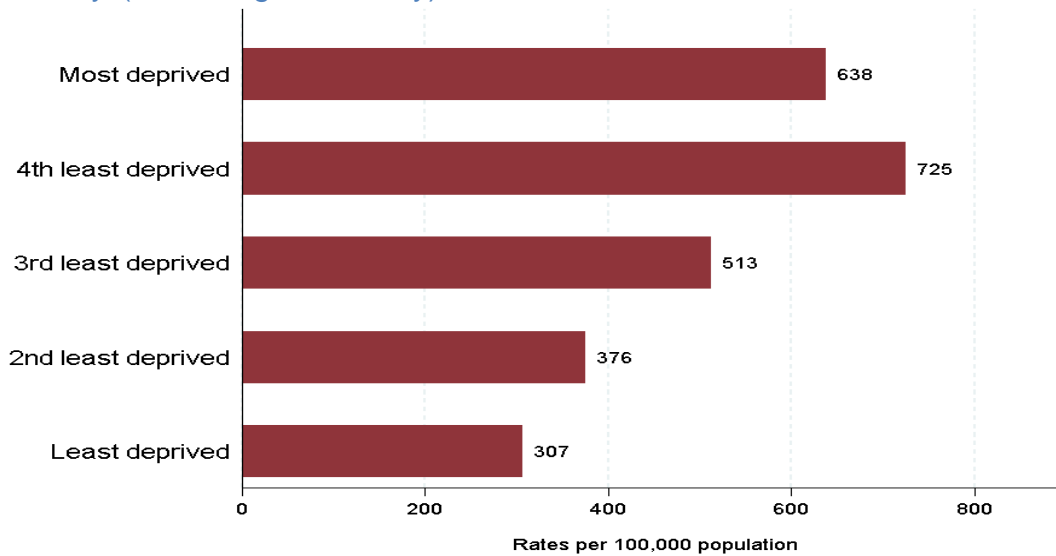


Source: PHE LASER

Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from SHSs show a strong positive correlation between rates of new STIs 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 new STIs by deprivation category are displayed in Figure 7.

Figure 7: Rates per 100,000 population of new STIs by deprivation category in Bromley (SHS diagnoses only): 2017



Source: Public Health LASER 2017

Figure 7 above shows the rates per 100,000 population of new STIs by deprivation category in Bromley in 2017. The figure shows that the majority of new STIs were diagnosed in the more deprived areas of Bromley.

### 3.1.4 Reinfection of STIs

Reinfection with an STI is a marker of persistent risky behaviour. In Bromley, an estimated 5.1% of women and 8.7% of men presenting with a new STI at a SHS during the 5 year period from 2013 to 2017 became re-infected with a new STI within 12 months. Nationally, during the same period of time, an estimated 7.0% of women and 9.4% of men presenting with a new STI at a SHS became re-infected with a new STI within 12 months.

In Bromley, an estimated 8.9% of women and 9.0% of men diagnosed with gonorrhoea at a SHS between 2013 and 2017 became re-infected with gonorrhoea within 12 months. Nationally, an estimated 3.7% of women and 11.1% of men became re-infected with gonorrhoea within 12 months. The percentage is clearly higher for women in Bromley than in England so further investigation is needed to understand why.

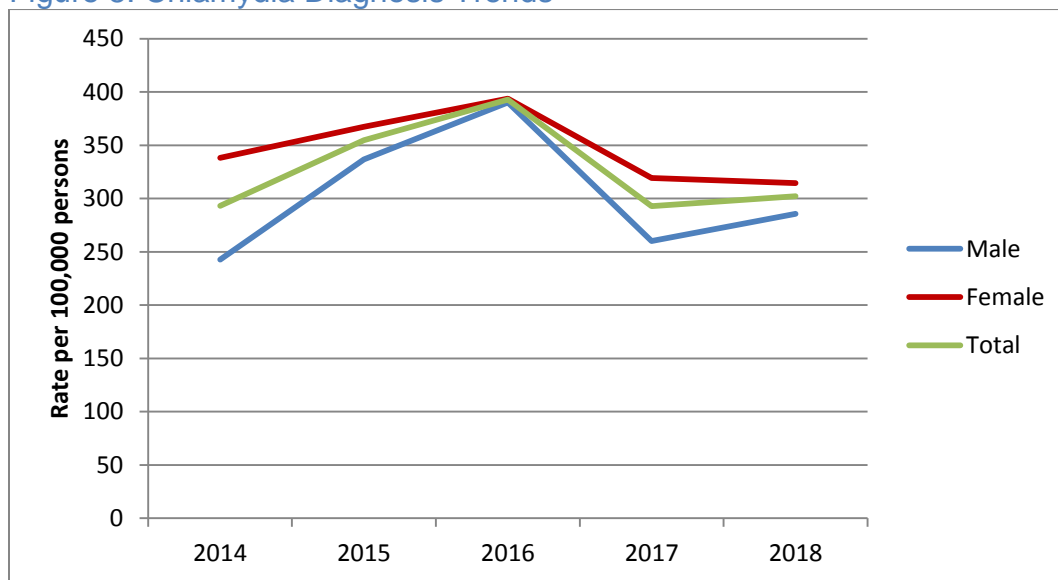
Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Bromley, an estimated 8.4% of 15-19 year old women and 12.2% of 15-19 year old men presenting with a new STI at a SHS during the 5 year period from 2013 to 2017 became re-infected with an STI within 12 months. Teenagers may be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex.

### 3.1.5 Chlamydia

Detection and treatment of chlamydia infection is central to chlamydia control activities. The PHOF includes a measure of chlamydia detection, with a recommendation that local areas achieve an annual detection rate of at least 2,300 per 100,000 15-24 year old population.

The chlamydia detection rate in 15-24 year olds in Bromley in 2018 was 1,828 per 100,000 population. 23.1% of 15-24 year olds were tested for chlamydia with a 7.9% positivity rate. Nationally, 19.6% of 15-24 year olds were tested for chlamydia with a 10.1% positivity rate.

Figure 8: Chlamydia Diagnosis Trends



Source: PHE GUMCAD

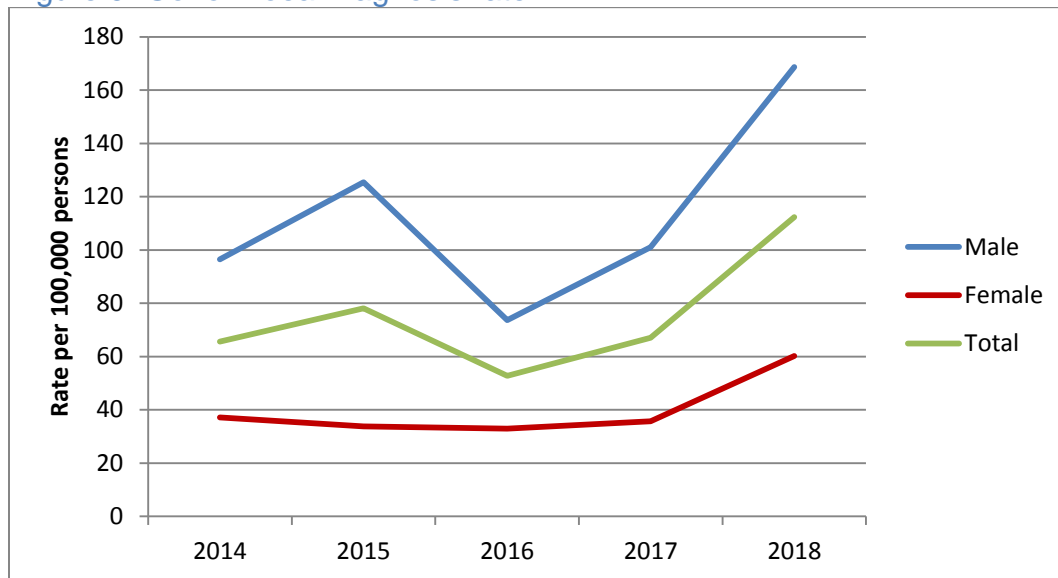
### 3.1.6 Gonorrhoea

Reducing gonorrhoea transmission and ensuring treatment-resistant strains of gonorrhoea do not persist and spread remains a public health priority. Prompt diagnosis and treatment according to national treatment guidelines, testing for antibiotic resistance and identifying and managing potential treatment failures effectively, are key to controlling infection. High levels of gonorrhoea transmission are of particular concern given the emergence of gonococcal resistance, including high-level resistance to azithromycin (HiLAzi-R). Cases of HiLAzi-R among heterosexuals were initially identified in Leeds but spread across England and into sexual networks of MSM. Additionally, the first detected case of extensively drug resistant *Neisseria gonorrhoeae* with resistance to ceftriaxone and high-level resistance to azithromycin, the two antibiotics currently used as first-line dual therapy, was detected in the UK in March 2018.

The continued increase in Gonorrhoea diagnosis is very concerning due to the on-going circulation of high-level azithromycin resistance.

The rate of Gonorrhoea infection in Bromley is 112.3 per 100,000 population in 2018 (a 67% increase since the previous year). Bromley was the 64th highest (out of 326 local authorities in England) for this infection in 2017. It is a marker of high levels of risky sexual activity.

Figure 9: Gonorrhoea Diagnosis rate



Source: PHE GUMCAD

489 (72%) of new gonorrhoea diagnoses were among men. The highest levels of diagnosis in men are found in the 25 – 44 age range and in women in the 19 – 34 age range.

Those with a Black or mixed ethnicity are more at risk of infection compared to other broad ethnic groups when measured against the ethnic profile of the Bromley population.

In Bromley, an estimated 8.9% of women and 9.0% of men diagnosed with gonorrhoea at a SHS between 2013 and 2017 became re-infected with gonorrhoea within 12 months. Nationally, an estimated 3.7% of women and 11.1% of men became re-infected with gonorrhoea within 12 months.



### 3.1.7 Syphilis

The rate of Syphilis infection in Bromley in 2018 is 9.1 per 100,000 population compared to the England rate of 13.1 per 100,000.

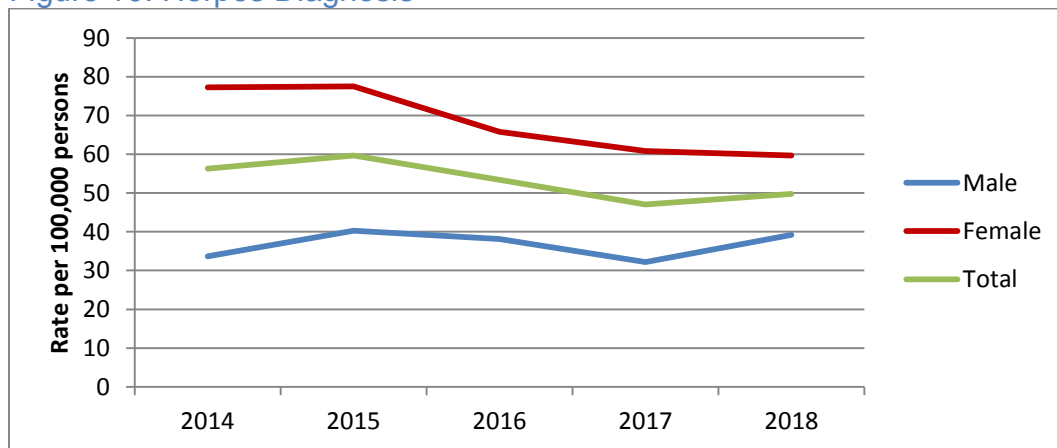
Bromley now ranks 51st highest for Syphilis infections out of 326 other local authorities. Between 2015/16 and 2017/18, 94% of new diagnoses were among men. The continued over-arching rise of Syphilis remains of public health concern and is evidence of condomless sex especially among MSM.

Age groups most affected are older 28-48yrs but with new evidence showing younger age groups experiencing incidence of this infection. It is not possible to analyse this data in any more detail as the numbers are too small.

### 3.1.8 Genital herpes and genital warts

The rate of Herpes fell from 2017 although there is a rise showing in 2018 figures. Bromley Ranks 171st highest rate of Herpes infections out of 326 other local authorities.

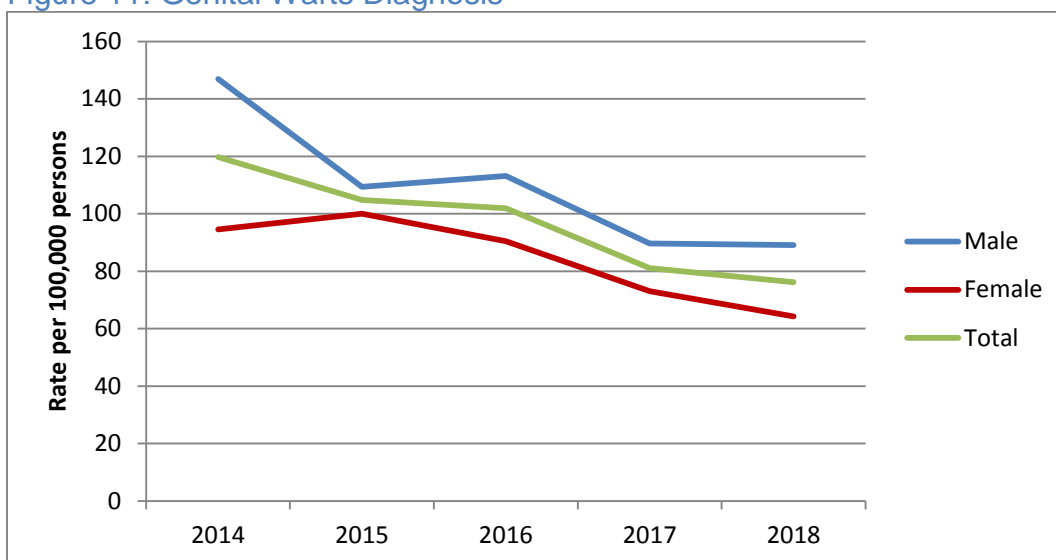
Figure 10: Herpes Diagnosis



Source: PHE GUMCAD

337 (66%) of new genital herpes diagnoses over a 3 year period were among women, with the highest levels in those aged 20 – 34 for both genders.

Figure 11: Genital Warts Diagnosis



Source: PHE GUMCAD

The rate of Genital Wart infections in 2018 is 76.2 per 100,000 population. Bromley ranks 226th highest in 2017 out of 326 local authorities (from 145th in 2016). The continued reduction in Genital Warts is associated with high coverage of HPV vaccinations in Bromley.

486 (53%) of new genital warts diagnoses were among men in the 3 year period reported. With the highest levels seen in those aged 20 – 34 for both males and females.

### 3.2 HIV/AIDS in the UK, London and Bromley

Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic but manageable condition. People living with HIV in the UK can now expect to live into old age if diagnosed promptly and adherent to treatment.

In 2017, an estimated 101,600 (95% credible interval 99,300-106,400) people were living with HIV infection in the UK and the UNAIDS 90:90:90 targets have been met. An estimated 92% of people living with HIV in the UK were diagnosed, 98% of those diagnosed were on treatment, and 97% of those on treatment were virally suppressed. Overall, 87% of people living with HIV in 2017 had an undetectable viral load and were unable to pass on their infection.

A decline in new HIV diagnoses among gay and bisexual men has been observed for the past two years in the UK, following an earlier fall in underlying new HIV infections in this group that began in 2012. The reduction in transmission highlights that combination HIV prevention is working. Current key components of combination HIV prevention in the UK include: condom provision,

pre-exposure prophylaxis (PrEP), expanded HIV testing and prompt initiation of treatment after diagnosis (treatment as prevention).

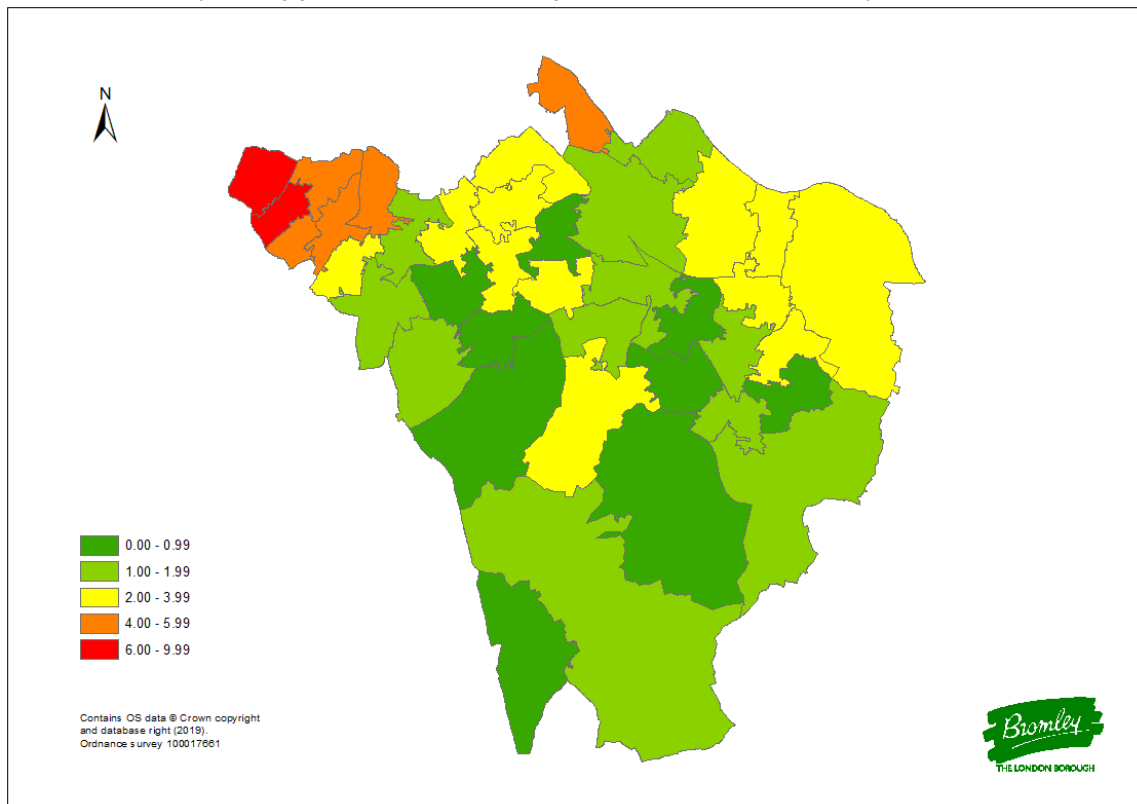
New HIV diagnoses in both black African and black Caribbean heterosexuals have been decreasing steadily over the past 10 years. However, declines have been observed for the first time among non-black African and non-black Caribbean heterosexual men.

The number of HIV diagnoses made at a late stage of infection has decreased over the decade. Despite this decline, the proportion of late diagnoses remained high in 2017, particularly in black African heterosexual men and women and those aged over 50.

### 3.2.1 Prevalence

In 2017, the diagnosed HIV prevalence rate in Bromley was 2.6 per 1,000 population aged 15-59 years, compared to 2.3 per 1,000 in England. 23% of the middle super output areas (MSOAs) in Bromley had a prevalence rate higher than 2 per 1,000 population, all ages (Figure 12).

Figure 12: Prevalence of diagnosed HIV per 1,000 in Bromley, all ages by MSAO: 2017 (see appendix 2 for an explanation of the wards)



Source: PHE SOPHID

The age profile shown of those seen for care in Bromley is similar to London and England with a slightly smaller proportion among those aged under 35 and a slightly larger proportion among those aged 35-49.

In 2017, 572 residents in Bromley received HIV-related care: 380 (number rounded up to nearest 5) males and 185 (number rounded up to nearest 5) females. This represents an 11.7% change from 2013 to 2017. Among these, 49% were white, 30% black African and 5% black Caribbean. With regards to exposure, 46% probably acquired their infection through sex between men and 47% through sex between men and women.

In 2017, 18 adult residents of Bromley were newly diagnosed with HIV. The rate of new HIV diagnosis per 100,000 population among people aged 15 years or above in Bromley was 6.8, compared to 8.7 in England.

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a critical component of the Public Health Outcomes Framework and monitoring is essential to evaluate the success of local HIV testing efforts.

In Bromley, between 2015 and 2017, 44.7% (95% CI 28.6%-61.7%) of HIV diagnoses were made at a late stage of infection (CD4 count  $\leq$  350 cells/mm<sup>3</sup> within 3 months of diagnosis) compared to 41.1% (95% CI 40.2-42.1) in England.

Also within Bromley 35.7% (95% CI 12.8%-64.9%) of gay and bisexual men and 55% (95% CI 31.5%-76.9%) of heterosexuals were diagnosed late.

### *3.3 Summary of findings*

Bromley has a lower rate than London for all 5 listed STIs. It also has a lower rate than England for Chlamydia, Genital Warts, Genital Herpes and new STIs. The at risk populations continues to be young people aged 15-24 who are at highest risk of chlamydia infection, MSM and Black African (BA)/Caribbean ethnic groups who have the highest rates of new STI infections in Bromley. Although rates of STI diagnosis have gone down from 2014 to 2018 the rate of diagnosis for Chlamydia, gonorrhoea and Syphilis have gone up.

Some other key facts that appear from the analysis are as follows:

- 50% of all STIs in Bromley are diagnosed in the 15-25 age group
- In Bromley, an estimated 8.4% of 15-19 year old women and 12.2% of 15-19 year old men presenting with a new STI at a SHS during 2013 to 2017 became re-infected with an STI within 12 months
- Where recorded, 19.5% of new STIs diagnosed in Bromley were in people born overseas
- In 2017, 30.5% of new STIs were among MSM (21% in 2013)

- The majority of new STIs in 2017 were diagnosed in the more deprived areas of Bromley
- In Bromley, an estimated 8.9% of women and 9.0% of men diagnosed with gonorrhoea at a SHS between 2013 and 2017 became re-infected within 12 months (Nationally, 3.7% women and 11.1% men became re-infected). The percentage is clearly higher for women in Bromley than in England.
- Bromley has the 64<sup>th</sup> highest (out of 326 local authorities in England) rate for gonorrhoea
- Bromley now ranks 51<sup>st</sup> highest for Syphilis infections out of 326 other local authorities

## 4. Bromley Reproductive Health Profile

Provision of an open access Contraception and Reproductive Health Service is a prescribed function of Local Authorities.

The Department of Health's "A Framework for Sexual Health Improvement in England" indicated that up to 50% of pregnancies are unplanned. While many unplanned pregnancies will become wanted, around half of the teenage pregnancies end in an abortion.

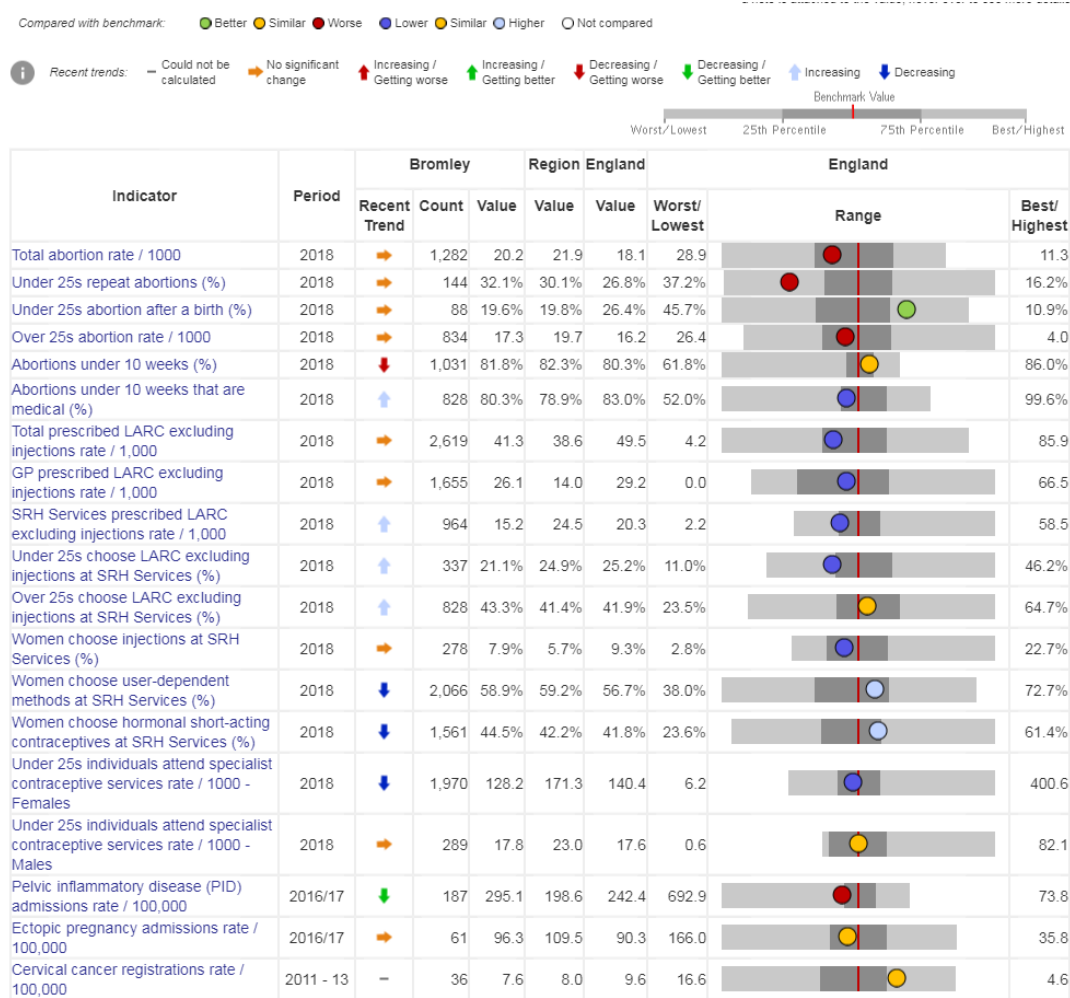
Evidence shows that teenage pregnancy is associated with poorer health and social outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty. They have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poor quality housing and are more likely to have accidents and poor emotional health and well-being, which impacts on their children's behaviour and achievement. Good contraception services have been shown to lower rates of teenage conceptions.

According to NICE on effectiveness of contraception methods, LARC methods have a wider role in contraception and their increased uptake could help to reduce unintended pregnancy. Both the Government and the Faculty of Sexual and Reproductive Healthcare highlight that knowledge, access and choice for all women and men to all methods of contraception are crucial elements that contribute to the reduction of unwanted pregnancies. Evidence also suggests that school-based sexual health services have positive effects on reductions in births to teenage mothers.

Bromley commissions a range of community contraception services to reduce unintended pregnancies with a specific focus on reducing teenage (under 18) conception rate. These include contraception advice and methods such as long-acting reversible contraception (LARC), Emergency Hormonal contraception (EHC) and condom scheme along with a range of health education and advice for young people in local schools and colleges.

Below (figure 13) shows data from PHE on the reproductive health profile for Bromley.

Figure 13: Reproductive health profile for Bromley



Source: PHE Fingertips

In Bromley, the total number of abortions in the female population aged 15-44 years in 2017 was 1,121. The percentage change from 2016 was -3.5%. The total abortion rate per 1,000 female population aged 15-44 years was 17.6, while in England the rate was 17.2 per 1,000. The rank (out of 149) within England for the total abortion rate was 69 (1st has the highest rate).

The 2018 crude abortion rate for women in Bromley aged under 18 is 11.5 per 1,000 women aged 15-17 which is higher than the England rate of 8.1 per 1,000.

Among women under 25 years who had an abortion in 2017, the percentage of those who had had a previous abortion was 28.8%, while in England the percentage was 26.7%. The rank within England for this indicator was 45 (out of 149) (1st has the highest percentage).

The abortion rate in 2017 for women aged over 25 years per 1,000 female population aged 25-44 years was 15.2 while in England the rate was 15.0. The rank within England for this indicator was 66 (out of 149) (1st has the highest rate).

The percentage of abortions in 2017 that were repeat abortions to those 25 and over in Bromley was 51% compared to 46% in England and 47% in London.

LARC methods are more effective and cost-effective at preventing pregnancy than other hormonal methods and condoms. There are many opportunities after pregnancy to offer contraception, particularly long acting methods such as in maternity, early pregnancy units and post abortion.

Most women choose to go to their GP for contraception. Sexual health services tend to draw a younger and more deprived population. There has been a decline in the provision of LARC in General Practice over the last few years due to reduced capacity. Compared to other London boroughs Bromley has a higher rate of GP prescribed LARC (figure 15). However, figure 14 clearly shows how Bromley could improve the uptake of LARC methods compared to user dependent methods (UDM) in the younger service users.

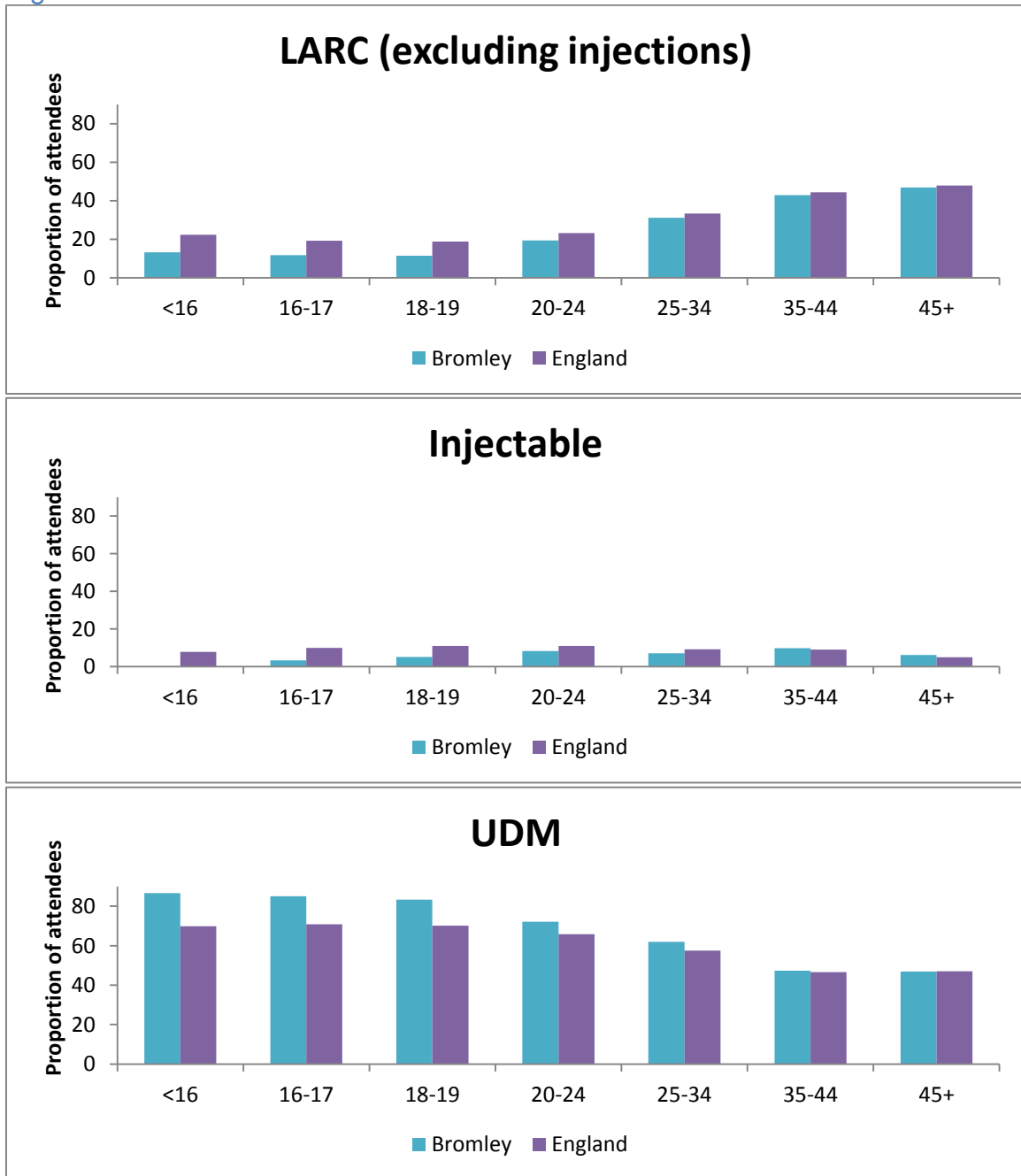
Figure 14: GP prescribed LARC rate (excluding injections) (2018)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	308,183	29.2	29.1	29.3
London region	↓	28,088	14.0	13.8	14.2
Bexley	↓	1,578	32.1	30.6	33.8
Richmond upon Thames	→	1,173	30.8	29.1	32.6
Kingston upon Thames	→	1,042	27.5	25.9	29.2
Bromley	↓	1,655	26.1	24.8	27.4
Wandsworth	↑	2,103	22.8	21.8	23.8
Croydon	↓	1,655	21.0	20.0	22.0
Lambeth	→	1,761	20.3	19.3	21.2
Haringey	↑	1,169	18.9	17.9	20.1
Enfield	→	1,176	17.0	16.0	18.0
Havering	→	759	15.1	14.0	16.2
Sutton	↓	615	15.0	13.9	16.3
Merton	↓	646	14.4	13.3	15.6
Newham	↓	1,158	14.2	13.4	15.1
Barking and Dagenham	↓	564	12.1	11.1	13.2
Harrow	↓	549	11.4	10.4	12.4
Tower Hamlets	↓	992	11.3	10.6	12.0
Lewisham	→	813	11.1	10.4	11.9
Islington	↓	728	10.9	10.1	11.7
Barnet	↓	876	10.9	10.2	11.6
Hounslow	↓	618	10.9	10.0	11.7
Redbridge	↓	633	10.0	9.2	10.8
Camden	→	643	10.0	9.2	10.8
Waltham Forest	→	587	9.5	8.8	10.3
Ealing	↓	664	9.4	8.7	10.2
Brent	↓	640	9.3	8.6	10.0
Southwark	↓	759	9.3	8.6	9.9
Greenwich	↓	570	8.8	8.1	9.6
Hammersmith and Fulham	↓	389	8.6	7.8	9.5
Westminster	→	488	8.5	7.8	9.3
Hackney	↓	512	6.8	6.3	7.5
Hillingdon	↓	396	6.2	5.6	6.9
Kensington and Chelsea	→	177	5.5	4.7	6.4
City of London	→	0	0.0	0.0	2.4

Source: PHE Fingertips



Figure 15: LARC\*



\* The underlying local authority number has been rounded to the nearest 5 to prevent deductive disclosure. Percentages will be distorted by rounding especially where small numbers are involved.

Source: PHE LASER 2017

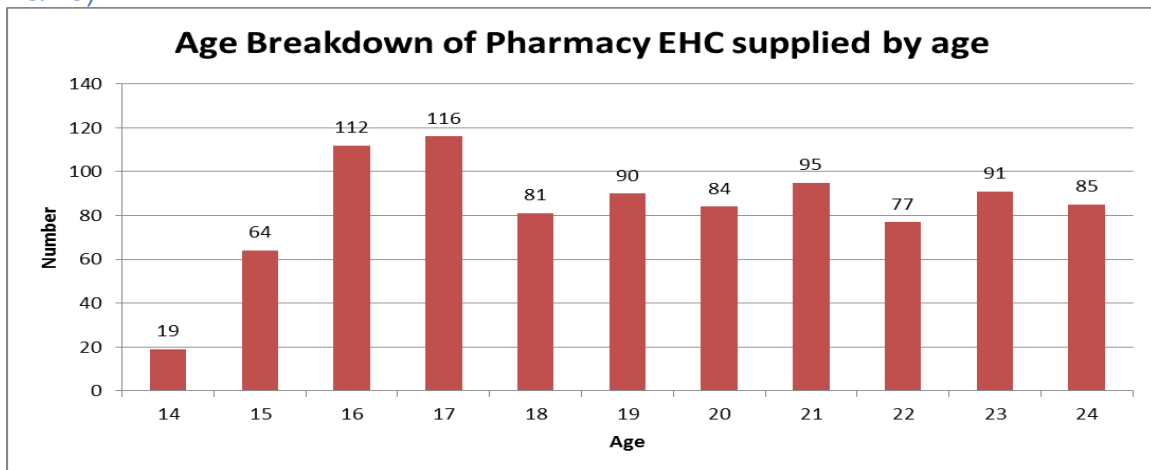
The emergency contraception encounter is an opportunity to provide an effective method of ongoing contraception. The Emergency IUD is the most effective method in preventing pregnancy in this situation and has the added advantage of providing ongoing contraception. Emergency contraception services need

pathways in place to ensure referral to local services to provide access to the full choice of methods.

Emergency hormonal contraception (levonorgestrel and ulipristal acetate) may be provided free through pharmacy depending on commissioning arrangements and is also available for over the counter purchase at some pharmacies and private clinics.

The figure 16 below shows the age breakdown of pharmacy EHC supplied by age. Younger users are the largest users of this service which has implications for teenage pregnancy.

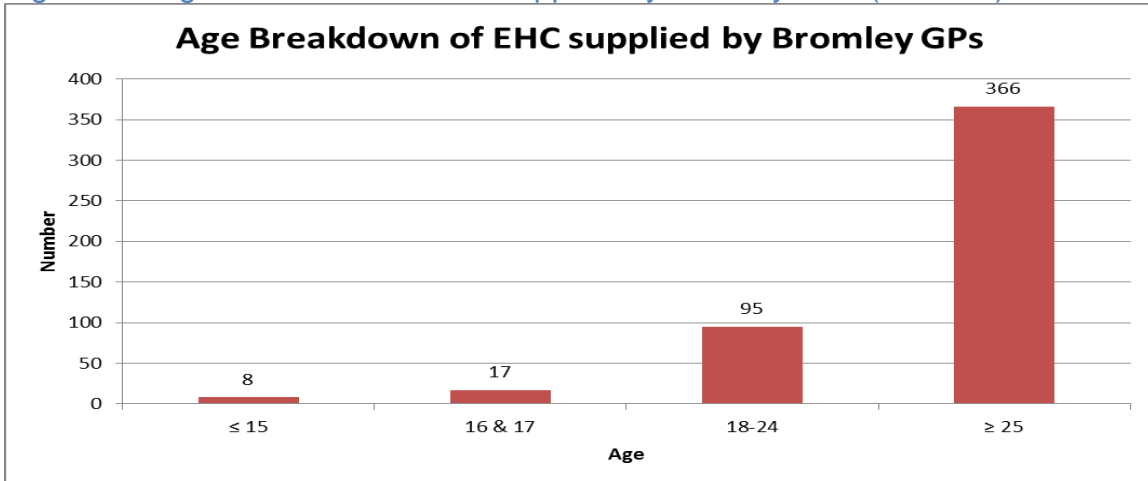
Figure 16: Age breakdown of pharmacy EHC supplied by age (Q3 17/18 - Q2 18/19)



Source: Bromley PH analysis of aggregated figures from BHC quarterly data submissions as part of contact monitoring process.

The figure 17 below shows the age breakdown of Bromley GPs EHC supplied by age, clearly showing provision at the higher age range of over 25.

Figure 17: Age breakdown of EHC supplied by Bromley GPs (2017/18)

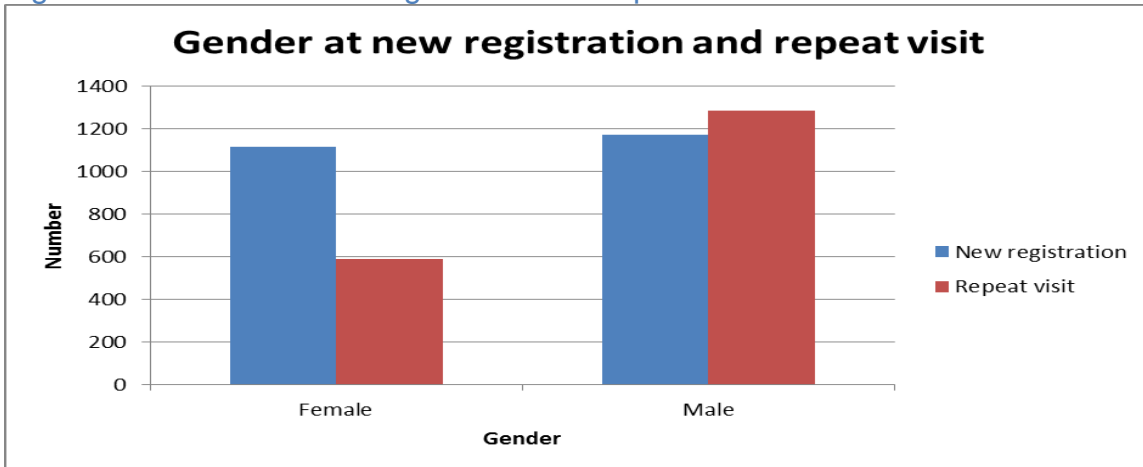


Source: Bromley PH analysis of aggregated figures from GP sexual health quarterly data 'Audits'

Condoms are not prescribable on the NHS, and are therefore not available from prescription data from GPs. Condoms can be purchased from pharmacies, supermarkets, and other retailers and are free at sexual health services as well as for young people through condom distribution schemes. Around 85% of local authorities provide a c-card or other condom distribution scheme.

In a year from Q3 of 2017/18 to Q3 of 2018/19 there were 2,294 new registrations and 1,883 repeat visits for the C-Card Scheme. 72% of new registrations were online, whilst 98% of repeat visits were to pharmacies. The figure 18 below shows the gender distribution at new registration and repeat visit.

Figure 18: Gender at new registration and repeat visit



Source: BHC C Card Quarterly Reports (aggregated year 17/18)

The figure 19 below shows the age distribution at new registration.

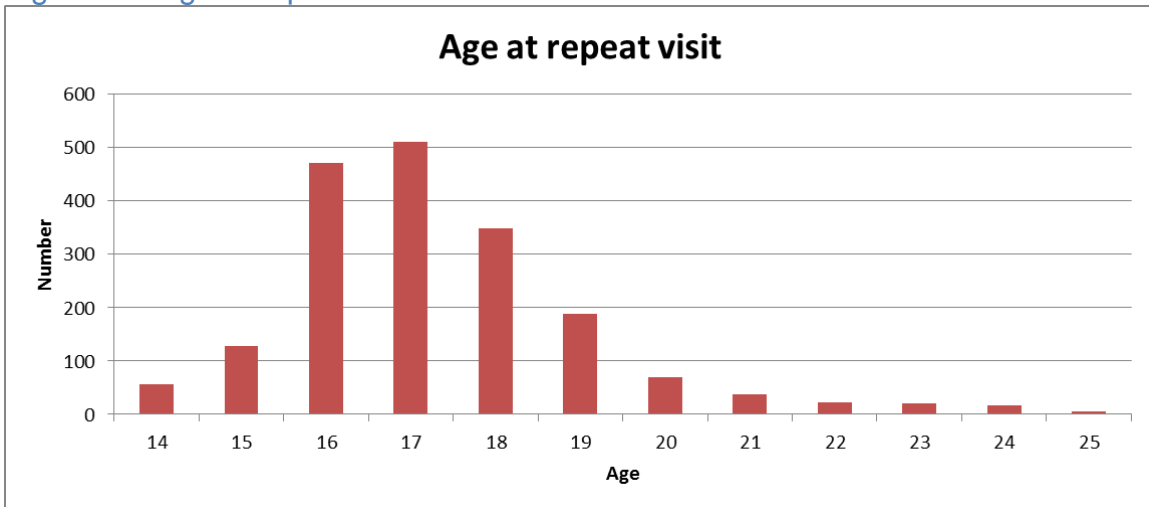
Figure 19: Age at registration



Source: BHC C Card Quarterly Reports (aggregated year 17/18)

The following figure 20 shows the age distribution at repeat visit.

Figure 20: Age at repeat visit



Source: BHC Quarterly C Card Report (year 17/18)

Teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children. Despite significant progress over the last 15 years, with a reduction of almost 62% in the under-18 conception rate, a continued focus is needed. Teenagers have the highest rate of unplanned pregnancy with disproportionately poor outcomes. Over 52% of under-18 conceptions end in abortion and inequalities remain between and within local authorities.

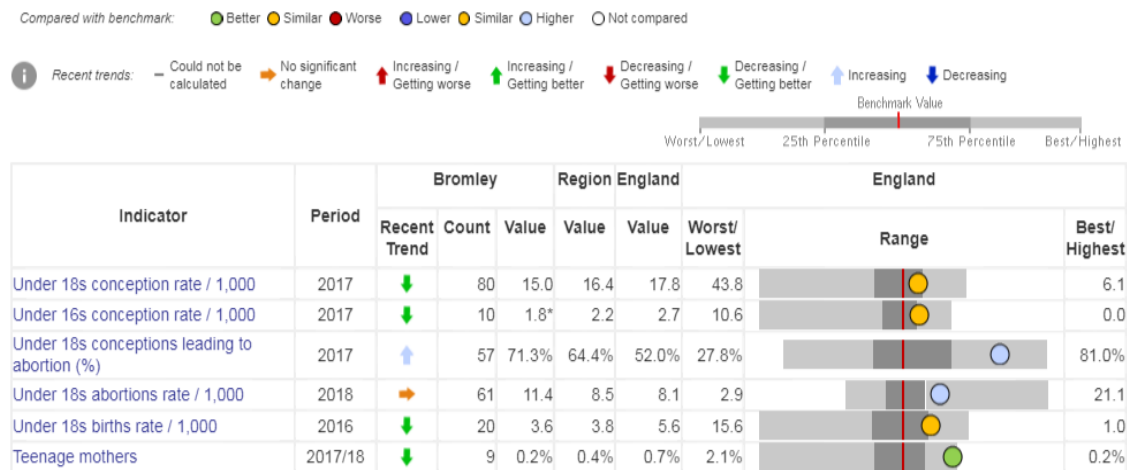
Figure 21 shows the teenage pregnancy profile for Bromley in 2017. The under-18s conception rate per 1,000 females aged 15 to 17 years was 15.0, while in

England the rate was 17.8 per 1,000. The rank (out of 324) within England for the under-18s conception rate was 190 (1st has the highest rate).

Between 1998 and 2017, Bromley achieved a 53.3% reduction in the under-18s conception rate, compared to a 61.8% reduction in England.

Among the under-18s conceptions, the percentage of those leading to abortion was 71.3%, while in England the percentage was 52.0%. The rank (out of 324) within England for the under-18s conceptions leading to abortion was 37 (1st has the highest percentage).

Figure 21: Teenage pregnancy profile



Source: PHE Fingertips

#### 4.1 Summary of findings

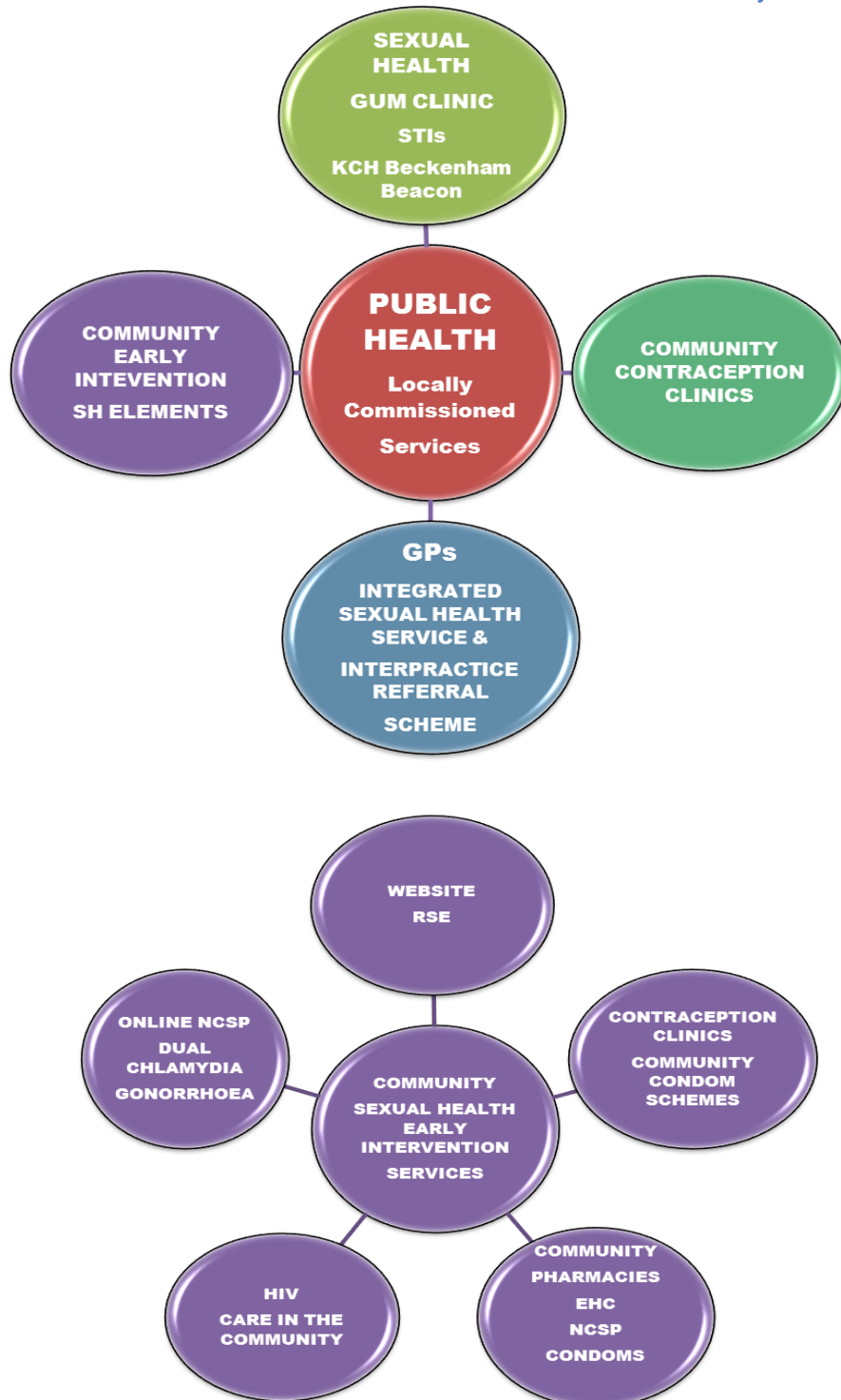
- The teenage conception rate in Bromley is average among its statistical neighbours
- Between 1998 and 2016 Bromley achieved a 59.8% reduction in the under 18s conception rate. Among the under 18s conceptions, the percentage of those leading to abortion was 76.1%
- Over 25s abortions have been a trend for some time, the rates for Bromley are above England rates but below rates for London
- Bromley has a higher percentage of repeat abortions overall
- As expected pharmacies supply EHC to those aged under 25, whilst GPs are supplying the majority of their EHC to the over 25s
- In a year from Q3 of 2017/18 to Q3 2018/19 there were 2,294 new registrations and 1,883 repeat visits for the C-Card Scheme. 72% of new registrations were online, whilst 98% of repeat visits were to pharmacies
- By providing appropriate and accessible contraception services to fertile women of all ages and young people in particular, Bromley has influenced

a continued decrease in the number of unwanted pregnancies and teenage conceptions in our borough

## 5. Activity of current commissioned services in Bromley

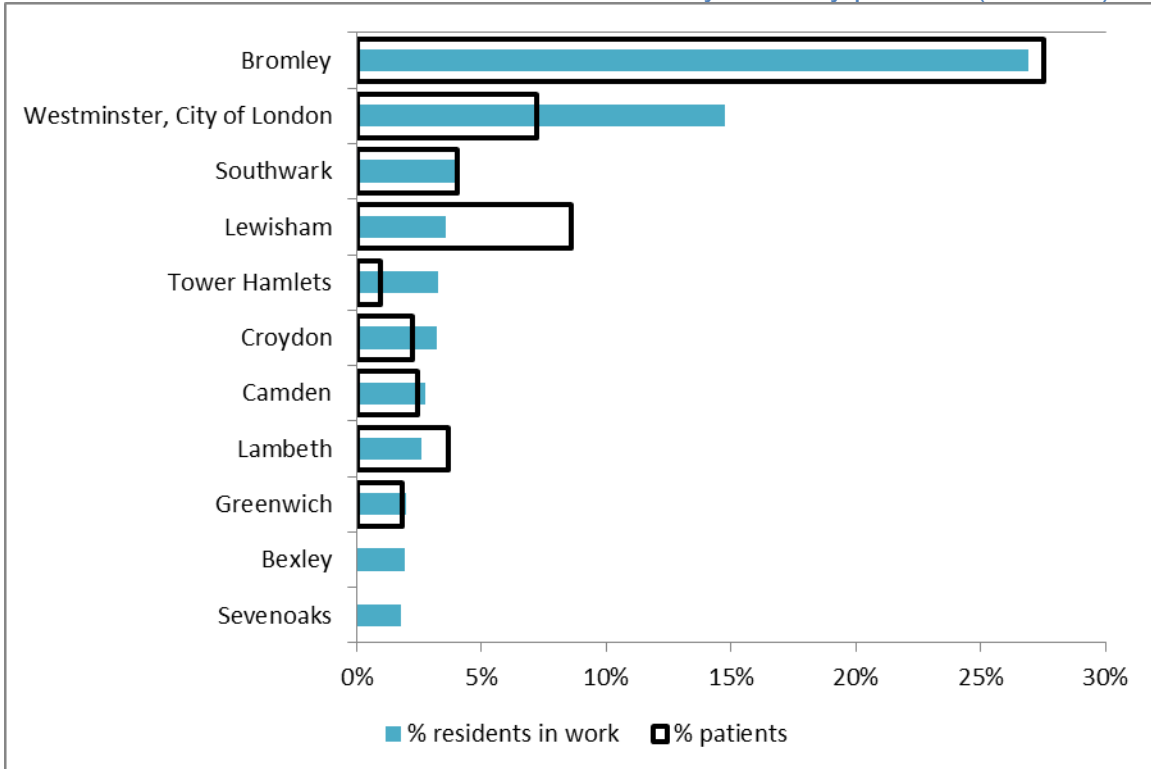
Figure 22 below describes the commissioning arrangements for sexual and reproductive health services by the local authority in Bromley.

Figure 22: Models of current Commissioned Services in Bromley



The latest data available regarding the numbers of residents working and commuting outside of Bromley is from the 2011 Census. The total outflow from Bromley including those working offshore or outside of the UK was 81,000 or 53% of the total number of Bromley residents in work. Around 70,000 of these were commuting to London. Figure 23 shows where the top commuting destinations were.

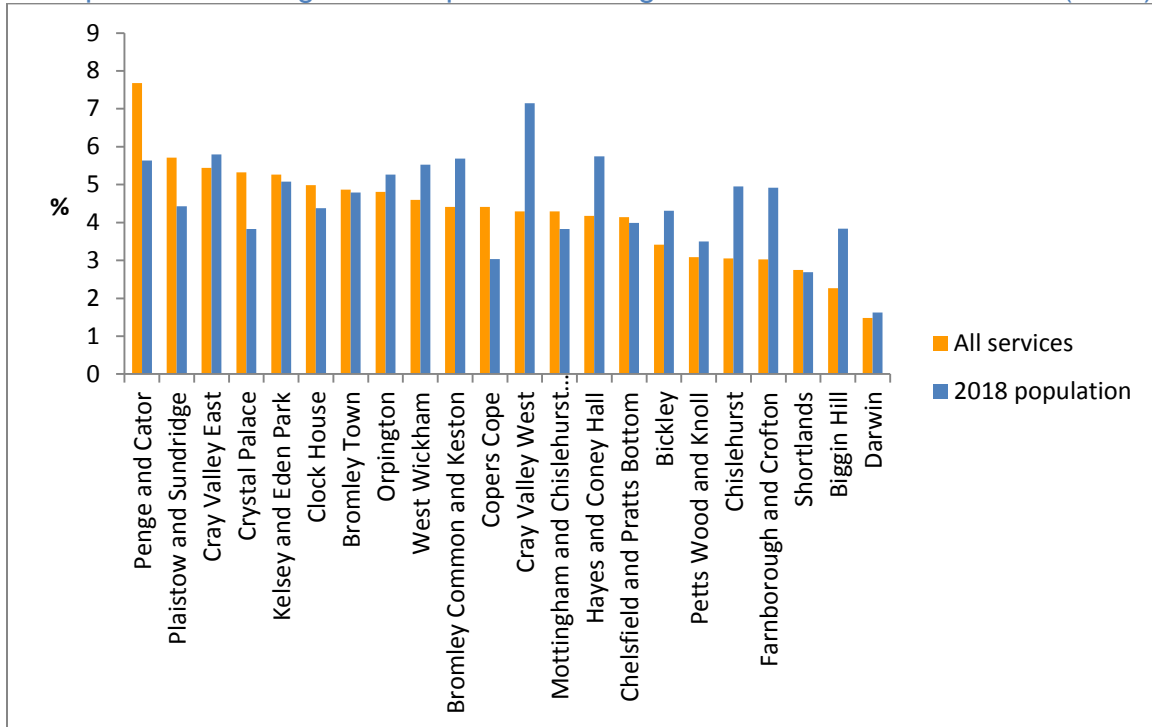
Figure 23: Top 10 commuting destinations of Bromley working residents against location of GUM & Non-GUM services attended by Bromley patients (2017/18)



Source: London Datastore (<https://data.london.gov.uk/dataset/place-residence-place-work-local-authority>); PHE HIV & STI Web Portal



Figure 24: Distribution of 15-24 year old population among Bromley wards compared against the ward of residence of patients of the same age from the main providers\* using contraception and integrated sexual health services (2018)

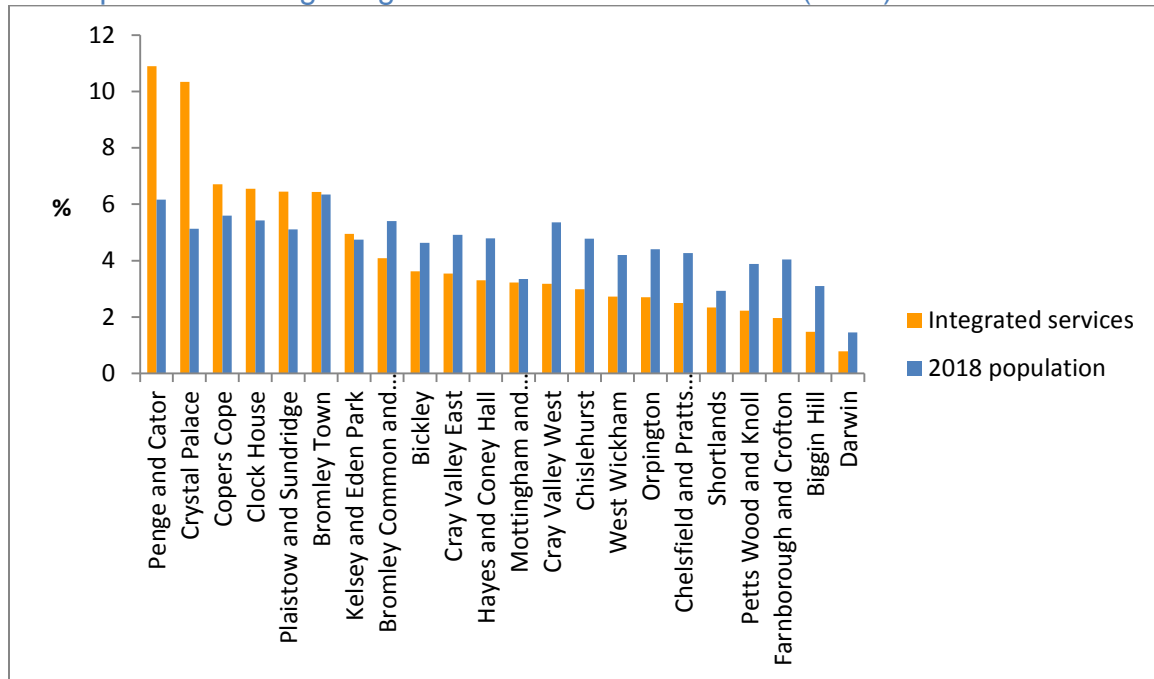


\*Data from following Trusts providing all sexual health services: Bromley Healthcare, Chelsea and Westminster, Kings, Guys and St Thomas, Lewisham and Greenwich  
 Source: GLA 2016-based Ward Mid-Year Population Projections Housing-led Model; Bromley PH

The above graph (figure 24) shows the distribution of 15-24 year old population among Bromley wards compared against the ward of residence of patients of the same age from the main providers using contraception and integrated sexual health services.

The graph below (figure 25) shows the distribution of 15-54 year old population among Bromley wards compared against the ward of residence of patients of the same age from the main providers using integrated sexual health services.

Figure 25: Distribution of 15-54 year old population among Bromley wards compared against the ward of residence of patients of the same age from the main\* providers using integrated sexual health services (2018)

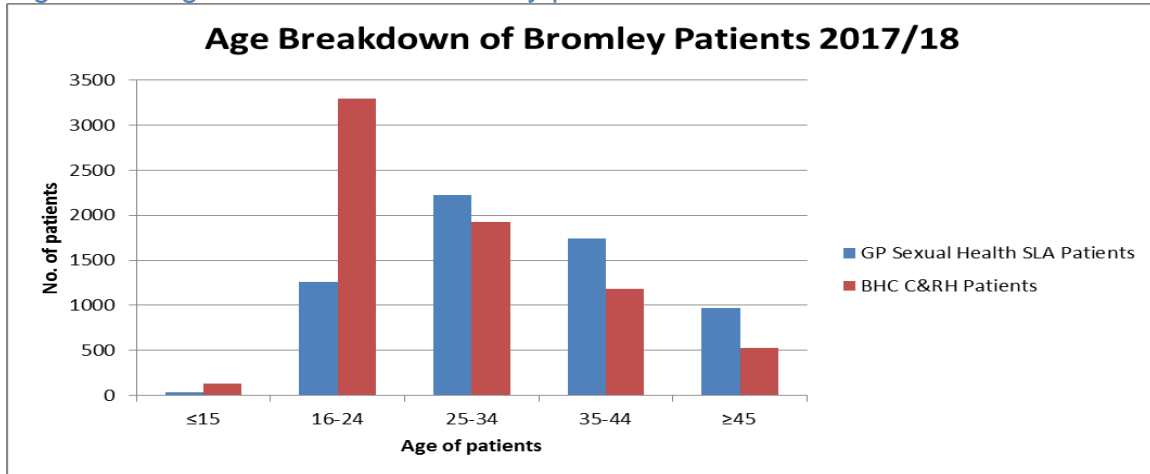


\*Data from following Trusts delivering integrated sexual health services: Chelsea and Westminster, Kings, Guys and St Thomas, Lewisham and Greenwich  
 Source: GLA 2016-based Ward Mid-Year Population Projections Housing-led Model; Bromley PH

Cray Valley West ward has the highest proportion of 15-24 year olds in the borough but a low proportion of patients using services. Penge and Cator and Crystal Palace have higher usage of integrated sexual health services compared to the proportion of 15-54 year olds.

In 2017 the rate of STI testing (excluding chlamydia in under 25 year olds) in sexual health services in Bromley was 14,531 per 100,000 aged 15 to 64 years, a 9.8% decrease compared to 2016. This compares to a rate of 16,739 per 100,000 in England in 2017.

Figure 26: Age breakdown of Bromley patients 2017/18



Source: Quarterly backing data validation for 1. GP Payments and 2. BHC C&RH KPIs

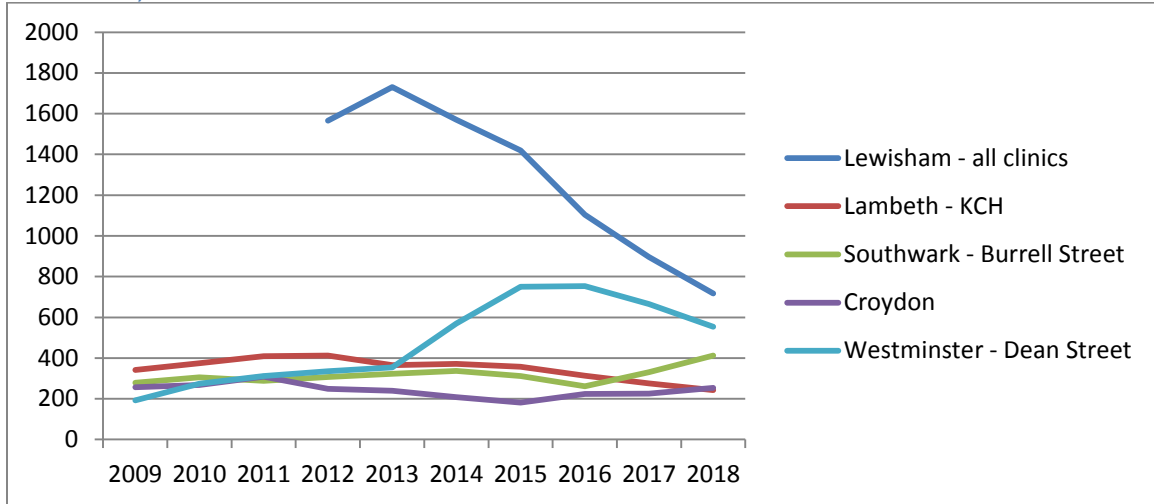
Figure 26 shows the age breakdown of Bromley patients in 2017/18 by GP Sexual Health SLA and BHC C&RH patients.

At a local level there is currently one specialist (Level 3) Sexual Health / Genitourinary Medicine (GUM) clinic in Bromley, situated in the North West of the Borough. This satellite clinic is provided under the lead management of King’s College Hospital (KCH). Although Beckenham Beacon SH Clinic does not offer an ‘Integrated SH’ service (to include provision of contraception services), Camberwell Clinic (KCH) does provide an integrated model. Contraception clinics are co-located with the SH service at Beckenham Beacon. Over 10,000 Bromley residents used GUM services and there were over 13,000 attendances by Bromley residents to a sexual health service nationally in the first 9 months of 2018.

Whilst an increasing proportion of Bromley residents now access sexual health screening online or locally, ‘Open Access’ SH Integrated Clinics in South East London and London also attract our residents.

The figure 27 shows the top 5 London Sexual Health clinics that are attended by Bromley residents. This could in part be explained when you compare this to the commuting destinations of Bromley residents for work which show a similar pattern (see figure 23)

Figure 27: South East London (top 5 London SH clinics attended by Bromley residents)



Source: PHE GUMCAD2 Patient Flows Reports

In Bromley, Beckenham Beacon Hospital has remained the most attended service since 2013. Bromley presents a similar picture to Lewisham, whereby a large proportion of residents attend a single service. Beckenham Beacon Hospital has been the most commonly used service since 2013. However, its share of total attendances has decreased since the launch of online service.

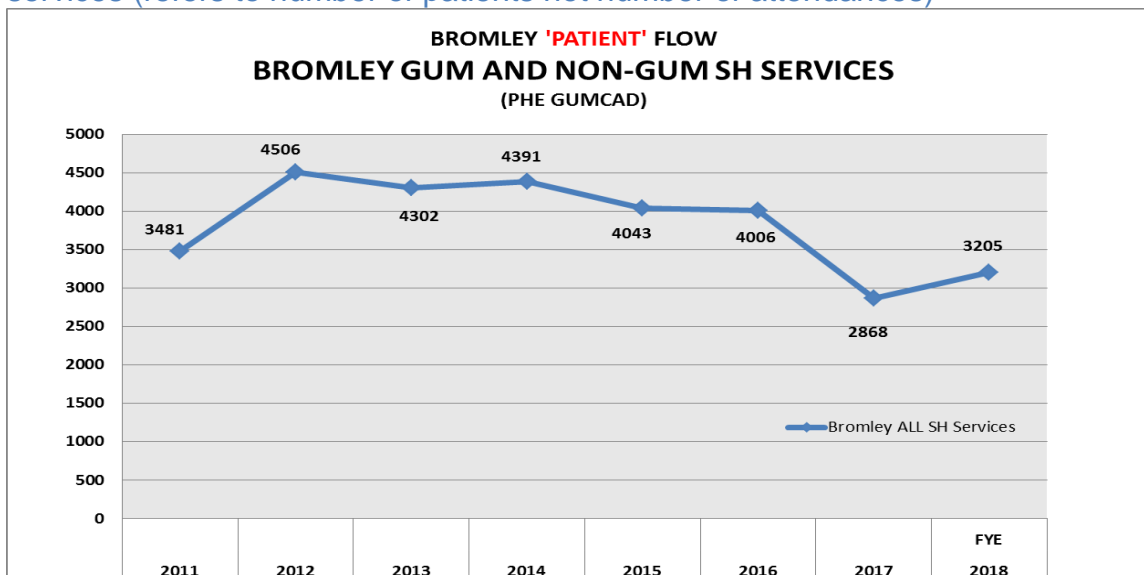
Figure 28: Top 10 most commonly used sexual health services by Bromley residents, 2014-2018

	2014		2015		2016		2017		2018	
	Service	%	Service	%	Service	%	Service	%	Service	%
1	Beckenham Beacon Hospital	40.1%	Beckenham Beacon Hospital	42.7%	Beckenham Beacon Hospital	43.2%	Beckenham Beacon Hospital	31.5%	Preventx	45.3%
2	Waldron Health Centre	16.8%	Waldron Health Centre	15.0%	Dean Street Clinic (GUM)	8.6%	SH24	14.8%	Beckenham Beacon Hospital	19.9%
3	Dean Street Clinic (GUM)	6.1%	Dean Street Clinic (GUM)	7.9%	Waldron Health Centre (Integrated)	4.2%	Preventx	7.9%	SH24	8.5%
4	The Woodlands Practice	4.7%	The Woodlands Practice	4.2%	Downham Health & Leisure Centre	3.8%	Dean Street Clinic (GUM)	7.3%	Dean Street Clinic (GUM)	3.9%
5	King's College Hospital NHS Foundation Trust	4.0%	King's College Hospital NHS Foundation Trust	3.8%	King's College Hospital NHS Foundation Trust	3.6%	Waldron Health Centre (Integrated)	4.1%	Burrell Street Sexual Health Clinic	2.9%
6	Guy's Hospital	3.6%	Guy's Hospital	3.3%	Guy's Hospital	3.0%	Burrell Street Sexual Health Clinic	3.6%	Waldron Health Centre (Integrated)	2.1%
7	St Thomas' Hospital	3.3%	St Thomas' Hospital	3.3%	Mortimer Market Centre	2.8%	King's College Hospital NHS Foundation Trust	3.0%	Croydon University Hospital	1.8%
8	Mortimer Market Centre	2.7%	Mortimer Market Centre	2.5%	Hawstead Road Primary Care Centre	2.7%	Mortimer Market Centre	2.7%	King's College Hospital NHS Foundation Trust	1.7%
9	Croydon University Hospital	2.2%	Croydon University Hospital	1.9%	Croydon University Hospital	2.5%	Croydon University Hospital	2.5%	Mortimer Market Centre	1.7%
10	Trinity Medical	2.1%	St Bartholomew's Hospital	1.8%	St Thomas' Hospital	2.3%	Downham Health & Leisure Centre	2.3%	Hawstead Road Primary Care Centre	1.4%
<b>Total</b>		<b>9349</b>		<b>9474</b>		<b>8772</b>		<b>9091</b>		<b>14179</b>

In-borough services  
 Out of borough services

Source: PHE GUMCAD

Figure 29. Bromley residents patient flow to GUM and Non-GUM sexual health services (refers to number of patients not number of attendances)



**NOTE 1:** Beckenham Beacon SH Clinic, Woodlands and Trinity practices STI Attendances are included in data reports from **2012** onwards (but are missing from reports in 2017 and 2018)

**NOTE 2:** 2017 **1,341** Patients are recorded as SH24 Southwark and **721** patients Preventx Sheffield (Total = **2062**)

**NOTE 3:** FYE for 2018 (based on 9 months reported activity) **5664** patients are attributed to Preventx, Sheffield and **1597** attributed SH24 Southwark. (Total = **7261**)

Source: PHE GUMCAD

The graph above (figure 29) shows Bromley patients attending Bromley sexual health GUM services and inclusive of Preventx and SH24 (not attendances).

Since then, Bromley along with other London authorities introduced a London-wide e-service. It is intended to add capacity to clinic based service and at the same time to offer a more convenient option for residents who need routine testing for STIs. Since its launch in January 2018, the service has demonstrated high levels of acceptability, evidenced through levels of uptake and user feedback. Between 1/7/18 to 31/12/19, a total of 12,181 kits were requested, 82.3% of which were returned (see Table 2).

Table 2: Online STI testing kit requests and returns

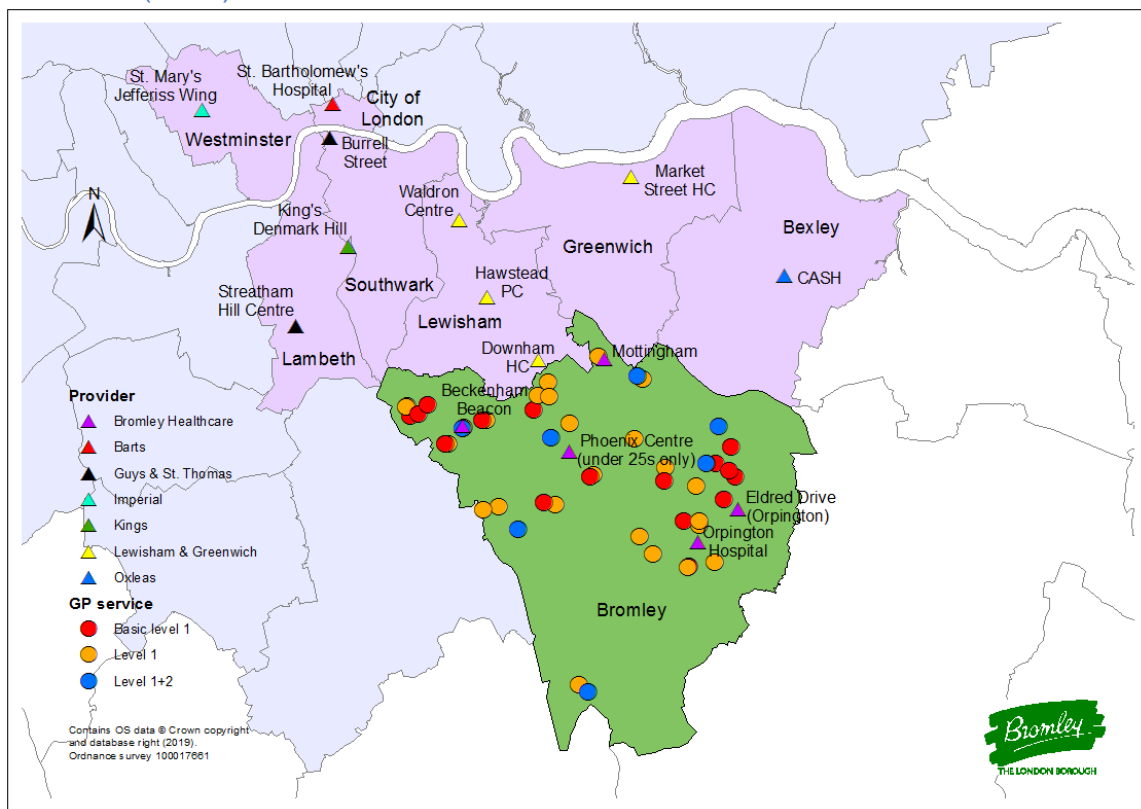
Kits requested	12181
Returned	10022
<b>Return rate</b>	<b>82.3%</b>
Final returns after wastage	9821
Kits tested	9808

Bromley PH

Closer monitoring including detection rate, patient notification and its impact on STI will be undertaken in the near future.

Approximately 6,000 Bromley residents and 3,000 Out Of Borough residents attend the Bromley Healthcare service each year. The figure 30 below shows the contraception and sexual health services accessed by Bromley residents in 2017, showing a clear gap in provision in the Biggin Hill and Darwin areas of the borough. When compared to figure 6, it is clear that services are however, distributed across areas with highest STI prevalence.

Figure 30: Contraception and sexual health services accessed by Bromley residents (2017)



Source: PHE LASER 2017

The provision of the integrated service model within Bromley Primary Care complements the 'Open Access' contraception service available in the community, by offering easy access to LARC methods to registered patients in the GP setting. Bromley residents are provided with sexual health and contraception services at one appointment from the same site. This specialist service is delivered by FSRH qualified skilled health professionals within the practice.

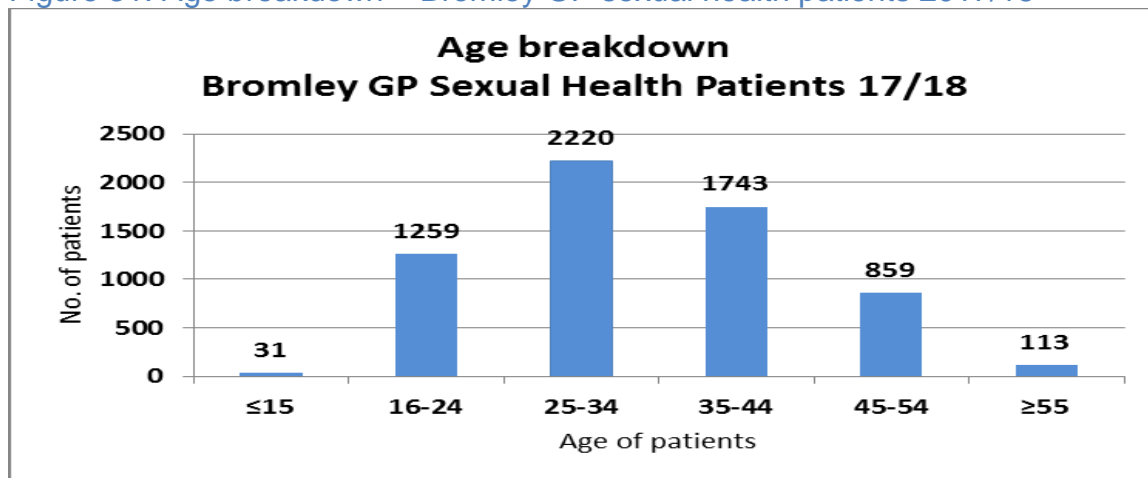
While contraception methods such as Oral Contraceptive Pills and Contraceptive Injections are available to registered patients under the core GMS, PMS or APMS GP contracts, 28 practices have undertaken additional FSRH accredited

Diploma and competency training to offer LARC methods to their own patients ('GP SH Level 1 service'). A further 8 local practices are able to take referrals from other Bromley practices to provide LARC methods or more complex contraceptive expertise via the Bromley 'GP Sexual Health Inter-Practice Referral Scheme'.

A further 6 practices provide National Chlamydia Screening Programme and STI testing including tests for HIV ('GP SH Basic Level 1'). Over 6,000 registered patients attend the GP setting for this Integrated SH service each year.

The figure 31 below shows the age breakdown of sexual health patients at Bromley GP practices, showing increased attendance from the over 25 age range than the services attended in figure 26 above.

Figure 31: Age breakdown – Bromley GP sexual health patients 2017/18

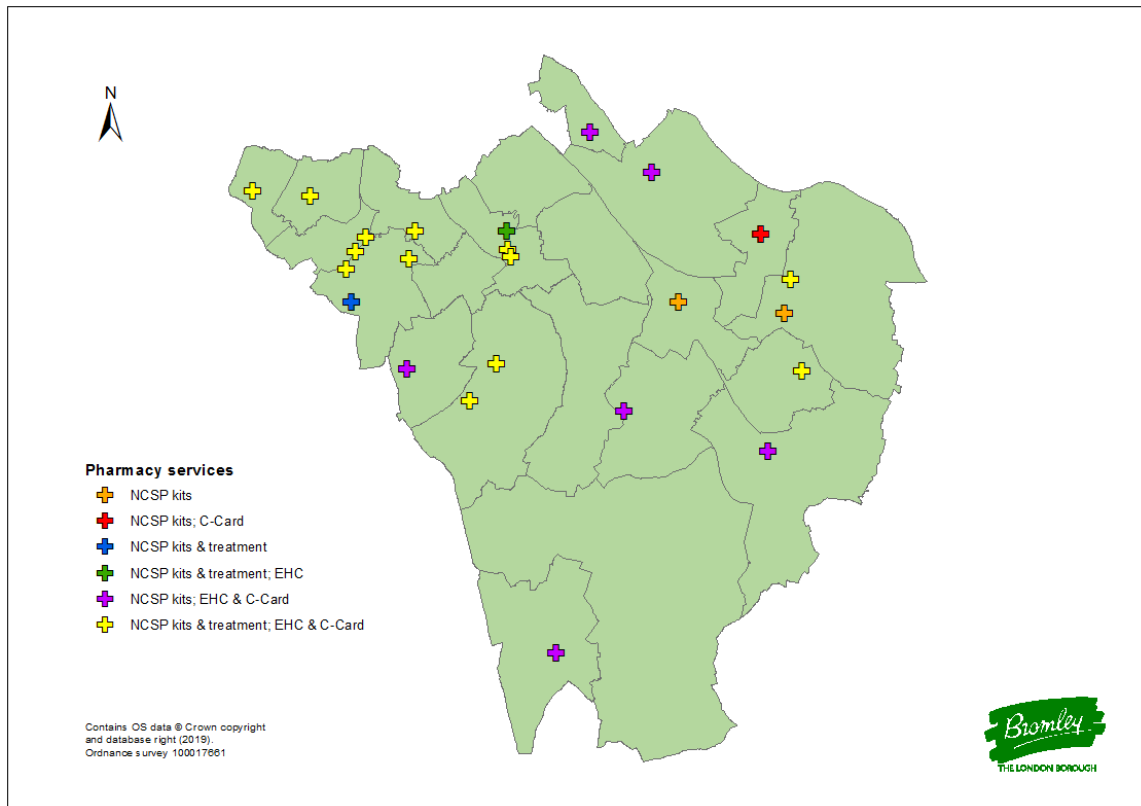


Source: PH analysis of aggregated GP quarterly Audit backing data (excluding practices without a SH contract with)

Community pharmacies in Bromley are subcontracted by Bromley Healthcare to provide an integrated SH service model to young residents under the age of 25. Key to the success of this setting is confidentiality, ease of access, local high street availability and convenient opening times. Participating Pharmacists have all undertaken additional training and met agreed competencies to be able to provide this service. Out of 60 Bromley pharmacies in the community, 24 are providing all or at least some of this service. Figure 32 shows the distribution of this service across the borough, showing gaps in service provision in the Bickley, Bromley Common and Keston, and Darwin wards. When compared to figure 6, it is clear that services are however, distributed across areas with highest STI prevalence.



Figure 32: Community Pharmacies providing Sexual Health Services (see appendix 2 for an explanation of the wards)



NCSP: National Chlamydia Screening Programme; EHC: Emergency Hormonal Contraception  
 Source: BHC Community Pharmacy Contract Register

The table 3 below shows the top 12 most commonly used contraception services accessed by Bromley residents in 2017. It shows that the majority of residents are attending contraception services within the borough at 70.1%.

Table 3: top 12 contraception services accessed by Bromley residents (calendar year 2017)

	Clinic	%	Attendances
1	Bromley Clinics	70.1	5717
2	Lewisham Waldron Centre	4.1	334
3	Lewisham Downham Health Centre	2.6	209
4	Lewisham Hawstead Primary Care	2.4	195
5	Bexley CASH	2.2	182
6	Burrell Street	2.2	181
7	King's College Hospital Denmark Hill	2	165
8	St Mary's Jefferiss Wing	1.8	144
9	St Bartholomew's Hospital	1.8	143
10	Lewisham Sydenham Green	1.6	128
11	Market Street Health Centre	1.3	107
12	Streatham Hill Centre	0.9	71

Source: SRHAD PHE LASER 2017

### 5.1 Summary of findings

The main findings from the section are as follows:

- 53% of Bromley residents in work commute to destinations outside Bromley for work – 86.4% of these commuting to London
- Cray Valley West ward has the highest proportion of 15-24 year olds in the borough but a low proportion of patients using services
- Penge and Cator and Crystal Palace have higher usage of integrated sexual health services compared to the proportion of 15-54 year olds
- Biggin Hill and Darwin have the lowest usage of integrated sexual health services compared to the proportion of 15-54 year olds. However, this may be due to the limited service available in these areas
- In Bromley, Beckenham Beacon Hospital has remained the most attended service since 2013
- Gap in provision of sexual health and contraception services in the Biggin Hill and Darwin areas of the borough
- Gaps in Pharmacy provision in the Bickley, Bromley Common and Keston, and Darwin wards of the borough

## 6. Stakeholder and User views

### 6.1 South East London Turnaway Survey

Following a pilot in November 2017, a survey with refined methodology was undertaken in April 2018. Demand for sexual health services in inner South East London is high and services have undergone significant transformation. In order to understand service use and access a survey was conducted. Inner South East London commenced a sexual health transformation programme in 2015-16, with the aim of developing and implementing a sustainable model for delivering genitourinary medicine (GUM) and integrated sexual health services. A snapshot survey was conducted across 9 sexual health clinics in Southwark, Lewisham, Lambeth and Bromley during a two-week period in April 2018.

The findings of the survey are intended to provide insight into the current demands for sexual health services and inform discussions regarding actions that may be taken to mitigate pressures. A total of 3,798 people visited the nine sexual health clinics over the two week survey period and were asked to complete the questionnaire with a 66% response rate. There was a 57% response rate in the Beckenham Beacon clinic.

### 6.2 Transformation project

A pan-London online survey was undertaken during January to March 2016 as a part of service user engagement to inform the work of the London Sexual Health Transformation Programme. There were 2,231 respondents to the online survey.

The aims of the online survey were:

- To understand why sexual health service users chose the services that they do
- To gauge appetite for increasing GUM and SRH services within primary care
- To gauge appetite for increasing use of online testing
- To gauge appetite for increasing integrated GUM and SRH services

There were 2,231 respondents to the online survey. 72% of respondents (1,610 people) were resident in London.

## 7. Key findings

### *High risk and vulnerable groups*

- The burden of STIs continues to be greatest in young people, MSM and Black ethnic minorities
- The BAME population is expected to grow by 22% over the next 10 years (the Black African ethnic group is projected to grow the most)
- 19.5% of new STIs diagnosed in Bromley were in people born overseas
- 30.5% of new STIs were among MSM in 2017 in Bromley

### *Bromley Sexual Health*

- While more men than women are testing positive for Chlamydia, many fewer men are being tested
- New Chlamydia diagnoses are largely among the white population although diagnoses among the Black and Mixed population are over represented given their proportion in the general population of Bromley
- Males and MSM continue to experience the highest rates of gonorrhoea infection mainly in the 20-34 age range but 2018 FYE show the 15-19 age group have doubled in diagnosis figures since the previous year
- Those with a Black or Mixed ethnicity are more at risk of gonorrhoea infection compared to other broad ethnic groups when measured against the ethnic profile of the Bromley population
- Bromley is the 64<sup>th</sup> highest (out of 326 local authorities in England) for Gonorrhoea infection and the rate has been increasing for some time
- The rate of syphilis infection in Bromley in 2017 was 11.9 per 100,000 population compared to England of 12.5. Bromley now ranks 51<sup>st</sup> highest for Syphilis infections out of 326 other local authorities. Observed in a population, this reflects high levels of risky sexual behavior
- Between 2015/16 and 2017/18, 94% of new syphilis diagnosis were among men
- 50% of all STIs in Bromley are diagnosed in the 15-25 year age group. Young people are also more likely to become re-infected with STIs, in Bromley an estimated 8.4% of 15-19 year old women and 12.2% of 15-19 year old men presenting with a new STI at a sexual health service during the 5 year period from 2013 to 2017 became re-infected with an STI within 12 months
- In Bromley Chlamydia diagnosis trends are increasing
- The highest rates of new STI diagnosis in Bromley in 2017 were reported in the 3<sup>rd</sup>, 4<sup>th</sup> and most deprived categories for deprivation
- In 2017, the diagnosed HIV prevalence rate in Bromley was 2.6 per 1,000 population aged 15-59 years, compared to 2.3 per 1,000 in England. 23% of middle super output areas in Bromley had a prevalence rate higher than 2 per 1,000 population for all ages

- There has been an 11.7% change from 2013 to 2017 for people receiving HIV-related care
- The rate of new diagnosis of HIV in Bromley has been falling
- In Bromley, between 2015 and 2017 44.7% of HIV diagnoses were made at a late stage of infection compared to 41.1% in England
- 5-6% of all STI tests in the GP setting result in a positive diagnosis of a sexually transmitted infection each year
- Whilst the community pharmacy setting does not achieve the highest screening numbers out of other Bromley and online providers, it is responsible for detecting the highest number of infections

### *Bromley Reproductive health*

- The teenage conception rate in Bromley is average among its statistical neighbours
- Between 1998 and 2016 Bromley achieved a 59.8% reduction in the under 18s conception rate. Among the under 18s conceptions, the percentage of those leading to abortion was 76.1%
- Over 25s abortions have been a trend for some time, the rates for Bromley are above England rates but below rates for London
- Bromley has a higher percentage of repeat abortions overall
- As expected pharmacies supply EHC to those aged under 25, whilst GPs are supplying the majority of their EHC to the over 25s
- In a year from Q3 of 2017/18 to Q3 2018/19 there were 2,294 new registrations and 1,883 repeat visits for the C-Card Scheme. 72% of new registrations were online, whilst 98% of repeat visits were to pharmacies
- By providing appropriate and accessible contraception services to fertile women of all ages and young people in particular, Bromley has influenced a continued decrease in the number of unwanted pregnancies and teenage conceptions in our borough

### *Activity of current commissioned services*

- The top 5 London SH clinics attended by Bromley residents are Lewisham, Lambeth, Southwark, Croydon and West/Dean Street
- In 2017/18 GPs saw more patients aged over 25 than BHC C&RH
- In 2017/18 BHC C&RH saw more patients under 25 than GPs
- In Bromley, Beckenham Beacon Hospital has remained the most attended service since 2013
- 53% of Bromley residents in work commute to destinations outside Bromley for work – 86.4% of these commuting to London
- Cray Valley West ward has the highest proportion of 15-24 year olds in the borough but a low proportion of patients using services
- Penge and Cator and Crystal Palace have higher usage of integrated sexual health services compared to the proportion of 15-54 year olds

- Biggin Hill and Darwin have the lowest usage of integrated sexual health services compared to the proportion of 15-54 year olds. However, this may be due to the limited service available in these areas
- Gap in provision of sexual health and contraception services in the Biggin Hill and Darwin areas of the borough
- Gaps in Pharmacy provision in the Bickley, Bromley Common and Keston, and Darwin wards of the borough

## 8. Gap analysis / Unmet need

- In the 2017/18 financial year, no gay or bisexual men presented to drug treatment in Bromley, according to the data. However, it is important to note that this data may be a reflection of the effectiveness of treatment pathways and there may be unmet need not reflected in the data
- The physical and sexual health needs of people with learning disabilities or mental ill-health have been overlooked in the past. However there is a more urgent need to understand and address these needs in this population group. We do not currently have any information on people with learning disabilities or people living with mental ill-health and their use of the sexual and reproductive health services in Bromley
- In Bromley, an estimated 8.9% of women and 9.0% of men diagnosed with gonorrhoea at a SHS between 2013 and 2017 became re-infected with gonorrhoea within 12 months. Nationally, an estimated 3.7% of women and 11.1% of men became re-infected with gonorrhoea within 12 months. The percentage is clearly higher for women in Bromley than Nationally so further investigation is needed to understand why
- There has been a decline in the provision of LARC in general practice over the last few years due to reduced capacity. Local systems need to make sure that their LARC provision effectively meets the need of their populations
- There is a gap in Biggin Hill and Darwin for sexual health and contraception services in Bromley
- There is a gap in Bickley, Bromley Common and Keston, and Darwin for Pharmacy services

## 9. Recommendations

### *High risk and vulnerable groups*

1. Black ethnic minority groups are growing at a faster rate than others, in particular Black Africans. This is of special importance in sexual health services because of the high proportion of newly diagnosed HIV infections occurring in this group, of whom 41% are diagnosed late. Twice as many women as men are affected. Services tailored to this group need to find ways of helping people who are at risk of STIs to be tested for HIV and to access services earlier.
2. The physical and sexual health needs of people with learning difficulties or mental ill-health have been overlooked, however there is a more urgent need to understand and address these needs in this population group.
3. Both prevention and service provision needs to be tailored to specific groups who are at high risk of poor sexual and/or reproductive health. Vulnerable individuals need to be identified and counseled.
4. We have identified vulnerable and high risk groups in this report. Further data is required to understand the needs of these groups and work with providers together to provide the appropriate data sets to inform commissioning.

### *Bromley Sexual Health*

5. Given the rise in both Gonorrhoea and Syphilis, continued efforts will need to be made to target those at risk populations, especially young people and MSM.
6. When considering the commissioning strategy the authors will need to think about 15-24 year age groups, especially young men.
7. Continue education for clinicians and professionals to raise awareness in order to improve the late diagnosis of HIV.

### *Bromley Reproductive Health*

8. Research evidence continues to show that it is teenage pregnancies that are associated with poorer outcomes for both the parents and children more work is therefore needed to continue to tackle unintended pregnancies, especially in areas that have the highest rates of teenage pregnancy in Bromley. These continue to be found in Bromley wards that also have a higher level of deprivation such as Penge, Mottingham, Plaistow and Sundridge, The Crays and Darwin.
9. The evidence has shown we have sustained a continued decrease in the number of unwanted pregnancies and this needs to be maintained. Work on the following areas will help with this:
  - Improving the uptake of LARC methods compared to user dependent methods in the Bromley population especially young service users.
  - Improve the provision of contraception services in the Biggin Hill area.



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## Appendix One

### Glossary

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BASHH	British Association for Sexual Health and HIV
BCP	Bromley Children's Project
BDAS	Bromley Drugs and Alcohol Service
BHC	Bromley Healthcare
BHIVA	British HIV Association
BAME	Black and Minority Ethnic Groups
BSCB	Bromley Safeguarding Children's Board
C&RH	Contraception and Reproductive Health
CAMHS	Child and Adolescent Mental Health Service
CASH	Contraception & Sexual Health
CCG	Clinical Commissioning Group
CGL	Change Grow Live
COC	Combined Oral Contraception
CPPE	Centre for Pharmacy Postgraduate Education
CPX	Community Pharmacies
CSE	Child Sexual Exploitation
CSHEIS	Community Sexual Health Early Intervention Service (Bromley)
CSN (HIV)	Community Specialist Nursing team for PLHIV
CTAD	Chlamydia Testing Activity Dataset
EC	Emergency Contraception
EHC	Emergency Hormonal Contraception
FE	Further Education
FGM	Female Genital Mutilation
FNP	Family Nurse Partnership
FPA	Family Planning Association
FSRH	Faculty of Sexual and Reproductive Health
FYE	Full Year Effect
GLA	Greater London Authority
GP ISHSLA	General Practice Integrated Sexual Health Service Level Agreement
GRT	Gypsy, Roma and Traveller
GUM	Genitourinary Medicine
GUMCADv2	Genitourinary Medicine Clinical Activity Dataset (version 2)
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
HPV	Human Papilloma Virus
HV	Health Visitor
IMD	Index of Multiple Deprivation
IUD	Intrauterine Device
IUS	Intrauterine System
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Looked After Children
LARC	Long Acting Reversible Contraception (injections, implants and intrauterine devices)
LBB	London Borough of Bromley
LD	Learning Difficulty / Disabilities
LES	Locally Enhanced Service (GP)
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
LMT	Links Midwifery Team (commissioned by CCG)



LSL	Lambeth, Southwark & Lewisham
LSOAs	Lower Super Output Areas
MASE	Multi Agency Sexual Exploitation
MEGA	Missing, Exploited and Gang Affiliation
MSM	Men who have sex with men
MSOAs	Middle Super Output Areas
NAT	National Aids Trust
NAAT	Nucleic Acid Amplification Tests
NCSP	National Chlamydia Screening Programme
NEET	Young People Not in Education, Employment or Training
NHIVNA	National HIV Nurses Association
NHSE	National Health Service England
NICE	National Institute for Clinical Excellence
NPS	New Psychoactive Substances
ONS	Office of National Statistics
PGD	Patient Group Direction
PH	Public Health
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PLHIV	People Living with HIV
POC	Progesterone Oral Contraception
PrEP	Pre-exposure Prophylaxis
PSHE	Personal, Social, Health and Economic Education
RSE (SRE)	Relationship & Sexual Education
SARC	Sexual Assault Referral Centre
SDI	Sub-Dermal Implant
SED	Socio-economic Deprivation
SEL	South East London
SHL	Sexual Health London
SHS	Sexual Health Services
SNAP	Sexuality Not a Problem
SRHAD	Sexual and Reproductive Health Activity Data
SRHNA	Sexual and Reproductive Health Needs Assessment
STI	Sexually Transmitted Infection
STIF	Sexually Transmitted Infection Foundation (courses)
TP	Teenage Pregnancy
THT	Terence Higgins Trust
TOP	Termination of Pregnancy
UDC	User Dependent Contraception
UDM	User Dependent Methods (contraception)
USI	Unprotected Sexual Intercourse
YOS	Youth Offending Service
YOT	Youth Offender Team
YPM	Young Parent Midwives
YTD	Year to Date

## Appendix Two

### Map of Bromley wards

