



Public Health
England

Protecting and improving the nation's health

PHE action plan 2015-16

Promoting the health and wellbeing
of gay, bisexual and other men who
have sex with men

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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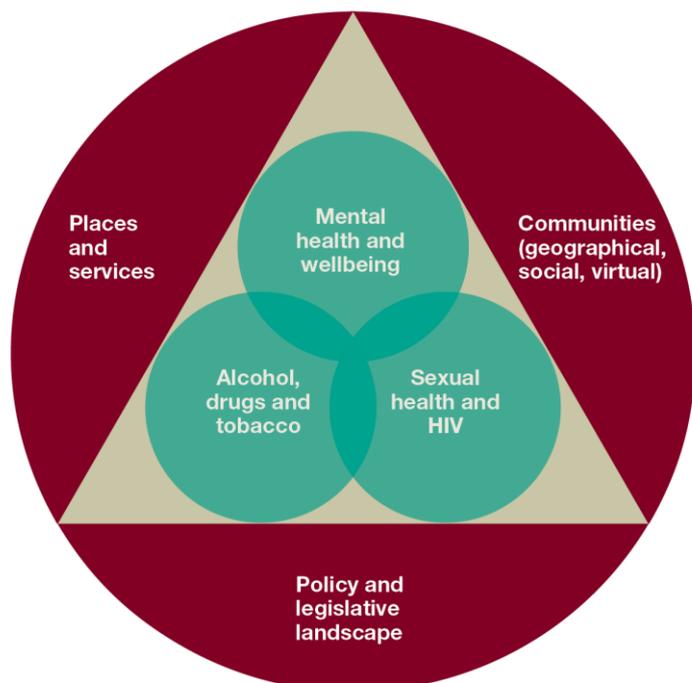
Introduction

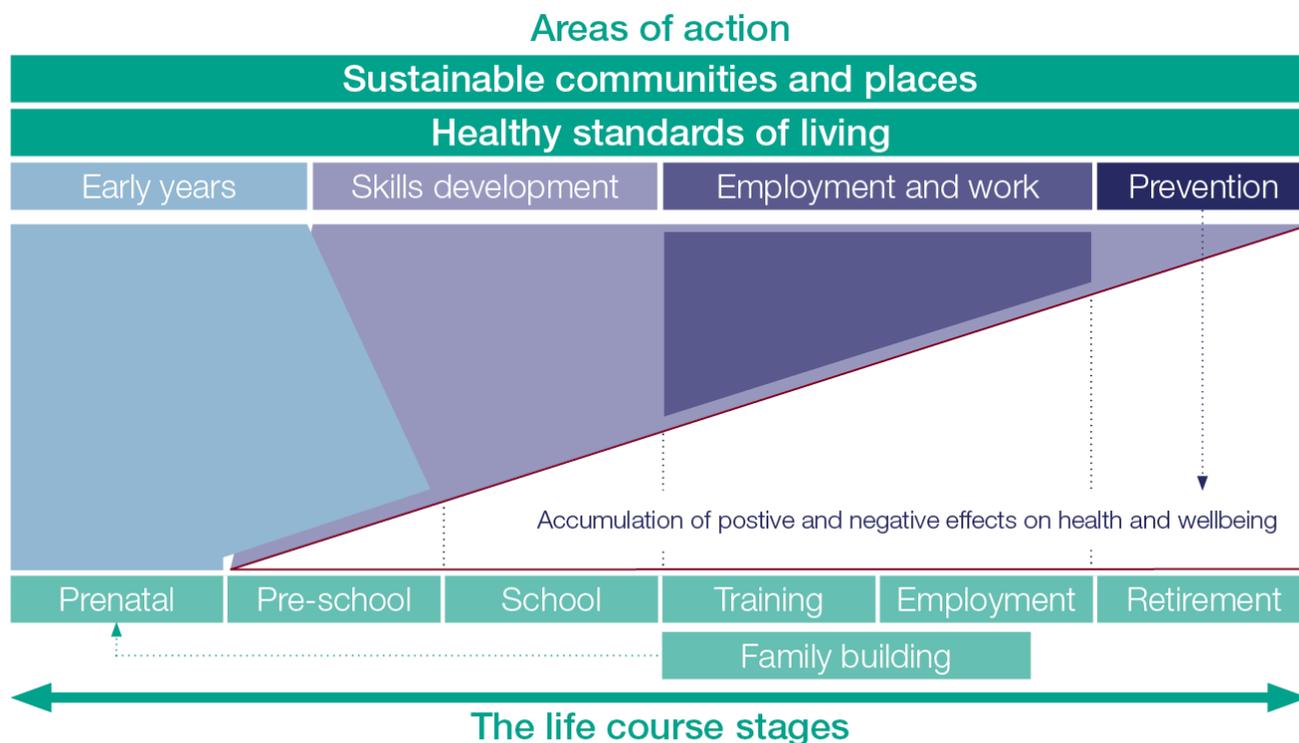
Gay, bisexual and other men who have sex with men (MSM) constitute an estimated 2.6% of the UK male population.¹ This diverse group experiences significant inequalities relating to their health and wellbeing. Addressing the health problems affecting this group is a key part of improving public health nationally, as well as being a legal duty for all public bodies under the Equality Act.

Public Health England (PHE) published a [summary](#) in July 2014 that highlighted a range of evidence-based interventions that can help to reduce the inequalities affecting MSM. This identified, from the evidence, three distinct but overlapping areas in which gay, bisexual and other MSM bear a disproportionate burden of ill health: sexual health and HIV, mental health and in the use of alcohol, drugs and tobacco. By identifying and tackling the structural and direct determinants behind this trio, we aim to reduce these specific inequalities and to improve the health and wellbeing of MSM generally.

This document sets out the actions that PHE is taking from 2015 to 2016 to support implementation, in its own work and across the public health system as a whole. Many of the levers to effect change are at a local level and PHE's primary role is to support local authorities and clinical commissioning groups in their work to improve the health of the population and address inequalities, including those affecting gay, bisexual and other MSM.

It is PHE's vision for all MSM to enjoy long healthy lives and to have respectful, fulfilling social and sexual relationships. The steps set out in this action plan reach across the life course.





The action plan targets three areas of the life-course:

Starting well – for MSM to feel safer and supported as they develop their sexual identity, and to be empowered to make healthy choices as they become sexually active.

Living well – for MSM to feel respected and valued by the community, and to have the control and opportunity to make healthier choices about their lives.

Ageing well – for older MSM to lead longer, healthier lives, to feel supported by the community, and receive appropriate health and social care support as they age.

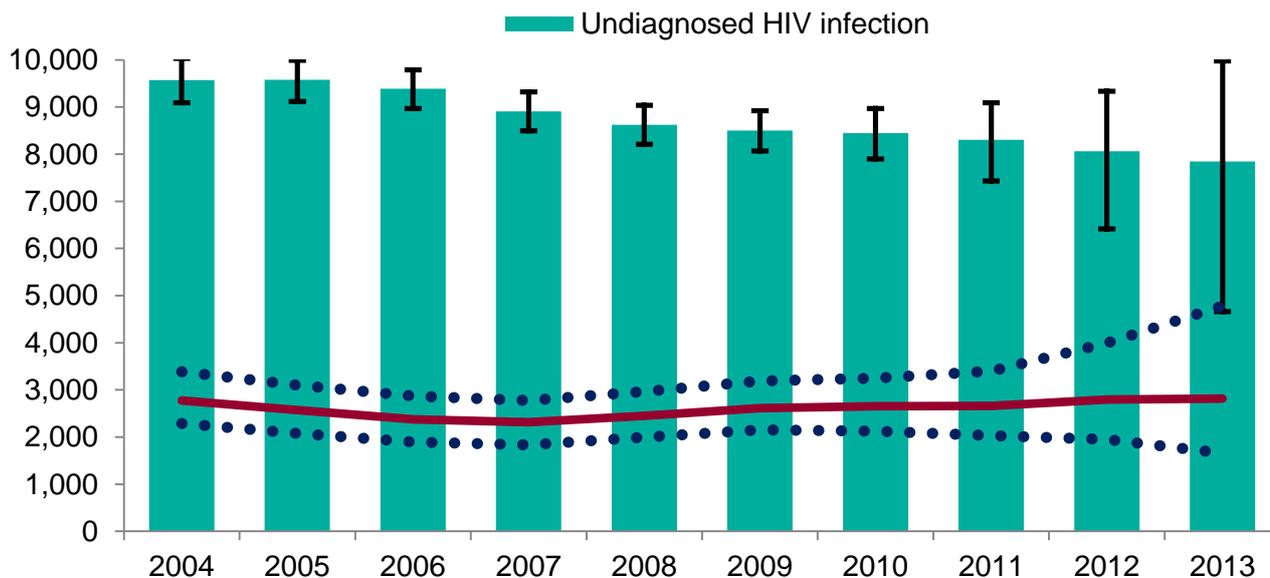
This action plan aims to improve the general health and wellbeing of MSM. Progress towards this goal will be tracked against a range of specific objectives – some are already part of routine data collection, although data may need to be reported across multiple years to provide a large enough data set. Where baselines are available, the objectives are:

- reduce the number of newly acquired HIV infections in MSM
- close the gap in smoking prevalence between MSM and the general male population
- decrease the proportion of MSM reporting use of harmful illicit substances, including reduction in the proportion reporting ‘chemsex’ or steroid abuse

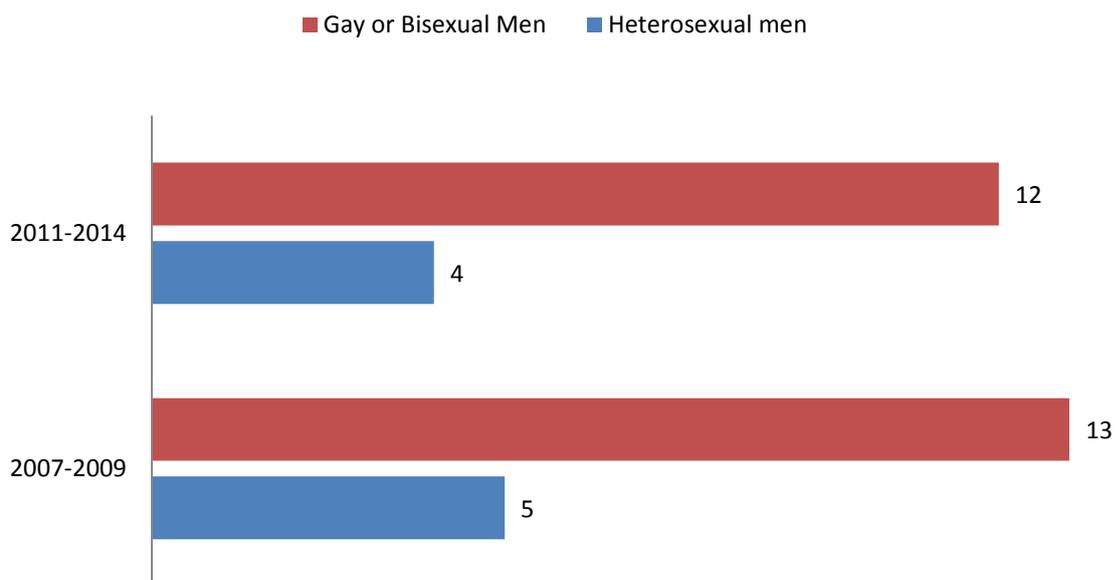
PHE has also published more detailed analysis of **HIV** and **sexually transmitted disease** data on an annual basis, including a **specific report for London**.

The following charts set out the baseline for these objectives, where we currently have reasonably robust data sources:

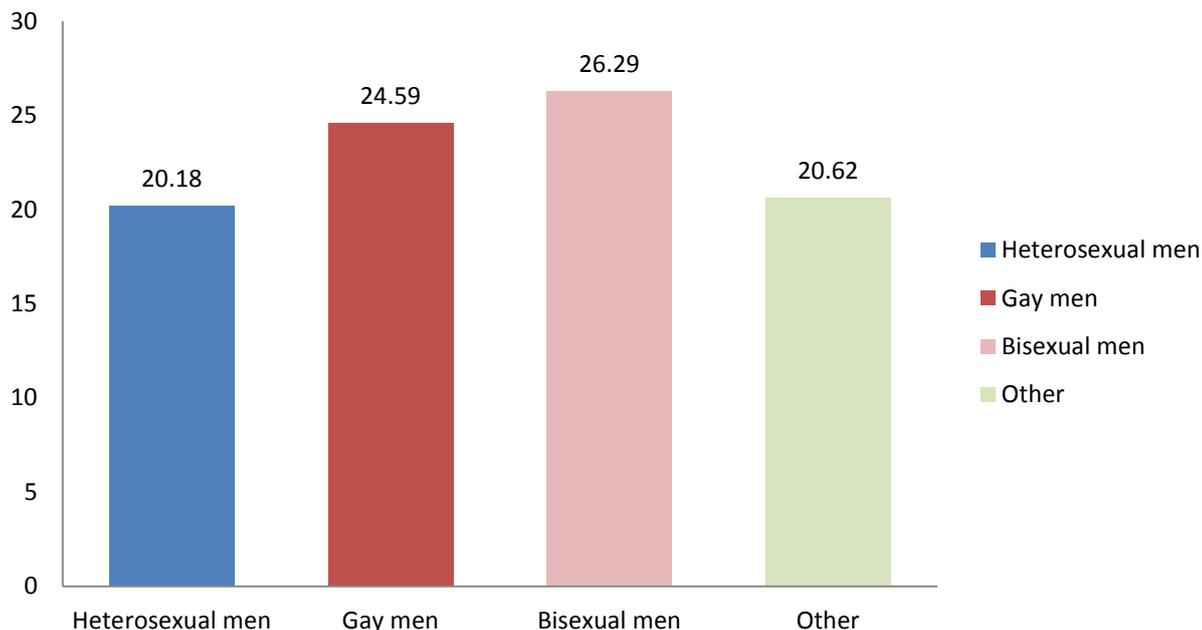
HIV: estimated and diagnosed number of infections among MSM in the UK (2004-2013)²



Drugs: % of men using class A drugs in the last year³



Smoking: % of current smokers⁴



Progress against these objectives will be updated and published annually.

PHE is doing specific work with the Home Office on data profiling the use of methadone, methamphetamine, ketamine and ecstasy for gay and bisexual men, which we expect to publish in 2015.

Some objectives need further work to develop the data sources and ensure that there is robust data against which to monitor progress, these include:

- reduce self-reported incidents of homophobic, biphobic and transphobic bullying in schools
- close the gap in self-reported mental ill health between MSM and the wider male population
- reduce the proportion of MSM who are drinking in excess of lower risk levels.

Data collection process used to monitor progress on some of these objectives will need to be developed further.

Abbreviations and terminology

AIDS	Acquired immune deficiency syndrome
ART	Anti-retroviral therapy
BAME	Black, Asian and other minority ethnic groups
C&YP	Children and young people
CVD	Cardiovascular disease
Cruising	Searching within a defined locality for casual sex partners
GP	General practitioner
HIV	Human immunodeficiency virus
HPV	Human papilloma virus
IPED	Image and performance enhancing drugs
JSNA	Joint service needs assessment
LA	Local authorities
LGB	Lesbian, gay and bisexual
LGBT	Lesbian, gay, bisexual and trans
LGV	Lymphogranuloma Venereum
MSM	Men who have sex with men
NDTMS	National Drug Treatment Monitoring System
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NSP	Needle and syringe programme
NPS	Novel psychoactive substance
PHE	Public Health England
PHOF	Public health outcomes framework
Public health system	This phrase is used to describe the public health system of local government, clinical commissioning groups, PHE, NHS England, community and private sector organisations, who are working together to improve the health and wellbeing of the population and reduce inequalities in health outcomes
SRE	Sexual and relationship education
STI/STD	Sexually transmitted infection(s)/disease(s)
UNODC	United Nations Office on Drugs and Crime

1. PHE Action to support the health and wellbeing of MSM

This action plan describes the work that PHE is undertaking during 2015-16 to support the public health system to improve the health and wellbeing of MSM.

The actions have been grouped under the trio of inequalities and use the three domains of public health (health protection, health promotion and quality improvement) to describe our work. Where actions are specific to a particular life stage we have highlighted these.

The actions reflect current work-plans. We will continue to collaborate with partners to add further value to the public health system and support other actions to reduce inequalities in this population.

1.1 Sexual health

These actions are working together to support the whole public health system to reduce new HIV and STI infections, improve access to early diagnosis and high quality care for MSM living with HIV.

Area of action	Output
Health protection and intelligence Provide intelligence and data on patterns of HIV and STI to support the public health system respond appropriate and effectively	Publish data annually to help local government understand the local picture of HIV and STI among MSM
	Provide evidence to inform appropriate use of HPV vaccines among MSM
	Monitor rates of STIs, and identify and manage outbreaks (including syphilis and LGV)
Health improvement Support the public health system, including communities of MSM, to uptake appropriate screening	Use social marketing to encourage routine and regular HIV and STI testing among MSM across the life course
	Support local government to maximise the potential of evidence-based prevention interventions to reduce sexual risk, including access to condoms
	Develop and disseminate the evidence base and learning from community development programmes targeted at reducing HIV and STI risk among gay and bisexual men ⁵
Quality improvement Support the public health system to provide appropriate, accessible and inclusive services to meet the needs of MSM	Monitor HIV testing uptake at sexual health clinics by age group to better understand access across the life course.
	Support commissioning of sexual and reproductive health services to encourage regular access for HIV and STI testing through PHE centre sexual health leads network and commissioning guidance and tools
	Provide evidence on anal cancer screening in HIV positive men based upon findings of the Analogy study (a specific study looking at anal cancer screening in high risk groups in the UK)
	Monitor the quality of care received by MSM living with diagnosed HIV infection by the proportion diagnosed late, promptly linked to care after diagnosis, retention in care, ART uptake and viral suppression.

	<p>Monitor the quality of life and health and wellbeing of MSM living with diagnosed HIV infection via standardised and verified measures collected through the Positive Voices survey (commissioned by PHE, on the lives, experiences, and health care needs of people living with HIV in the UK)</p>
	<p>Work through PHE sexual health teams with local authorities and the NHS to increase the coverage and frequency of HIV testing among MSM</p>
	<p>Work through the HIV CRG and NHS England to explore a cost-effective approach to the use of pre-exposure prophylaxis with ART by most-at-risk MSM</p>

1.2 Mental health

This selection of actions work together to support the whole public health system to reduce mental ill health among gay, bisexual and other MSM, and to promote and build resilience. Some of these actions are focused on supporting inclusive responses by services and some are actions focused on reducing the risk factors underpinning poor mental health.

Area of Action	Output
<p>Health protection and intelligence</p> <p>Support the public health system to understand the data and evidence related to the mental health and wellbeing of MSM</p>	<p>Publish annual data and support its utilisation through the national mental health intelligence network on the mental health of LGBT populations</p>
<p>Health improvement</p> <p>Support the public health system to respond to the wider determinants of mental wellbeing and health amongst MSM</p>	<p>Development and launch in early 2015, a LGB youth suicide prevention toolkit with Royal College of Nurses</p> <p>Develop BME MSM learning sets for faith, ethnicity and LGBT charity sectors (supported by a MAC AIDS foundation grant)</p> <p>Enhance the BME MSM image set in the NHS photo-library (supported by the MAC AIDS foundation grant)</p> <p>Be an exemplar in promoting and supporting an inclusive and diverse workplace and benchmark our progress through the Stonewall equality Index</p>
<p>Quality improvement</p> <p>Support the public health system to effectively use the evidence base and intelligence to respond to the mental health and wellbeing needs of MSM</p>	<p>Support adult and adolescent mental health services to collect data about sexuality</p> <p>Make the case for sexual orientation data to be collected in the audit and evaluation of social care</p>

1.3 Drugs, alcohol and tobacco

This selection of actions work together to support the whole public health system to increase access and uptake of services to support MSM using drugs, alcohol and tobacco, and to reduce the prevalence of these risk factors among MSM in England.

Area of Action	Output
<p>Health protection and intelligence</p> <p>Support the public health system to understand patterns of drug use among MSM</p>	Enhance intelligence on the prevalence of alcohol and drug use (including ‘chemsex’) among MSM to support local areas in assessing need
	Ensure representation of MSM people in smoking surveillance and collect data in order to understand the high smoking rates in these groups
	Work to include NDTMS sexual identity data fields and support local areas to use the data effectively in needs assessments and commissioning cycles
	Prevent the spread of BBV in people who inject drugs and signpost relevant pathways into other services (eg, services for treating hepatitis C)
<p>Health improvement</p> <p>Support the public health system to respond to the needs of MSM through inclusive and accessible services and campaigns and effective use of the evidence base.</p>	Ensure that drug, alcohol and tobacco campaigns, such as Stoptober, FRANK and Rise Above, are relevant and appropriate for the MSM community
	Publish and promote briefings to support local authorities to meet needs of MSM involved in chemsex, such as the report by Lambeth, Southwark and Lewisham
	Publish topic overview report on smoking in the LGBT community
	Work with the National LGBT Health Partnership on a specific projects focused on tobacco and alcohol targeted on LGBT communities
	Recognise LGBT communities as a priority population within PHE documents for tobacco prevention and cessation services
	Through our centres, help local commissioners and providers to actively consider how local stop smoking and drug and alcohol services are delivered and how they are perceived by MSM service users

	<p>Support the greater roll-out of alcohol identification and brief advice (IBA) to help reduce the health risks for people who drink above the lower-risk guidelines including MSM.</p>
	<p>Work with directors of public health to lessen the availability of ‘chem sex’ drugs by more effective use of their statutory role as responsible authorities under the 2003 Licensing Act to manage licensed premises (pubs and clubs) as part of a whole system approach to reducing harmful drug use</p>
<p>Quality improvement</p> <p>Support the public health system to ensure that services are effectively meeting the needs of MSM using drugs, alcohol or tobacco.</p>	<p>Support alcohol, drug and tobacco services to collect data about sexuality</p>
	<p>Ensure JSNA support materials include commissioning prompts that reflect multi-agency working and support joint working protocols</p>
	<p>Support and contribute clinical expertise to Project Neptune (clinical guidelines on management and treatment of club drug use)</p>
	<p>Map relevant prevention interventions programmes and guidelines to the UNODC summary of prevention evidence and support centre teams to disseminate to local authorities</p>
	<p>Ensure that needle and syringe programmes are accessible to MSM and that injecting equipment is available in sexual health services</p>
	<p>Provide early interventions for injectors of image and performance-enhancing drugs and new psychoactive substances (IPED and NPS)</p>
	<p>Publish guidance for commissioners and providers of substance misuse services on assessing and providing appropriate services for MSM</p>
	<p>Support young people’s specialist drug and alcohol services to respond appropriately to the needs of LGBT young people</p>

1.4 Wider Determinants

This selection of actions work together to support the whole public health system to address the wider determinants of the health inequalities affecting MSM and often working across the broader lesbian, gay, bisexual and trans population.

Area of Action	Output
<p>Health protection and Intelligence</p> <p>Support the public health system to understand and respond to the health and social care inequalities affecting MSM</p>	<p>Include the monitoring of sexual identity in national surveys and health and social care datasets to ensure appropriate and adequate understanding of healthier determinants and outcomes</p>
<p>Health improvement</p> <p>Support the public health system to address the wider determinants of inequalities in health and social care affecting MSM</p>	<p>Work with the National LGBT Health Partnership on a specific projects focused on physical activity and LGBT communities</p> <p>Work with the National LGBT Health Partnership on a specific project to develop a series of trans healthy living guides</p> <p>Work with the Royal College of General Practice to develop an e-learning module on LGB health (supported through the MAC AIDS fund grant)</p> <p>Use PHE’s expertise in social marketing, digital media and behavioural sciences to support mass campaigns to increase social connectedness, respect and reduce discrimination against individuals based on sexual orientation or gender identity, including supporting local commissioners to commission effective interventions</p> <p>Use PHE’s leadership role to champion community approaches that are inclusive and respond to the needs of the diverse community of gay, bisexual and other MSM, eg, older or disabled MSM</p>

<p>Quality improvement</p> <p>Support the public health system to integrate the evidence base into practice and provision of services for MSM</p>	<p>Provide support to national partners by producing evidence and expertise in public health interventions targeted at MSM at different stages of the life course</p>
	<p>Develop the evidence base for interventions targeted at improving the health and wellbeing of BME MSM (supported by the MAC AIDS foundation)</p>
	<p>Integrate advice on inclusion of sexual orientation and gender identity into PHE support for commissioners of support and prevention interventions for a wide variety of health conditions and behaviours (eg, drug, alcohol, weight management, smoking cessation, sexual health and mental wellbeing) to improve accessibility to LGBT and delivering effective and long term results, in line with equality legislation.</p>
	<p>Broker stronger national partnerships between the voluntary, academic, public and private sectors, to build the evidence base for interventions aimed at building social networks and capital for gay and bisexual men and other MSM⁶</p>
	<p>Support the development of an LGBT academic network to provide continuing academic insight and advice on the implementation of the action plan, and support growth of the evidence base around LGBT health in England</p>
	<p>Work with key partners to increase the understanding and response to the needs of MSM within criminal justice settings</p>
	<p>Work with key partners to improve the evidence base regarding same sex partner violence and its impacts</p>

2. Next steps: implementation

PHE:

- is committed to this action plan and supporting its implementation. The work will be overseen by Professor Kevin Fenton, as national executive champion for LGBT issues. The work programme will also be supported via the relevant governance boards for sexual health, mental health and drugs, alcohol and tobacco
- will establish an implementation advisory group with representation from the LGBT community sector, key national stakeholders and PHE. The advisory group will provide a forum for engagement with a range of key stakeholders and will be supported through continuing virtual engagement as well as specific events
- will meet with the relevant government departments and national bodies to discuss PHE's action plan and how we can work with them to achieve our vision for MSM in England. PHE will also work with the Government Equalities Office
- will continue to work closely with HIV Prevention England, the Local Government Association, NHS England, local authorities, and health and wellbeing boards to stimulate action to reduce the inequalities affecting MSM
- will develop a series of supporting slide sets and resources to support local government and partners taking action
- will continue to work with NHS England's Equality and Diversity Council working group on sexual identity data, to support the implementation of monitoring across the NHS
- will publish an annual implementation update on the framework, including a report on progress against the impact indicators

For further information on the action plan contact: Justin.Varney@phe.gov.uk

3. References

¹ Bespoke analysis of National Survey of Sexual Attitudes and Lifestyles (Natsal 3) for Public Health England.

² HIV in the United Kingdom: 2014 Report Public Health England 2014 PHE publications gateway number: 2014502

³ Sourced from bespoke analysis of the Crime Survey for England and Wales. <http://www.crimesurvey.co.uk/>

⁴ Data Source: IHS 2013 survey Analysis conducted by Public Health England

⁵ Hays RB, et al. The Mpowerment Project: community-building with young gay and bisexual men to prevent HIV. *American Journal of Community Psychology*. [Online] 2003 (3-4):301-12. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/12866687> [Accessed May 1st 2014].

⁶ WHO Review of social determinants and the health divide in the WHO European Region: final report