Sexual Health Needs in Ealing

2015
Ealing Sexual Health Needs Strategy – Appendix 2

Sexual Health Needs in Ealing

Background Paper for the Draft Sexual Health Strategy (August 2015)

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Executive Summary

- London has higher than national sexual health needs, for example higher rates of sexually transmitted illnesses (STIs). Key risk groups include young people, men who have sex with men and black and minority ethnic groups (BME) especially black ethnic groups.

- Ealing has comparable or significantly better sexual health, for the majority of sexual health outcome indicators, than London. Areas where improvement is needed are highlighted in the report.

- Comparative analysis (2013-14) indicates that Ealing spends proportionately less on sexual health expenditure per population head than London average.

- The National AIDS Trust reports that Ealing spends approximately £0.67 per capita on HIV prevention. This is above the median spend of £0.51 inside London.

- STI testing and treatment comprises the majority of sexual health expenditure (>70%). The majority of Ealing residents using GUM services choose services that are out of borough (70%). Ealing Council is working in a collaboration with other London Authorities to commission GUM services.

- Contraception is available from General Practices, community clinics (CaSH), and pharmacies. Ealing has a very low rate of prescribing long-acting reversible contraceptives (LARC), both compared to London and England averages.

- Ealing has a high prevalence of diagnosed HIV. Ealing commissions regional and local HIV primary prevention services that target high risk groups such as gay and bisexual men and black African ethnic groups. Ealing commissions three HIV support services that provide a variety of support for people living with HIV in Ealing including treatment adherence and secondary prevention. An update of the issues for people living with HIV is included in the report.

- The public health consultation and Ealing Sexual Health Network have raised important opportunities and challenges for improving sexual health in Ealing. There is wide support for sexual health priorities: reducing STIs and unwanted pregnancies, reducing onward transmission of HIV and the proportion of HIV diagnosed late and reducing sexual health inequalities. The importance of responding to the needs of a number of vulnerable and high risk groups has been highlighted.

- There is local and regional support, and challenges, for exploring new models of service delivery to meet future sexual health needs in Ealing and London, including integration and exploitation of digital and new technologies.
1. Introduction
Current changes to public health services in Ealing and across London require accessible and up to date information about local sexual health needs. Our aim is to produce timely information; not duplicate other work being done; work closely with partners; and learn from best practice from other areas.

The sexual health information needs to be considered in the context of the population of Ealing.

The resident population of Ealing is 342,500 (latest ONS mid-year estimates). There is a higher proportion of both males and females aged 0-9 and 25-44 years, but a lower proportion of persons aged 50 years and above compared to the England average. Ealing is the third largest London borough in terms of population, and predicted population growth includes the number of children and young people predicted to grow by 16% in the next 20 years. There are 407,541 people registered with 79 GP practices in Ealing. The four largest ethnic groups are white, Asian/Asian British, Black/Black British and Chinese. The Eastern European, Asian and Arab populations in Ealing Schools continue to grow.

Deprivation is higher than average and about 21.6% (15,300) children live in poverty. Life expectancy for both men and women is higher than the England average. Life expectancy is 6.1 years lower for men and 3.9 years lower for women in the most deprived areas of Ealing than in the least deprived areas. Ealing’s crude fertility rate (71.9/1,000 females) is significantly higher than the England average (63.7/1,000 females). General fertility rates have been declining in Ealing, London and England since 2010. Ealing’s rate remains higher than the London and Ealing averages.

Further detail on the population, and health needs and priorities, are in the Joint Strategic Needs Assessment available on the Council website. (1)

In May, the Ealing Sexual Health Network considered a paper on the proposed approach to bringing together an update on the sexual health needs of Ealing to support the development of the sexual health strategy. The group provided valuable feedback and support. The paper summarised the new arrangements for the commissioning of sexual health services; the history of sexual health needs assessment in Ealing; and the current context, including the consultation on changes to local public health services. (2)

An event was held on the 29th July 2015, to engage stakeholders on the draft Ealing Sexual Health Strategy. The key contexts that were taken into consideration included:
- The Ealing Cabinet decisions on the sexual health element of the public health service change consultation. (3) The next steps, in relation to sexual health, includes a further report in October 2015 regarding the Council’s community sexual health services (CaSH), HIV prevention and support services and Genito-urinary medicine (GUM) contracts and budgets.
• The London Sexual Health Services Transformation Project (LSHTP) which is aiming to deliver a new collaborative commissioning model across the participating councils for sexual health services in London and in particular GUM services.

• Local discussions with neighbouring boroughs about future commissioning arrangements.

• Initial learning from new work being done through the Ealing Sexual Health Network

This paper has been produced to accompany and support the development of the local sexual health strategy. Detailed needs assessments have been produced previously, along with updated sections of the JSNA. (1, 4, 5) There has been only a few additional services procured since the detailed needs assessment was done in 2009, for example the ACE pilot.

A draft outline of this paper was taken to the Ealing Sexual Health Network in June and then an initial draft to the Sexual Health Network Event in July. A report of the feedback received at the event has been produced. (6) Suggestions and additional information, for example from the Local Pharmaceutical Committee; Image in Action; London North West Hospital Trust (LNWHT); the West London Gay Men’s Project (WLGMP); and Positively UK have been considered. Public Health England (London) reviewed and provided valuable comment and suggestions.

We have used Ealing data where it is available and where it is not we have drawn on London and national information. New information, for example the updated data from Public Health England, provider returns to commissioners, and analysis being done for the London Transformation Project, have been included, along with information felt to be important by the Ealing Sexual Health Network members. The main sources of information available to the Council are from Public Health England; provider returns and the Ealing Sexual Health Network.

Although our main focus in this paper is the Local Authority commissioned services, it is important to remember the sexual health (and related) services that are commissioned by NHSE and CCG’s. (E.g. HIV specialised commissioning, cervical screening, HPV immunisations, abortion, contraception covered by the GP contract). Full details are provided in the Ealing Sexual Health Strategy – Appendix 1.

2. Sexual Health Needs in Ealing

2.1 Public Health England (PHE) Sexual Health Profile Indicators

The PHE Sexual Health Profile indicators (7) show that London has higher sexual health needs compared to England.

In relation to these indicators, Ealing has significantly lower or comparable sexual health needs in comparison to the London average. (Table 1) It is important to note
that London has greater need than England, for example in relation to sexually transmitted infections (STIs), as shown in Section 2.2 (figures 1-3).

Indicators which are below the London average are the proportion of 15-24 year olds that are screened for chlamydia; the chlamydia detection rate in the same group; the population vaccination coverage for HPV; and the GP prescribed LARC rate. (Table 1) Feedback from members of the Ealing sexual health network highlighted opportunities to address these outcomes.

Further analysis described later in this report highlights where there are needs in a specific geographical area of Ealing (e.g. under 18’s conception rate), or where although there is progress there is still more to do (e.g. HIV late diagnosis).

Table 1. PHE Sexual Health Profile Indicators – Ealing, London and England (7)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>Ealing value</th>
<th>London value</th>
<th>England value</th>
<th>Compared to</th>
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<tr>
<td>Syphilis diagnosis rate / 100,000</td>
<td>2014</td>
<td>12.8</td>
<td>27.4</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>Gonorrhoea diagnosis rate / 100,000</td>
<td>2014</td>
<td>117.4</td>
<td>190.5</td>
<td>63.3</td>
<td></td>
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<tr>
<td>Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) Persons</td>
<td>2014</td>
<td>1495.6</td>
<td>2177.9</td>
<td>2012.0</td>
<td></td>
</tr>
<tr>
<td>Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) Males</td>
<td>2014</td>
<td>891.7</td>
<td>1532.7</td>
<td>1355.3</td>
<td></td>
</tr>
<tr>
<td>Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) Females</td>
<td>2014</td>
<td>2147.4</td>
<td>2756.5</td>
<td>2664.2</td>
<td></td>
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<tr>
<td>Chlamydia proportion aged 15-24 screened</td>
<td>2014</td>
<td>18.3</td>
<td>27.9</td>
<td>24.3</td>
<td></td>
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<tr>
<td>All new STI diagnoses (excl. Chlamydia aged &lt;25) / 100,000</td>
<td>2014</td>
<td>1189.5</td>
<td>1534.5</td>
<td>828.7</td>
<td></td>
</tr>
<tr>
<td>HIV testing uptake, MSM (%)</td>
<td>2014</td>
<td>95.7</td>
<td>95.0</td>
<td>94.5</td>
<td></td>
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<tr>
<td>HIV diagnosed prevalence rate / 1,000 aged 15-59</td>
<td>2013</td>
<td>3.2</td>
<td>5.7</td>
<td>2.1</td>
<td></td>
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<tr>
<td>HIV late diagnosis (%) (PHOF indicator 3.04)</td>
<td>2011-13</td>
<td>39.9</td>
<td>40.5</td>
<td>45.0</td>
<td></td>
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<tr>
<td>Population vaccination coverage - HPV (%) (PHOF indicator)</td>
<td>2013/14</td>
<td>77.0</td>
<td>80.0</td>
<td>86.7</td>
<td></td>
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<td>Under 18s conception rate / 1,000 (PHOF indicator 2.04)</td>
<td>2013</td>
<td>15.4</td>
<td>21.8</td>
<td>24.3</td>
<td></td>
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<tr>
<td>Under 18s conceptions leading to abortion (%)</td>
<td>2013</td>
<td>70.1</td>
<td>64.2</td>
<td>51.1</td>
<td></td>
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<tr>
<td>Abortions under 10 weeks (%)</td>
<td>2013</td>
<td>84.2</td>
<td>82.9</td>
<td>79.4</td>
<td></td>
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<tr>
<td>Under 25s repeat abortions (%)</td>
<td>2013</td>
<td>29.1</td>
<td>32.6</td>
<td>26.9</td>
<td></td>
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<tr>
<td>GP prescribed LARC rate / 1,000</td>
<td>2013</td>
<td>18.7</td>
<td>25.1</td>
<td>52.7</td>
<td></td>
</tr>
<tr>
<td>Sexual offences rate / 1,000 (PHOF indicator 1.12iii)</td>
<td>2013/14</td>
<td>1.1</td>
<td>1.2</td>
<td>1.0</td>
<td></td>
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2.2 Monitoring Improvements in the Sexual and Reproductive Health of Londoners.
Public Health England (London) are proposing a set of indicators to monitor progress of sexual health of Londoners. (8)

- As a marker of risky behaviour:
  - syphilis incidence rates
  - gonorrhoea incidence rate/ 100,000

- As a marker of sexual activity:
  - All new STI diagnoses (exc. Chlamydia aged <25)/ 100,000
  - Chlamydia detection rate 15-24 year olds/ 100,000 15-24

- As a marker of reproductive health and effective service provision:
  - Under 25s repeat abortion (%)

- Under 18s conception rate/ 1,000
- GP prescribed LARC rate/ 1,000
- HIV late diagnoses (%)
- HIV testing coverage (GUM) (%)

For each proposed indicator, PHE have presented advantages, disadvantages and aspiration, and other indicators have been suggested.

2.3 Sexually Transmitted Infections (STI)
The rate of new STI diagnosis is lower in Ealing than in London and higher than in England. (Figure 1) There were 3,507 new STIs diagnosed in residents in Ealing in 2013. Of these, 38% were in young people aged 15-24 years and 27.2% were among men who have sex with men (MSM)

Figure 1: New STI diagnosis rate/ 100,000 in Ealing, London and England (2012-14) (7)
The chart below (Figure 2) shows STI diagnosis rates by STI type between 2009 and 2014 in Ealing. Gonorrhoea has increased by 66.4% and Syphilis increased by 61.2% between 2011 and 2014. These are markers of high risk sexual activity. The trends are similar in London, where the rates of gonorrhoea and syphilis have more than doubled from 2010 to 2014. Increased sensitivity of tests and changes in screening/ testing practices may contribute to the improved detection.

Figure 2. Trends in STI diagnoses rates in Ealing (2009-2014) (7)

![Trends in STIs diagnosis rates, Ealing](image)

In relation to London, the rate of new STI diagnosis in Ealing is below the London average and above the England average. (Figure 3)

Figure 3. Rate of new STI diagnoses per 100,000 population among London residents by local authority of residence: 2014 (9)

![Rate of new STI diagnoses per 100,000 population among London residents by local authority of residence: 2014](image)

Data sources: GUMCAD, CTAD. Note: PHEC refers to London
There is considerable geographic variation in the distribution of STIs and for Ealing, this is highlighted in Figure 4.

Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from GUM clinics 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.

Sexual health network members raised issues and services related to chlamydia
- A geo-mapping exercise showed some time ago that Northolt had a higher prevalence of chlamydia
- Free online chlamydia testing kits are available for young people aged 16-24 through the Checkurself Website: https://www.checkurself.org.uk

2.4 HIV
2.4.1 HIV Prevalence
In 2013, the diagnosed HIV prevalence rate in Ealing was 3.2 per 1,000 population aged 15-59 years, compared to 2.1 per 1,000 in England. As a consequence, Ealing is designated as a high HIV prevalence area (10). In high prevalence areas there is a number of expanded HIV testing which can be considered. The HIV diagnosed prevalence rate in Ealing is lower than London and higher than England. (Figure 5) There has not been a large increase between 2010 and 2013.
In 2014, 838 adult residents (aged 15 years and older) in Ealing received HIV-related care (2010, n=727; 2011, n=802; 2012, n=789; 2013, n=808). There were 577 men and 261 females. Of these, 32 people were aged less than 25 years; 378 were aged 25-44 years; 377 were aged 45-64 years; and 51 were aged 65 and older. The breakdown by ethnic group is White (45%); Black African (28.5%); Indian/ Pakistani/ Bangladeshi (8.7%); Black-Caribbean (5.8%); Other/mixed (6.9%); Other Asian/ Oriental (2.5%); Black other (1.7%); and not reported (0.8%). With regards to exposure, 395 (47.1%) probably acquired their infection through sex between men; 386 (46.1%) through sex between men and women; 18 mother-to-infant (2.1%); 18 Injecting drug use (2.1%); 3 (0.4%) recipient of blood/tissue products; and for 18 people (2.1%) the route was not known. 85% lived in the three most deprived quintiles measured by the Index of Multiple Deprivation (IMD). (11)

Many Ealing residents receive care from Ealing Hospital (33.3%, n=279), followed by St Mary’s (15.3%, n=128); and the Chelsea and Westminster (14.4%, n=121) (11)

82% of the MSOAs in Ealing had a prevalence rate higher than 2 per 1,000 (Figure 6).
2.4.2 HIV Late Diagnosis
The percentage of HIV diagnosed late in Ealing decreased from 53.2% in 2009-11 to 39.9% in 2011-13. Figure 7 shows that the percentage of late HIV diagnosis has decreased at a higher rate than in London and England, however it is not statistically significant.

A London analysis showed that in Ealing 29% of new diagnosis of HIV were diagnosed very late, which was higher than the London average (23%) but again this needs to be interpreted with caution. (12)

It is important to recognise that although there has been improvements, there is still more progress to be made. Levels of both late and very late diagnosis in Ealing are above the recommended national and London levels.

Figure 7. Late diagnoses of HIV (7)

2.5 Issues for people living with HIV
People diagnosed and living with HIV have specific needs. Within this group there are higher rates of poor mental health compared to the general population (13-15) and as people are living longer (16) they are at greater risk of co-morbidities (17). New treatment guidelines are recommending people take antiretroviral (ART) treatment from point of HIV diagnosis (18), and there are opportunities here to both support residents living with HIV and to maximise opportunities for treatment as prevention (TasP – using ART to reduce the risk of HIV transmission).

2.6 Genito-urinary medicine services
Recent reports and analysis have been produced for the London Transformation Project. (19 -20)
- GUM clinics provide testing and treatment for acute sexually transmitted infections.
- Ealing and London residents are mobile and attend GUM clinics across London.
A local GUM service is provided in Ealing Hospital, London North West London Healthcare Trust (LNWLHT). Other GUM clinics provided by LNWLHT are located at Northwick Park Hospital in Harrow and Central Middlesex Hospital in Brent.

In 2014/15, there were 21,682 attendances by 13,573 Ealing residents at GUM clinics. Of these, 18,082 were first attendances, and the number of follow up attendances was 3,600 which represents 17% of total attendances. Of the total attendances 6,615 were men who have sex with men (5,698 were first attendances).

Approximately 70% of Ealing residents attended a clinic outside of the borough. This can be any clinic in London and England. 50% access the London Northwest Healthcare Trust. Ealing residents attended 11 clinics across London. The largest numbers attended clinics in Ealing (29%); Brent (17%); Westminster (19%); and Hammersmith and Fulham (13%). (Figure 8 and 9) Figure 9 shows the relative share of residents’ attendance at GUM services.

A national report on men who have sex with men (MSM) (section 2.7.3) reported that 29% of male Ealing residents with an acute STI diagnosed at a GUM clinic are MSM. (21)

**Figure 8. Proportion of Ealing residents attending different GUM services**

![Pie chart showing the proportion of Ealing residents attending different GUM services. Ealing accounts for 29% of attendances, followed by Brent at 17%, Westminster at 19%, and Hammersmith and Fulham at 13%. The rest of London accounts for 4%, and other areas account for 2% or less.](image-url)
2.7 HIV prevention and support services
Ealing commissions local HIV prevention and support projects and regional HIV prevention projects. HIV prevention interventions commissioned through Public Health have adopted a high-risk prevention approach, targeting men who have sex with men (MSM), Black African and Black Caribbean ethnic group, and young people.

2.7.1 London HIV Prevention Programme (LHPP)
Ealing contributes to the London HIV Prevention Programme which provides HIV prevention in London through the following projects:
- Condom distribution and personal/digital outreach to MSM. Distribution is through 80 MSM venues across London as well as 6 outreach events per year.
- A review of condom distribution for black African target group
- Communications and media: HIV testing and condom use is promoted by a common brand across London ‘Do it London’ and online website www.doitlondon.org

2.7.2 West London Gay Men’s Project – West London Project
The West London Gay Men’s Project (WLGMP) offers a variety of HIV prevention interventions. The free sexual health and wellbeing services to gay, bisexual and other men who have sex with men (MSM) include peer-led rapid HIV testing; 1-2-1 support; ‘24s’ condoms and lube service; mentoring programme for HIV positive men; face-to-face health trainer outreach support; online outreach; health information magazine and resources.

In 2013-14 Ealing residents comprised approximately 12-14% of total activity for new condom distributions & iBASK contacts, and 26% of rapid HIV testing.

57 Ealing residents received rapid testing (2014-15). The ethnic breakdown was Asian and Black 14 (25%), White 39(68%) and 4 (7%) others. (WLGMP – annual performance report. Note that the breakdown table in the annual report only reflects data in the last quarter).

2.7.3 West London Gay Men’s Project – African Communities Project.
West London Gay Men’s Project – African Communities Empowerment (ACE) is a pilot project that offers free rapid HIV tests, sexual health advice, and general health checks to members of the Black and Minority Ethnic (BME) communities. The services are delivered in outreach settings. The project provides opportunities to discuss ways to maintain or improve these health indicators.

In year 1 (2014) a total of 300 clients were seen in services in Ealing and Hounslow. 300 HIV tests were taken. 1 Ealing resident had a reactive test for HIV. 127 Ealing residents had a general health check, including 107 Black African, Black Caribbean or Black British. This pilot will be continued until December 2015 after which its elements and learning will be incorporated in the HIV prevention contract with WLGMP.

2.7.4 Positively UK
Positively UK provides peer-led emotional and practical support to everyone living with HIV in Ealing whether they are coming to terms with a new diagnosis or living with HIV long-term. The organisation provides specialist one-to-one and group support for heterosexual men and women, gay men, the African community, young people and people aged 50+.

In 2014, an independent evaluation of Positively UK’s peer support services was published (22). It focussed on four areas within the NHS and Public Health Outcomes Frameworks:

- What is the perception of Positively UK’s peer support?
- How does the peer support enable people to better manage their health?
- How does this support complement clinical care?
- How does this support impact on well-being?

137 people who were using or had used the peer support services participated. There was strong support for the peer support services, including their impact on well-being; understanding and management of HIV; and access to services. Health professionals in specialist services, including Ealing, were also positive about the service. Looking to the future, preferences were for group support (78%); face to face with one person (66%); short modular course/workshop (46%); one to one through telephone (45%); and one to one through email (40%).

2.7.5 River House
River House provides a range of support services to people living with HIV and accept referrals from a wide variety of sources. Support service includes adherence/treatment support, sexual health advice and support, educational workshops, counselling, casework, laundry services, internet services.

In Q4 2014-15, of the 1946 visits to the centre, 172 visits were made by 35 Ealing residents, 4 of whom were new clients. Individual casework for Ealing was with 4 new and 15 existing clients (out of a total of 89). The majority of clients were referred to by local hospitals. A questionnaire (2014/15) provided to service users highlights the value of the service to people living with HIV and practical needs:

Practical Needs of Members
- 78% said that they needed help with welfare benefits
- 68% said that they needed help with debt, money, cost of living matters
- 62% said that they needed help with social care issues
- 48% said they needed help with their Housing Association/Housing Trust
- 73% said that they needed help understanding and dealing with correspondence
- 38% said that they needed help with finding or returning to work, volunteering and work problems.

2.7.6 Living Well
Living Well provide a number of health and wellbeing services designed to help people overcome the challenges of living with HIV. These include Counselling, Life Coaching, Self-Management Programmes (PSMP), Positive Mental Health and Wellbeing Groups and Facilitator Training programmes.

All Living Well services are evaluated using a mixed methods approach that includes pre- and post- impact analysis. Service users have reported significant increases in the following areas: self-confidence; quality of life; ability to work/study; and ability to manage HIV. Participants have also said that services helped them to make plans for the future and develop and improve their social networks.

In terms of Living Well’s impact on overall participants’ overall ability to self-manage their health, 87% of participants said that Life Coaching helped them to build personal strategies to support their sexual health; 71% said that Group Coaching had helped them increase their confidence in coping with HIV; 80% said PSMP had helped them to take more responsibility for their health; 96% said that Counselling had helped them deal with their difficulties and 100% said the insights they had achieved through Counselling would help them in the future.

In 2013-2014 the following number of PLWH from Ealing accessed the following interventions from Living Well: Counselling (n=18 attended 174 sessions), Life coaching (n=5 attended 28 sessions), Information session (n=9), Wellbeing Groups (n=11), Positive Self-Management Programme PSMP (n=1), Facilitator training (n=3). Service users may have accessed more than one intervention.

In 2014-2015 the following number of PLWH from Ealing accessed the following interventions from Living Well: Counselling (n=14 attended 154 sessions), Life coaching (n=8 attended 64 sessions), Information session (n=11), Wellbeing Groups (n=17), Positive Self-Management Programme PSMP (n=6), Facilitator training (n=2). Service users may have accessed more than one intervention.

2.8 Other recent London information related to STIs and HIV

In order to achieve best outcomes for our residents Ealing participates in the London Sexual Health Transformation Programme (LSHTP) and other collaborative commissioning at a London and/or wider than individual borough-level.

Collaborative commissioning across London boroughs through the LSHTP on GUM has enabled standardised performance and quality indicators within agreed costs, for the main services accessed across London by our residents.

The following high level themes have emerged from the LSHTP

- Integration of GUM and SRH
- Integration with HIV services
- Management of asymptomatic patients
- Changes in behaviour and how to respond
- Training, workforce planning and development
- Delivery of partner notification
- Role of research
Management of change

Key themes emerging from many provider organisations in relation to Integration of GUM and SRH were that integrated services were supported as being better for patients, and are best placed to provide a one stop shop approach for service users, and best placed to act as a hub for community based services.

2.8.1 LHSTP Needs Assessment
A public health needs assessment and analysis was produced in August 2014 (7). The key messages are:

- The burden of STIs and HIV is very high in London
- New STIs diagnoses in London fell by 1% between 2012 and 2013. However increases were seen in three of the major STIs, Syphilis, Gonorrhoea and Chlamydia.
- There is great variation in sexual health across London boroughs
- London residents are mobile attending clinics across London
- Attendances at GUM clinics by London residents are rising
- HIV in London
  - 42% diagnosed late
  - 1/5 of Londoners with HIV remain undiagnosed
  - 2,800 new HIV diagnoses in 2012
  - Over 32,000 Londoners with diagnosed HIV access care
  - New HIV diagnoses are rising in men who have sex with men.
  - By ethnicity Black-Africans have the highest rate of diagnosis.
- The teenage conception rate and the all abortion rate are decreasing
- London’s rate of GP prescribed LARC is considerably lower than England.

2.8.2 GUM Service Users
As part of the LSHTP, 1,437 GUM service users completed a survey in April/May 2015. The principle aim of the survey was to understand service user’s choices, and to find out from those who use GUM/integrated clinics why they chose the service they visited and what was important to them. (23)

Key messages included:

- A third of respondents reported that they did not have obvious symptoms
- Just over 18% of respondents are starting a new relationship
- Nearly 14% of respondents were seeking contraception.
- Just over 15% of people surveyed had seen their GP before attending a GUM service, a proportion of which would have been for contraception. Nearly 28% of respondents said they would have tried to see their GP instead of a sexual health service.
- Most people wanted to visit a clinic either close to their home or work. 82% of respondents strongly agreed or agreed that a short travel time to their clinic of choice is important. Only 30% of respondents took more than 30 minutes to travel to their clinic of choice.
• Nearly 62% of respondents used public transport to get to their service of choice. However, nearly 16% used a car – but mostly to get to an outer London clinics.

• Over half of those people surveyed (58%) had been to the service they attended at least once before in the last two years. 90% said they would attend the same service again.

• A majority of respondents (69%) self-direct to services i.e. they establish service location information by themselves (by an internet search, from a poster or advert or from prior service knowledge). Just over 17% received information about the service from a professional.

• There is low awareness (66% did not know they could order home tests) but high acceptability of home testing with nearly 60% saying they would use one.

Detailed work is being done across London, regionally and in Ealing to better understand the reasons why patients attend clinics and the services that are delivered.

2.8.3 HIV and STIs in men who have sex with men in London

Compared to the rest of the United Kingdom (UK), London has a higher proportion of men who have sex with men (MSM). A recent report (21) on MSM experience showed a picture of poor and worsening sexual health.

Despite representing less than an estimated 2% of the London adult population (3.8% of the male population), MSM constituted 24% of all London residents diagnosed with a new sexually transmitted infection (STI) in sexual health clinics in 2013.

• The burden of syphilis and gonorrhoea is particularly high among MSM. The sustained transmission of these infections indicates high levels of risky sexual behaviour among MSM. In 2013, 84% and 65%, respectively, of all cases in London were diagnosed in MSM.

• MSM have much higher re-infection rates of gonorrhoea than heterosexuals

• In recent years there have been large increases in the numbers of syphilis and gonococcal infections in MSM. Between 2010 and 2013 the number of gonorrhoea diagnoses in MSM increased three fold (222% rise) and there was an increased testing and improvements in diagnosis, including testing at extra genital sites, and the use of more sensitive tests

• Antimicrobial resistance in gonorrhoea is also a concern, and is a greater problem among MSM compared to heterosexuals

• Other STIs are also more common in MSM. For example, in 2013, 19% of all cases of Chlamydia infection diagnosed in London sexual health clinics were in MSM

Approximately 1 in 12 MSM in London are living with HIV and the number of MSM living with HIV in London has increased by 88% over the last 10 years to 15,552 in 2012. This is partly a result of much improved life expectancy due to effective treatment.
• Over 50% of new diagnoses of HIV in London are among MSM and the numbers of new diagnoses are increasing, with the 1,451 diagnosed in 2012 representing a 12% rise since 2011.
• A third of MSM in London are diagnosed late and one in five MSM with HIV in the UK are undiagnosed.

In the last decade other infections transmitted sexually have emerged as of particular concern in MSM.
• Cases of lymphogranuloma venereum (LGV), which occurs almost exclusively in MSM, peaked in 2010. Diagnoses in London still accounted for over half of all cases in England in 2012
• New infections with hepatitis C are higher in HIV positive MSM compared to the general population, however the incidence appears to be declining. In 2011 approximately one fifth of cases of acute hepatitis B in London were acquired through sex between men
• Shigella flexneri infection is now endemic in MSM in London with an estimated excess of 171 cases in 2013 in adult males with no travel history, compared to adult females

MSM report high levels of risky sexual behaviour, including higher numbers of sexual partners and unprotected anal intercourse (UAI). This is despite the majority being reached by HIV prevention activity and having access to condoms.

Sero-adaptive behaviour, including selecting partners perceived to be of the same HIV sero-status, is complex and widespread. HIV positive men are more likely than HIV negative men to engage in risky sexual behaviour, including UAI, and they have higher levels of STIs, including gonorrhoea, syphilis, LGV and other infections such as Shigella. Sero-adaptive behaviour can also lead to HIV transmission when HIV negative men choose to have UAI with a partner who they believe is HIV negative, as significant numbers of MSM do not know that they are infected with HIV.

We lack robust and timely data on ‘chemsex’, a term describing sex that occurs under the influence of drugs. However, there is evidence that chemsex is associated with risky sexual behaviour and that MSM in London are more likely to use the common chemsex drugs, such as crystal methamphetamine (3.4% in the last 4 weeks), GHB/GBL (8.2%) and mephedrone (6.3%), than elsewhere in England. There is limited evidence that this is increasing. Injecting drugs is only reported by a minority of MSM, but is more likely in those who are HIV positive.

The majority of MSM appear to be engaged with sexual health services; most MSM have had an HIV test and HIV and STI screening is increasing. However, less than half of MSM have had an HIV test in the last year. Encouraging regular and frequent testing to identify and treat HIV and STIs is important in interrupting the on-going transmission seen in this group.

Web-based interventions as well as some types of behavioural intervention show promise in HIV and STI prevention and behaviour modification in MSM.

On-going transmission of STIs and HIV is occurring despite evidence that MSM are accessing and engaging with services. This may in part be explained by high levels
of unsafe sexual behaviour, especially unprotected anal intercourse (UAI) in the context of both sero-adaptive behaviour and recreational drug use. Tackling this is complex and challenging and a holistic life-course approach is needed through sustained action.

Recent documents published by Public Health England describe the significant inequalities related to the health and wellbeing of men who have sex with men, plus a range of evidence based interventions and actions that are being taken forward. (24)

2.9 Under 18 Conceptions, Contraception and Abortion

2.9.1 Under 18 conceptions
The under 18 conception rates have been decreasing year on year in Ealing in line with the regional and also the national trend. In the last ten years between 2003 and 2013 the under 18 conception rate more than halved from 36.8 per 1,000 to 15.4 per 1,000 with a 58.2% drop (figure 9) (7).

Figure 9. Under 18s conception rate (1998-2013)

There are geographic areas in Ealing that have not seen this level of decrease in under 18’s conception and have therefore been targeted, for example the Prevention of Teenage Pregnancy Pilot Project. The aims of this project are to reduce teenage pregnancy rates in Northolt West End which has a significantly higher under 18 conception rate of (62 per 1000 women aged 15-17 (2008-2010)) than Ealing. The project has included opening an additional Young People’s CASH clinic at Grand Union Village Health Centre (GUVHC), training for health care professionals and work in schools/ with Youth Workers. During the pilot the outreach relationship and sexual health element was well received. A smaller pilot has been commissioned in
15/16 to focus on the school work, Freshers’ Fairs and work with pupil referral units. (25)
A recent evaluation has found that 78% of students enjoyed the session. Students were asked what they learnt from the session, replies included:

"Have regular check-ups if sexually active and always wear a condom"
"There is always a contraceptive that can help you"

In addition there are young people’s clinics provided as part of CaSH which is described in the section of the paper.

2.9.2 Long-acting reversible contraceptives (LARC)
Ealing’s rate of GP prescribed LARC is lower than both the London and England rate. Ealing is ranked 316 out of 326 Local Authority for the rate of GP prescribed LARC with a rate of 1.7 per 1,000 women aged 15-44 compared to 52.7 in England.

Alongside CASH clinics, other community contraceptive services are commissioned by Ealing LA to provide LARC. In 2014-15, 19 of 79 Ealing General Practices have contracts for the provision of IUDs (Figure 10); 4 Ealing General Practices have contracts for contraception implants;

Figure 10. Map of the location of Ealing practices with finalised contracts for the provision of IUDs 2014/15.
2.9.3 Contraception Services
It is estimated that 50% of pregnancies are unplanned. Experts highlight the importance of knowledge, access and choice for all women and men to all methods of contraception to aid in the reduction of unwanted pregnancies. Good contraception services have been shown to lower rates of teenage contraception.

Contraception is widely available and free of charge from: general practices, sexual and reproductive health (SRH) services (referred to as CaSH in Ealing), young person’s clinics, NHS ‘walk-in centres (emergency contraception only), some GUM clinics (emergency contraception and male condoms) and some pharmacists under a Patient Group Direction (emergency contraception). Information is collected in different ways from different providers.

Figure 11 shows numbers of different types of contraceptive prescribed in general practice in comparison to SRH Services. The data highlights that the majority of contraception is issued in primary care, however a higher proportion of LARC is issued by CASH than general practice in Ealing. A limitation of this data is that not all sources of contraception are reported here e.g. EHC in pharmacy. This is discussed further in the report.

**Figure 11. Type of contraception provided by SRH services and general practice in Ealing: 2013 (10)**
In 2014-15, 11,400 people attended Ealing CaSH Clinics (Figure 13). Of all attendees 86% were Ealing residents; 95% were women and 5% men. The ages attending were from 10 to 80 years +. (25)

The total number of attendances was 19,204. The proportion by clinic was Mattock Lane Health Centre (47.4%); Grand Union Village (15.8%); Featherstone Road (13.4%); Southall Broadway Health Centre (12.5%); Acton Health Centre (10.5%); Ealing Hospital GUM (0.4%). Further information is available by ward, age and ethnicity, and for individual clinics.

Analysis of data has highlighted that this was the ‘first contact’ for 12% (n=2,280) of people attending. Figure 13 shows numbers of persons attending a CaSH clinic in Ealing by age group. The highest number of attendees comes from the 25-29 age group.

Figure 13. Age of individuals attending Ealing CaSH Clinics (2014-15)
The largest proportion of individuals attending a CaSH clinic in Ealing are White British, White Other or Asian or Asian British.

**Figure 14.** Ethnicity of individuals attending Ealing CaSH Clinics (2014-15)

The majority of attendees, for all ethnic groups were 20-39 years of age. Of all young people attending clinics (<20) the majority were from white ethnic group (Figure 15). Further analysis is available on attendances by ethnicity and age by clinic.

**Figure 15.** Attendances at Ealing CaSH clinics by ethnicity and age (Ealing residents only) (2014-15)
The contraception type is described in Figure 16. The two most common methods of contraception in Ealing are condom and combined pill. 3.1% were emergency contraception.

Figure 16. Main and other methods of contraception in CASH clinics (2014-15)

No. of attendances at Ealing CASH clinics, 2014-15 - by main and other methods of contraception

2013 HSCIC Lifestyle Statistics report 2012/13 (26) activity across London CASH Clinics primary method of contraception as: 46% oral contraceptives, 2% patch, 23% male condom, 7% IUD, 4% IUS, 7% injectables and 10% implants.

In Ealing the proportions in 2014-15 were 35.1 % combined pill and progestogen only pill, 2.5% patch, 26.6% male condom, 6.6 % IUD, 4.4% IUS 6.4% injectables and 7.9% implants

A recent CASH clinic user survey was completed over 2 weeks (26/5/15 – 5/6/15). (27)

The response rate was 47% (n=360), and the majority of respondents were attending Mattock Lane Health Centre. This survey found:

- 44% of women attending CASH during this time were (158/360) under 25 years of age.
• 15% (n=56) of all women attending CASH clinic (over a period of 1 week) reported that they attending a GU clinic in the last 6 months; approximately 55% of these attendees visited a LNWHT GU clinic.
• The majority of women (62%) who reported they attended a GUM clinic in the last 6 months were 16-25 years of age.

2.9.4 Emergency Hormonal Contraception (EHC)
19 pharmacists have contracts for emergency hormonal contraception for under 20 year olds. Figure 17 highlights the pharmacists with public health contracts to deliver EHC for under 20 year olds.

Figure 17. Ealing Pharmacies Providing Emergency Hormonal Contraception (EHC) (28)

![](image)

2.9.5 Abortion
90% of women who have a termination of a pregnancy (TOP) do so through Marie Stopes’s services. (29) The 5 any qualified providers for TOP across North West London are Marie Stopes International, BPAS, Fraterdrive, Chelsea and Westminster, and Imperial.

Figure 18 shows that of the total women receiving abortion treatment, at Marie Stopes, there is an increase in the % receiving treatment under 10 weeks. There is also an increase in the proportion receiving medical termination and decrease in proportion receiving surgical termination (Figure 20).
In 2014/15 there were total of 1,582 abortions amongst Ealing residents. Figure 20 shows the breakdown of abortions by age group, with 31% in the 18-25 group. 39% are in the Asian or Asian British population group. (Figure 21) For 57% of the service users, it was their first abortion within the 2014-15 (12 month) time frame. 30% had one TOP previously and 13% had 2 or more, within the 12 month timeframe 2014-15. (Figure 22) Figure 23 shows that 47% of those having an abortion were not using contraception, with this reducing to 15% after the abortion. (30)
Figure 20. Percentage of abortions in Ealing in 2014/15 by age group

Figure 21. Percentage of abortions in Ealing in 2014/15 by ethnicity
Figure 22. Percentage of the numbers of previous abortions for the clients in Ealing in 2014/15

Figure 23. Percentage of current and future types of contraception used by the clients who had an abortion in Ealing in 2014/15
2.10 High risk and vulnerable groups
Throughout the report high risk or vulnerable groups have been highlighted as appropriate. As plans are taken forward to integrate sexual health services there will be opportunities to understand and respond to the needs of other vulnerable groups.

2.10.1 Children and Young People
Other local information provides important insight into the needs of children and young people. There is national guidance from NICE about the contraception needs of young people under 25. (31)

CASH Clinics
A designated Young People’s clinic is held at Mattock Lane for those under 21 years. It is held at convenient times for young people and in addition young people can also be seen at the general all ages, walk-in CASH clinics. Up to date information is available on the sexual health information page on the Ealing Council website - http://www.ealing.gov.uk/info/200974/healthy_lifestyles/1851/sexual_health

Young people’s health related behaviour survey (HRBS) (32)
Locally the results of the 2013 Health Related Behaviour survey which is undertaken every 2 years by pupils in year 4 (8/9 years old), 6 (10/11 years old), 8 (12/13 years old) & 10 (14/15 years old) in most Ealing schools, revealed that knowledge about the risks associated with unsafe sex, contraception and sexual health services remained poor. The survey revealed that 27% of 14-15 year olds having ‘never heard’ of Chlamydia and 32% knew ‘nothing about it’. In addition, only 35% of 14-15 year olds knew where they could get condoms free of charge, 5% said they knew there was a special contraception and advice centre available locally for young people, but of those, 70% did not know the name of the service.

Results about being safe online showed concerning traits, especially amongst older girls (aged 14-15 years). 17% (n178) year 10 girls received hurtful, unwanted or nasty messages online, 10% (n104) had experienced hurtful comments about them on social media sites, 10% (n104) had sent information or images they later wished they hadn’t and 20% (n208) had actually met someone they met online and didn’t know beforehand.

40% of respondents said that Relationship and Sex Education (RSE) lessons are their main source of information about sex and relationships.

Sexual health results from the 2009, 2011 and 2013 HRBS were analysed across Ealing’s four locality areas. The findings suggested young people’s awareness of services and their sexual health knowledge either stayed the same or declined over the four years. A Sexual Health HRBS RAG-Rating by locality was done based on the survey results in 2009, 2011 and 2013 (33). In relation to the 2013 results, specific deteriorations include:

- Numbers of pupils whose school lessons are their main source of information about sex and relationships. (Northolt was 30%, lower than the all Ealing 37%)
• Numbers of Year 8 and Year 10 pupils correctly identifying that HIV/AIDS can be treated but not cured. (All Ealing – 21% and 51%)
• Numbers of pupils that know where they can get condoms free of charge. (All Ealing – 22%)
• Numbers of pupils that think condoms are reliable to stop pregnancy and sexually transmitted infections (STIs). (All Ealing – 53% and 32%)
• Numbers of pupils that think none of the contraceptive methods listed are reliable to stop STIs. (Acton and Northolt – 12%; Southall – 21%)

Nationally there are concerns about the quality and delivery of Personal and Sexual Health Education (PSHE). (35) From September 2015 Ofsted inspectors will make a judgement on the personal development, behaviour and welfare of children and learners, which includes knowledge of how to keep themselves healthy and understanding of how to keep themselves safe from relevant risks such as sexual exploitation. (36) In 2014, Ealing Council confirmed their commitment to the importance of the contribution that high quality relationships and sex education can make to the lives of children and young people; the impact on a number of indicators in the public health outcomes framework; and safeguarding. (37) An audit of relationship and sex education was done in 2015. (38) Thirteen schools completed the online survey. The recommendations as a result of the audit were that schools could enhance their RSE provision by:
• Reviewing their RSE attendance, confidentiality and safeguarding using templates provided.
• Signposting staff to central training provided on CDP online and bespoke training delivered by Health Improvement Team (HIT).
• Accessing the RSE resources through links provided.
• Discussing bespoke training with HIT.
• Providing a parents’ workshop/ consultation annually for all year group with the support of a parent champion.
• Engaging with pupils regarding RSE issues.

The third British National Survey of Sexual Attitudes and Lifestyles (Natsal-3) carried out in 2010-2012 gathered information about sexual experiences, behaviours, and views from nearly 4,000 young people (16-24 years). (39) Those who took part were asked how they learned about sex when they were growing up, what their main source of information was, whether they knew enough when they first felt ready or some sexual experience and, for those who thought they ought to have known more, who they would have liked to provide that information. Around 40% of young people now say that lessons at school are their main source of information about sex and this proportion has increased over the past two decades, while the proportion of men saying friends (of about the same age) were their main source, and women saying their mother or their first boyfriend/ sexual partner was their main source has decreased. Most young people (around 70%) said that they didn’t know enough when they first felt ready to have some sexual experience. There has been no substantial change in this proportion over the past two decades. These young people said they would like to have learned more about sex from lessons at school, parents, or health professionals.
The Natsal surveys are representative ‘snap shots’ of the population, which allow us to look at associations between how people learn about sex and later sexual health outcomes, although they can’t tell us about causation. After grouping main source of information into three categories: ‘lessons at school’, ‘a parent’, and ‘other sources’, and after taking account of the effect of age and educational level, young people’s responses showed that those who mainly learned about sex from school lessons were less likely to have had sexual intercourse before age 16, unsafe sex in the past year (defined as one or more new partner without using a condom), and to have ever been diagnosed with a sexually transmitted infection (STI), compared with those who mainly learned from other sources. Women for whom school was their main source were also more likely to have been sexually competent at first sex, and less likely to have had an abortion or experienced sex against their will, or to have felt distressed about their sex life in the past year. However there was no association with these outcomes for men. Although few people (less than 8% of men and less than 14% of women) said a parent had been their main source of information, those who did were less likely to have had unsafe sex in the past year. Women (but not men) with a parent as the main source were also less likely to have been diagnosed to have been diagnosed with an STI.

Information has been shared between the Northwest London Regional Group, for example from a young people’s survey done by Harrow Council in 2015. (34) The cohort was predominantly older young people at college rather than at school. There was good knowledge and experience of local services, with suggestions for improvement. They said that information is mainly sought via Internet followed by GPs and friends.

Vulnerable children and young people

A member of the sexual health network suggested that children and young people with additional needs/learning disabilities are particularly vulnerable. They sighted two pieces of information.

The NSPCC report of October 2014 ‘We have a right to be safe’, references the research that shows that disabled children are three times more likely to be abused than non-disabled children. (Jones et al, The Lancet 2012) (40)

- That disabled children are 3.7 times more likely to experience sexual abuse.
- Learning disabled children and young people are disproportionately represented in harmful sexual behaviour

The BBC, Victoria Derbyshire programme submitted Freedom of Information requests to 152 councils with adult social services responsibilities (CASSRs) in England, asking how many reports of sexual abuse of disabled clients they had recorded over the financial years 2013-14 and 2014-15, up to 16 February 2015. Data received from 106 of the 152 councils showed that 63% of the 4,748 reported cases were against those with learning disabilities, and 37% against those with physical disabilities.

The number of people (18+) with learning disability known to the Local Authority (2014/15) is 930 (18-24 years – 189; 25-34 – 236). The number on the GP register is 796 (2013/14) and 304 received an annual health check. (1)
In 2014 work was done to understand the health and special needs of 0-25 year olds in Ealing. It is estimated that there are between 3,500 and 6,300 children experiencing some form of disability, and approximately 1,400 with a severe and complex disability. Living in Ealing Borough there are a total of 11,020 pupils with special educational needs (January 2014). Some 18% (9,284 out of 51,203) of pupils in Ealing state funded schools were identified as having Special Educational Needs (SEN) in the 2014 Spring School Census. 9% (4,431) of pupils with SEN at Ealing schools were at School Action stage, 7% (3,480) were at School Action Plus and 3% (1,373) had a statement of SEN. (41)

Image in Action - relationships and sex education and sexual health information for people with learning disabilities in Ealing. The service leads direct group work, support individuals in 1-1 sessions, design resources and offer staff training e.g. for teachers or school nurses. They work with schools, colleges and some young people/adult services.

2.10.2 Protecting and supporting vulnerable groups
Sexual health is a theme which is part of a number of Ealing Council strategies aiming to make Ealing a safer place.

Looked After Children, Care Leavers and Children on Safeguarding Plans
There were approximately 355 looked after children (LAC) and 359 children on the child protection (CP) register in Ealing in 2014/15. (42) The percentage breakdown for LAC and CP for
- age is <1 (2.3) (9.7); 1-4 (6.8) (25.1); 5-9 (19.4) (32); 10-12 (17.7) (15.6); 13-15 (24.2) (14.8); 16+ (29.6) (2.8)
- sex is male (55.8) (46.2) and female (44.2) (53.5)
- ethnic minority group is Asian (18.6) (34.8); Black (32.4) (18.9); White (29.9) (29.5); Mixed (16.9) (13.6); Other (2.3) (3.1)

Further information is available on children leaving care.

In 2013/14, Ealing Children’s Social Care received over 75 referrals from other agencies where child sexual exploitation (CSE) was found, following assessment, to be a significant risk. The Ealing Multi-Agency Sexual Exploitation (MASE) forum has considered over 42 individual cases of CSE. Vulnerability factors and risk indicators are highlighted.

Ealing Violence against Women and Girls (VAWG) Strategy 2015-18 (44)
The strategy covers a range of forms of violence against women and girls, including, rape and sexual assault; female genital mutilation (FGM); trafficking; and adult sexual abuse and exploitation. It aligns with national and pan-London strategies and action plans, as well as Ealing’s strategy to tackle child sexual exploitation (CSE).

A recent review of VAWG service provision included quantitative and qualitative research, and comprehensive consultation with service providers and users. The report highlights the limitations of the evidence base. There is a lack of data both
nationally and locally, and many crimes are underreported. An overview of national, London and Ealing data is included in the report. Of particular relevance to the Ealing sexual health needs:

- In the 12 months to April 2014, there were 2,094 reported cases of domestic violence – and increase of 5.6 per cent on the previous year (45)
- 25 per cent of all reported sexual offences (2011/12 to 2013/14) could be considered as domestic abuse (46)
- In response to a 2014 Health-Related Behaviour Survey, 10 per cent of pupils aged between 9 and 11 reported that there had been violence between adults at home at least once or twice in the past month (32)
- In the 12 months to April 2014, in Ealing there were:
  - 133 reported cases of rape – and increase of 19.8 per cent on the previous year; and
  - 296 reported cases of other sexual assault – and increase of 16.1 per cent on the previous year (44)
  - Analysis of the data sources suggests that 54% of the female victims of rape and sexual assault were known to the suspect. (46)

The strategy outlines key issues (prevention, service improvement, protection and support, partnerships); priorities and objectives; governance (including reporting to the Health and Wellbeing Board); and measuring the impact of the strategy.

**Female Genital Mutilation (FGM)**

Estimated FGM prevalence data reports that an estimated 7.31% of all girls born to women in Ealing are born to women with FGM. This is higher than the London estimate of 5.25%. To derive these estimates, data about the prevalence of FGM were derived from reports of household interview surveys in the countries in which it is practised. Demographic data about women born in these countries and girls born to them were derived from the 2011 census and from birth registration. A full description of the methods is in the report. (47) Prevalence rates varied considerably by region, with London having by far the highest prevalence at 21.0 per 1,000 population. Rates for individual local authorities varied even more widely. The highest rates were in London boroughs, with 47.4 per 1,000 in Southwark and 38.9 per 1,000 in Brent. More detailed local authority level data were produced for planning and commissioning of services, to inform maternity, gynaecological and psycho-sexual care provision, for targeted advocacy with affected communities, and for inclusion in the Joint Strategic Needs Assessment.

**Table 3: Estimated Female Genital Mutilation**

<table>
<thead>
<tr>
<th></th>
<th>Total girls born to women from FGM practising countries</th>
<th>Estimated numbers of girls born to women with FGM</th>
<th>Total numbers of girls born</th>
<th>Estimated percentage of girls born to women with FGM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2013</td>
<td>72,661</td>
<td>30,839</td>
<td>587,429</td>
<td>5.25</td>
</tr>
<tr>
<td>London</td>
<td>2,973</td>
<td>1,853</td>
<td>25,354</td>
<td>7.31</td>
</tr>
<tr>
<td>Ealing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In 2014, the Department of Health initiated data collection about women with FGM using health services in England and in 2015 it expanded the scope and range of data collected. The system it initiated is a freestanding hospital-based audit system designed to track individual women with FGM and their daughters. An enhanced dataset was introduced in April 2015 and the system was extended to mental health services and GP practices. As data are not collected about women with similar backgrounds who have not had FGM or about women who have not used the health services, it cannot be used to derive prevalence rates of FGM in the population. This means that indirect estimates of prevalence are still needed.

Human Trafficking for Sexual Exploitation
The Metropolitan Police Service (MPS) holds significant intelligence around the victims of human trafficking for sexual exploitation. The London picture differs from the national one in that trafficking for sexual exploitation is seen to be more prevalent than forced labour. Human trafficking victims for sexual exploitation in London are predominantly female and originate from Eastern Europe, South East Asia and Africa (Nigeria).

Sex Workers
Initial meetings have been held to better understand the sexual health needs of sex workers in Ealing. Information was gained about the priority geographic areas; population groups; and neighbouring borough programmes. In Ealing there are on street as well as off street sex workers, some of whom live outside Ealing and travel into the borough.

A recent review of the literature on sex workers and social exclusion (48) provides an overview of research, and highlights that:

- Sex workers suffer from a wide range of health and wellbeing issues.
- Sex workers represent a high-risk group where communicable yet preventable diseases including TB, HIV, other Blood borne Viruses and STIs, are common.
- Fragmentation of services, inappropriate locations, difficulty in accessing services, a lack of knowledge on behalf of service providers and the social stigma attached to sex work, result in inadequate and inappropriate service provision
- The Eaves Project is exploring prostitution and trafficking in London. One of the issues raised in the report related to new groups of women who have migrated from Eastern Europe, aligns to local feedback.

3. Sexual Health Expenditure

3.1 CIPFA – Public Health Comparative Information (2013-14) (49)
Ealing spent £5,239k on sexual health services - £15.30 per head (figure 24), this represented 36.3% of the total public health budget.
Of the total sexual health service expenditure in Ealing 2013/14:

- STI testing and treatment accounts for 72.1%, and was £11.03 per head
- Contraception accounted for 22.4% and was £3.43 per head
- Advice, prevention and promotion was 5.5% and £0.84 per head

The totals spend per head for each of these areas is lower than the London group averages of £15.42, £4.18 and £2.23 respectively (figure 25, table 3).

However, Ealing has lower rate of acute STI than London average and therefore testing and treatment costs, which may contribute to proportionately lower sexual health expenditure.

**Figure 25: Proportion of Total Sexual Health Services Expenditure**
Table 3: Total Sexual Health Expenditure by category (2013/14) in Ealing, Comparator Group average, and London Group average.

<table>
<thead>
<tr>
<th>Category</th>
<th>£’000</th>
<th>£ per head</th>
<th>Comparator Group Avg £ per head</th>
<th>London Group Avg £ per head</th>
</tr>
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<tbody>
<tr>
<td>Total Expenditure</td>
<td>5,239</td>
<td>15.3</td>
<td>21.73</td>
<td>£21.82</td>
</tr>
<tr>
<td>STI Testing and Treatment</td>
<td>3,778</td>
<td>11.03</td>
<td>14.27</td>
<td>£15.42</td>
</tr>
<tr>
<td>Contraception</td>
<td>1,175</td>
<td>3.43</td>
<td>4.66</td>
<td>£4.18</td>
</tr>
<tr>
<td>Advice, prevention and promotion</td>
<td>286</td>
<td>0.84</td>
<td>1.32</td>
<td>£2.23</td>
</tr>
</tbody>
</table>

The comparator group used in Table 2 includes Brent, Hounslow, Redbridge, Croydon, Enfield, Waltham Forest, Haringey, Merton, Harrow, Barnet, Lambeth, Lewisham, Wandsworth, Greenwich and Southwark.

Figure 26 displays the sexual health services expenditure vs acute sexually transmitted infections across London Authorities; this demonstrates that across London Authorities expenditure on sexual health services increases with increasing acute STI.

**Figure 26: Sexual Health Services Expenditure and Acute Sexually Transmitted Infections (2012) in Ealing and other London Local Authorities**

In 2013/14 there were 996 acute STIs reported in Ealing residents. This is 25% lower than the on average number of acute STI reported in London which was 1335 per
Local Authority. However in Ealing the total expenditure per acute STI in Ealing was higher (£5,258) than the London average of (£4,252) (figure 27).

Figure 27. Expenditure per acute STI across London Authorities (2013/14)

3.2 HIV Prevention Expenditure

A recent report by the National AIDS Trust has reviewed HIV prevention in high prevalence local authorities (Figure 28). NAT have reported that in 2014/15 Ealing spent £0.67 per capita on HIV prevention services where prevention was the primary aim. This is above the median spend of £0.51 inside London. (50)

Key messages of this report included (51):

- Less than 1% of local authority PH allocations are on HIV prevention where HIV prevalence is reported to be high.
- Spend per capita is higher in London due to existence of regional programmes e.g. London HIV Prevention Programme and high prevalence- around a third of people living with HIV live in London and 45% access care in London.
- Wide variation is spending and level of information provided across local authorities. The relationship between spending and prevalence across London is weak.
- Support services make a vital contribution to secondary HIV prevention.
Information provided by NHS England (Specialised Commissioning):

- 88.8% of all patients attending Ealing Hospital (Ealing residents and others) are on ART, which accounts for 70% of total spend on HIV.

The Ealing Sexual Health Network raised the following concerns in relation to funding:

- HIV prevention spend in high prevalence areas in England has dropped by 81% between 2001/2 and 2014/15.
- Estimated treatment costs in 2013 in high prevalence areas were £555 million – over 55 times spend on prevention.
- Estimated lifetime treatment costs of the 3,780 people diagnosed in 2013 are £1.2 billion.
- There has been a significant commissioning re-direction for HIV prevention services for MSM to increase community access to HIV testing. This has been coupled with a stark reduction in investment in behaviour change interventions.

4. Consultation on the public health service changes

The recent consultation (3) on changes to public health services sought feedback on proposed sexual health commissioning priorities. These were: to reduce sexually transmitted infections and unwanted pregnancies, reduce the prevalence of HIV and proportion of late diagnosis and reduce sexual health inequalities. The consultation sought views on options for developing new service delivery models that would best address these priorities and meet the needs of residents. It was indicated that implementation of any new model would be phased over the next few years. Full details of the consultation and proposals are summarised in the cabinet report (Section 3.7).
Key feedback from the on-line survey included:

- 90% agreed with the proposed sexual health priorities of reducing STI and unwanted pregnancies, reducing the prevalence of HIV and proportion of late diagnosis and reducing sexual health inequalities
- 75% were prepared to travel 20 minutes or more to access contraception and sexual health advice or for a STI test, including HIV
- It was felt that young people under 25 would prefer to access contraception and sexual health advice from a number of places – contraception and sexual health clinics (CaSH) (64%); on-line (48%); schools / colleges (45%); Genitourinary clinics (GUM) (30%); GP (25%); Pharmacies (22%)
- It was felt that men who have sex with men (MSM) prefer to access STI and HIV testing from GUM (63%); CaSH (42%); GP (27%). The information re online use of information did not match information from other sources.

Other key themes included:

- Suggestions of additional local public health objectives in relation to abortion and cervical smears; changes to the proposed HIV indicator to be worded to reduce the onward transmission of HIV and additional priorities including provision of an integrated model of service and the development of clearer pathways for individuals accessing services.
- Concern was expressed that it might not be possible to sustain the necessary volume and case-mix to maintain clinical skills and expertise (CaSH), with a potential impact on both the provision of services and the training available to GPs and Practice Nurses, and local accreditation and training. This could affect safe access to contraception via primary care for many Ealing residents.
- Concern about the possible impact on GP services who are not in a position to take up additional work and on the rates of unwanted pregnancies.
- The proposals do not reflect the requirements set out in national guidance by the Department of Health and NICE (e.g. for LARC and provision of contraception services for under 25’s).
- No community in Ealing is adequately provided for in terms of STI screening. The GU service is not available at weekends or in the evening. They physical location is inaccessible to many.
- People living with HIV are not provided for adequately
  - Of the population living with HIV, 25% are unaware of their diagnosis – approximately 60 people in Ealing
  - Late diagnosis is a significant issue in London. In 2013 people diagnosed with HIV late were 10 times more likely to die in their first year of diagnosis.

5. National Sexual Attitudes and Lifestyles

It is important to consider the Ealing and London information in the context of national information on sexual health behaviour. A recent edition of the Faculty of Public Health publication ‘Public Health Today’ included a short and helpful summary of the recent research. (52)
The National Surveys of Sexual Attitudes and Lifestyles (Natsal) are large probability surveys of the British population undertaken approximately decennially since 1990. Taken together, the three Natsal surveys provide rich data from more than 45,000 people, analysis of which has revealed changes in sexual behaviour over time and through the life course, and also advanced our understanding of the factors affecting sexual health and the interplay between them. Three big themes emerge from the data.

The first relates to major changes in the timing of sexual health events. There has been a progressive decrease in the median age at first sex from 19 years among women and 18 years among men aged 65-75 years, to 16 years among both men and women under 25 at interview in Natsal-3. The age at first live-in relationship and first child, however, has increased especially among women. The widening of the interval between these events means that the period in which ‘young people’ may be at higher risk of adverse sexual health outcomes, and in greater need of services, has increased dramatically.

The second related to the strong associations we have found between the different domains of sexual health, i.e. sexually transmitted infections (STIs), unplanned pregnancy, sexual violence and sexual function, and between poor sexual health and poorer mental and physical health. The former challenges us to think of sexual health in a more holistic way rather than in ‘silos’, and the latter to think of sexual health alongside physical and mental health.

Third, the findings related to the life course. The stereotype of asexuality in older ages is not borne out in the data. Conversely, sexual problems, such as lack of interest in having sex, feeling anxious during sex, pain during sex, vaginal dryness, and problems getting or keeping an erection, are not exclusive to older people, but affect young people too.

The article concludes by highlighting that the results have important implications for sexual health services and prevention activities.

6. Next Steps
A previous draft of the paper was considered alongside the discussion of the draft strategy at the September Health and Wellbeing Board Meeting. Feedback from the Ealing Sexual Health Network and additional information has been added in preparation for the strategy to be considered by the Cabinet and for inclusion in the Joint Strategic Needs Assessment (JSNA).

Many suggestions were made about additional information and further analysis of existing information. The current sources of information are Public Health England; the London Sexual Health Transformation Project; providers; and Ealing Sexual Health Network. Examples of information requested includes:

- trans* community and lesbian and bisexual women
  A meeting was held with the Ealing Lesbian, Gay, Bisexual and Trans (LGBT) Forum in November. Feedback included that the group
was supportive of the overall new model and rationale
expressed concerns about the role of specialised community prevention providers in a sub-contracting model, that reassurance was needed that they would not be financially or otherwise ‘squeezed out’, and that providers were held to account for service delivery
highlighted the needs of older LGBT potential users who may not be so computer savvy, particularly when thinking about the online provision or new in-clinic use of technology
requested that the needs of young people who may need a person to speak to were also considered
recommended strong links to libraries to enable computer access
reinforced the importance of the service being truly integrated with other risks (e.g. alcohol, mental health, substance misuse)
wanted reassurance that SRE and outreach addressed LGTB issues, and made the offer of support, including training
emphasized opportunities for prevention and engagement in Ealing, for example the W5 club and Horesden Hill
asked for information about local HPV vaccination of young gay men
provided information on providers who specialise in sexual health services for LGBT communities

Finally, the group recognised that the data on LGBT sexual health needs was unreliable, but highlighted that the national equality data suggests 6-10% of the population are LGBT (with London probably being higher). Other key information sources were highlighted: Trans community gendered intelligence (under 25s), Mermaids, Gender Information Research Education Society (GIRES) for adults, and service providers in other boroughs. They wanted reassurance that the needs of the LGBT community would be reflected in the needs assessment and future service models, and offered to continue to provide information and feedback.

- Information to help understand the needs of specific issues for women and African communities in terms of health, economic and social inequalities; in addition for women there issues such as gender based violence and ante-natal screening of HIV; for migrant populations there are issues around stigma within their communities, entitlements around healthcare, and concerns and HIV diagnosis may result in deportation. ‘We need to recognise the complex needs of these groups when planning sexual health services.’
- Sexual attitudes and lifestyle information on all high risk groups, including more analysis of sexual health with physical and mental health and health related behaviours
- Use of services – continuing to understand service users’ preferences and experience

The public health team will continue to welcome additional information and use opportunities to influence information providers.
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