

# EALING JSNA 2022

## Focus on Sexual Health

The Joint Strategic Needs Assessment (JSNA) is a statutory document published by the London Borough of Ealing and NHS Ealing Clinical Commissioning Group, which describes the health and social care needs of the population. The JSNA contains topic and theme-based chapters.

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# 1. Executive Summary

## Background

Good sexual health is an essential part of good health and wellbeing. Needs vary according to age, sexuality, gender, ethnicity and impacts from wider determinants of health. There are a wide range of sexual and reproductive health (SRH) services provided through complex arrangements to ensure a wide range of providers and easy access for residents. There have been system changes, particularly during the Covid-19 pandemic, where there was a shift to a hybrid telemedicine service to meet demand. In December 2021, the **HIV Action Plan** was released, setting out England's plan to reduce new HIV transmissions by 80%, by 2025. The '**Vision for Women's Health Strategy for England**' was also released, outlining a life course approach to tackling disparities in reproductive health needs. There will be a forthcoming **STI action plan**.

## Aims and Methods

This JSNA aims to assess the sexual health needs of the local population, identify sub-groups which are more vulnerable to inequalities in sexual health, and suggest improvements to meet needs and mitigate inequalities. Quantitative national, London and local service data up to 1 February 2022 was assessed. Qualitative views of stakeholders involved in service delivery, healthcare professionals, commissioners and other partners was also used to identify need.

## Key health indicators

- **since 1999, there has been an overall 80% decrease in teenage conceptions across Ealing.** Individual rates vary according to ward
- SRH service prescribed Long-Acting Reversible Contraception (LARC) is 9th highest in London and consistently higher than London and England averages
- the **London E-Service has been a great support** during the Covid-19 pandemic in maintaining SRH service access and helping ease high levels of demand on SRH clinics
- **gonorrhoea rates are increasing and getting worse** since 2012, ranking 17th in London (2020) there has been a slight increase in syphilis rates from 2012 to 2020
- Ealing ranks **3rd highest in London and 11th in England for total abortion** rates, this trend is increasing and getting worse
- Ealing ranks **2nd highest in London and 6th highest in England for over 25 abortion** rates
- **primary care prescribed LARC has been consistently lower** than London and England rates since 2011
- Ealing is an area of high prevalence of HIV
- **HIV late diagnosis rates remain high**, similar to London and England
- HPV vaccination coverage (one dose in girls aged 12-13) was 39.9% (2020/21), **3rd worst in the country**
- Ealing ranks 16th lowest in the country for cervical screening in women aged 25-49

## JSNA Recommendation

- strengthen collaborative working on service recovery and re-design of the SRH system following Covid-19
- work in collaboration with NHS commissioning partners to improve access to services and outcomes across the wider system, including primary care, abortions, gynaecology
- continue to raise awareness of SRH issues with the public and amongst professionals
- undertake more in-depth local analyses on the reasons for high abortion rates
- sustain support for London's HIV Fast Track Cities Initiative by implementing the National HIV Plan, including the piloting on HIV testing in A&E and increased awareness in primary care
- work across the system to ensure services are equitable, based on user's views and involve service users in design, and meet the needs of those who are more vulnerable and at risk, including young people, GBMSM, people with learning and or physical disabilities, Black communities, and others with varying needs
- evaluate service user and resident views of their SRH needs and service access
- work with LNWH and partners to continue to implement the National syphilis action plan
- continue collaborative working across the system to implement the forthcoming National SRH action plans
- build on the successful collaborative working across London Councils, through the London Sexual Health Programme, including co-commissioning of the SHL E-service and London specialised SRH services
- work collaboratively to identify causes for low HPV vaccination rates and mechanisms for improving uptake

## Executive Summary










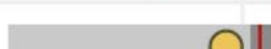




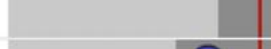

Indicator	Period	Ealing			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2020	→	85	25.0	39.6	12.2	147.9		0.0
Gonorrhoea diagnostic rate / 100,000	2020	↑	761	224	309	101	1,024		10
Chlamydia detection rate / 100,000 aged 15 to 24	2020	→	502	1,352	1819	1408	548		
<b>&lt;1900</b> <b>1900 to &lt;2300</b> <b>≥2300</b>									
Chlamydia proportion aged 15 to 24 screened	2020	→	5,630	15.2%	19.3%	14.3%	4.1%		
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	→	2,758	1,230	1391	619	3,547		247
HIV testing coverage, total (%)	2020	↓	4,817	64.6%	54.7%	46.0%	12.0%		
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	—	46	43.0%	38.4%	42.4%	72.7%		%
<b>&lt;25%</b> <b>25% to 50%</b> <b>≥50%</b>									
New HIV diagnosis rate per 100,000 aged 15 years and over	2020	→	38	14.1	13.1	5.7	27.5		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2020	→	789	3.80	5.35	2.31	13.09		0.53
<b>&lt;2</b> <b>2 to 5</b> <b>≥5</b>									
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) (Female)	2019/20	↓	0	0.0%	38.4%	59.2%	0.0%		100%
<b>&lt;80%</b> <b>80% to 90%</b> <b>≥90%</b>									
Under 25s repeat abortions (%)	2020	→	160	32.8%	32.3%	29.2%	38.6%		
Abortions under 10 weeks (%)	2020	↑	1,549	89.9%	88.5%	88.1%	79.9%		3.8%
Total prescribed LARC excluding injections rate / 1,000	2020	→	1,915	28.6	27.0	34.6	5.3		9
Under 18s conception rate / 1,000	2019	→	51	9.0	13.5	15.7	37.1		3.9
Under 18s conceptions leading to abortion (%)	2019	→	36	72.5%	64.8%	54.7%	32.5%		
Violent crime - sexual offences per 1,000 population	2020/21	↑	596	1.7	1.8*	2.3*	1.0		

Fig 1. Overview of public health indicator outcomes for sexual health in Ealing, taken from the 2022 SPLASH report<sup>1</sup>



## 2. Background

### Background

Good sexual health is an essential part of good health and wellbeing. A satisfactory sexual health system delivers **evidence-based care adapted to the needs of the local population and addresses inequalities in health for those who are at higher risk of adverse sexual health outcomes**. Sexual health services encompass sexual health advice, contraception, testing and treatment of sexually transmitted infections (STIs), HIV testing and treatment, and abortion. It is linked to sexual health education, health prevention and outreach, and HPV vaccinations. This is provided through complex arrangements to ensure there is a wide range of providers (sexual health clinics, primary care, pharmacies, independent sectors) and easy access for residents.

The Department of Health released 'A Framework for Sexual Health Improvement in England' in 2013, just prior to the April 2013 change of commissioning of services. This highlighted that whilst advancements have been made, such as declining teenage conception rates, and increasing life expectancy for people living with HIV, improvements could still be made.<sup>2</sup> In December 2021, the HIV Action Plan was released, setting out England's plan to **reduce new HIV infections by 80%, by 2025**. The Department of Health & Social Care's 'Vision for Women's Health Strategy for England' was also released, outlining a life course approach and **aim to tackle disparities in reproductive health needs, emphasizing the importance of high-quality information and education**.<sup>3,4</sup> There is due to be a forthcoming STI action plan.

Locally over the last few years there has been a shift of the delivery of sexual health services to increase accessibility, particularly during the Covid-19 pandemic. The country is also facing increasing demand on services against a backdrop of widening inequalities, rising STI rates, and a need for a range of contraception.

Needs vary according to age, sexuality, gender and ethnicity as well as being impacted by wider determinants of health. Sexual health impacts all who are sexually active, however it is widely recognised that different sections of the population have higher sexual health needs, these include: **women; gay, bisexual and other men who have sex with men (GBMSM), LGBTQ+ communities, young people, people from different ethnic backgrounds, including Black and Minority Groups and people living in areas associated with multiple deprivation**.<sup>2,5</sup> This Joint Strategic Needs Assessment will identify key needs and provide recommendations to inform local commissioning of open-access services that best address our population.

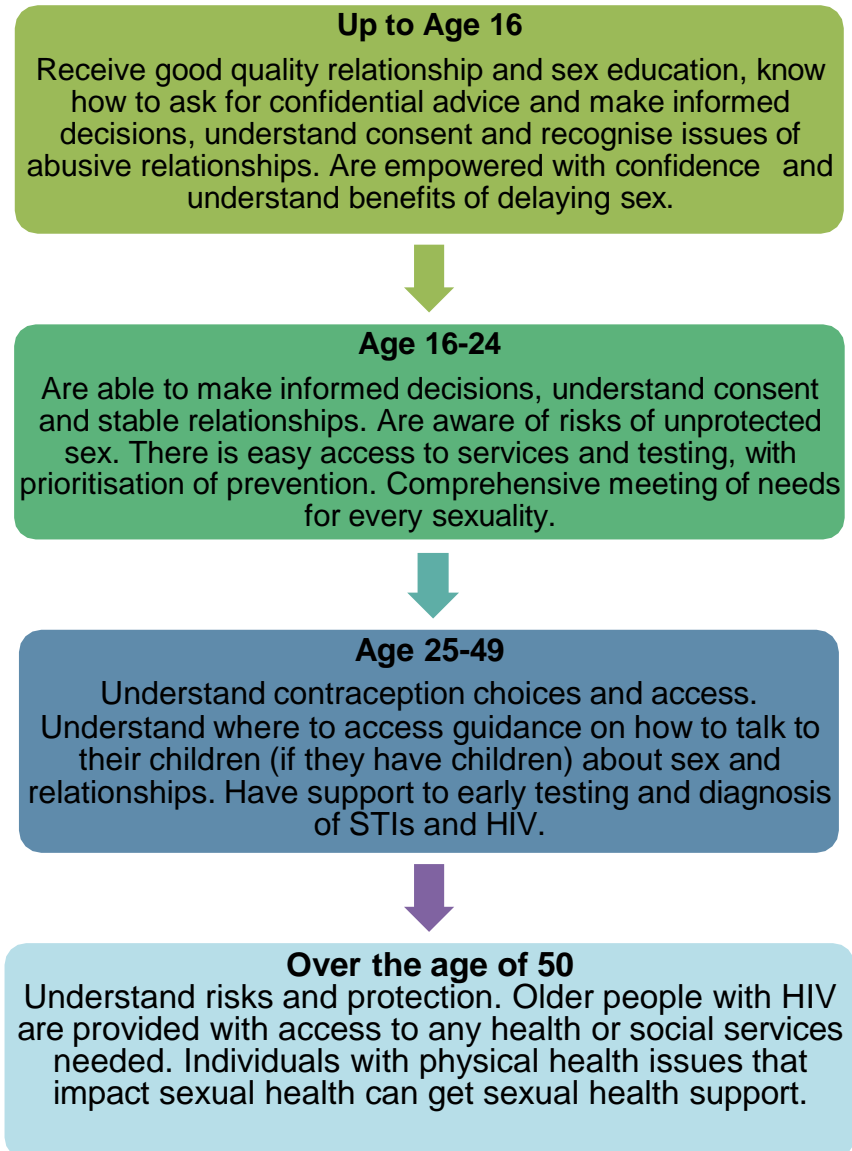


Fig 2. Outline of the 2013 sexual health framework ambitions for each stage of life<sup>2</sup>

### 3. Aims and Objectives

#### Aim

Assess the sexual health needs of the local population, identify sub-groups which are more vulnerable to inequalities in sexual health, and suggest improvements to meet needs and mitigate inequalities.

#### Objectives

- evaluate the testing and diagnostic rates of **sexually transmitted diseases** in Ealing. Key focuses include rates of chlamydia detection amongst young people aged under 24, syphilis considering rising rates and the national syphilis action plan, and gonorrhoea in light of growing antibiotic resistance
- HIV remains an important part of sexual health prevention, diagnosis and treatment, largely affecting minority groups with associated issues such as stigma and wider physical health impacts. Review the rates of **HIV testing, including rates of late diagnosis of HIV**, a poor prognostic indicator
- assess the sexual health indicators surrounding **contraception**, in particular, LARC
- determine the **rate of conceptions and rates of abortions** and compare to London and national rates
- assess the **benefits of digital services** (telemedicine, digital contraception, online access), whilst being mindful of barriers and therefore exclusion of certain vulnerable sub-populations
- assess **HPV vaccine uptake** and the impact of Covid-19 school closures on the national screening programme delivery in Ealing
- address **wider determinants of sexual health** and acknowledge the links with other determinations that can be tackled in combination to reduce inequality of health
- **work in collaboration with stakeholders** to identify challenges and barriers to sexual health services in Ealing

#### Public Health Outcome Framework

The Public Health Outcomes Framework sets out the desired outcomes and indicators that assess whether these outcomes are being met, in order to protect and promote health of the population. Outlined in figure 4 are the Public Health Outcome Framework indicators related to sexual health.<sup>6</sup>

Other	B12a Violent crime - hospital admissions for violence (including sexual violence)
	B12c Violent crime - sexual offences per 1,000 population
Health Promotion	C01 Total prescribed LARC excluding injections rate / 1,000
	C02a Under 18s conception rate / 1,000
	C02b Under 16s conception rate / 1,000
	C24b Cancer screening coverage - cervical cancer (aged 25 to 49 years old)
	C24c Cancer screening coverage - cervical cancer (aged 50 to 64 years old)
	C24h Infectious Diseases in Pregnancy Screening - HIV Coverage
	C24i Infectious Diseases in Pregnancy Screening - Syphilis Coverage
	C24j Infectious Diseases in Pregnancy Screening – Hep B Coverage
Health Protection	D02a Chlamydia detection rate / 100,000 aged 15-24
	D02b New STI diagnoses (exc chlamydia aged under 25) / 100,000
	D04e Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)
	D04f Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)
	D07 HIV late diagnosis (%)

Fig 3. Key indicators related to sexual health as outlined in the Public Health Outcomes Framework.<sup>6</sup>

## 4. Methods

### Methods

**Quantitative national, London and local service data** assessment was carried out. The most recent data (as of 1 February 2022) from UK Health Security Agency (UKHSA) sexual and reproductive health profiles, SPLASH data, London STI national data were used. These were correlated with local data to provide epidemiological prevalence rates, and performance indicators for sexual health services. Data has been compared to London and national levels where available. E-Service data (as of 30 Nov 2021) as well as HIV datasets released on 12 Dec 2021 were also incorporated.

**Qualitative views of stakeholders** involved in service delivery, healthcare professionals and commissioners was also used to identify need. Using both these data types, challenges and strengths of the services meeting Ealing's sexual health needs were evaluated.

### Process in detail

1. **Epidemiological review:** review of the statistics of sexual health outcomes of residents in Ealing to identify areas where we are underperforming, evaluate if any particular demographics are affected more adversely than others and assess the trends available.
  - use of national UKHSA data: fingertips profile data, local authority SPLASH reports, HIV annual data release, STI London report, Prevent-X, Data Exchange (previously known as GUMCAD)
2. **Service provision review** – what services are currently provided to residents and which ones are used?
  - use of Prevent-x data, Data Exchange
  - what proportion of residents are seen outside of Ealing?
  - assess HIV Support services (Living Well)
  - review services commissioned by NHS commissioners
  - impact of Covid-19 on services
3. **Stakeholder engagement** – what are the thoughts of key organisations, other commissioning organisations (such as NHS commissioners), healthcare workers and service providers on sexual health needs in Ealing?
4. **Recommendations:** ultimately, using the above steps to identify gaps in provisions and key areas for improvement, we will provide recommendations for commissioners and providers on how to target, adjust and adapt services to address identified needs and vulnerable populations more at risk of adverse sexual health outcomes. These recommendations will be made in view of the wider context of the upcoming national sexual health strategy, emerging ICO's and LSHP local commissioning collaborations.

## 5. Borough of Ealing Demographics

In order to fully assess health needs and plan services, it is fundamental to understand population size and characteristics. In 2020 Ealing was estimated to be **the fourth most populous borough in London**, with a projected population size of 352,809 in 2020 (177,976 males and 174,833 females); rising to 396,039 in 2030.<sup>5</sup> Distribution according to age is estimated to be 21.5% aged 0 to 15, 65.5% aged 16 to 64 and 13% aged 65 and over. **11.7% are between the ages of 15 and 24, in the high-risk category for sexually transmitted infections.** Relationship status in 2011 census found that 44.1% of Ealing residents were married, 0.4% were in same-sex civil partnership, 3% separated, 6.8% divorced, 5.1% widowed and 40.6% single.<sup>7</sup>

The Index of Multiple Deprivation combines information from domains of income, education, employment, skills and training, crime, living environment, barriers to housing services, crimes, health and disability. In 2019 estimates of the index of multiple deprivation 2019, 120 areas (61.2%) are in deciles 1-5.<sup>7</sup>

With regards to the LGBTQ+ community, the 2011 census does not collect sexual orientation information. The **LBG estimates of Ealing from GP Patient Survey (2015) was 4.7%** (sample of 5587).<sup>6</sup> Across the country, the proportion of LGB+ is highest among young adults (up to age of 34) and subsequently decreases with older age groups. Additionally, the proportion is also higher in men (3.10%) than women (1.92%), and higher in mixed/minority ethnic groups.<sup>8</sup>

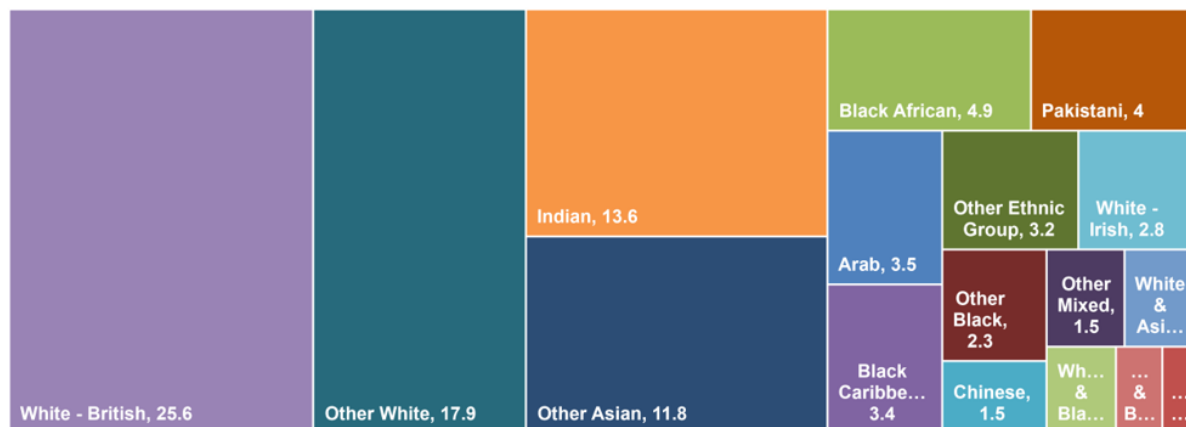


Fig 5. Ethnic Make-Up of the Borough of Ealing.<sup>7</sup>

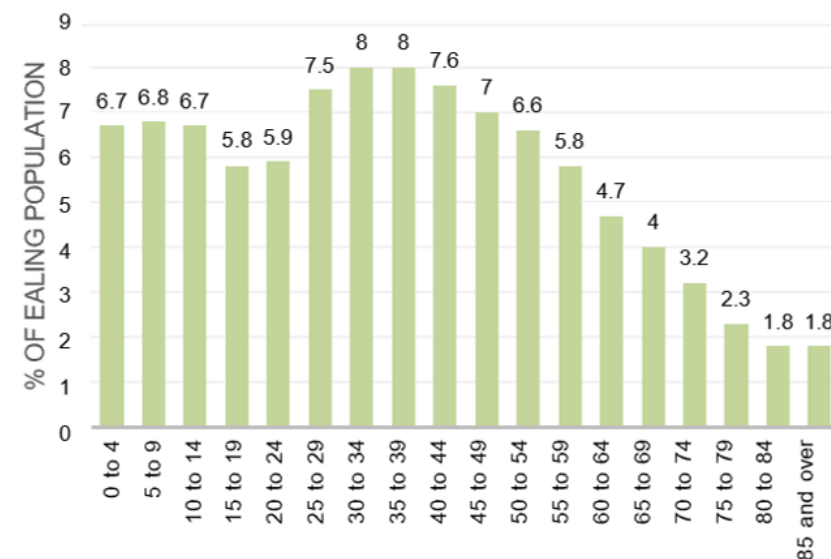


Fig 4. Percentage distribution of Ealing population according to age in 2020.<sup>7</sup>

Furthermore, Ealing is an ethnically diverse population.<sup>7</sup> In **2020 Ealing's minority ethnic population was projected to be 53.7% (194,394), higher than London at 43.5%**

**(4,005,764).** In 2019 the Ealing population consisted of 76.2% UK nationals, lower than London (77.6%) and England (89.9%) In terms of nationality, Ealing had a **higher proportion of South Asian, Middle and East-central Asian, and South-East Asian nationals compared to London and England.** 66.1% of individuals speak English as their main language (77.9% in London and 92% in England). 12.6% speak South Asian language and 9.1% speak another European language.<sup>7</sup>



## 6. Health Inequalities in Ealing – an overview

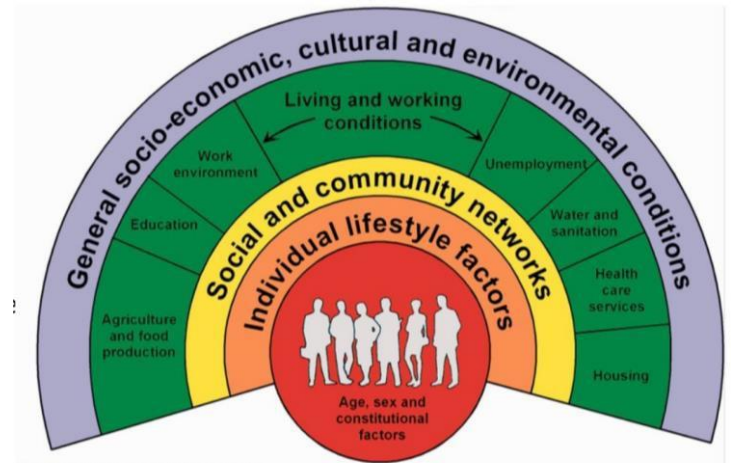
Deprivation is linked to poor sexual health and there is a need to ensure that overall progress does not mask significant variation in performances of local communities. Disadvantaged communities are more likely to have a higher rate of teenage conception and birth rates.<sup>9</sup> With regards to deprivation indicators, unemployment and child poverty have been found to increase under-18 conception rates. In terms of the individual, associated factors with teenage pregnancy include persistent school absence by age 14, eligibility for free school meals, being a care leaver and poorer academic progress between 11-14 years. Sexual abuse, first sex before the age of 16, alcohol and previous teenage conception can also increase risks of teenage pregnancy.

Moreover, there is evidence that teenage hospital admissions for alcohol is linked to teenage pregnancy. In addition, alcohol consumption can result in poor judgement with regards to sexual activity, risky behaviour (increased sexual partners, not using condoms) and increases vulnerability. There is also a higher risk of sexual violence for women. Furthermore, GBMSM who use some types of illegal drugs are more likely to partake in risky sex such as 'chemsex'.<sup>1</sup>

### Health Inequalities in Ealing<sup>11</sup>

The average life expectancy for males is 80.9 years and for females 84.6 years, similar to London and higher than the national average. South Acton and Norwood Green have a significantly lower life expectancy than Ealing and the London average. The **life expectancy gap, that is, the difference between the most and least deprived quintile in Ealing, is 3.5 years for men and 2.6 years for women.**

- in 2019, Ealing was the **2<sup>nd</sup> most deprived West London Borough**. Four areas in Ealing are lower super output areas, which are in the 10% most deprived nationally
- 17.2% of children in Ealing school and nurseries were living in the 20% most income deprived areas for children in England. **14.4% of children (under 16 years) were living in child poverty**
- Ealing has the **highest rate in London of alcohol related hospital admissions**, with a rate of 761 per 100,000 in 2018/19. The top five wards with highest alcohol admission rates in Ealing include Lady Margaret, Southall Broadway, Southall Green, Northolt West End and Elthorne
- 7 in 10 children in Ealing by the end of reception achieve a good level of development. Although this is similar to the national rate, this is significantly lower than London rates and girls perform better than boys
- long-term unemployment affected 1,083 Ealing residents in 2019/20. Southall Broadway, Southall Green and Dormers Wells have the lowest household incomes in Ealing
- fuel poverty affected 12.6% of Ealing households in 2018



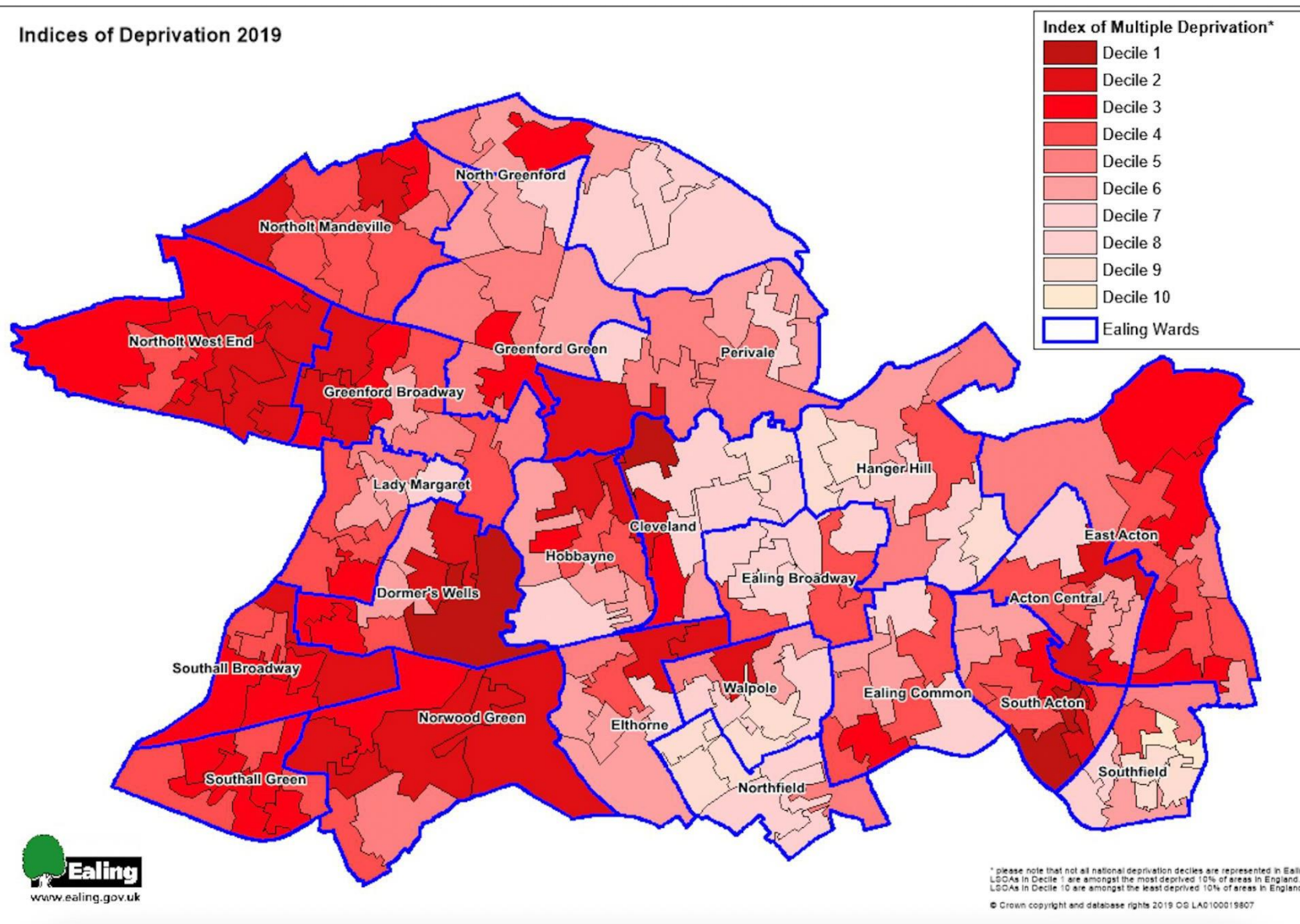
Source: Dahlgren and Whitehead, 1991

In addition, the Covid-19 pandemic highlighted inequalities in morbidity and mortality. 91.4% of Ealing residents who had hospital admissions had a long-term condition and 78.6% who died in hospital were over 65 years. Wards which had a higher proportion of Black, Asian or Minority Ethnicity residents had higher infection rates.

The Marmot Review '10 years on' found that **nationally, health inequalities are increasing and health is declining**. Furthermore, the healthy life expectancy gradient is steeper than the life expectancy gradient – individuals in more deprived areas spend more of their shorter lives in poor health compared to people in less deprived areas. In order to tackle ill-health, there needs to be a **multisystem approach that addresses inequalities** as well as the complex factors which exacerbate them.

## Deprivation in Ealing

Indices of Deprivation 2019



## 7. Inequalities in Sexual Health

It is essential that sexual health services not only provide universal coverage for the whole population but also targeted interventions for at risk key groups who disproportionately bear a greater burden of ill sexual health. These groups include:

- **young people:** most individuals become sexually active between 16 and 24, and young people are at higher risk of STIs and abortions<sup>2</sup>
- **women** face disparities in sexual health. They bear majority of the burden of contraception, as well as abortion procedures
- **gay, bisexual and other men who have sex with men (GBMSM)** are disproportionately impacted by higher rates of HIV and other sexually transmitted infections
- **the LGBTQ+ community**, individuals can experience inequalities of sexual health, face stigma and discrimination<sup>2 8</sup>
- **black African and Caribbean minority communities** are over-represented in poor sexual health and are at higher risk of poor outcomes.<sup>2</sup> The 2022 *'Black Voices on Contraception Choice and Access to Sexual Health Services'* noted that there has been widening of poor outcomes for Black people, with extra barriers and difficulty accessing care. Participants noted discrimination, stereotyping, lack of appropriate treatment and lack of 'cultural' awareness, with racist assumptions and judgmental attitudes reducing people's trust and engagement with services. There needs to be work to build trust, increase Black health service staff at senior levels, tackle stigma and stereotyping in health promotion (not just HIV) and in product design (such as patches in wider skin tones rather than nude)<sup>10</sup>
- **victims of sexual assault:** require specialist clinic care and follow up, including STI screening and emergency contraception<sup>2</sup>
- **sex workers:** are at higher risk of adverse sexual health outcomes and violence, rape, sexual assault. They are also more likely to experience vulnerabilities which can affect their sexual health, such as homelessness, drug or alcohol problems. However, stigma, legality, chaotic lifestyles, and potential external controlling individuals (for sex workers who are coerced or trafficked) can impact their access to key services.<sup>2</sup> There is also limited data about people in this sub-group
- **physical disabilities:** individuals with physical disabilities have specific sexual health needs, requiring an interdisciplinary approach<sup>12</sup>
- **people with learning disabilities:** Studies have found that young people with learning disabilities have poor access to sex and relationship education. The Department of Health has identified the need for comprehensive, accessible sex and relationship education, including information regarding abuse, sexuality, consent and contraception. Furthermore, there is limited information regarding prevalence of poor sexual health outcomes among individuals with learning disabilities. The longitudinal Next Steps study found that young people with mild and or moderate learning disabilities were as likely as their peers in their general population to have had sexual intercourse by the age of 19 or 20. However, they were more likely to practice unsafe sex, be a mother or have been pregnant. A study of mothers of young people with learning disabilities found they discussed fewer sexual topics and later in life.<sup>13</sup> The 2016 joint strategic needs assessment for Ealing estimated around 1,402 adults in Ealing had a learning disability and anticipated that the percentage of those aged 18-64 with a learning disability will likely increase from 7% to 12% by 2030<sup>14</sup>
- **others as identified**

### PREVENTION GROUPS:

Young people

Black African groups

Black Caribbean groups

GBMSM

Women

Victims of sexual assault

Sex workers

Physical disabilities

Learning disabilities

Digital Poverty and Illiteracy



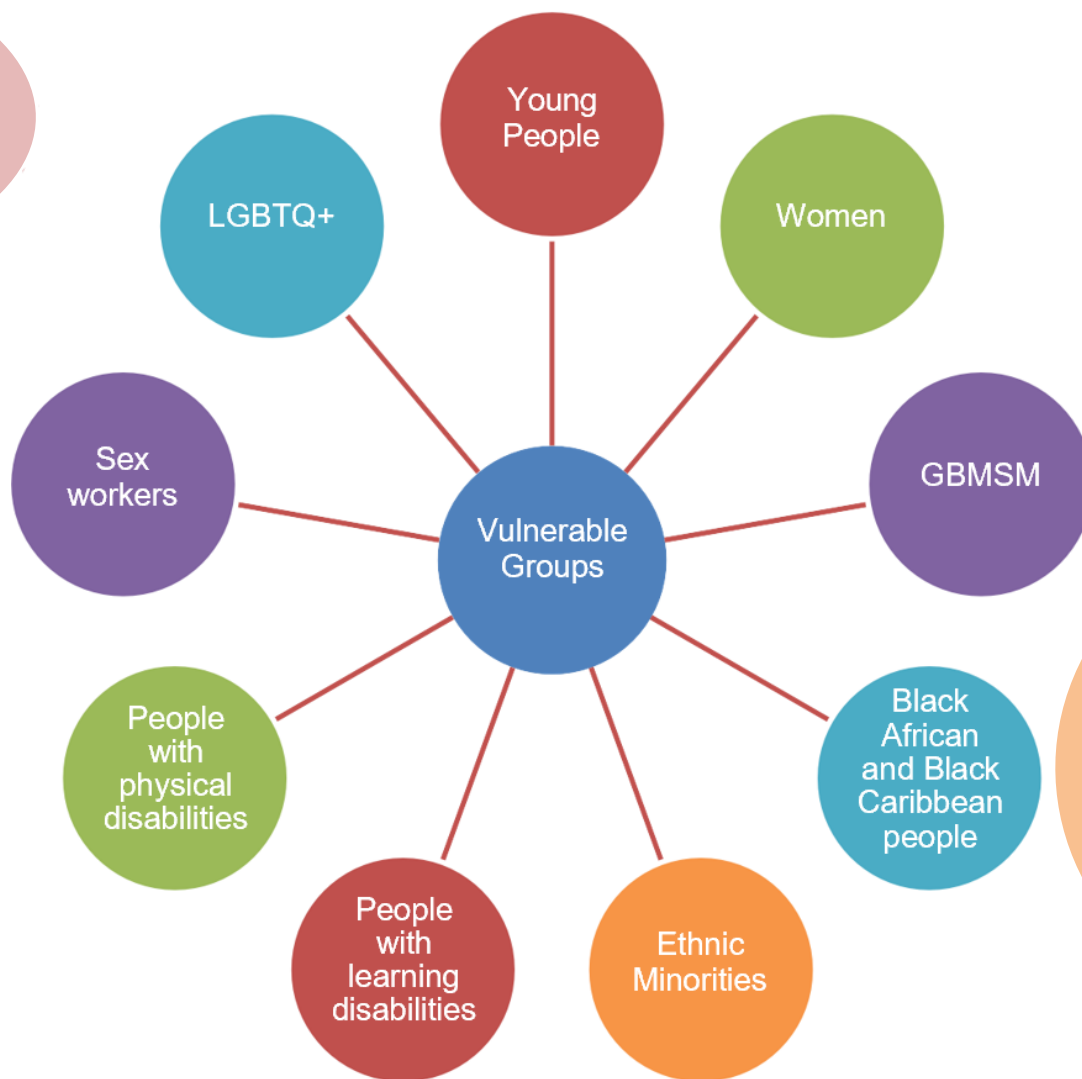
## Stakeholder Views on Sexual Health Inequalities

MSM, sex workers, young people and Black Africans are disproportionately affected by poor sexual health."

**Voluntary Organisation Partner**

"Poverty and social exclusion are risk factors for poor sexual health outcomes. This includes asylum seekers, sex workers, and the homeless. In general, the traditional opening hours and location of health and care services can disadvantage people from minority backgrounds, or those who are concerned about taking time off work. There is a need to look systematically at under-represented population groups in prevention services, and over-represented groups in emergency and intensive response services."

**Commissioner of Online Sexual Health Services**



"[In contraceptive services] our vulnerable groups are different to GUM. This includes young people, women who don't speak English very well, new immigrants, people of different cultures. Understanding the cultural needs of different groups can be challenging but we are determined to."

**Senior Clinical Specialist**

"[At risk groups with regards to people living with HIV] include 40+ years old women from Black and other ethnic minority communities. We are trying to target this group by working more with faith groups and pre-existing faith groups."

**HIV Support Services**



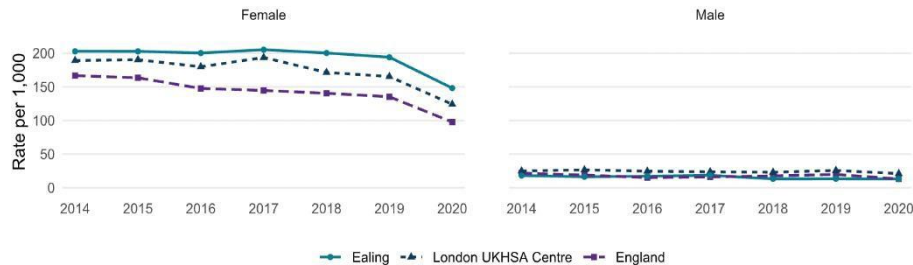
## 8. Contraception

All men and women should have informed knowledge, access and choice to all types of contraception. Contraception is widely available and provided free of charge from primary care, sexual health clinics, NHS walk-in centres (for emergency contraception) and some pharmacists. Condoms are available from sexual health services free of charge.<sup>10</sup>

There are multiple resources and providers which provide residents with access to contraception. For example, online requests of repeat prescriptions, provision of oral contraceptives and LARC in primary care, and specialised contraceptive services.

The figure below depicts attendance by under-25s in Ealing at specialist contraceptive services, compared to London PHE Centre and England, between 2014 and 2020. **Ealing has a much higher rate of females presenting compared to national rates, consistently over this five year time frame.** Men present for contraception at much lower rates than women.<sup>1</sup>

**Figure 33.** Attendance at specialist contraceptive services among under 25s by gender, in Ealing compared to the London UKHSA Centre and England: 2014 to 2020



As a response to the COVID-19 pandemic, since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

**Fig 7.** Graphs depicting the attendance at specialist contraceptive services according to gender in under 25s Ealing residents, between 2014 to 2020. Compared to London PHE Centre and England. Taken from the UKHSA SPLASH report for Ealing.<sup>1</sup>

**Figure 32.** Chart showing key contraception indicators in Ealing compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the London UKHSA Centre.

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ○ Not compared

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
Under 25s individuals attend specialist contraceptive services rate / 1,000 - Females	2020	2,645	148.0	97.6	6.0	312.2
Under 25s individuals attend specialist contraceptive services rate / 1,000 - Males	2020	250	13.0	13.0	0.3	53.8
Women choose injections at SRH Services (%)	2020	370	4.9	8.1	1.6	25.7
Women choose user-dependent methods at SRH Services (%)	2020	4,735	63.3	54.9	34.2	72.4
Women choose hormonal short-acting contraceptives at SRH Services (%)	2020	3,060	40.9	41.7	20.3	66.4
Under 25s choose LARC excluding injections at SRH Services (%)	2020	515	23.0	28.8	11.2	46.8
Over 25s choose LARC excluding injections at SRH Services (%)	2020	1,860	35.5	43.5	19.8	72.7
Total prescribed LARC excluding injections rate / 1,000	2020	1,915	28.6	34.6	5.3	60.9
GP prescribed LARC excluding injections rate / 1,000	2020	380	5.7	21.1	0.0	51.5
SRH Services prescribed LARC excluding injections rate / 1,000	2020	1,535	22.9	13.4	0.8	32.0

As a response to the COVID-19 pandemic, since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

**Fig 8.** Taken from the UKHSA SPLASH report for Ealing.<sup>1</sup>

“There is a need to ensure women are offered all different types of contraception, understand the choices presented, and are supported to make the best decision for themselves going forward.”

**Ealing General Practitioner**

## Contraception Choice in Ealing

There is a wide variety in contraceptive choices and individuals should be empowered with the knowledge and understanding of different options to make sure they make informed decisions about their sexual health. User-dependent methods include the contraceptive pill, condoms, patches and injections. However, they are dependent on the user to take them and therefore in some cases can be more unreliable than long-acting reversible contraceptive methods.

In Ealing:

- Ealing ranks 27<sup>th</sup> in England for females under 25 attending specialist contraceptive services, with a rate of 148 per 1,000 in 2020. **This is a 23.7% decline to 2019 (194.0), demonstrating the impact of site closures during covid**
- despite the impact of the pandemic, there has been a **18.9% increase in % women under 25 choosing LARC (excluding injections) at SRH services** – from 19.3% in 2019 to 23.0% in 2020. This has also been reflected in women over 25. There has been a 12.9% increase in % over 25s choosing LARC (excluding injections) at SRH services, from 31.5% in 2019 to 35.5% in 2020

**Table 9.** Women's choice of contraception at SRH services in Ealing and England: 2020

	2019	2020	% change 2019 to 2020*	Rank among 16 similar UTLAs/UAst	Rank within England: 2020‡	Value for England: 2020
Women choose injections at SRH Services (%)	5.4	4.9	-8.6%	9	116	8.1
Women choose user-dependent methods at SRH Services (%)	67.0	63.3	-5.5%	2	17	54.9
Women choose hormonal short-acting contraceptives at SRH Services (%)	42.9	40.9	-4.7%	6	61	41.7
Under 25s choose LARC excluding injections at SRH Services (%)	19.3	23.0	18.9%	14	121	28.8
Over 25s choose LARC excluding injections at SRH Services (%)	31.5	35.5	12.9%	15	128	43.5

Fig 9. Women's choice of contraception at SRH services in Ealing, taken from the UKHSA SPLASH report for Ealing.<sup>1</sup>

“There is overwhelming demand on contraceptive services in Ealing, far more than seen before. Much of this demand reflects reduction of contraceptive provision in primary care. Also, a lot of the women who didn't contact during covid and women who previously went elsewhere are now coming to SRH. As a large proportion of abortions being provided at home as medical abortions, this means that a lot of post-abortion LARC is not being fitted. The current service is short of money, with an aging workforce and difficulty in recruiting new staff.”

**Senior Clinical Specialist**

## Long-Acting Reversible Contraception (LARC)

Long-Acting Reversible Contraceptive (LARC) methods are contraceptives which are administered fewer than once per cycle/month. These include, for example, progesterone-only intrauterine systems, progesterone-only subdermal implants and copper intrauterine devices. Compared to barrier methods or the pill, LARC does not depend on the individual's consistent and correct use and therefore is more reliable, providing long-lasting contraception that can be easily reversed when an individual decides to have a pregnancy.<sup>1 15</sup>

Since 2011, in Ealing, although the **SRH services prescribed LARC rates are high and have been consistently higher** than London and national figures, **primary care prescribed LARC are low and have been consistently lower than London and national levels.** Additionally, there has been a further drop from 2019 to 2020 – as LARC is an in-person procedure, it has been impacted adversely by the Covid-19 pandemic.

In 2020, for LARC (excluding injections):<sup>1 16</sup>

- Total prescribed LARC rate was 28.6 per 1,000.
  - total LARC rates were increasing from 2015 to 2019, until a 32.1% drop from 2019 to 2020
  - **Ealing ranks 97<sup>th</sup> in England and 14<sup>th</sup> in London**
- In 2020 GP prescribed LARC rate per 1,000 was 5.7 (380 people).
  - this was a drop of 41.4% from 2019
  - **Ealing ranks 128<sup>th</sup> in England and 27<sup>th</sup> in London**
  - GP prescribed LARC has been consistently lower than London and England rates between 2011 and 2019
- In 2020, SRH services prescribed LARC rate was 22.9 per 1,000 (equivalent to 1,535 people).
  - this is a drop of 29.2% from 2019
  - **Ealing ranks 18<sup>th</sup> in England and 9<sup>th</sup> highest in London**
  - SRH prescribed LARC has been consistently higher than London and England averages since 2016

"It is important to identify points throughout the antenatal journey for when to have the conversation around contraception."

**NW London CCG**

"London-wide there is an issue of provision in LARC, with reduced proportion of provision in primary care compared to the rest of England. There are a variety of contributing factors, such as motivation for LARC provision, expertise, high pressure on primary services. Emergency hormonal contraception provided through the E- Service is useful in helping to work towards reducing abortion and unwanted conceptions."

**Senior Clinical Specialist**

"Obstacles to primary care provision of LARC include: if there is someone trained in the practice, the size of waiting lists, capacity to take on this additional workload, and financial cost-benefit."

**General Practitioner**

"Obstacles in accessing contraception in Ealing includes poor GP provision, our SRH service is small and there is a limited post-delivery contraception service. We sub-contract with primary care to provide LARC and they are well numerated for LARC provision, and we offer free training and support. However primary care rates are very low, potentially due to low interest in LARC and other issues competing for primary care time."

**Senior Clinical Specialist**

## LARC in SRH Services and Primary Care

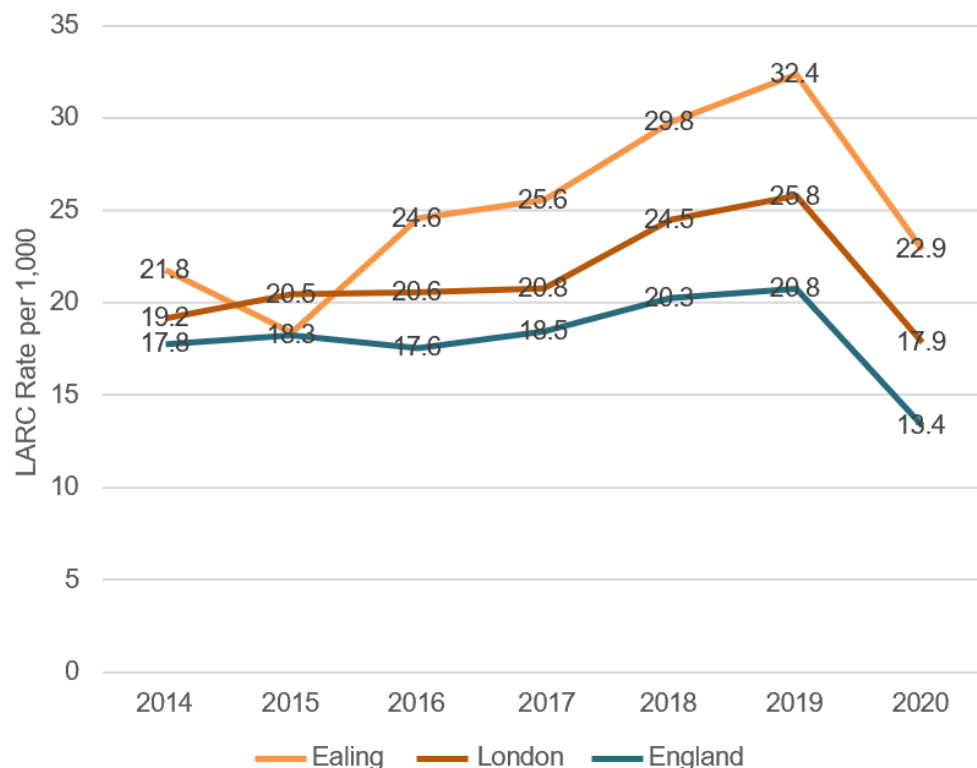


Fig 10. Graph depicting the rates of **SRH** prescribed LARC (excluding injections) per 1,000, in Ealing, compared to London region and England between 2014 and 2020.<sup>1 16</sup>

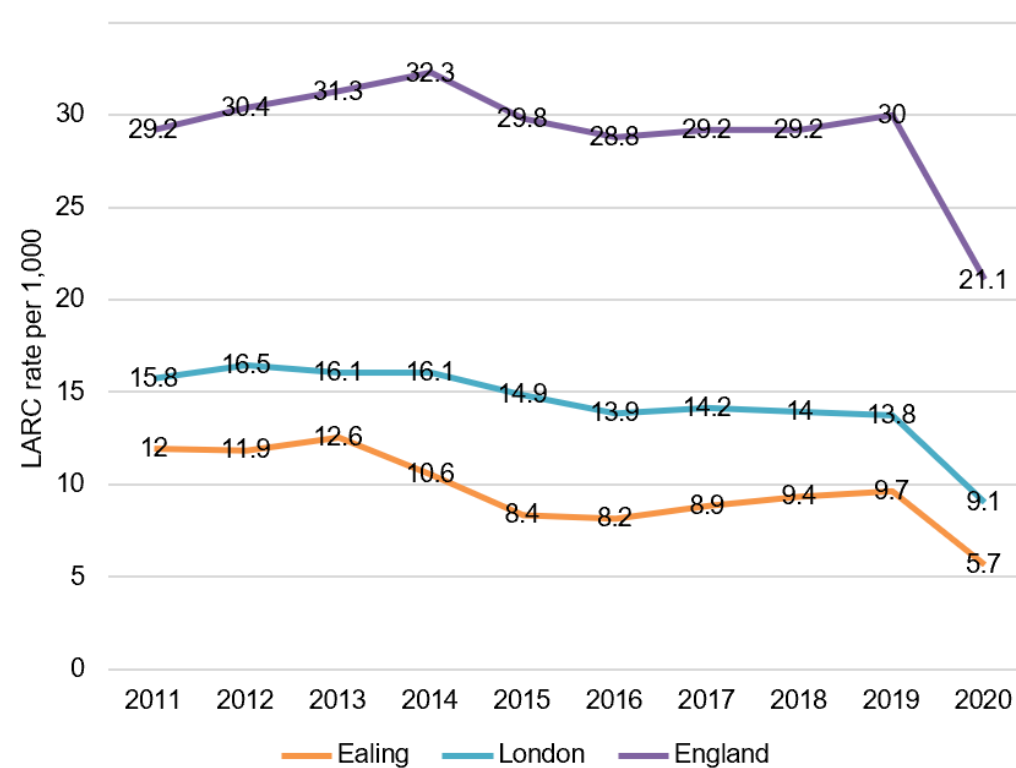


Fig 11. Graph depicting the rates of **GP** prescribed LARC (excluding injections) per 1,000, in Ealing, compared to London region and England between 2011 and 2020.<sup>1 16</sup>

### Contraception

- maintaining contraceptive choice and access to all forms of contraception for women is a priority
- since 2011, in Ealing, although the SRH services prescribed LARC rates are high and have been consistently higher than London and national figures, primary care prescribed LARC are low and have been consistently lower than London and national levels
- Ealing ranks 128<sup>th</sup> in England for primary care prescribed LARC and 28<sup>th</sup> in England for SRH prescribed LARC

### Recommendations

- undertake more in-depth local analyses on the reasons for high abortion rates and mechanisms for improving access to a range of contraception, across the wider SRH system



## 9. Conceptions and Abortions

Whilst many pregnancies are planned and some unplanned pregnancies can be a source of joy, some unplanned conceptions can lead to negative consequences. They can result in relationship or financial pressures, impacts on family structure, mental health adverse outcomes, and physical health results.<sup>2 10</sup> A survey of UK sexual attitudes between 2010-2012 found 16.2% of pregnancies in the year prior to interview were unplanned, commonly in those aged between 20-34. Pregnancies in those aged 16-19 accounted for 7.5% of total pregnancies but 21.2% of unplanned pregnancies. Of the unplanned pregnancies recorded in this survey, 42% ended in abortion, 32% miscarriage and 25% carried to full-term.<sup>15</sup> **A low abortion rates is an indicator of good use of contraceptives, access to good quality contraception services and advice.**<sup>10</sup>

It is important to note that some patients may choose surgical abortions, for many reasons, including avoiding the experience of induced loss, fitting intrauterine contraception during surgical abortion, completion of procedure in a single trip and so on. The indicator of medical abortions is reflective of patient choice.<sup>10</sup>

“The abortion rate in Ealing has been high for 25 - 35-year-olds. The teenage abortion rate is low, due to the population mix and stigma of pregnancy meaning better use of contraception.

Reducing abortion rates can involve having challenging conversations. There needs to be good post-abortion provision, post-delivery contraception, good primary care contraception.”

**Senior Clinical Specialist**

*“The total abortion rate, under 25 years repeat abortion rate, under 25 years abortions after a birth, and over 25 years abortion rates may be indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method.”*

UKHSA<sup>1</sup>

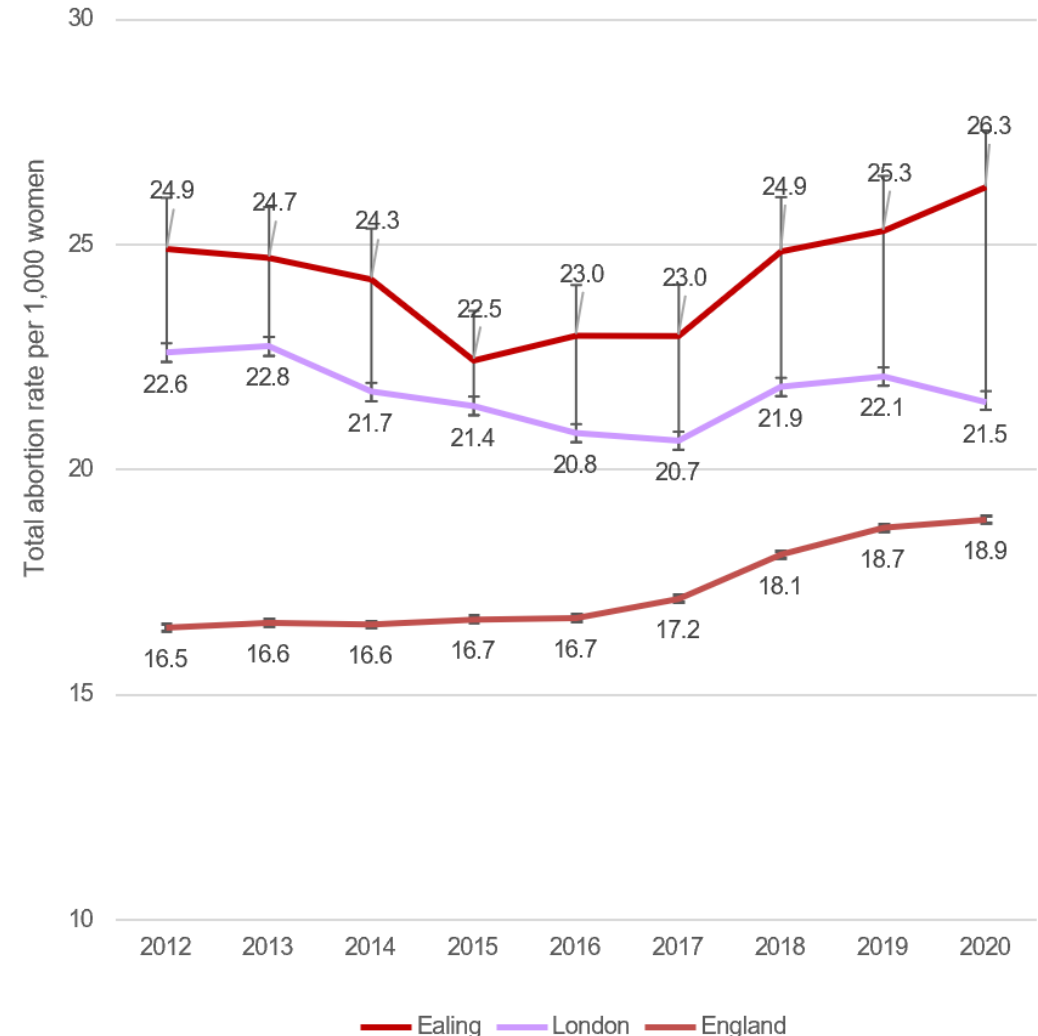


Fig 12. Total abortion rate in Ealing compared to London and England average between 2012 and 2020. Taken from the UKHSA fingertips profile.<sup>16</sup>

## Conceptions and Abortions in Ealing in 2020

- **Ealing ranks 3<sup>rd</sup> highest in London and 11<sup>th</sup> in the country for total abortion rate. The trend is increasing and getting worse**
  - there was a total of 1,763 abortions, with a total abortion rate of 26.3 per 1,000 women aged 15 to 44, higher than England (18.9)
  - this is a 3.8% increase compared to 2019
  - Ealing rates are consistently higher than England since 2012 and higher than London (apart from 2015)
- the under 18s abortion rate was 5.4 per 1,000 (31). This is an increase of 5.8% from 2019. Ealing ranks 113<sup>th</sup> in England
- **Ealing ranks 6<sup>th</sup> in England and 2<sup>nd</sup> highest in London for over 25s abortion rate**
  - the over 25s abortion rate was 25.9 per 1,000 (1,275). This is an increase of 5.3% from 2019
  - the rate is higher than London (20.1) and England (17.6) and has been higher since 2014. There has been a statistical increase between 2017-2019
- **the under 25s repeat abortion % was 32.8 (160), an increase of 1.9% from 2019. Ealing ranks 32<sup>nd</sup> highest in England**
  - under 25s repeat abortions (%) has not significantly changed in the period of 2012 (33.5%) and 2020 (32.8%)
- the % of under 25s abortion after a birth has remained steady between 2014 and 2020, with a significant decline between 2018 and 2019. In 2020, 16.8% (82) were abortions after a birth in women in this age range, compared to 18.5% (110) in 2014. This is well below the national rate (27.1% in 2020)
- **the % of abortions under 10 weeks was 89.9%, an increase compared to 2012 (80.6%)** - similar to London (88.5%) and England (88.1%)
- **of the abortions under 10 weeks, 90.4% in 2020 were medical**, compared to 84.7% in 2019 and 46.4% in 2014. This shows an increasing shift to medical abortions. Remote delivery of early medical abortion services, initially a temporary arrangement during Covid-19, will become a permanent part of The Abortion Act, allowing eligible people in the first 10 weeks of pregnancy to take both pills required for a medical abortion at home

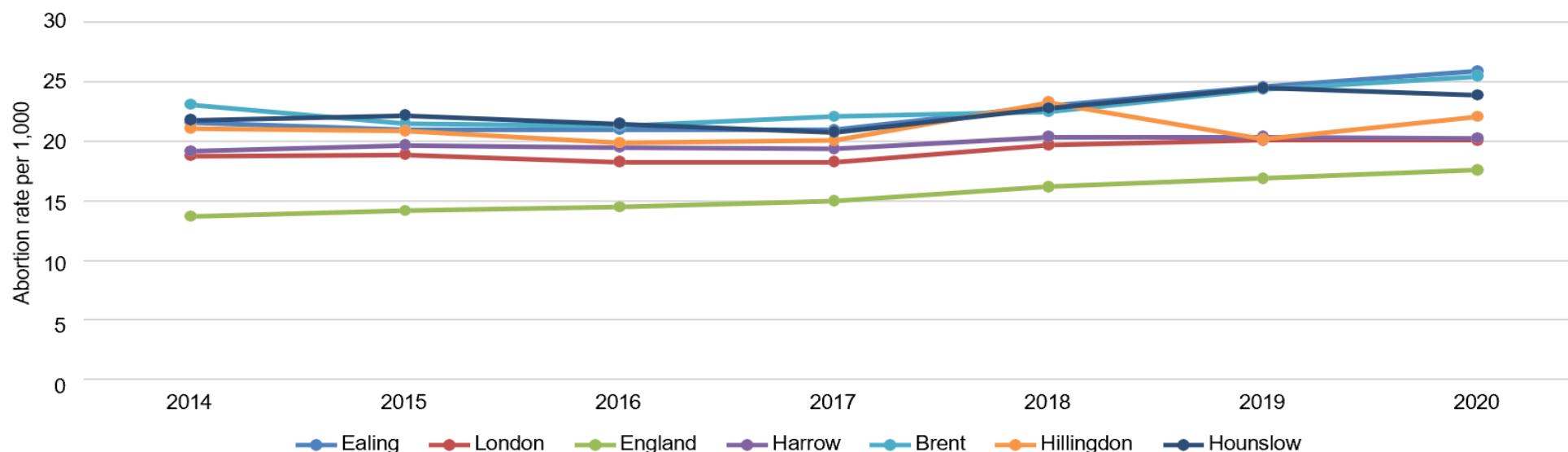


Fig 13. Graph depicting the over 25s abortion rate per 1,000 between 2014 to 2020 for Ealing, Harrow, Brent, London and England.<sup>16</sup>

## 10. Under-18 Conceptions

Teenage pregnancy is an important indicator of poor sexual health. Conception in women under 18 years of age has associated negative impacts: education inequality for the parent and their child, low birthweight rate, higher rate of stillbirth and higher risk of infant mortality. Children born as a result of under-18 conceptions are at a 63% higher risk of poverty. The parent is at greater risk of poor mental health and more likely compared to other young people to not be in employment or education by the age of 30.<sup>10</sup>

In England, between 1998 and 2018, the under-18 conception rate has decreased significantly. There has also been an increase of young mothers in training, education or in the workplace. Reducing under-18 conception rate improves sexual health and reduces educational inequalities, and maintaining downward trends is a Department of Health Framework for Sexual Health Improvement priority.<sup>18</sup>

In 1999 the Teenage Pregnancy Strategy was introduced, and between **1998 and 2019, there has been a 66.3% reduction in under-18 conceptions in England and an 80% decrease in Ealing.**<sup>25</sup>

In Ealing in 2020: <sup>16</sup>

- the **under 18s conception rate is 7.8 per 1,000** (45 conceptions), **lower than London** (9.8 per 1,000) and **England** (13.0 per 1,000). There has been no significant change in trend
- there has been **no statistically significant change in the percentage of teenage mothers from 2010 to 2020**. In 2019/20 0.2% were teenage mothers, compared to 0.7% in England, 0.4% in London and 0.6% in Ealing in 2010/11. Ealing has performed better in this indicator compared to England since 2010
- the under 16s conception rate is 0.6 per 1,000 (under 5 conceptions), lower than London (1.4) and England (2.0). There has been no significant change since 2010
- 68.9% (31) of under 18s conceptions lead to abortion, higher than London (63.2%) and England (53.0%).** This has been higher than national rates since 2010
- under 18s birth rate was 0.9 per 1,000 (5 births), lower than London (2.5 per 1,000) and England (3.8 per 1,000). There has been no significant change since 2011

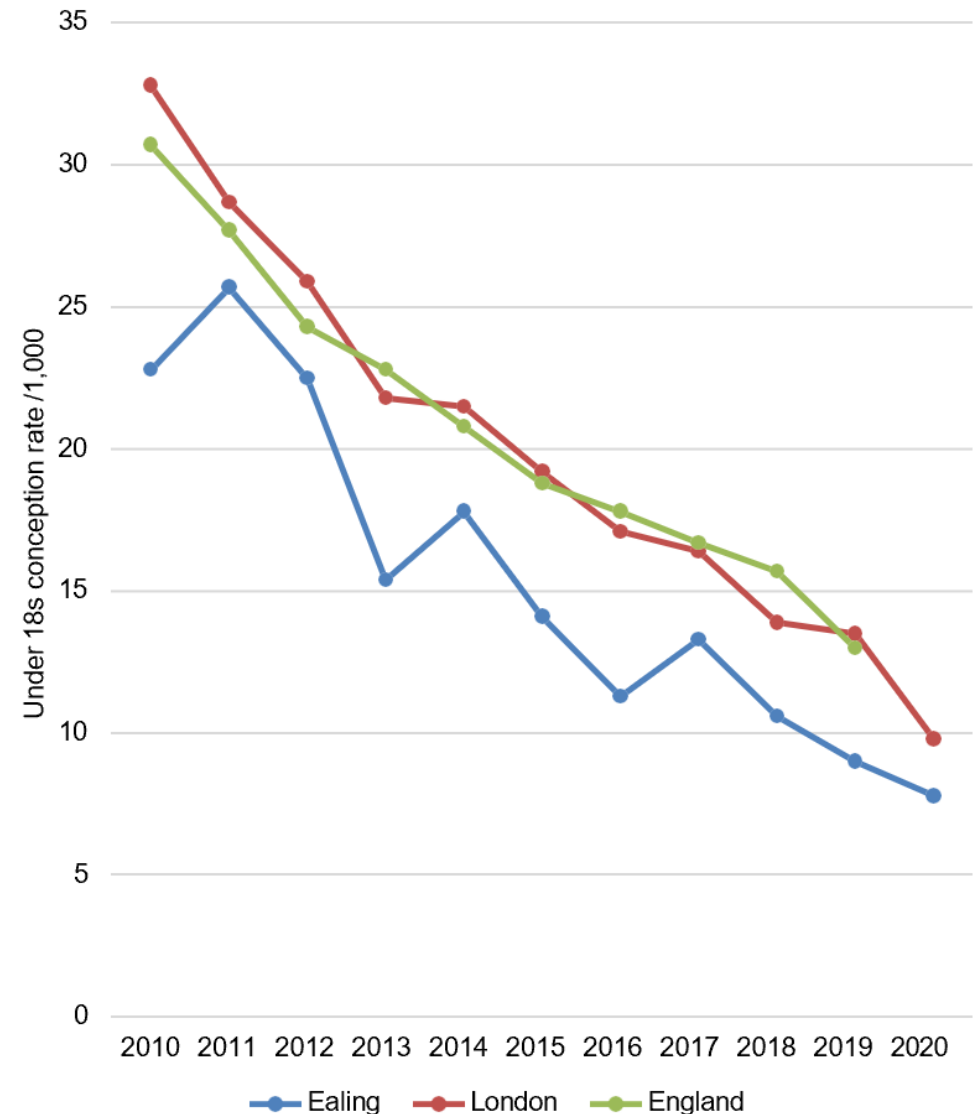


Fig 14. Graph demonstrating the under 18 conception rate in 2010 to 2020 in Ealing, compared to London and England.<sup>16</sup>

## Under-18 Conceptions

Estimated conception rate for women aged 15-17, by ward (2017-19)

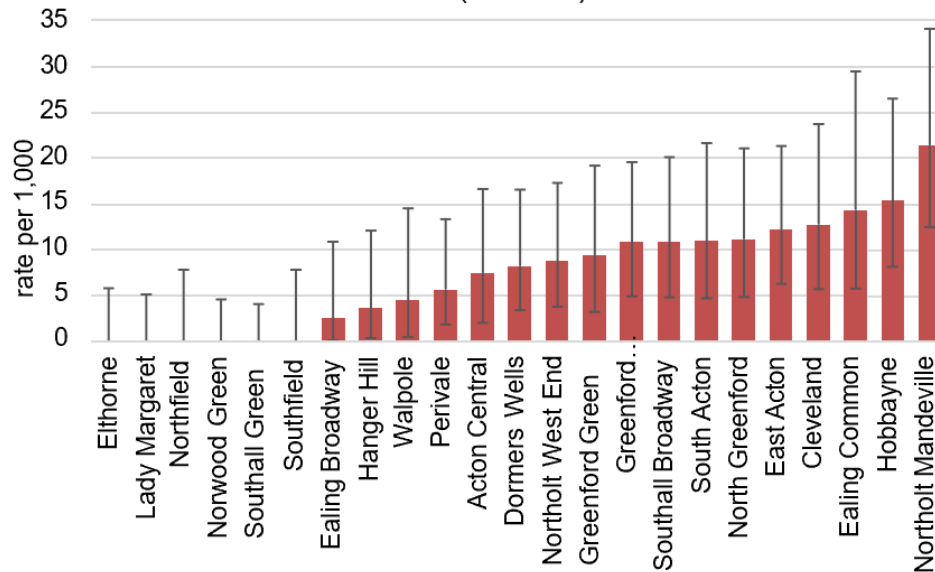
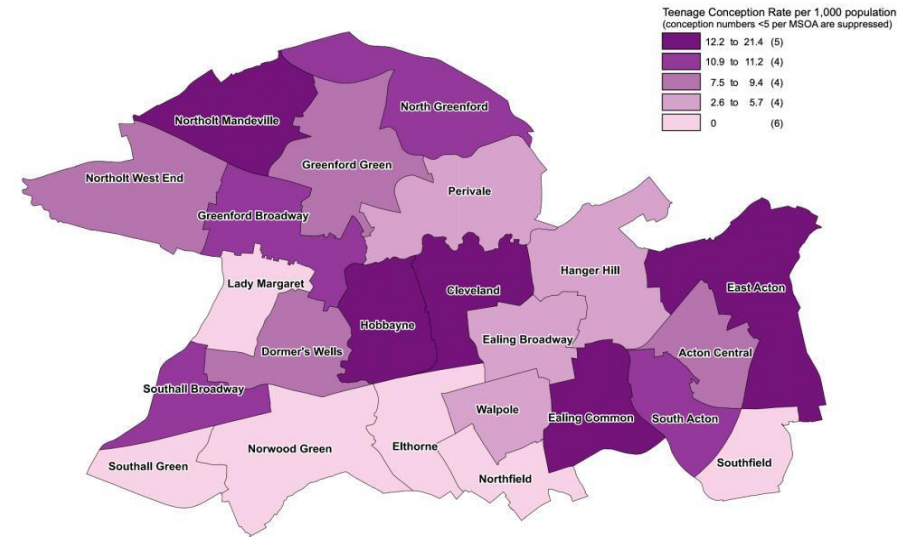


Fig 15 and 16. Conception rate for women aged 15-17 in 2017-19.

Estimated conception rate for women aged 15-17, by ward (2017-19)



Ealing Strategic Intelligence & Performance Team

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### Conception and Abortion

- Ealing ranks 3<sup>rd</sup> highest in London and 11<sup>th</sup> in the country for total abortion rate. The trend is increasing and getting worse
- Ealing ranks 6<sup>th</sup> highest in England and 2<sup>nd</sup> highest in London for over 25s abortion rate
- under 25s repeat abortion % was 32.8 (160), an increase of 1.9% from 2019. Ealing ranks 32<sup>nd</sup> highest in England
- of the abortions under 10 weeks, 90.4% in 2020 were medical, compared to 84.7% in 2019 and 46.4% in 2014
- between 1998 and 2019, there has been a 66.3% reduction in under-18 conceptions in England and an 80% decrease in Ealing
- in Ealing in 2020 the under 18s conception rate is 7.8 per 1,000

### Recommendations

- undertake more in-depth local analyses on the reasons for high abortion rates and mechanisms for improving access to a range of contraception, across the wider SRH system
- continue collaborative working across the system to implement the forthcoming National SRH action plans, including on Women's Health hubs and Sexually transmitted Infections



## 11. Sexually Transmitted Infections in Ealing excluding Chlamydia

Sexually Transmitted Infections, whilst often asymptomatic, can result in **increased burden of disease and long-term impacts such as infertility**. Prevention is mainly safe sexual practices and in some cases through vaccinations, such as HPV vaccinations resulting in a reduction of genital warts or hepatitis B vaccinations. Consistent condom use, behaviour changes, regular testing and prompt partner notification and treatment, is essential.<sup>10 18</sup>

**Young people, GBMSM and Black Ethnic minorities** have a greater burden of disease. Rise in GBMSM STI diagnoses over the last decade is thought to be a result of multiple factors: increasing partner numbers, reduced condom use in anal sex, and high-risk practices. Behaviours which can increase risk include alcohol and substance misuse, 'chemsex' (drug use during sexual activity), multiple or frequent change of partners and unprotected sex.<sup>10 18</sup>

Furthermore, there have been increasing diagnoses of syphilis and gonorrhoea in England. In June 2019, UKHSA released the **Syphilis Action Plan** to address rising rates of syphilis in England, following the rapid increase of rates from 2013 to 2018. The plan noted that although 75% of diagnoses were made in GBMSM, rises have been noted in heterosexuals and congenital syphilis. It recommends higher testing frequency of GBMSM and re-testing following treatment, partner notification, antenatal screening, and health promotion messages.<sup>17</sup> Increasing rates in gonorrhoea is of significance due to **the emergence of drug-resistant gonorrhoea (XDR-NG)**.<sup>10</sup>

### STI testing in Ealing<sup>1 16</sup>

- **STI testing positivity rates (excluding chlamydia in under 25s) has increased** from 5.2% (2012) to 8.6% (2020). This rising trend is statistically significant between 2012/2013, 2016/2017 and 2019/2020. However, this is consistently lower than London rates (9.6% in 2020) and slightly higher than England rates since 2013
- STI testing rate per 100,000 (excluding chlamydia in under 25s) has increased from 5,971.9 (2012) to 10,224.1 (2019). This trend is statistically significant between 2012 to 2015, and 2017 to 2019. **Ealing STI testing rate is consistently better than national rates but worse than London rates**. However, there has been a statistically significant drop between 2019 and 2020 (7,831.8), likely due to impacts from the covid-19 pandemic
- there has been no significant change in all new STI diagnosis rate per 100,000 - slightly rising from 992 (2012) to 963 (2020). The rate of new STI diagnoses in Ealing is consistently slightly lower than London rates (1,167 in 2020) and consistently worse than England rates (562 in 2020)

*"It should be noted that if high rates of gonorrhoea and syphilis are observed in a population, this reflects high levels of risky sexual behaviour."*  
- UKHSA

New STI diagnoses (excl. chlamydia <25) per 100,000 15-64 year olds

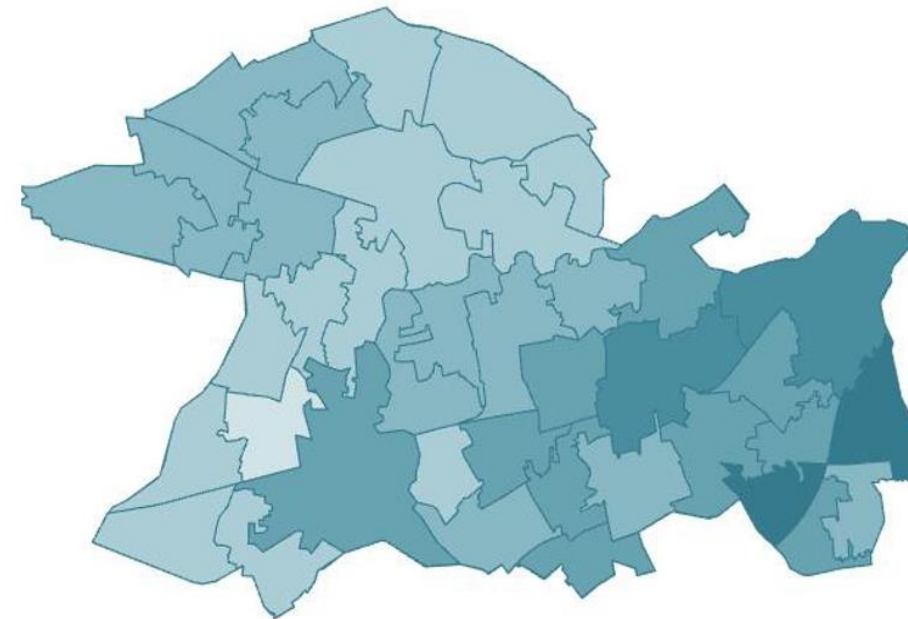
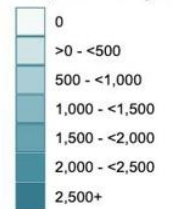


Fig 17. Map of new STIs (excluding chlamydia in < 25-year-olds, per 100,000 aged 15-64 years in Ealing, for 2020.<sup>1</sup>

## Sexually Transmitted Infections in Ealing between 2012 and 2020

### Diagnosis rates of STIs in Ealing in 2020

- **gonorrhoea diagnosis rate per 100,000 has been increasing and getting worse**, rising overall from 76 (2012) to 223.6 (2020), ranking 16<sup>th</sup> in England and 17<sup>th</sup> in London. This trend is statistically significant between 2012/2013, and 2016/2019. This is consistently worse than national rates since 2012<sup>16</sup>
- **syphilis diagnosis rate is 25.0 per 100,000 (2020), 21<sup>st</sup> in England and 18<sup>th</sup> highest in London**. Since 2012 there has been a slight increase in syphilis diagnostic rates (6.5 to 25.0). However, this rise is not statistically significant<sup>16</sup>
- **genital herpes diagnosis rate is 65.2 per 100,00 - 16<sup>th</sup> highest in England and 14<sup>th</sup> in London**.<sup>3</sup> Since 2012, the rate of genital herpes has not significantly changed. Ealing rates are consistently worse than England and apart from 2020, Ealing has performed better than London in this indicator. <sup>18</sup> It is important to note increasing trends in genital herpes could reflect the use of NAATs with increased sensitivity<sup>10 16</sup>
- genital warts diagnosis rate 100,000 is 78.2, 16<sup>th</sup> in England and 13<sup>th</sup> in London. The genital wart diagnostic rate between 2012 and 2020 has been decreasing, and is worse than England since 2016<sup>16</sup>

Note the significant rises in figures of syphilis and gonorrhoea, as well as chlamydia. There has been a drop in 2020 figures: from 2019 to 2020, gonorrhoea diagnosis rate decreased by 13.2%, syphilis by 4.1%, genital herpes by 20.1% and genital warts by 39.1%.<sup>16</sup>

**Drops in STI rates from 2019 to 2020 is likely due to the Covid-19 pandemic. Change in sexual health service delivery during the reconfiguration of services in the pandemic has resulted in decreases of STI testing and treatment.**

**There has also been decreases in STIs usually diagnosed at face-to-face consultations (genital warts and herpes) compared to those which can be diagnosed using self-sampling kits.<sup>18</sup>**

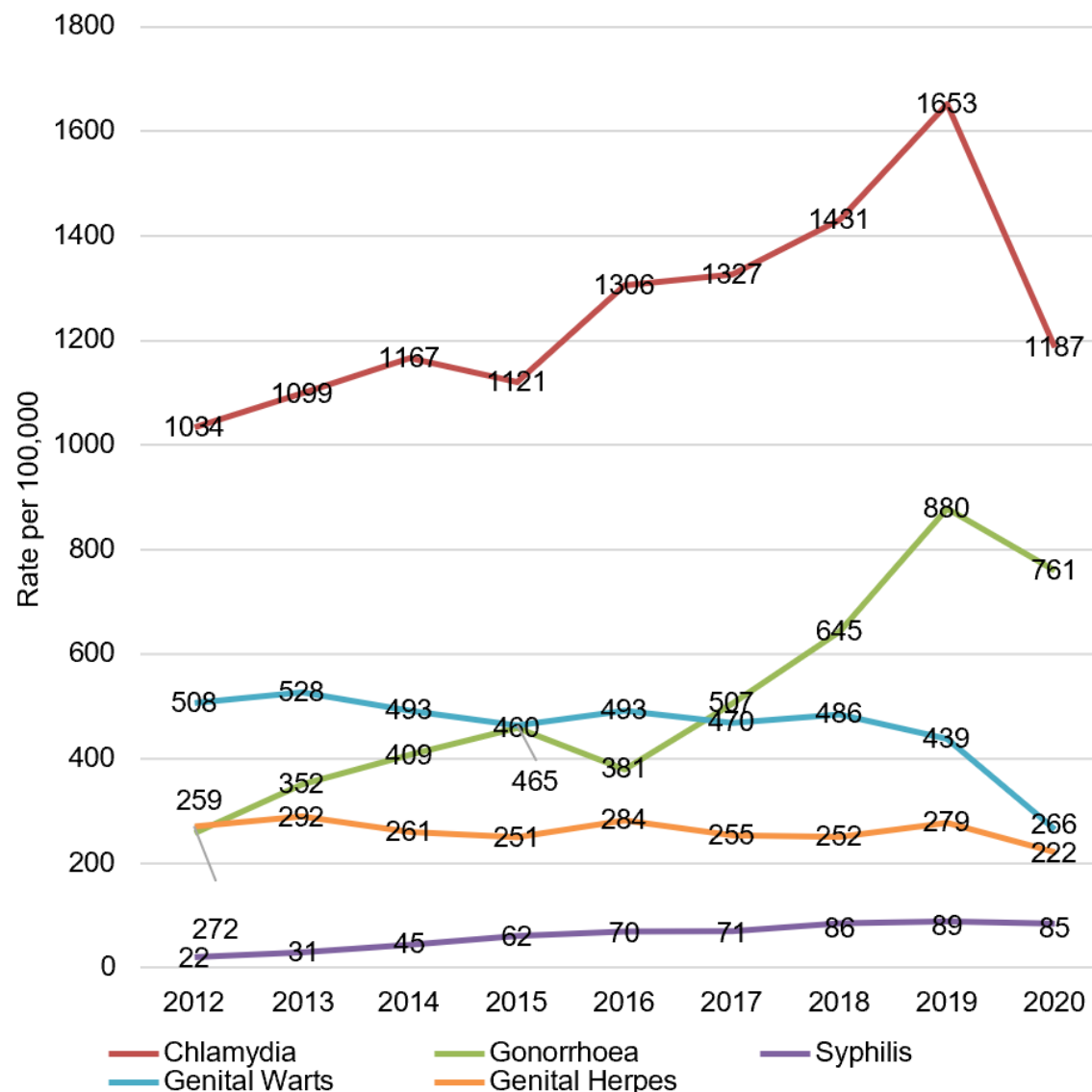
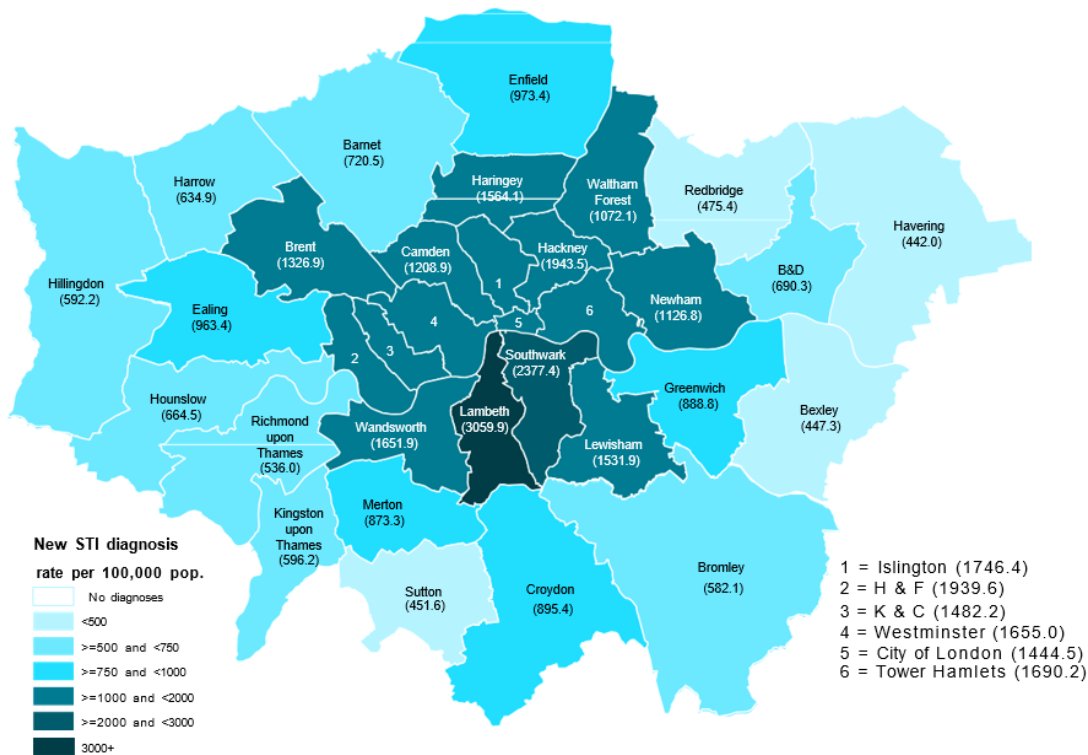


Fig 18. The trend and rates per 100,000 of STI diagnoses (chlamydia, gonorrhoea, syphilis, genital warts and genital herpes), between 2012 and 2020, for Ealing residents<sup>16</sup>

## Sexually Transmitted Infections in Ealing compared to London



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Fig 19. Map of new STI rates per 100,000 by UTLA in London, 2020. Taken from the 2020 UKHSA Spotlight on Sexually Transmitted Infections.<sup>20</sup>

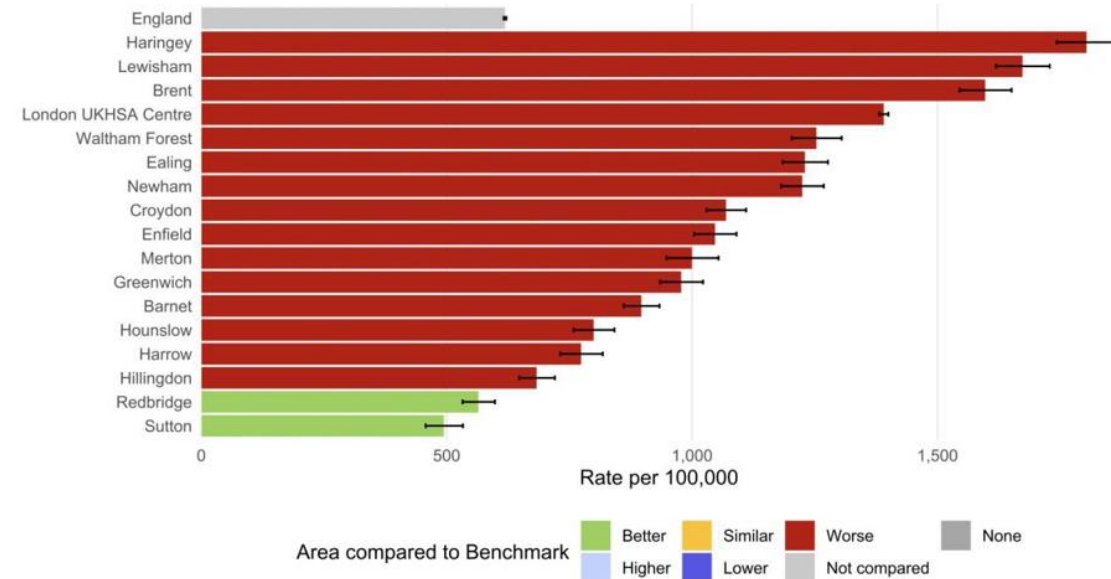


Fig 20. Rates per 100,000 population of new STIs (excluding chlamydia in under 25-year-olds) in 16 similar local authorities and the London UKHSA Centre, compared to England: 2020, taken from the 2022 SPLASH report<sup>1</sup>

“Ealing is a diverse borough with significant numbers of unmet sexual health needs. London is a high-profile area for syphilis and gonorrhoea. There has been a drop in 2020 due to a combination of drop in testing and decreased social interaction. We anticipate that by 2022 there will be new record levels of syphilis and gonorrhoea. Therefore, testing and treatment for bacterial infections should be a top priority, as well as partner notification.”

**Senior Clinical Specialist**



## Sexually Transmitted Infections excluding Chlamydia in Ealing

There are other STIs in addition to those mentioned here, such as hepatitis B and C, and sexually transmissible enteric infections (faecal-oral transmission in sexual activity) such as hepatitis A and shigella, that can affect vulnerable populations and require close monitoring.<sup>10</sup>

Shigella cases in the last decade in GBMSM has increased nationally, with majority presenting to primary care. It is thought to be a disease not widely known in the gay and bisexual men communities and some activity has been taken to increase knowledge.

**Hepatitis B** can be transmitted sexually, and vaccination is recommended for MSM and people who practice risky sexual practises (such as multiple partners, or sexual activity in high-risk countries for hepatitis B). **Hepatitis C**, whilst most commonly a result of intravenous drug use, can also disproportionately affect GBMSM, particularly those who are HIV positive.<sup>10</sup>

In addition, the STI **mycoplasma genitalium (Mgen)** can be detected in a third of people presenting to sexual health clinics and is found in 1% of the UK population. UKHSA have conducted two pilots, following concerns of antimicrobial resistance, difficulties culturing Mgen and untreatable infections. The second pilot, concluding in March 2020, found 76% of people were asymptomatic, 54% heterosexual, 22% GBMSM, 49% Caucasian and 44% between 25 and 34 years old. Of the specimens, 69% were likely resistant.<sup>19</sup>

In May 2022, a case of monkeypox, a rare viral, usually self-limiting illness in most individuals, was confirmed in England. It is passed on via close contact, such as sexual contact. Since then, there has been a 'steady increase' in cases, with a total number of 574 cases in the UK (16 June 2022). Anyone can catch monkeypox, and currently most cases have been in men who are gay, bisexual or other men who have sex with men. The UKHSA accounted that vaccines are to be made available for GBMSM at higher risk of exposure to monkeypox.<sup>21</sup>

Furthermore, **pelvic inflammatory disease (PID)**, is a complication of STIs. **PID admissions rate per 100,000 in Ealing is increasing and getting worse** since 2008, rising to 297.4 in 2019/20, worse than the London (220.0) and national (254.7).<sup>16</sup>

There needs to greater data collection of these other sexually transmitted infections and increased promotion of these conditions so that the general population and high-risk groups are aware of these conditions.

"A high rate of gonorrhoea can relate to a higher risk of HIV, so recognising gonorrhoea positives could be a way of us recognising people who are engaging in more risky sexual behaviour and who could benefit from PrEP."

**Senior Clinical Specialist**

"In terms of promoting awareness of other STIs, we have been receiving posters and updates from trusts to share with the partners and trusts on these, so will be great if this continues."

**Voluntary Organisation Partner**

"We are all trained on the basic symptoms of common STIs, so we have a referral fast-track pathway to sexual health clinics to refer them straightaway. We signpost to online testing."

**Voluntary Organisation Partner**

"Priorities for STIs include (1) increased access to testing, (2) prompt treatment and (3) investment in partner notification and contact tracing, testing, both in terms of technology and manpower. We expect to see changes in chlamydia detection, particularly given changes in the screening programme to focus screening on those that remain at most risk of harm. This change requires us to be much better at partner notification and contact tracing."

**Senior Clinical Specialist**



## Chlamydia Infections

Chlamydia is the **commonest bacterial STI**, particularly in young people (aged 15-24). It is **often asymptomatic**, but **left untreated, can result in tubal factor infertility or pelvic inflammatory disease**.<sup>22</sup> In 2008, the **National Chlamydia Screening Programme (NCSP)** was initiated. As the most harmful adverse outcomes are predominantly in women, since June 2021, asymptomatic chlamydia opportunistic screening has shifted to **focussing on women** in community settings, with subsequent partner notification.<sup>1 22</sup>

Detection of chlamydia in 15–24-year-olds is important in assessing the effectiveness of sexual health services in the borough. A higher detection rate should be interpreted as success in chlamydia diagnosis and opportunistic testing, particularly given its asymptomatic nature; and is not an indicator of prevalence. The **recommended detection rate by UKHSA is 2,300 per 100,000** in a local population.<sup>22</sup>

### In 2020 for residents aged 15-24 in Ealing screened for chlamydia<sup>1 16</sup>

- **The overall proportion is 15.2% (2020)**, equivalent to 5,630 residents. Since 2012 there have been fluctuations - statistically significant increases between 2013/2014, 2015/2016, 2018/2019 but also significant decreases between 2012/2013, 2017/2018 and 2019/2020. Ealing's screening levels are consistently worse than London rates.
- **Detection rate per 100,000 was 1,352, worse than London (1,819) and England (1,408).** This **does not meet the recommended detection rate** by PHE of 2,300 per 100,000 in a local population. This has not been met in the period 2012–2020.
  - Detection rate in women is 1,774, lower than London (2,311) and England (1,889).
  - Detection rate in males is 945, lower than London (1,323) and England.
  - There has been no statistically significant change in detection rates for males or females between 2012 and 2019. In both, there has been a significant drop from 2019 to 2020, with an overall decrease of 36.1% from 2019. This likely reflects the decreased testing in 2020 as a result of the Covid-19 pandemic.
  - Ealing **ranks 72<sup>nd</sup> overall, 80<sup>th</sup> for women and 50<sup>th</sup> for men** in the country.
- Diagnosis rate was 349 per 100,000. There has been overall no significant change, but a statistically significant increase between 2015/2016 and 2018/2019, with a decrease between 2019 and 2020.

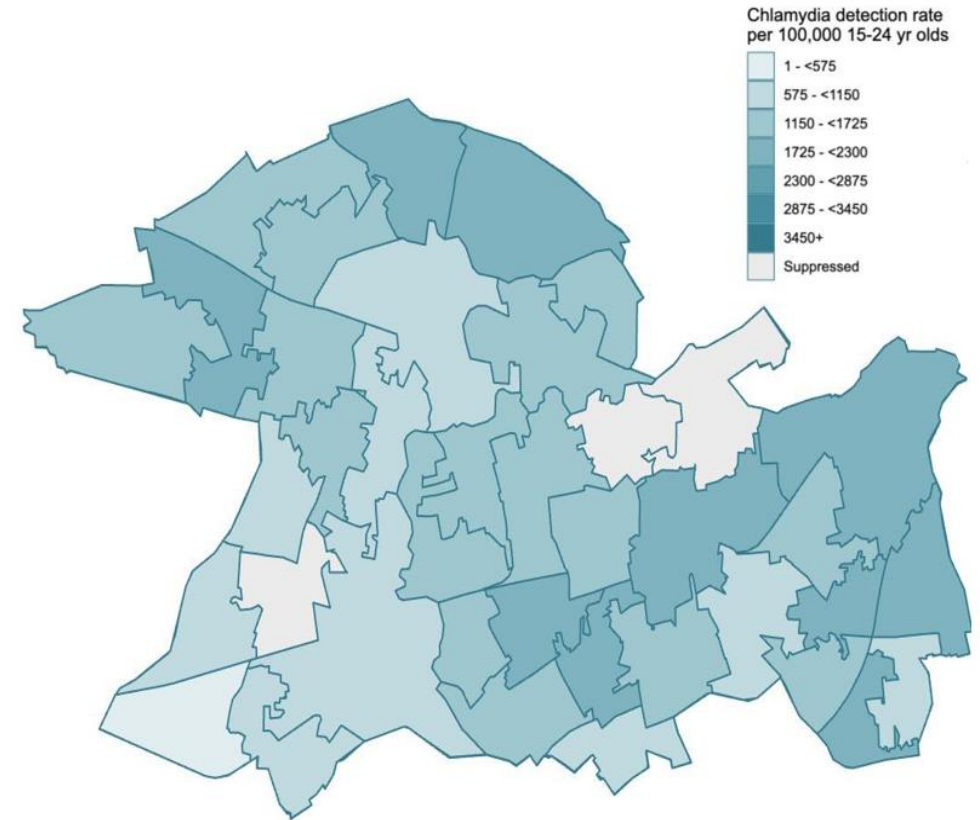


Fig 21. Map of detection rate of chlamydia in 15–24-year-olds (per 100,000) in Ealing in 2020, taken from SPLASH profile for Ealing (UKHSA).<sup>1</sup>

For Ealing residents aged over 25 in 2020:

- The aged 25+ chlamydia diagnosis rate of 294 per 100,000 has not significantly changed since 2012. However, this is lower than London rates (403 per 100,000) and has been lower consistently since 2012.

Chlamydia detection and treatment in Ealing has been **greatly supported by the Sexual Health London (SHL) E-Service**, which has allowed for at home testing and treatment of simple chlamydia.

## STIs including Chlamydia

### STIs

- STI testing positivity rates (excluding chlamydia in under 25s) has increased from 5.2% (2012) to 8.6% (2020)
- Ealing STI testing rate is consistently better than national rates but worse than London rates
- gonorrhoea diagnosis rate per 100,000 has been increasing and getting worse, ranking 16<sup>th</sup> in England and 17<sup>th</sup> in London. This is consistently worse than national rates since 2012
- 2020 Syphilis diagnosis rate is 25.0 per 100,000 (2020), 21<sup>st</sup> in England and 18<sup>th</sup> highest in London
- drops in STI rates from 2019 to 2020 is likely due to the Covid-19 pandemic. Change in sexual health service delivery during the reconfiguration of services in the pandemic has resulted in decreases of STI testing and treatment
- chlamydia detection rate in 2020 was 1,352 per 100,000, worse than London (1,819) and England (1,408). This does not meet the recommended detection rate by PHE of 2,300 per 100,000 in a local population. This has not been met in the period 2012—2020. There has been no statistically significant change in detection rates for males or females between 2012 and 2019

### Recommendations

- continue to raise awareness of SRH issues, amongst public and professionals, across the wider Sexual and Reproductive system, including supporting professional development and referral pathways across the wider workforce
- work with LNWH and partners to continue to implement the National syphilis action plan and ongoing SRH clinical guidance
- continue collaborative working across the system to implement the forthcoming National SRH action plans, including on Women's Health hubs and sexually transmitted Infections

## 12. Monkeypox (MPX)

- **monkeypox (MPX)** is caused by the monkeypox virus
- previous UK cases were small, there was no documented community transmission in previous outbreaks. UK cases were confirmed from **6 May 2022**
- mainly seen in gay, bisexual and men who have sex with men. Main route of transmission is sexual or close contact
- incidence remains low. Up to 31 October 2022, **3,552** confirmed and **149** highly probable cases detected were in the UK, mainly in England
- **69%** of England cases were London Residents
- **98.6%** were men
- median age **37 years**
- the proportion of new cases in London has decreased from 80% at outbreak onset, but increasing again
- treatment aims to relieve symptoms, illness is usually mild, most people recover within 2-4 weeks
- people with probable, or confirmed, MPX are asked to self-isolate, small numbers hospitalised
- testing and vaccinations freely available in local specialised sexual health clinics. Vaccination is given in 2 doses. Priority is given to people at highest risk
- **27,000 people have been vaccinated in the UK** (as at 15 August, 2022)
- **1,131 people have received the 1<sup>st</sup> dose of the vaccination** in local services provided by London Northwest Healthcare Trust (Ealing, Harrow, Brent, Hillingdon), **228** returned for second dose (to date 31 October, 2022)
- LNWHT also provide people with higher risk of MPX intensive sexual health interventions, including PrEP, STI testing, Hepatitis vaccinations, risk reduction
- LNWH ISH service deliver the MPX response whilst maintaining main services, including extra MPX vaccination Saturday clinics at Central Middlesex Hospital
- estimated up to **50% of clinic capacity**, across London, is taken by MPX, putting pressure on over-stretched sexual health services
- currently (Nov 2022) we are exiting the first wave. The response will now be vaccinating the **55-95% of GBMSM in London** who remain susceptible to a future outbreak

Press Release: Update on vaccination to protect against monkeypox in England, UKSA (15 August, 22 [www.gov.uk](https://www.gov.uk) accessed 4 November 2022

Monkeypox outbreak: epidemiological overview, 1 November 2022 [www.gov.uk](https://www.gov.uk) accessed 4 November 2022

## 13. HIV: National Context

HIV, once a fatal disease, with the use of early diagnosis and antiretroviral therapy (ART), has become a chronic long-term condition with a near-normal life expectancy. Adherence to treatment can also eliminate HIV transmission, even with unprotected sexual intercourse (undetectable = untransmissible, U=U). Nationally, since 2015 there has been a decline in HIV diagnoses in gay and bisexual men communities and Black African and Black Caribbean groups. In 2019, the UNAIDS 90:90:90 targets were achieved (94% diagnosed, 98% on treatment, 97% with suppressed viral loads). However, proportion of late diagnoses, whilst decreasing nationally, remains high (especially in sub-groups of black African people and those aged over 50 years). Furthermore, whilst HIV testing rates are increasing, some individuals are still missed (for example, in 2019 over 250,000 people attending sexual health services were not offered HIV testing, despite being eligible).<sup>10</sup>

The 2018 **Fast-Track Cities Paris Declaration** aims to reduce HIV infection rates and eliminate stigma. This is important as London bears the burden of a large proportion of all national HIV diagnoses and HIV can be stigmatising, as found in the 2015 UK Stigma Index. London is committed to:

- work to exceed 90:90:90 UN targets
- end new infections by 2030
- end preventable deaths
- improve quality of life
- de-stigmatise the condition

In December 2021, the HIV Action Plan was released, aiming for an **80% reduction in new HIV infections in England, by 2025 and to end new infections and deaths as a result of HIV by 2030**. The HIV action plan **aims to reach high-risk, often marginalised groups through extending testing and outreach**.

Furthermore, there will be **investments in PrEP**, efforts to ensure 100% of local authorities offer online postal or collection HIV self-sampling services (currently at 97%) and an aim to scale up capacity for partner notification of individuals diagnosed with HIV. Moreover, the HIV action plan recognised the importance of improving quality of life for those living with HIV and tackling stigma with health promotion.<sup>3</sup>

In addition, new funding has been provided to roll out '**opt-out**' testing in **Emergency Departments in NHS hospitals** in areas with a 'very high' prevalence of 5 or more HIV cases per 1,000 residents. It should be noted that Ealing, as a borough with a prevalence of 3.8 per 1,000, is not included in this. However, from April 2022, opt-out HIV testing was rolled out in Outer North-West London, to improve testing and detection in Ealing, Harrow, Brent and Hillingdon. Furthermore, opt-out HIV testing has started in 26 of London's 28 emergency departments, with future plans to include hepatitis B and C testing. This is in line with NICE guidelines that in "areas of high prevalence, also offer HIV testing on admission to hospital, including emergency departments, to everyone who has not previously been diagnosed with HIV."<sup>23</sup>

Furthermore, in 2020 in England, there has been a decline in HIV testing and number of new diagnoses, secondary to the covid-19 impacts. Nationally:

- 30% less people were tested for HIV (1,320,510 in 2019 compared to 927,760 in 2020)
- new HIV diagnoses decreased by 33% from 2019
- the MSM number of HIV diagnoses first made in England dropped by 41% (1,500 in 2019 to 890 in 2020)
- in 2020, there were 1,010 people diagnosed with HIV whose probable transmission was through heterosexual contact. This is a decline of 23% from 2019 (1,320). This was a 40% decline in White heterosexuals, 40% in Black Caribbean heterosexuals, 25% in Black Africans and 17% in Asians



## HIV Diagnosis in Ealing

### New diagnoses

In 2020, 28 Ealing residents aged 15 and over were diagnosed with HIV in Ealing, with a **rate of 10.4 per 100,000**, worse than England (4.3). This is a **9% decrease since 2019** and a **48% decrease in 2015**.<sup>1 25</sup>

**Diagnosed HIV prevalence per 1,000 aged 15-59 was 3.8 per 1,000, worse than England (2.3) but better than London (5.35).** This makes Ealing a **local authority with a high prevalence of HIV**. There has been no significant change in diagnosed prevalence rate in 15-59 since 2016, and since 2011 rates have been consistently higher than England but lower than London averages. **Ealing ranks 23<sup>rd</sup> highest in London and 29<sup>th</sup> highest in England.**<sup>1 25</sup>

### Testing coverage in 2020 in Ealing<sup>16</sup>

- **overall, 64.6% (4,817) were tested, compared to 46.0% nationally and 54.7% in London.** This has been decreasing since 2017, with a statistically significant drop in 2017/18 and 2019/20
- in GBMSM was 85.7% (1,027), higher than England (77.4%) and London (82.9%). There has been a significant drop in 2017/18
- in men was 74.0% (2,645), higher than London (71.7%) and England (62.2%)
- in women was 55.9% (2,167), higher than London (42.0%) and England (36.9%)
- repeat HIV testing in GBMSM has been increasing and getting better since 2016, with a value of 56.1% (574), higher than England (52.0%) but lower than London averages (58.7%)

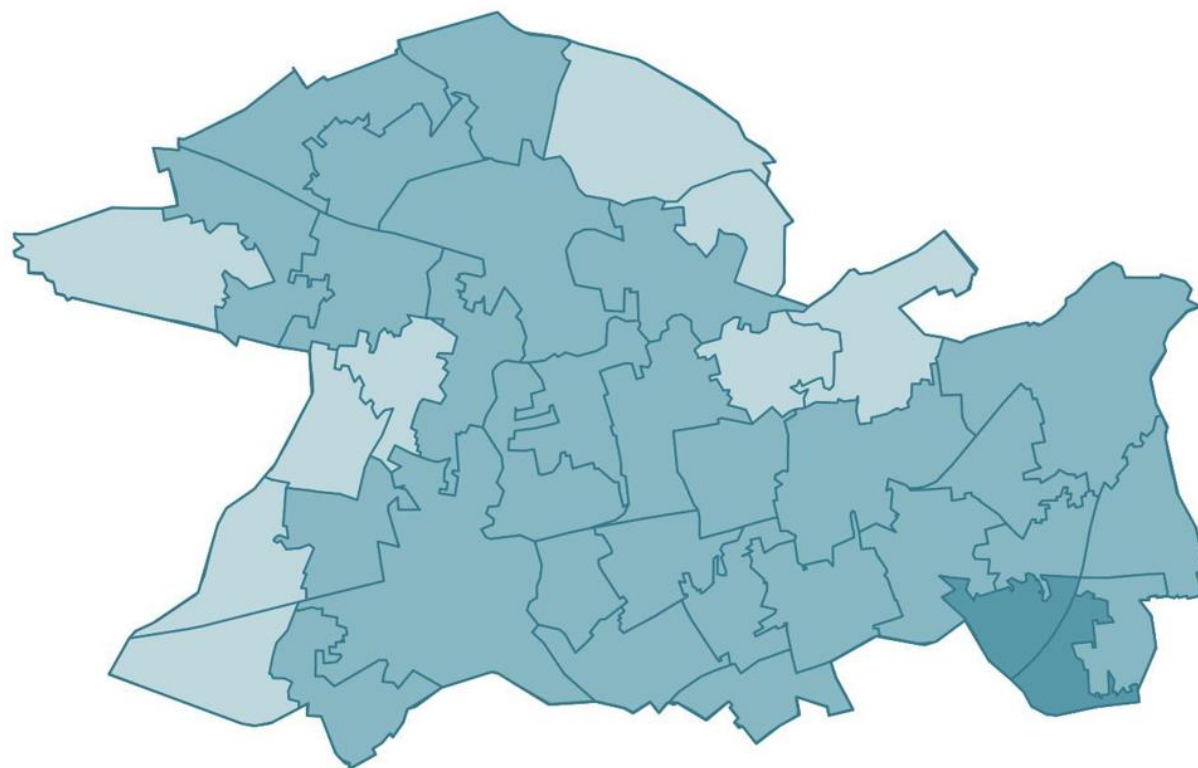
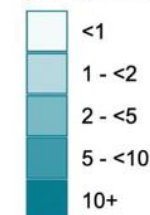


Fig 22. Diagnosed HIV prevalence per 1,000 Ealing residents, by ward, in 2020.<sup>1</sup>

Diagnosed HIV prevalence  
per 1,000 residents



## HIV Late Diagnosis in Ealing

### Late Diagnosis of HIV

Late diagnosis (CD4 cell count less than 350 cells per mm<sup>3</sup> in three months of diagnosis) is a predictor of the progress of an individual and their morbidity and mortality.<sup>13</sup>

**In Ealing between 2018-20 the % of HIV diagnoses at a late stage was 43.0%, similar to England (42.4%).<sup>1</sup>**

For 2018-20 for different risk groups:

- GBMSM 31.4% (similar to 33.7% nationally)
- heterosexual men 61.1% (similar to 55.6% nationally)
- heterosexual women 42.1% (similar to 46.8% in England)

Late diagnosis rates have fluctuated since 2016. In 2019 there was a drop in rates from 48% (19) to 29% (10), but a subsequent increase in 2020 to 52% (17). **The median CD4 cell count for Ealing residents diagnosed in 2020 was 340 - a significant drop from the median count of 526 (2019).**<sup>25</sup>

**The Covid-19 pandemic has had a large effect on the HIV epidemic in 2020. For example, surveys have found reduced frequency of physical sexual activities during lockdown and there has been a greater use of E-Services to increase testing. However, there has also been a 30% drop in testing across sexual health services. Nationally, there is an estimated up to 7,000 people with diagnosed HIV estimated not seen for care in 2020 and 19,800 people living with HIV who may have transmissible levels of the virus in 2020, equivalent to 20% of all those living with HIV.<sup>26</sup>**

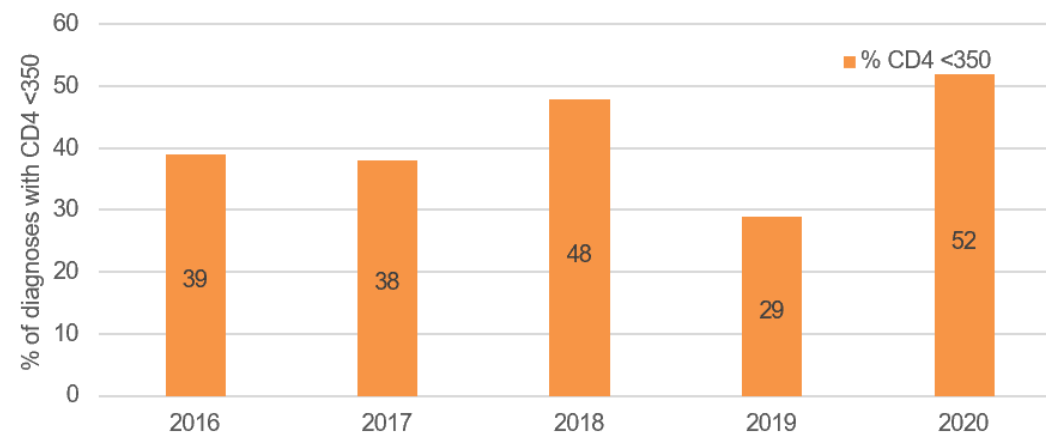
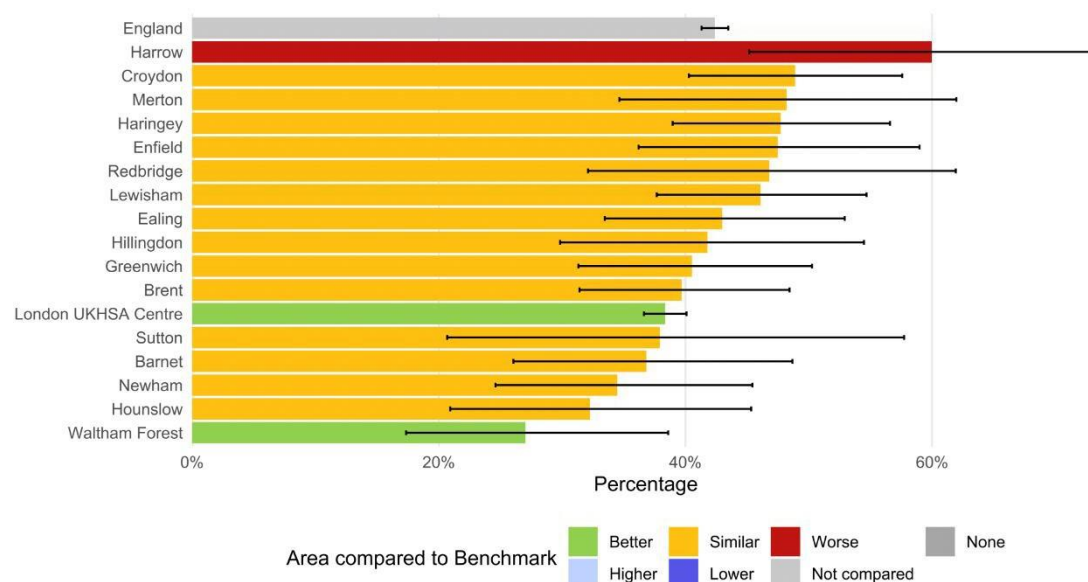


Fig 23. Graph indicating the percentage of Ealing residents who had a late diagnosis of HIV, from 2015 to 2019. Data provided from Public Health England.<sup>25</sup>



## Demographics of Ealing Residents testing positive for HIV

In 2020 the demographics of Ealing residents who tested positive for HIV:<sup>25</sup>

- **men were more likely to be diagnosed with HIV**, remaining overall steady at 78.3% of positives in 2016 (47 count) to 78.9% in 2020 (30)
- individuals in the **35-49 age group** accounted for the largest proportion of new diagnoses in 2020, accounting for 47.4%. This age group also accounted for the largest proportions in 2016, 2017 and 2018
- figure 25 describes the different ethnicities of individuals who received a new diagnosis of HIV between 2015 to 2019
  - the Greater London Authority estimated 2020 population for Ealing estimates 46.3% British or Other White, 35% Asian, 10.4% other, 4.9% Black African and 3.4% Black Caribbean
  - however, between 2016-2020 the average proportion of new HIV diagnoses according to ethnicity is: 45.7% White, 14.7% Black African, 2.2% Black Caribbean, 17.4% Asian and 20% Other/mixed
  - therefore, the **proportion of Black African individuals (averaging 14.7% over five years) and Other/mixed individuals (averaging 20%) is more than double than the percentage they form of the population (4.9% and 10.4% respectively)**, and they should be recognised as a target population<sup>22</sup>
- between 2016 and 2019, sex between men was the highest risk factor, accounting for 57.8% of new diagnoses in this four-year time frame. However, in 2020, GBMSM accounted for 46.4% of new diagnoses, a drop from 2019
- conversely, heterosexual contact accounted for 37.8% of new diagnoses between 2016 and 2019, with a decrease from 2016 (46.2%) to 2019 (31.6%). However, in 2020, the proportion of cases with probable exposure category due to heterosexual contact rose to 46.4%

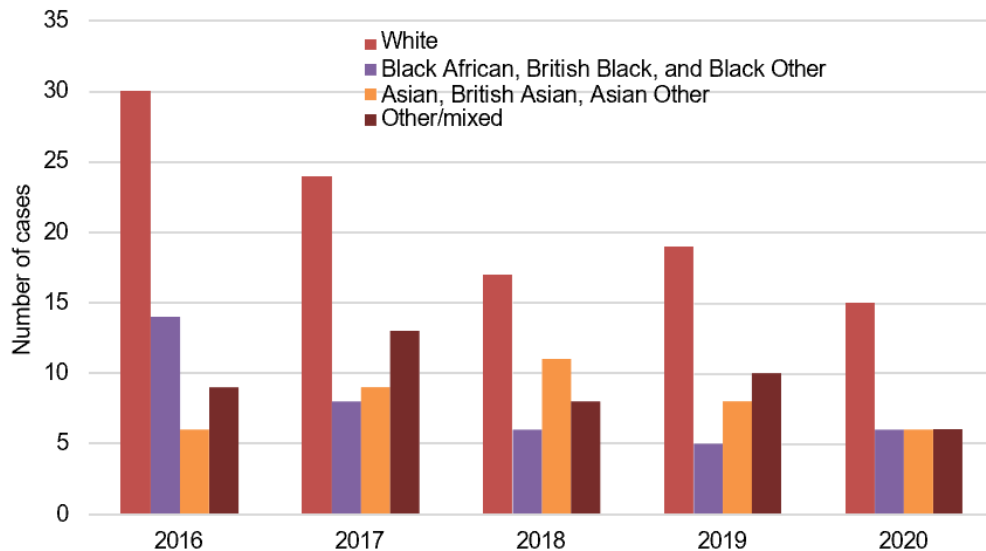


Fig 25. Graph indicating the ethnicity of Ealing residents with new diagnoses of HIV, from 2015 to 2019. Data provided from Public Health England.<sup>25</sup>

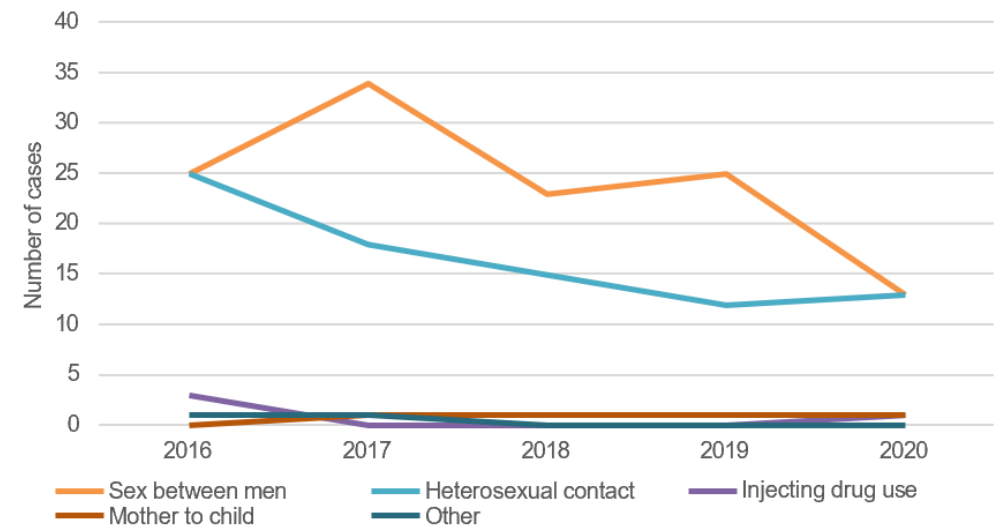


Fig 26. Graph indicating the trend between 2015 and 2019 of the probable exposure categories for Ealing residents newly diagnosed with HIV. Data provided from Public Health England.<sup>25</sup>

## HIV Treatment: Access for Ealing Residents

Of Ealing residents seen for HIV care **between 2016 and 2020** in Ealing:<sup>25</sup>

- most individuals were in the **age group 35-49**, followed by age group 50-64 years old. In 2020, 12.8% of patients were aged 25-34, 41.1% aged 35-49 and 34.8% aged 50-64
- sex between men** forms the biggest proportion of exposure category for individuals presenting to services every year (overall 49.3%), followed by heterosexual contact in women (overall 26.9%), heterosexual contact in men (16.6%), injecting drug use in men (1.2%) and injecting drug use in women (0.6%)
- overall **white males most commonly presented for treatment** (averaging 40.6%), followed by **Black African women** (16.2%), Asian men (8.7%), Black African men (8.3%) and Other/mixed men (7.9%)
- with regards to the index of multiple deprivation, overall, **more than half of the individuals who presented were in the most deprived quintiles**. In 2020, the majority of people seen for treatment were in quintile 2, followed by quintile 1
- in 2020, **933 individuals were receiving antiretroviral therapy (ART), accounting for 99% of residents**. Similarly, 95% had a viral load under 50 and 98% a viral load under 200
- in 2020, 947 individuals were seen for HIV care, compared to 958 in 2019. The top three places where patients were treated included Ealing Hospital (28.9%), St Mary's Hospital (15.3%) and Kobler Clinic at Chelsea and Westminster (12.2%)

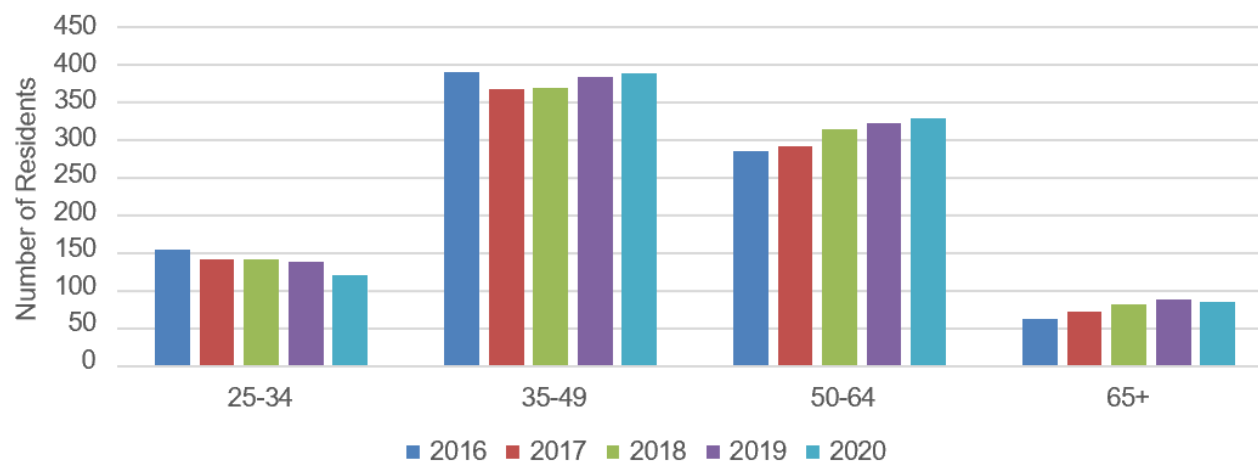


Fig 27. The number of Ealing residents in each age group who presented for HIV care per year 2016-2020.<sup>25</sup>

SERVICE/ YEAR	2015	2016	2017	2018	2019	2020
EALING HOSPITAL	270	275	277	286	287	274
ST MARY'S HOSPITAL (LONDON)	125	139	117	120	127	145
KOBLER CLINIC (C&W)	123	132	127	136	139	116
DEAN STREET CLINIC (C&W)	67	62	59	66	71	74
10 HAMMERSMITH BROADWAY (C&W)	53	61	75	73	71	77
CENTRAL MIDDLESEX HOSPITAL	46	53	56	56	60	58
MORTIMER MARKET CENTRE	32	39	41	40	50	49
NORTHWICK PARK HOSPITAL	35	41	37	40	35	41
ROYAL FREE HOSPITAL	31	34	32	27	34	33
GUY'S HOSPITAL	14	14	17	19	16	16
WEST MIDDLESEX UNIVERSITY HOSPITAL (C&W)	20	22	19	20	15	17
ROYAL LONDON HOSPITAL	12	13	11	11	12	6
HILLINGDON HOSPITAL	14	14	14	12	10	11
OTHER	22	25	23	28	32	30
TOTAL	864	925	907	935	950	947

Fig 28. Sites of treatment for Ealing residents seen for HIV care in 2015-2020.<sup>25</sup>



## HIV Prevention: PrEP

The NICE 2016 guidelines for pre-exposure prophylaxis (PrEP) for adults who are high risk of HIV emphasised that despite a decrease in diagnosed HIV infections in gay and bisexual men communities, HIV transmission rates remain high. Prevention not only includes testing, antiretroviral therapy, condom promotion, addressing wider determinants but also treatment to prevent HIV acquisition.<sup>27</sup>

In June 2015, NHS England approved use of **antiretroviral therapy to prevent as well as treat infection**. PrEP should be given to **HIV negative gay, bisexual and other men who have sex with men, people who have sex with HIV positive people not on treatment, and people inconsistent with condom use and likely to have partners who are HIV positive and not on treatment**.<sup>23</sup> For initiation of PrEP in London, residents can call or complete an online form for their local NHS clinic. Normally a telephone consultation initially takes place, with a subsequent appointment for suitable residents to do blood tests such as kidney function tests and provide PrEP.<sup>27 28</sup>

*“Taken together with only small declines in testing and a continuing availability of PrEP, the fall in diagnoses in MSM suggests a continued year-on-year reduction in transmission in this group.”*

*“Among heterosexual men and women born abroad but diagnosed with HIV in England, 49% were estimated to have acquired HIV after arrival in England. Since there was a very large decline in HIV testing among heterosexuals in 2020 compared to previous years, it is likely that much of the observed decline in diagnoses in this group was due to reduced testing rather than reduced transmission.”*

Quotes above taken from the February 2022 SPLASH report for Ealing, published by the UKSHA.<sup>1</sup>

“There is a lot of awareness on PrEP within the gay community but needs to be promoted for women and minority ethnic population. Prior to covid we ran information sessions which were well attended. Women sometimes don’t have a lot of options around uses of condoms.”

**HIV Support Services**

“Women of minority ethnic backgrounds are a key priority. As their risk often relates to their partner’s risky sexual activity, which they may not be aware of, it can be difficult for them to evaluate their own risk. [PrEP is] predominantly accessed by local residents and men (with a lot of GBMSM), and a variety of ethnic backgrounds. There are a very small number of women on PrEP accessing LNWH services, and they are predominantly sex workers who are not of a White/British background. We establish people on PrEP, they do online testing in the intervening 3 months, and then re-attend in 6 months intervals, ensuring optimal contact.”

**Senior Clinical Specialist**

“There is the potential to provide PrEP in primary care, but I would not feel comfortable prescribing it without the right training and knowledge – if this was provided, PrEP in GP practices is a viable option.”

**Ealing General Practitioner**

“PrEP is accessed by a lot of MSM and people who are already aware of HIV. There is low rates of use in the heterosexual community and there is a lot of stigma associated with PrEP.”

**Senior Clinical Specialist**

“One of our roles is to promote PrEP in Ealing. People in general know about PEP than PrEP, and women in particular seem a lot less informed about prevention methods.”

**Voluntary Sector Partner**

## HIV Prevention and Promotion of Prevention

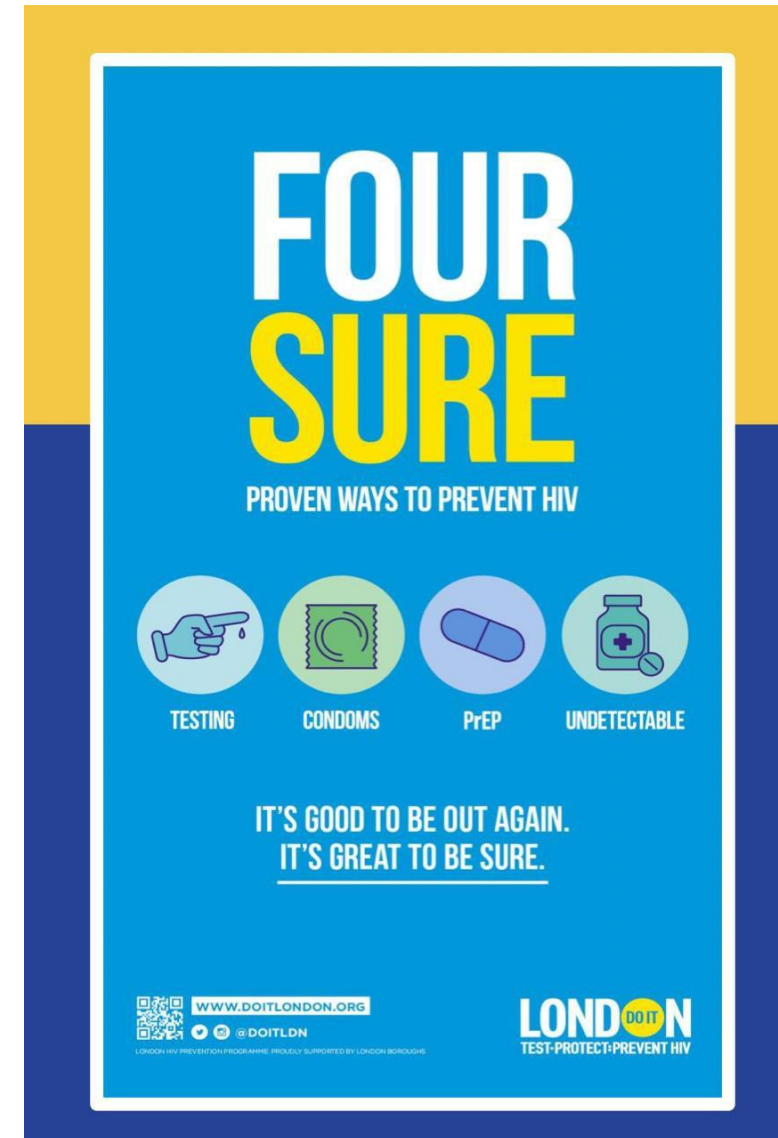
HIV prevention is an important part of tackling the HIV rates in London, and indeed, in Ealing. The Department of Health funds **HIV Prevention England (HPE)**, a HIV prevention programme managed by the Terence Higgins Trust. HPE delivers a national programme, targeted at Black African and gay and bisexual men communities. HPE aims to increase testing to reduce late diagnosis, promote condom use as well as other safe sex behaviours and tackle stigma.<sup>2</sup>

In addition, the **London HIV Prevention Programme (LHPP)**, funded by 32 boroughs and commissioned on their behalf by Lambeth Council, aims to increase testing and promote safe choices. '**Do It London**' is the social marketing aspect of LHPP. Campaigns include the '**Four Sure**' campaign, which re-launched in November 2020 and ended February 2021, to promote four ways to prevent HIV – regular testing, use of PrEP, condom use and keeping HIV viral load at undetectable levels. This included a variety of audio channels, YouTube advertisements, billboards, social media and search channels.<sup>29</sup>

The Four Sure campaign had a large impact, with digital display ads making 10.1 million impressions (and 24,412 clicks), 19.8+ million social media impressions, and positive reviews. Claimed behaviour change of the '**Four Sure**' campaign includes increase in safe sex practise. **Safe sex was practised by 75%, compared to 61% in 2019** (69% MSM compared to 53% in 2019, and an increase of 6% in Black African males and 24% in Black Africans compared to 2019). In addition, when the campaign was live, **41 home HIV testing kits were ordered a week via the Do It London website – a 1266% increase comparatively to 3 kits a week when the campaign was offline**. A third burst campaign took place between June and July 2021.<sup>29</sup>

Moreover, LNWT commission **Spectra and Terence Higgins Trust** to provide health promotion and promotion of HIV testing in LGBTQ+ groups. Between February and April 2022, 890 Ealing residents engaged with Spectra and THT, with 107 residents signposted to SHL and 49 signposted to PrEP services.<sup>30</sup>

The THT Spring 2022 Outer Northwest London Client Evaluation Survey found that participants' preferred sources of infection were clinical services (SRH, pharmacies, GPs) and online (NHS, google, social media). Of the 38 who participated, they noted the major changes during Covid-19 were receiving less information and services, and more online service use. Majority did not want these changes to continue post pandemic. 29% said it was either very or quite difficult to find clear and understandable information about sexual health during the Covid-19 pandemic; highlighting the need for increased promotion in recovery.<sup>31</sup>



## HIV Prevention and Promotion of Prevention

“We directly provide HIV testing, free condoms and lube, peer mentoring and support groups in Ealing. [We are also] delivering a west London trans support group and a HIV mindfulness group.

Services are mainly focussed on STI prevention aspect. We signpost and link them with other services.”

**Voluntary Sector Partner**

“Ealing supports the preventative model of outreach and sees value in it which is very important.”

**Voluntary Sector Partner**

“One of the key priorities for the future should be reduction of late diagnosis of HIV rates. Late diagnosis leads to worse outcomes for the resident, and early testing and contact tracing can help prevent this.”

**ONWL Commissioner**

“[We provide] mentoring and social groups for Trans people – added value activities that benefit the residents. [We also work on] amplifying campaigns in Ealing, such as national HIV testing week and World AIDS day.”

**Voluntary Sector Partner**

“[We have] been a hybrid service (mix of F2F and online), outreach sessions, information, and HIV testing. We also provide online outreach on dating apps and sign up people to services for example. postal delivery of testing kits.

There has been increased demand on online services during covid.”

**Voluntary Sector Partner**

“Work is focused on HIV prevention and awareness, with an outreach model where we go directly to communities. We go to venues such as libraries, bars, community centres and bars, and other areas with high foot fall. We have... staff members who are trained to do POC HIV testing (with a pre- and post- discussion and referral system to Level 8). We work with other services such as women’s shelters, community groups, homeless people.”

**Voluntary Sector Partner**

### HIV

- In 2020, 28 Ealing residents aged 15 and over were diagnosed with HIV in Ealing, with a rate of 10.4 per 100,000, worse than England (4.3). This is a 9% decrease since 2019 and a 48% decrease in 2015.
- Diagnosed HIV prevalence per 1,000 aged 15-59 was 3.8 per 1,000, worse than England (2.3) but better than London (5.35). This makes Ealing a local authority with a high prevalence of HIV. Ealing ranks 23<sup>rd</sup> highest in London and 29<sup>th</sup> highest in England.
- Between 2018-20 the % of HIV diagnoses at a late stage was 43.0%, similar to England (42.4%).<sup>1</sup>
- Men were more likely to be diagnosed with HIV.
- Individuals in the 35-49 age group accounted for the largest proportion of new diagnoses in 2020.
- The proportion of Black African individuals (averaging 14.7% over five years) and Other/mixed individuals (averaging 20%) is more than double than the percentage they form of the population (4.9% and 10.4% respectively), and they should be recognised as a target population.

### Recommendations

- Sustain support for London’s HIV Fast Track Cities Initiative by implementing the National HIV Plan ‘Towards Zero – an action plan towards ending HIV transmission, AIDS and HIV related deaths in England – 2022 to 2024’ by applying 4 main themes prevent, test and treat, including supporting regional plans on scaling up HIV testing in Hospital Emergency departments and increased awareness in primary care, HIV prevention including equitable access to PrEP (a drug to prevent HIV transmission) in specialised sexual health services, improving the quality of life for people living with HIV and reducing HIV-related stigma.



## 14. HPV Vaccinations

In 2008, the HPV vaccination programme was introduced on advice of Joint Committee on Vaccination and Immunisation (JCVI), for girls aged 12-13 to protect against cervical cancer. Nationally, after a decade of the programme, in 2018, no HPV-16 or HPV-18 infections were detected in girls aged 16 to 18. 2019 rates of genital warts in girls aged 15 to 17 were 91% lower than 2015 and 81% lower for boys than 2015. In 2018, the vaccination programme began to include all GBMSM aged 45 and below who attend HIV treatment or sexual health services. The HPV vaccination programme began to also include boys from age 12, to provide HPV protection as well as protection against anogenital warts, anal cancer, penile cancer and oropharyngeal cancer.<sup>32</sup>

Current data from UKHSA outlines rates of vaccinations in girls aged 12-13 in Ealing. **HPV Vaccination coverage for females aged 12-13 has been decreasing since 2014.** This drop is **statistically significant.** **Between 2015 and 2020, HPV vaccination coverage in Ealing has been worse than London and England rates.**<sup>16</sup> This low uptake of vaccinations in 2019 has been discussed by the Ealing JSNA for Children and Young people, which suggested that the decline is likely due to changes in timing and age groups of doses.<sup>10</sup> It is worth noting that although the genital wart rate in Ealing between 2012 and 2020 has been decreasing, since 2016 it has been worse than England. **We currently rank 3<sup>rd</sup> lowest in the country and 2<sup>nd</sup> lowest in London.**<sup>16</sup>

Because of the impact of Covid-19 Ealing is in the process of a two-year vaccination programme to meet need. **In 2020/21, 39.9% of females aged 12-13 received an HPV vaccine (886 out of 2,219).**<sup>20</sup> Note: there has been a data reporting issue with 2019/20, which has been incorrectly reported as 0%.

"The last two years were severely impacted by covid-19 and lockdowns. Some schools were...prioritising Covid-19 vaccinations and some schools declined further visits due to disruptions. Also schools are not mandated to host HPV vaccinations. We try to mitigate this by meeting with schools and local authority education leads, and by having GP catch ups (although the best uptake is seen in schools). We are currently running an accelerated programme in schools to catch up [from the impact of Covid-19]."

**NHS England & Improvement Commissioner**

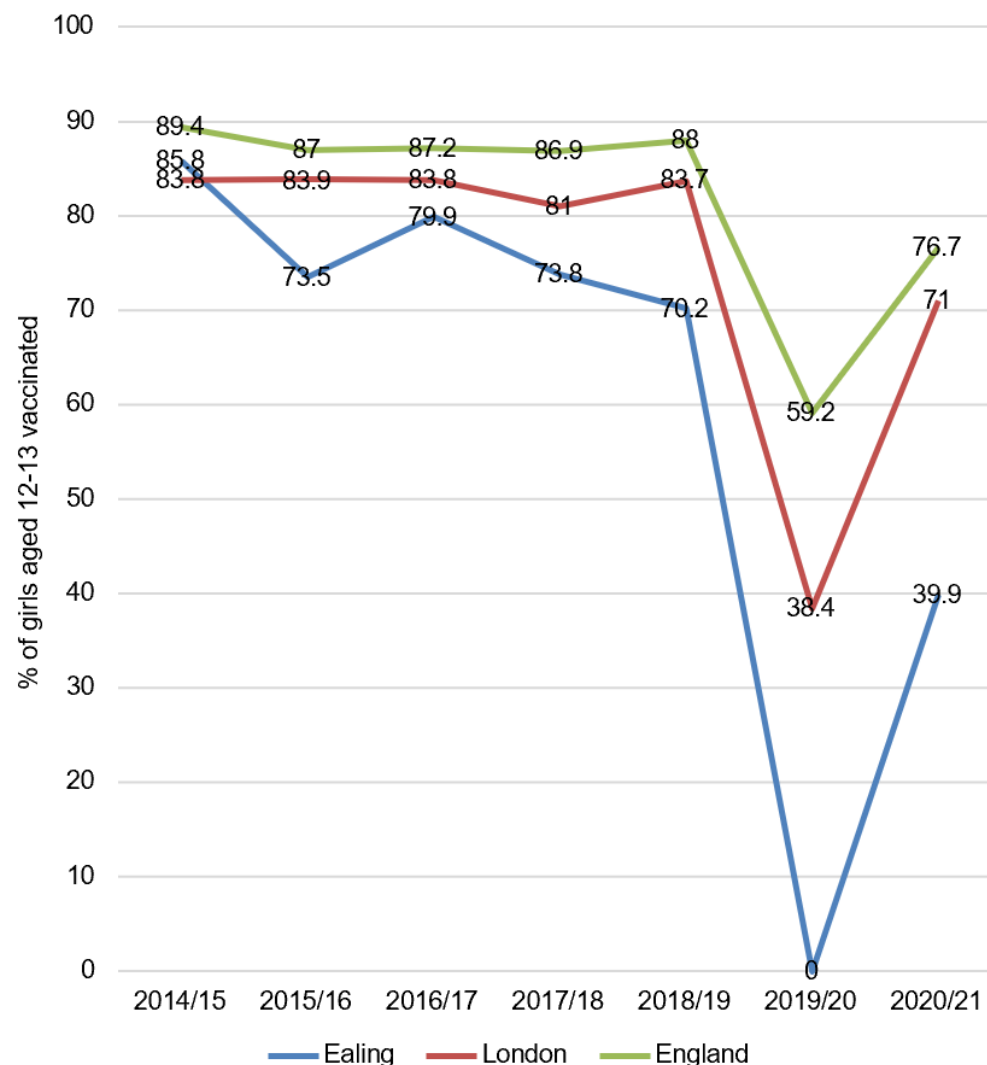


Fig 29. Graph indicating the population HPV vaccination coverage for those aged 12-13 in Ealing, between 2014 and 2020. This is compared to national and London average.<sup>16</sup>



## 15. Relationship And Sex Education

A comprehensive relationships and sex education (RSE) has been shown to positively impact contraception use and under-18 conception rates. Globally, countries that employ an **open, honest culture to sexual health** in young people have lower teenage pregnancy rates.<sup>13 10 33 34</sup> In March 2017, an amendment in the Children and Social Work Act introduced compulsory relationship and sex education in all schools, including independent, free and faith schools. This legislation mandated all primary schools, **from September 2020**, to provide relationship education; secondary schools **to provide RSE**, and both to provide education on health and puberty.<sup>10</sup>

Accessible RSE should: <sup>2 10 34</sup>

- provide teaching on **sexual consent issues**
- be inclusive of same-sex and **LBGTQ+** relationships
- address self-esteem issues and give young people **confidence**
- include information of **alcohol and drug impacts** on decisions and how to navigate safe sex
- provide more **intensive advice and support** for young people at greater risk of teenage pregnancy
- include accessible contraception advice
- provide **education on recognising and avoiding abuse, exploitation or being pressured**, and how the law applies
- ensure all children are equipped with the knowledge of how to **access help** and confidential advice on relationships and sexual health

Currently, relationship and sex education in Ealing is provided by:

- the LNWT integrated service including outreach and RSE for specific groups. They commission Brook, a national charity, to help provide education for young people<sup>35</sup>
- the Ealing Council Health Improvement Team provides support and training in RSE for schools. Schools can access resources, training, advice or bespoke support to audit, plan, implement and evaluate RSE. Schools are asked in the health improvement annual survey if they have an up-to-date RSE policy, and those that do not are offered help
- historically, Image in Action was commissioned to provide RSE for young people with learning difficulties and staff training to schools and organisations. However, after 35 years, Image in Action closed its services in 2021<sup>36</sup>

A 2021 survey of Ealing Secondary School pupils found that 14% of Year 10 boys and 14% of Year 10 girls (aged 14-15) said they knew where young people could access free condoms. When asked on their main source of sex and relationship information, 45% said school and 17% said parents.<sup>37</sup>

*What is going well?*

“Engagement from schools...and between 85-100% of schools who completed the 19/20 and 20/21 annual survey had recently updated their policy. Parent engagement – many schools have asked for parental workshops to be delivered and attitudes are slowly shifting.”

**Ealing Council Health Improvement Team**

“LBGTQ+ young people are a group at greater risk of poorer sexual outcomes – we need to ensure we have good inclusive relationship and sex education that addresses their needs.”

**Third Sector Organisation**

“Year groups in most schools did not have RSHE in lockdown and it was not delivered as part of home learning as per the PHSE subject guidance.”

**Ealing Council Health Improvement Team**

“We are contracted in Ealing to provide RSE to under 25s across the borough. We work in secondary schools, colleges, youth clubs, looked after children's homes. We provide a whole range of teaching – STI and contraception (most popular), consent, gender and sexuality, healthy relationships, online safety, pornography and pleasure, sexual violence awareness as well. Teachers decide depending on needs on the class. There has been a huge increase in demand since covid, and in line with mandatory line with RSE. However, we are contracted to provide small numbers so can't meet this need.”

**Third Sector Organisation**

## 16. Sexual and Domestic Violence

Sexual and domestic violence can result in long-lasting impacts on sexual health, physical health, future relationships, and psychological wellbeing.<sup>2 35</sup> Sexual and domestic violence can be a key issue for vulnerable groups. In 2010/2011, 38% of rapes were committed against young people aged less than 16 and 49% of GBMSM had experienced at least once episode of domestic abuse.<sup>1</sup>

Between September 2020 and August 2021, 9,413 counts of violence and sexual offences occurred in Ealing, equivalent to a rate of 27.5 per 1,000. In comparison, London had a count of 26.5 per 1,000 and England 30.6 per 1,000. In **2019/2020**, there were **1.9 sexual offences per 1,000 in Ealing (654 offences)**, compared to **2.5 nationally**.<sup>16</sup>

### Sexual Assault and Referral Centres

**Sexual assault and referral centres (SARCs)** are integrated, specialist services which promote recovery following sexual assault and rape, whether the incident is reported to police or not. They provide clinical care, follow-up, screening and emergency contraception. Victims, if they choose to, can also undergo a forensic medical examination. From April 2013, commissioning of SARC was the responsibility of NHS. SARCs allow for coordination with wider services such as criminal justice and social care.<sup>2</sup> NHS England is developing partnerships with the Ministry of justice, Police and Crime Commissioners and the home office, to help address issues. The NHS has also outlined in the 'Strategic direction for sexual assault and abuse services' goals for improvement, including review of care pathways, maximum safeguarding, promotion of safety and welfare, and providing appropriately trained staff.<sup>38</sup>

### Female Genital Mutilation (FGM)

FGM refers to procedures which involve injuries or partial and total removal of external female genitalia, for a non-medical reason. This can result in chronic pain, sexual issues, pregnancy and childbirth complications, increased STI risk and psychological impacts. Under the 2003 FGM Act, it is a criminal offence.<sup>2</sup> A study on FGM prevalence found that in 2011, 103,000 women between the ages of 15-49 who were born in countries practicing FGM lived in the UK, compared to 66,000 in 2001. In addition, there were nearly **10,000 girls between the ages of 0-14 who have or are likely to, in the future, undergo FGM**.<sup>39</sup>

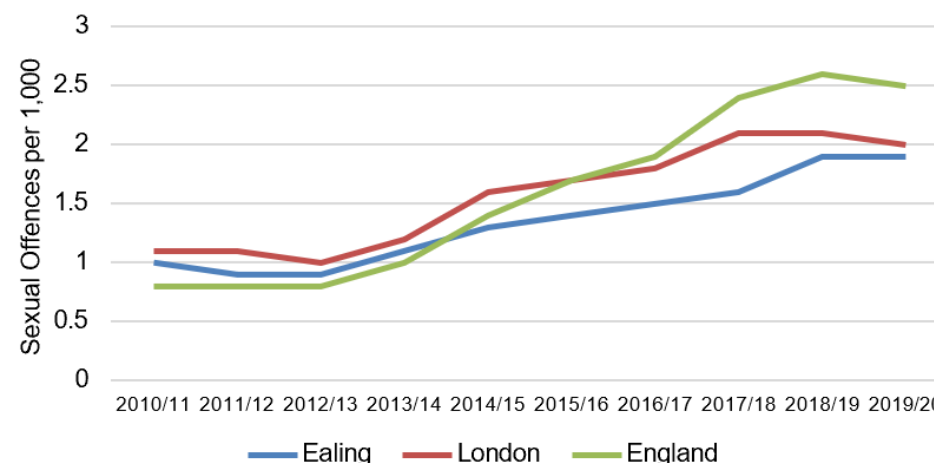


Fig 30. Graph indicating the trend in sexual offences per 1,000 people in Ealing between 2010 and 2020, compared to London and England.<sup>16</sup>

### Safeguarding in Sexual Health Services

- there should be clear **safeguarding** guidelines and referral pathways
- using the '**every contact counts**' policy, identifying coercion, domestic and sexual abuse or violence, in every contact with issues related to sexual health. They should be able to not only provide support but also make referrals for victims, including to police and social services
- SRH services should be **accessible easily for sex workers**, particularly those being coerced or controlled by others. This involves screening, contraception, treatment, access for violence and abuse support
- for people **aged under 16 at risk of sexual exploitation** such as prostitution, there should be an **immediate referral to the police** and social services
- studies have demonstrated links between domestic violence and abortion and repeat abortion. There should be **domestic violence screening for women who present for abortions**
- children who are victims of sexual abuse should be referred to appropriate services, risk-assessing all those under 16 or 17-18 with learning disabilities or cause for concern using a standardized proforma<sup>2</sup>

## 17. Infectious Diseases in Pregnancy and Cervical Cancer Screening

### Infectious Diseases in Pregnancy

Screening of a number of infectious diseases during pregnancy is a public health outcome framework indicator. The NHS Infectious Diseases in Pregnancy Screening Programme recommends that systematic screening is offered to all pregnant women for HIV, syphilis and hepatitis B.<sup>40</sup> Syphilis is a preventable and treatable condition, but when acquired congenitally, 40% of babies can die as a newborn or be stillborn. There can also be neurological complications, anaemia and jaundice. The 2019 Syphilis Action Plan outlines syphilis screening in pregnancy, particularly given rising cases of syphilis, including congenital syphilis.<sup>38</sup> It noted that although syphilis screening coverage antenatally is at 99% at present, there have been recent national cases in women who **acquired syphilis after a negative 1<sup>st</sup> trimester antenatal screen or women who had barriers in accessing** antenatal care. There were 21 cases between 2010 and 2017. With regards to **HIV screening, between 2013 and 2018 London rates varied between 99.7% and 99.9%**, very marginally higher than national rates of 98.9% and 99.6% in this same time frame.<sup>16 41</sup>

### Cervical Screening

- the England NHS cervical screening programme is aimed at women and individuals with a cervix between the **ages of 25 and 64**. People aged between 25 to 49 are invited on a 3-yearly basis and those between 50 to 64 every 5 years. Cervical screening first tests for human papillomavirus (HPV) as a triage, which if found, then leads to testing for abnormal cells<sup>32</sup>
- in 2020/21, for Ealing CCG, 62.1% of females aged 25-49 attended screening within the target 3.5 year period, compared to the national rate of 69.1%. **Ealing is ranked 16<sup>th</sup> lowest in the country for this demographic.** In Ealing CCG, 72.3% of women aged 50-64 attending within their target period of 5.5 years in 2020/21, compared to the national rate of 75.0%<sup>16</sup>
- limitations of the screening programme include that those registered as 'male' are unable to be automatically invited to screening, so GP practices or gender reassignment healthcare teams should arrange invitations, to reduce inequalities for transgender people<sup>42</sup>

Area	Recent Trend	Count	Value	99.8% Lower CI	99.8% Upper CI
England	→	7,090,045	69.1	-	-
NHS Central London (Westminster) CCG	↓	25,021	45.4*	44.8	46.1
NHS West London (K&C & QPP) CCG	↓	30,062	47.7*	47.1	48.3
NHS Hammersmith And Fulham CCG	↓	47,249	51.9*	51.4	52.4
NHS Brent CCG	↓	46,046	54.2*	53.6	54.7
NHS Tower Hamlets CCG	↓	47,622	54.2*	53.7	54.7
NHS Harrow CCG	→	30,450	57.2*	56.6	57.9
NHS Luton CCG	↓	25,912	57.8*	57.1	58.5
NHS North Central London CCG	→	215,874	58.4	-	-
NHS Newham CCG	→	53,937	58.9*	58.4	59.4
NHS Leicester City CCG	↓	44,627	59.7	-	-
NHS Redbridge CCG	→	40,051	59.8*	59.3	60.4
NHS Manchester CCG	→	78,776	60.2	-	-
NHS Sandwell And West Birmingham CCG	↓	62,037	60.4*	59.9	60.8
NHS Hounslow CCG	↑	40,923	60.9*	60.3	61.4
NHS Southampton CCG	→	32,097	62.0*	61.4	62.7
NHS Ealing CCG	↑	55,860	62.1*	61.6	62.6

Fig 31. Fingertips profile for cervical screening programme in women aged 25-64, for 2020/21.<sup>16</sup>



## 18. Impact of the Covid-19 Pandemic on Services

The Covid-19 pandemic has severely impacted all parts of health, wellbeing and service provision, across the world. In April 2020, the British Association for Sexual Health survey found sexual health service capacity was significantly reduced, with 53% of providers having less than 20% face-to-face capacity. 38% of staff were redeployed and 17% shielding or unwell. Vulnerable populations were more at risk, and main problem areas were routine vaccinations (with 54% unable to fulfil this), LARC provision, and 9% were unable to provide PrEP.<sup>43</sup>

The Faculty of Sexual & Reproductive Healthcare (FSRH) guidance advised that local services should be flexible and realistic, provide up-to-date information of services that can be accessed by patients and carry out key priority services (emergency contraception, contraception for vulnerable groups, abortion, sexual assault care and post-pregnancy contraception). There should be a mix of modalities to meet needs and acknowledge the impacts of language barriers, internet illiteracy and digital poverty.<sup>44</sup>

**Overall in London** there has been a decline in face to face (F2F) consultations from 2019 to 2020 (943,333 to 589,500) and increase in online and telephone consultations. **Proportionally, face to face consultations reduced by 38% overall, online increased by 99% and telephone increased by 490%.** In terms of sexual orientation, GBMSM had a -37% in F2F consultations, +131% in online and +242% in telephone consultations. WSW had the most drastic changes: -65% in F2F, +176% in online and +3640% in telephone consultations.<sup>45</sup>

Impacts of the pandemic on sexual health services in Ealing broadly include:

- **staff** – there has been a shortage of staff nationally due to isolation and redeployment to different clinical areas. Many staff are also experiencing the mental health impacts and burnout
- **venues –in Ealing, the main sexual health centre was repurposed as a Covid-19 hub**, rendering it unavailable for sexual health services
- **changes in types of appointments** – there **has been a shift to online and telephone consultations.** Online services allowed patients an interface with sexual health services, offering telephone or face to face appointments when appropriate. STI testing, simple prescriptions and general advice could be requested online. This was supported by the London E-Service

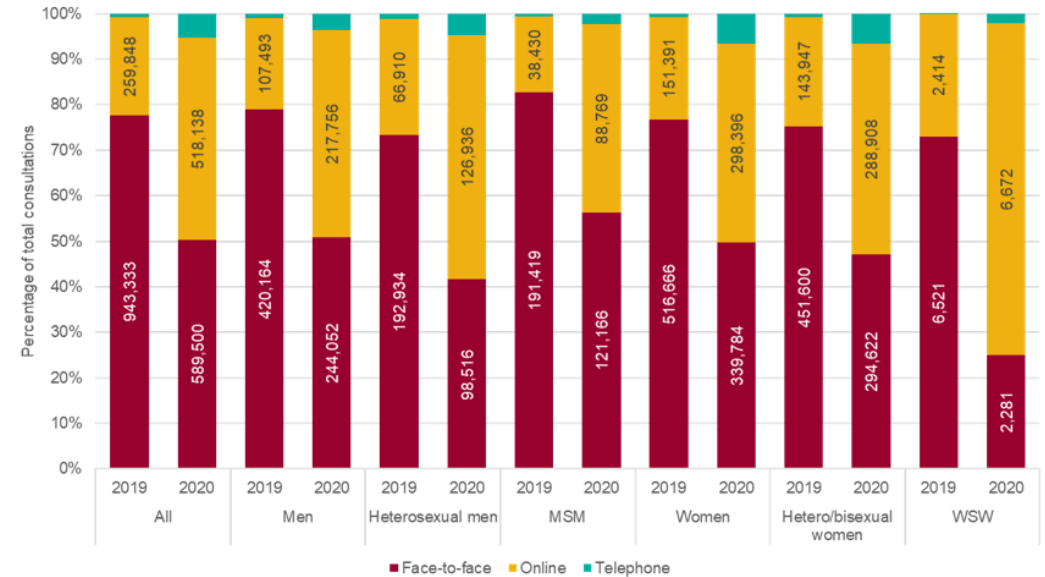


Fig 32. Consultations by gender, sexual orientation and medium for London residents in 2019 compared to 2020. Taken from PHE STI London 2020 report.<sup>45</sup>

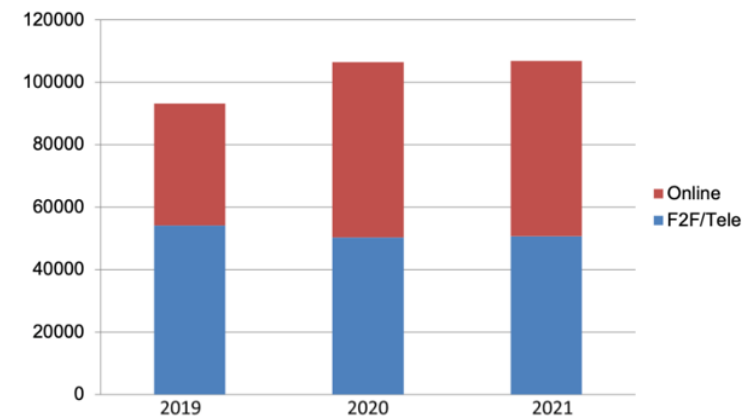


Fig 33. Number of online and F2F/Telemedicine appointments in ONWL in 2019, 2020 and 2021, for LNWH Sexual Health Services.<sup>46</sup>



## 19. Structure of Ealing Sexual Health Services

### Structure of Ealing Sexual Health Delivery

All local authorities have a mandated responsibility to provide access to sexual health services. Ealing is part of the London Sexual Health Programme (LSHP). This is a collaboration of London Councils working together to commission standardised care and costs across London Sexual Health provision, including the London Sexual Health e-service and clinical services. These services are open-access, and the Council pays for services used by Ealing residents. The sexual health commissioning landscape is wide, different organisations have different commissioning responsibilities.<sup>2 47 48</sup> Provision of open access services is a mandated local authority responsibility, as individuals may choose to travel away from where they live for convenience, close to workplace, for anonymity or for personal, social, or cultural reasons.<sup>2</sup>

The Borough of Ealing, with Brent and Harrow, form the Outer North-West London group (ONWL). ONWL commissions London Northwest Healthcare Trust (LNWH) to provide services including contraception, genitourinary medicine, sexual health prevention via sub-contracted partners, long-acting reversible contraception (LARC) in general practice and emergency hormonal contraception (EHC) provision by community pharmacies.<sup>47 48</sup> These services are integrated with the London Sexual Health e-service, which provides online triage, testing and treatment for less complex STIs and contraception.

### SRH - Multi-agency Commissioning and Providers

Local Authority Commissioning	CCG Commissioning	NHS England and NHS Improvement
Specialist SRH services	Most abortion services	HIV treatment and care, including drug costs PrEP and PEPSE
Open-access STI testing and Treatment Contraception	Vasectomy	Contraception in General Practice (additional service under GP contract)
	Sterilisation	Patient requested GP STI testing and treatment
	Gynaecology	
HIV testing, PrEP appointments	Contraception (for non-contraception purposes)	Cervical Screening
Prevention and Specialist health promotion/ outreach services (e.g. young people, vulnerable groups)	Non-sexual health psycho-sexual health	Sexual Assault Referral Centres
		Prison health – sexual health (Forthcoming HIV testing in London A&E, Spring, 2022)
		<small>(Source: Adapted from updated Commissioning Local HIV sexual and reproductive health services... Pubic Health England, 26 March 2018, www.gov.uk)</small>

“The sub-regional format is a very good idea, with economics of scales when you’re commissioning a service. However this can be a challenge for providers as we have our individual needs.”

**ONWL Commissioner**

“We have good relationships with our voluntary sector partners. The current commissioning arrangement works very well, but each of the boroughs have their own needs. The needs assessment can help inform of us of these.”

**London North West Healthcare Trust**

## SRH Services in Outer North West London

This map depicts sexual and reproductive health services and HIV services within Brent, Harrow and Ealing, accurate as of 27<sup>th</sup> of May 2022. ONWL commissions London Northwest Healthcare Trust (LNWH) to provide these services.

### Sexual & Reproductive Health Services in Ealing, Brent and Harrow (accurate as of 27th May 2022)

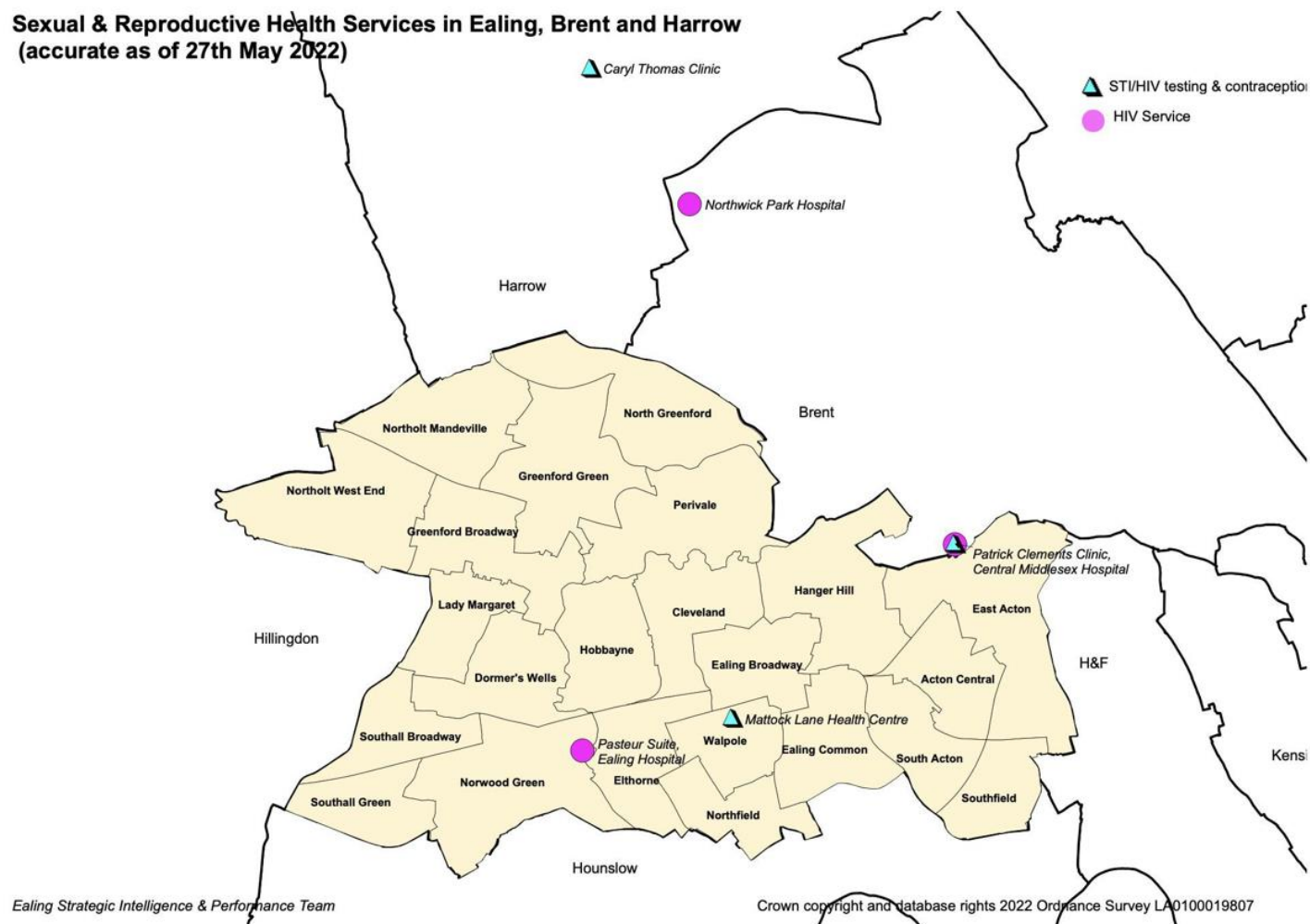


Fig 34. Map of SRH services in Ealing, Brent and Harrow.<sup>19</sup>

## Pharmacists providing EHC and GPs providing IUD/S in Ealing

LNWH sub-contracts primary care practices to provide long-acting reversible contraception (LARC) and sub-contracts community pharmacies to provide Emergency Hormonal Contraception (EHC). The distribution of these services in Ealing is depicted in these maps.

GPs providing IUD/S services in Ealing (accurate as of 27th May 2022)

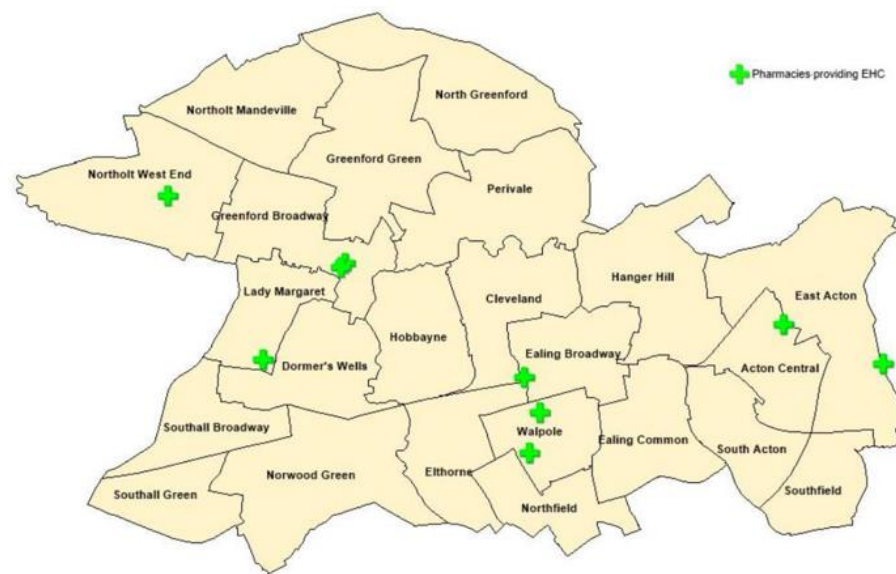


Ealing Strategic Intelligence & Performance Team

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Fig 34. Map of GPs providing IUD/S services in Ealing, Brent and Harrow.<sup>19</sup>

Ealing pharmacies providing EHC (emergency hormonal contraception), as of 27th May 2022



Ealing Strategic Intelligence & Performance Team

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Fig 35. Map of pharmacists providing EHC in Ealing.<sup>19</sup>

## Services Commissioned by Ealing Council

Service	Description
London North West Healthcare Trust <a href="https://shc.lnwh.nhs.uk">https://shc.lnwh.nhs.uk</a>	Integrated Sexual Health Service at Mattock Lane (GUM and CASH services, PrEP)
	Contraceptive Services at Southall Broadway
	Sub-commission outreach and Primary Care (GPs LARC and pharmacies EHC)
SHL E-Service <a href="https://e-service.co.uk">https://e-service.co.uk</a>	Online triage, testing and treatment for uncomplicated STIs, oral contraception, emergency hormonal contraception
London HIV Prevention Programme <a href="https://doitlondon.org">https://doitlondon.org</a>	Funded by London boroughs including Ealing, to promote testing and safe choices. Campaigns such as 'Do It London'.
Brook <a href="https://www.brook.org.uk">https://www.brook.org.uk</a>	Sub-contracted partner with LNWH. Sexual health promotion for young people.
Spectra <a href="https://spectra-london.org.uk">https://spectra-london.org.uk</a>	Sub-contracted partner with LNWH. Sexual health promotion and outreach for GBMSM, LGBTQ+ and other groups.
Terrence Higgins Trust <a href="https://www.tht.org.uk">https://www.tht.org.uk</a>	Sub-contracted partner with LNWH. Sexual health promotion and outreach for GBMSM, LGBTQ+ and other groups.
Living Well/ Positively UK <a href="https://www.livingwellcic.com">https://www.livingwellcic.com</a> <a href="https://positivelyuk.org">https://positivelyuk.org</a>	Provides needs-led support services for people living with and affected by HIV in Ealing, including peer-mentoring, support groups, counselling.
Open-Access Specialist Sexual Health Services	We are part of the London Sexual Health Programme, with collaborative commissioning of sexual health across London.



## London North-West Healthcare Trust

### Who is attending Ealing services and where are Ealing residents going?

- the majority of patients seen in Ealing between 2015 and 2020 are Ealing residents, averaging 78.7%
- in 2020, 93% of Ealing residents accessed services outside the borough, likely secondary to site closures<sup>49</sup>
- in 2019, 47% of Ealing residents attended ONWL services. In 2020, 50% of Ealing residents attended ONWL services<sup>49</sup>

"We don't have formal data, but the closure of the Mattock Lane clinic has been difficult. Evening sessions weren't available, and these are more accessible to young people. There also needs to be more consistency – times keep changing, which confuses young people. There could be more outreach work from the clinic such as in local colleges. The clinic needs to be a real presence and stay as it is and consistent, so young people know it is a reliable service."

**Third Sector Organisation**

"Services have been impacted to covid, with a shift from 80% walk in and 20% appointment, to telemedicine first time. This is likely to remain, as patients preferred the scope for flexibility and remote prescribing."

**Senior Clinical Specialist**

"The closure of the Mattock Lane clinic during Covid-19 has significantly impacted the proportion of Ealing residents who attend and where people go for sexual health services."

**LNWH**

"We have an aging workforce and difficulty recruiting new staff. We are considering employing physician associates and pharmacists, with a pilot due to start. We also work in partnership with a lot of other teams (other SRH leads in the other boroughs, GUM services, pharmacists (EHC service), primary care (LARC scheme), maternity units (post-delivery contraception), the trust management team and so on."

**Senior Clinical Specialist**

Year	% Ealing Residents	% Non Ealing Residents
2015	80	20
2016	81	19
2017	80	20
2018	76	24
2019	75	25
2020	80	19

Fig 36. Table showing the % of Ealing residents accessing all sexual health services in Ealing according to year, between 2015-2020.<sup>49</sup>

Year	% Outside Local Area	% Inside Local Area
2015	73	27
2016	74	26
2017	77	23
2018	79	21
2019	83	17
2020	93	7

Fig 37. Table showing the % of Ealing residents who access all services outside the local area compared to those who access services within Ealing, between 2015 and 2020.<sup>49</sup>

## SRH Clinic Sexual Health Screens - Ealing

### Sexual Health Screens in Ealing: Demographics

Between **2015 and 2020**, of sexual health screens conducted in LNWH sexual health clinics:<sup>49</sup>

- **the number of screens increased between 2015 (17,074) to 2019 (23,618) by 38.3%.** However, it fell by 23.8% in 2020 (18,007), likely secondary to impacts from the pandemic
- **25-34** was the commonest age group seen, averaging 8,337 screens a year (43.8%)
- in 2020, 0.17% were aged 15 or under, 5.87% aged 16-19, 24.0% aged 20-24, 44.2% aged 25-34, 16.6% aged 35-44, 7.47% aged 45-64 and 0.49% aged 65+.
- in 2020 slightly more women (9,437) than men (8,524) were screened
- with regards to sexual orientation, **the commonest group screened are heterosexual people**, equating to 80.2% over 2015 to 2020
- the number of screens in gay people rose between 2015 (2,247) and 2019 (3,927) by 74.8%, but fell in 2020 (3,298) by 16.0%
- the number of screens in lesbian people rose between 2015 (36) to 2020 (147) by 308.3%
- the number of screens in bisexual people rose between 2015 (267) to 2019 (862) by 222.8%, before slightly falling in 2020 (827) by 4.06%
- **caucasian people formed the largest group of screens, accounting for 54.0% in 2020.** Black African screens accounted for 6.66% in 2020, Black Caribbean 10.6% and Mixed individuals 8.51%
- screens in the Black African population increased from 2015 (1,153) to 2019 (1,567) by 35.9%, but fell in 2020 (1,200) by 23.4%

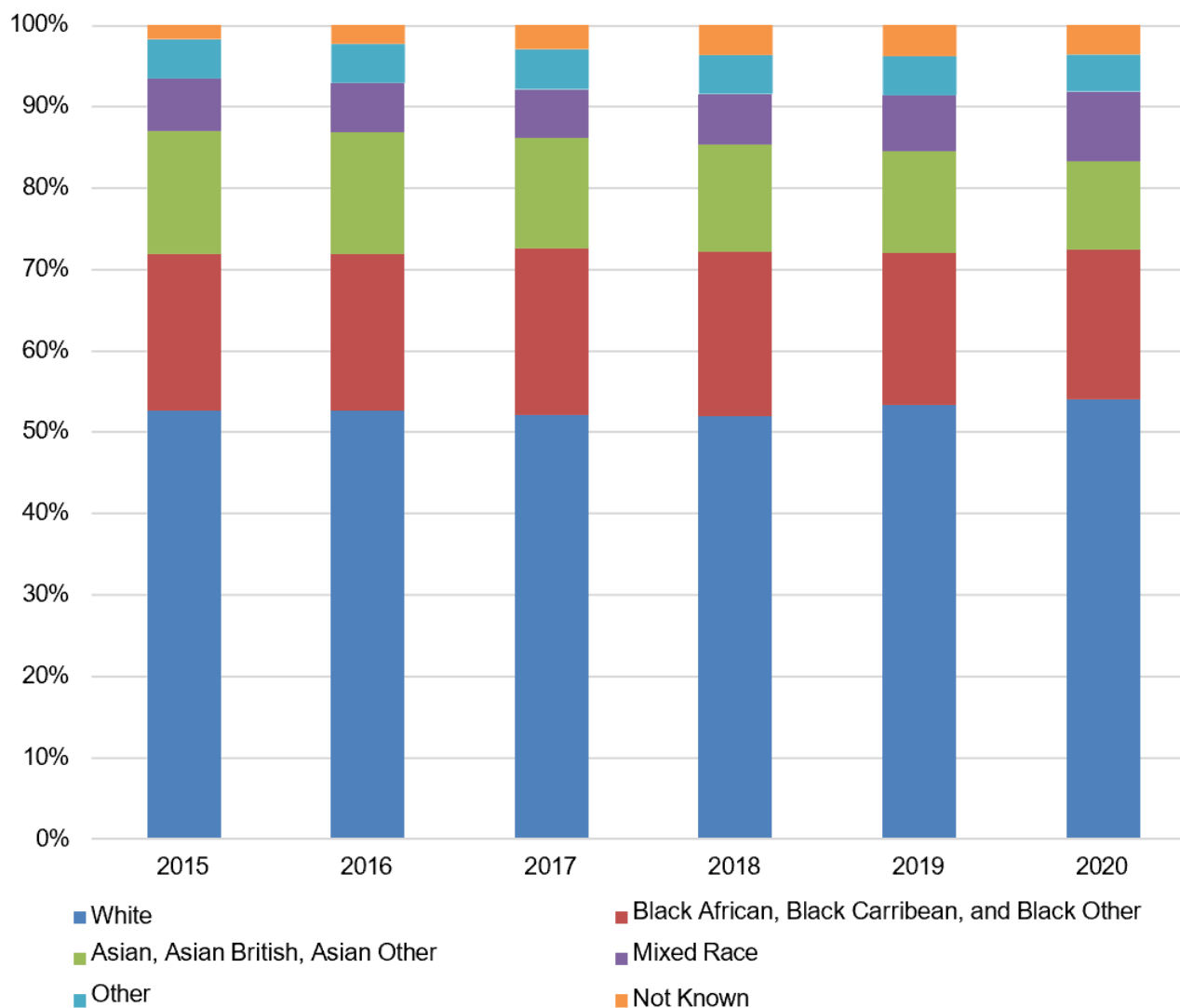


Fig 39. Bar chart depicting the ethnicities of people undergoing sexual health screens in sexual and reproductive clinics in Ealing, between 2015 and 2020.<sup>49</sup>

## Ealing SRH Clinic Demographics of STI positives

STI	Age	Gender	Sexual Orientation	Ethnicity
Chlamydia	The commonest age group overall was 25-34 (39.0%), followed by 20-24 (31.3%).	Every year more men than women tested positive. In 2020 men accounted for 55.3% of chlamydia positives.	Heterosexual people most commonly tested positive. Between 2015 and 2019 positives in GBMSM increased by 88.8% (from 169 to 319).	People of a White background accounted for the largest number of screens every year, 47.7% in 2020. Positives in Black African people increased from 2015 (71) to 2019 (147) by 107% and in Black Caribbean people by 72.0% (143 to 246).
Gonorrhoea	The commonest age group overall was 25-34 (41.2%).	A significantly larger proportion of men tested positive compared to women, overall accounting for 82.0% (2,967) of the 3,620 positives between 2015 and 2020.	Every year the GBMSM population accounted for the largest proportion of positives (varying between 60.4% in 2015 and 53.7% in 2020).	People of White ethnicity accounted for the largest number of positive screens (53.9% in 2020).
Herpes	The commonest age group was 25-34.	Every year more women than men tested positive for herpes. In 2020, 59% of positives were in women.	The commonest group testing positive for herpes were heterosexual people. In 2020, they accounted for 86.9% of positives.	People of White ethnicity accounted for the largest number of positive screens (52.3% in 2020). There was no significant change in positives in Black African people in this time frame.
Syphilis	The commonest age group overall was people aged 25-34. In this group, rates gradually increased from 25 in 2015 to 40 in 2020.	A significantly larger percentage of positives were in men. Men accounted for 96.5% of positives and overall between 2015 to 2020.	The commonest group testing positive for syphilis was MSM, ranging from 71.0% in 2015 to 76.5% in 2020.	People of White ethnicity accounted for the largest number of positive screens, 62.3% in 2020.
Genital Warts	The commonest age group was 25-34.	Every year more men than women tested positive for genital warts (58.5% overall).	The largest number of positive screens were in the heterosexual population (88.3% in 2020), followed by GBMSM (6.39% in 2020).	People of White ethnicity accounted for 53.8% of positives in 2020. Rates in the Black African population have remained steady (ranging from 21 to 15) in this time frame.

Fig 40. Table depicting the demographics (age, gender, sexual orientation, ethnicity) of positive screens for sexually transmitted infections diagnosed in Ealing SRH clinics between 2015 and 2020.<sup>49</sup>

## Ealing Based SRH Clinics

### Partner Notification

Partner notification is a key component of sexual health services. It is a process where when an individual tests positive for a sexually transmitted infection, their sexual partner(s) are notified confidentially. This allows contacts to receive advice, tests and treatment. This is particularly important in sexual health, where many infections are asymptomatic.<sup>48</sup> In **SRH clinics in Ealing, there are high levels of partner notification for chlamydia**, rising between 2015 and 2019. Partner notification for gonorrhoea increased from 2015 (181) to 2020 (270) by 49.2%. Similarly, partner notification for syphilis increased from 2015 (32) to 2020 (72), by 125%.<sup>49</sup>

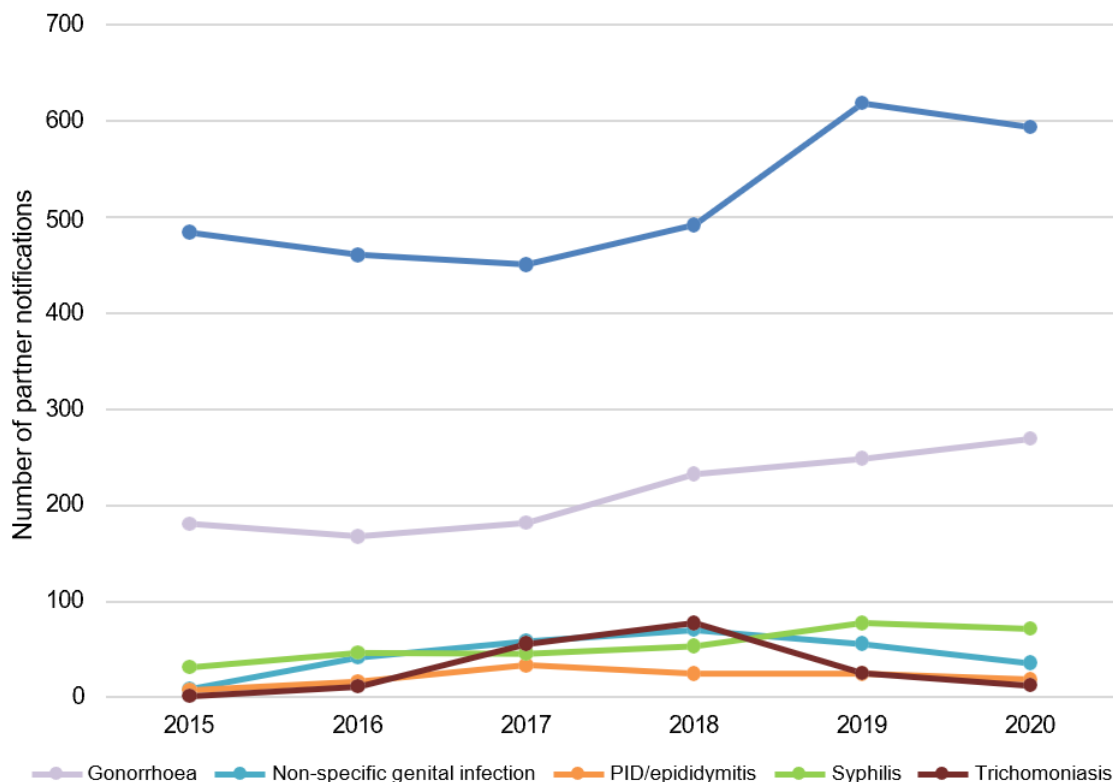


Fig 41. Graph showing the trend in partner notification for sexually transmitted infections diagnosed in Ealing SRH clinics between 2015 and 2020.

### Patient Groups

There are some patient groups who are underrepresented in quantitative data sets, and therefore their need is difficult to assess. These include sex workers, pregnant people and prisoners. In Ealing, there is a declining number of sex workers accessing treatment in SRH clinics. Of these sex workers, heterosexual females accounted for the largest proportion, 71.9% overall between 2015 and 2020. The number of pregnant people accessing Ealing SRH services rose from 2015 to 2019, with a decline in 2020 likely as a consequence of the covid-19 pandemic.<sup>49</sup>

Patient Group	2015	2016	2017	2018	2019	2020
Prisoner	<5	<5	<5	<5	<5	<5
Sex worker	147	122	50	45	42	25
Pregnant people	6	48	67	82	73	53

Fig. Table depicting the number of prisoners, sex workers and pregnant people accessing Ealing SRH services between 2015 and 2020.<sup>49</sup>

“We need investment in partner notification and contact tracing and testing, both in terms of technology and manpower.”  
**Senior Clinical Specialist**

“There is limited information on sex workers but they are likely a key target group when tackling sexual health needs.”  
**SHL Commissioner**

“Contact testing and tracing is the golden thread that also links to HIV. Detecting untested people is important. In LNWH, the sexual health and HIV footprint are the same, which helps better coordinate contact tracing.”  
**Senior Clinical Specialist**



## Attendances at Ealing Sexual Health Clinics Part 1

### Attendances at Ealing CASH Clinics 2017/18 to 2020/21

- in 2017/18, 9,392 individuals attended clinics with a total of 15,808 presentations. This has fallen to 6,750 individuals presenting in 2020/21, with a total of 14,489 presentations, likely secondary to the impact of the Covid-19 pandemic
- Ealing residents form the greatest proportion of attendances at Ealing CASH clinics** (6,149 or 91.1% in 2020/21), followed by Brent (149 or 2.21%, 2020/21) and Hillingdon (143, 2.12% 2020/21)
- similarly, **a significantly larger proportion of people attending CASH clinics are women**, averaging 94.9% of attendances between 2017/18 and 2020/21
- in 2017/18, 2018/19 and 2019/20, the commonest age bracket for people attending was **20-24**. In 2020/21, this shifted to age **25-29**
- every year, **'White British'** people accounted for the largest proportion of individuals attending Ealing CASH clinics, **followed by 'White Other' individuals and subsequently 'Asian or Asian British – Indian' individuals**
- in 2020/21, 24.1% (1,626) of attendances were 'White British', 19.8% (1,337) 'White – Other', 9.7% (655) 'Asian/Asian British – Indian', 9.6% (648) 'Black or Black British – Caribbean', and 8.3% (559) 'Black or Black British – African.'
- the commonest home wards of Ealing residents attending clinics (2020/21) included:
  - Elthorne (972, 6.7%), Ealing Broadway (830, 5.7%), and Hobbyane (827, 5.7%)**
  - the lowest common attendances every were residents from Southall (119, 0.82% in 2020/21)
- use of condoms (male) as the contraceptive method type has declined over time**, from 31.8% (5,424) in 2017/18 to 14.7% (2,212) to 2020/21
- the proportion of contraceptive method type which were **implants has increased** over time, from 9.2% (1,572) in 2017/18 to 14.7% (2,215) to 2020/21

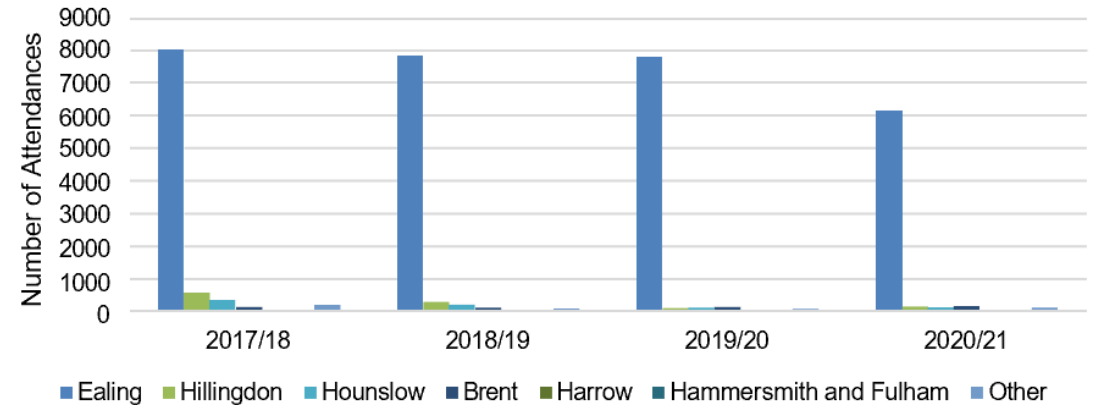


Fig 42. Graph showing the number of individuals attending Ealing CASH Clinics by LA residence, per year

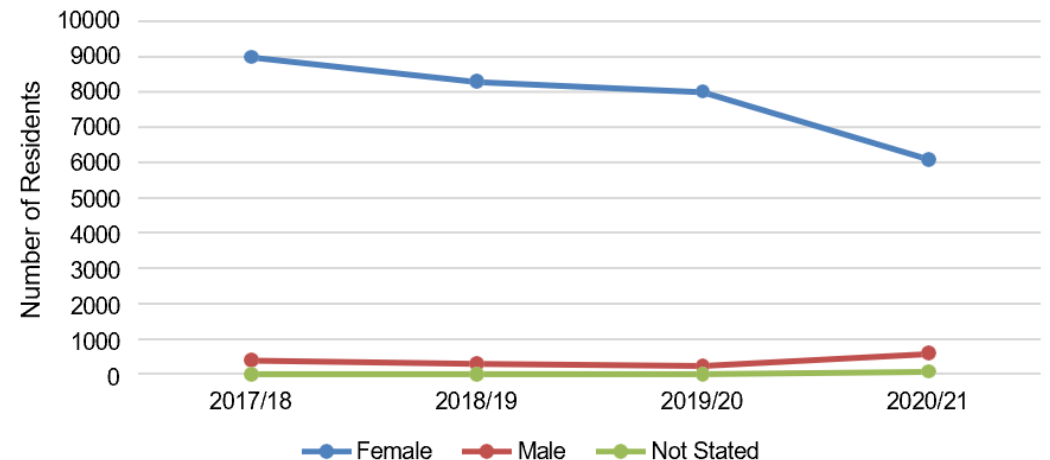


Fig 43. Graph showing the number of individuals attending CASH clinics by gender, per year

## Attendances at Ealing Sexual Health Clinics Part 2

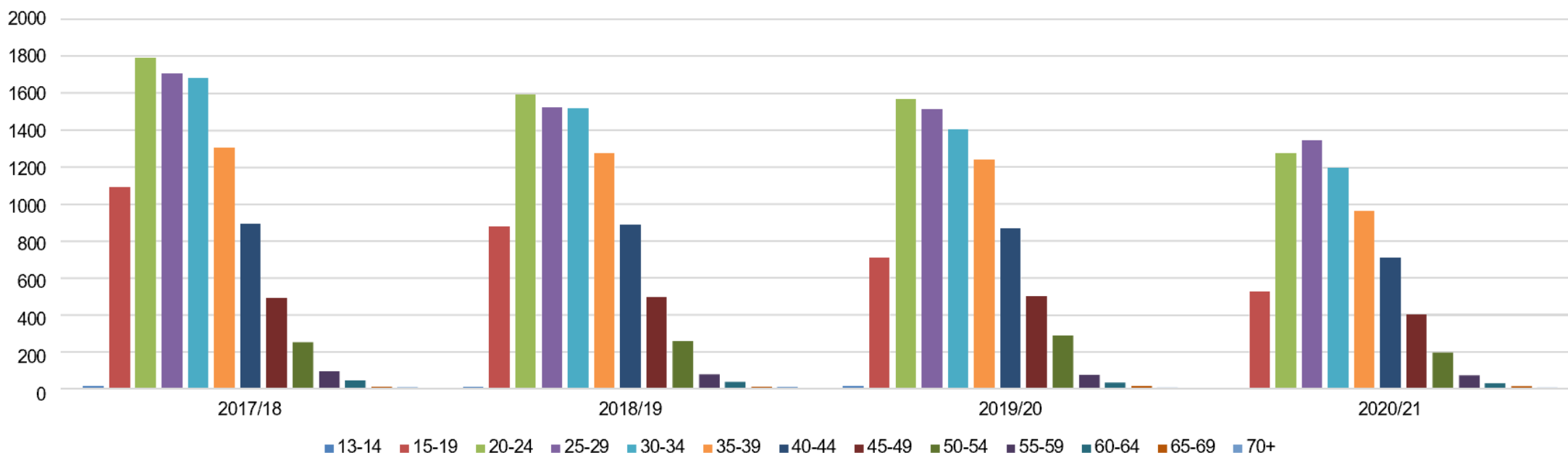


Fig 44. Graph showing the number of individuals attending Ealing CASH Clinics by age group, per year

Contraception Method Status	2017/18	2018/19	2019/20	2020/21
Change	3265	3123	3180	2186
Maintain	11760	10451	10160	10613
New	1287	897	877	391
Pre-Contraception Consultation and or Contraception Advice only	837	311	126	114
Not recorded	0	218	201	1185
Total	15425	15000	14544	0

Fig 45. Attendances at Ealing CASH clinics by contraception method, per year

## Attendances at Ealing Sexual Health Clinics Part 2

Home Ward	2017/18	2018/19	2019/20	2020/21
Out of borough	2230	1115	751	1033
Southall Green	1159	1123	917	489
Greenford Broadway	1051	960	1000	781
Elthorne	873	911	952	972
Walpole	829	883	909	791
Northolt West End	794	830	848	811
Hobayne	767	811	781	827
Southall Broadway	765	721	671	532
Ealing Broadway	716	783	821	830
Cleveland	663	701	689	733
Ealing Common	650	661	651	656
Dormers Wells	624	607	587	517
Lady Margaret	623	586	566	470
Norwood Green	606	605	563	530
Northolt Mandeville	508	547	543	586
Northfield	495	526	565	583
South Acton	414	387	381	463
Greenford Green	410	428	441	455
Acton Central	335	356	392	499
Hanger Hill	329	395	502	493
East Acton	314	348	341	607
Perivale	293	333	292	342
North Greenford	277	294	296	370
Southfield	83	89	85	119
Grand Total	15808	15000	14544	14489

Fig 47. All attendances at all Ealing CASH clinics by ward, per year

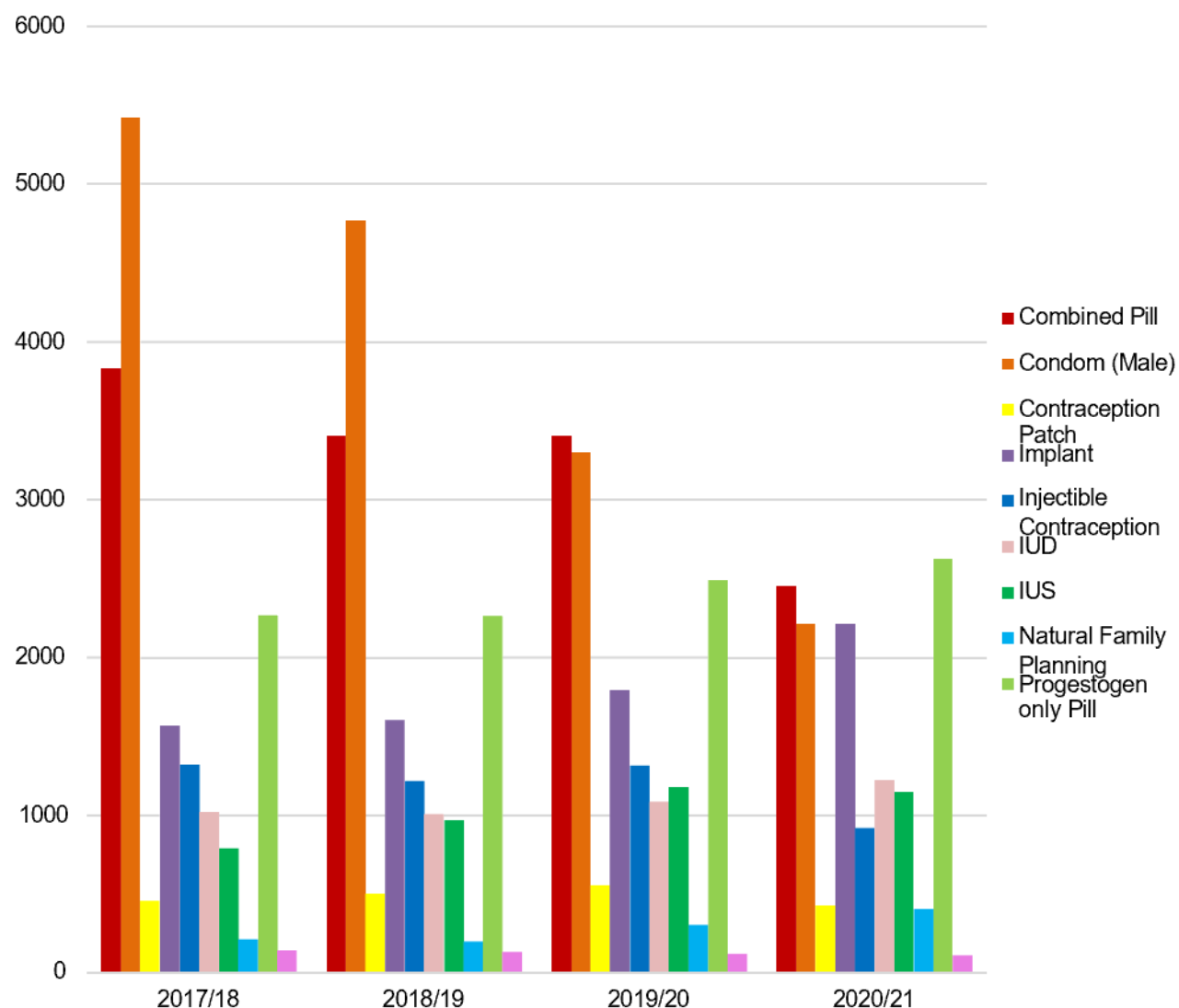


Fig 48. Attendances at Ealing CASH clinics by contraception method type (grand total including main and other method(s), per year)

## 20. HIV support services: Living Well and Positively UK

With advancements in treatment, people with HIV are living longer than ever and there needs to be a holistic approach to support throughout an individual's life-course. A diagnosis of HIV can have a profound impact with challenges such as increased rates of co-morbidities which can then lead to impacts on wider determinants such as employment, financial issues, mental health and impact on sex and relationships. People living with HIV are at higher risk of mental health problems. There is a high rate of drug and alcohol use in GBMSM who are living with HIV, which can result in risks of other blood-borne illnesses. People living with HIV have higher rates of poverty and unemployment. Furthermore, women with HIV experience increased levels of partner violence. Importantly, stigma significantly adversely impacts people with HIV and can impact medication compliance. Evidence has found that support services which provide peer support and discusses stigma can improve resilience.<sup>50 51</sup>

The London Borough of Ealing commissions Living Well, which works in collaboration with Positively UK to provide psychological therapies and counselling, life coaching, self-management programmes, wellbeing groups, 1-2-1 peer case work and peer support, peer mentor training and development, benefits support and peer support groups. Currently 85% of Positively UK staff and 95% of volunteers are living with HIV.<sup>50</sup>

During Covid-19 pandemic face-to-face sessions were suspending, resulting in a shift to telephone and online services. Despite this, assessments targets have been met and Living Well has overperformed for talking therapies, reflecting increased need for psychological support. A larger proportion of Ealing service users are from the minority ethnic community, and demand from this sub-population for mental health and wellbeing support has greatly increased.<sup>50</sup>

Currently there are over 300 Ealing residents access Living Well. Service user feedback suggests the services activities provide a positive impact on wellbeing:<sup>50</sup>

- counselling: 88% reported improved health and wellbeing, 10% improved medication compliance (with remaining 90% having no issues with compliance), 97% were satisfied with the service
- life coaching: 93% felt this service helped them feel more in control of their life, 98% would recommend and 76% felt they had a better understanding of what it meant to be 'living well with HIV'
- wellbeing groups: 92% noted improved health and wellbeing

SERVICE AREAS	Calendar Year Targets (client hours)	2020	2021 (projected)
<b>Assessments</b>	<b>40</b>	47	40
<b>1-2-1 talking therapies, Inc. Counselling</b>	<b>200</b>	297	198
<b>Life Coaching</b>	<b>180</b>	133	35
<b>Wellbeing Groups</b>	<b>144</b>	74	135
<b>Peer Mentoring</b>	<b>66</b>	87	20
<b>1-2-1 Peer Casework</b>	<b>96</b>	238	248
<b>Targeted Groups</b>	<b>72</b>	33	40
<b>Peer Support Groups</b>	<b>42</b>	53	40
<b>Peer Facilitator / Mentor Training</b>	<b>96</b>	16	8

Fig 49. Performance of Living Well achieved against targets for 2020 and (projected) 2021 year, in Ealing.

"The main issues for people living with HIV include isolation, loneliness, poor mental health, ageing and comorbidities, stigma, poverty and social exclusion, gender based violence, menopause (especially for ethnic minorities). In covid there has been an increase of mental health issues, anxiety and welfare issues."

### HIV Support Services

"The demand in Ealing is stable despite Covid-19 and we continue to have referrals from clinics. We have [been] stable despite lockdown. We feel we have a good staff to user ratio. We shifted to online delivery but still maintained face to face sessions for people with complex needs and homelessness and hardship. We also collaborated to provide one off payments to people via a hardship grant, as well as funding to address digital poverty and provide refurbished handsets."

### HIV Support Services



## 21. Review of Sexual Health E-Service

The London Sexual Health E-service, Sexual Health London (SHL), launched in January 2018, provides free access to STI testing for individuals over the age of 16, for infections such as gonorrhoea, HIV, chlamydia, syphilis, hepatitis B and C.<sup>52</sup>

### E-Service Use in Ealing January 2019 to October 2021<sup>53</sup>

- number of new registrations fluctuated between 615 (Jan 19) and 569 (Oct 21), peaking at 755 (Sep 20). Registrations increased between 2019 and 2020 by 11.3% (from 6,161 to 6,945)
- over time, **the number of triages completed for Ealing residents has significantly increased.** In 2019 there were 14,112 triages completed, which increased to 18,084 (by 28.2%). This figure has already been surpassed by October 2021 (18,614)
- **number of kits ordered has also significantly increased.** In 2019, 9,757 kits were ordered, which increased to 13,199 in 2020 (increase of 35.3%)
- **tests completed has also increased from pre-pandemic levels.** In 2019 7,722 screens were completed, which rose by 32.8% to 10,256 (2020). So far, between January and October 2021, 10,512 screens have been completed, showing an increase year by year

### STI Screens for Ealing Residents (excluding HIV)

Between 01 Jan 2019 and 31 Nov 2021, the **number of STI screens completed yearly via the E-Service has been increasing for each STI**, with an **overall 48.0% increase in chlamydia tests, 48.4% increase in gonorrhoea tests, 52.2% increase in syphilis tests, 96.9% increase in Hepatitis B tests, 93.1% increase in Hepatitis C tests.**<sup>53</sup>

Positivity rates:

- Chlamydia: 4.7% in 2019 (355), 5.2% in 2020 (517) and 4.4% in 2021\* (498).
- Gonorrhoea: 1.7% in 2019 (133), 2.1% in 2020 (213), 1.7% in 2021\* (191).
- Syphilis: 2.6% in 2019 (150), 4.0% in 2020 (305) and 4.2% in 2021\* (363).
- Hepatitis B: 1.2% in 2019 (13), 1.1% in 2020 (17) and 1.4% in 2021\* (29).
- Hepatitis C: <5 every year (0.4% in 2019, 0.1% in 2020 and 0.2% in 2021\*).

\*Note 2021 here references 01-Jan-21 to 30-Nov-21.

\*\*Note reactive syphilis tests include people who have had a prior (treated) infection.

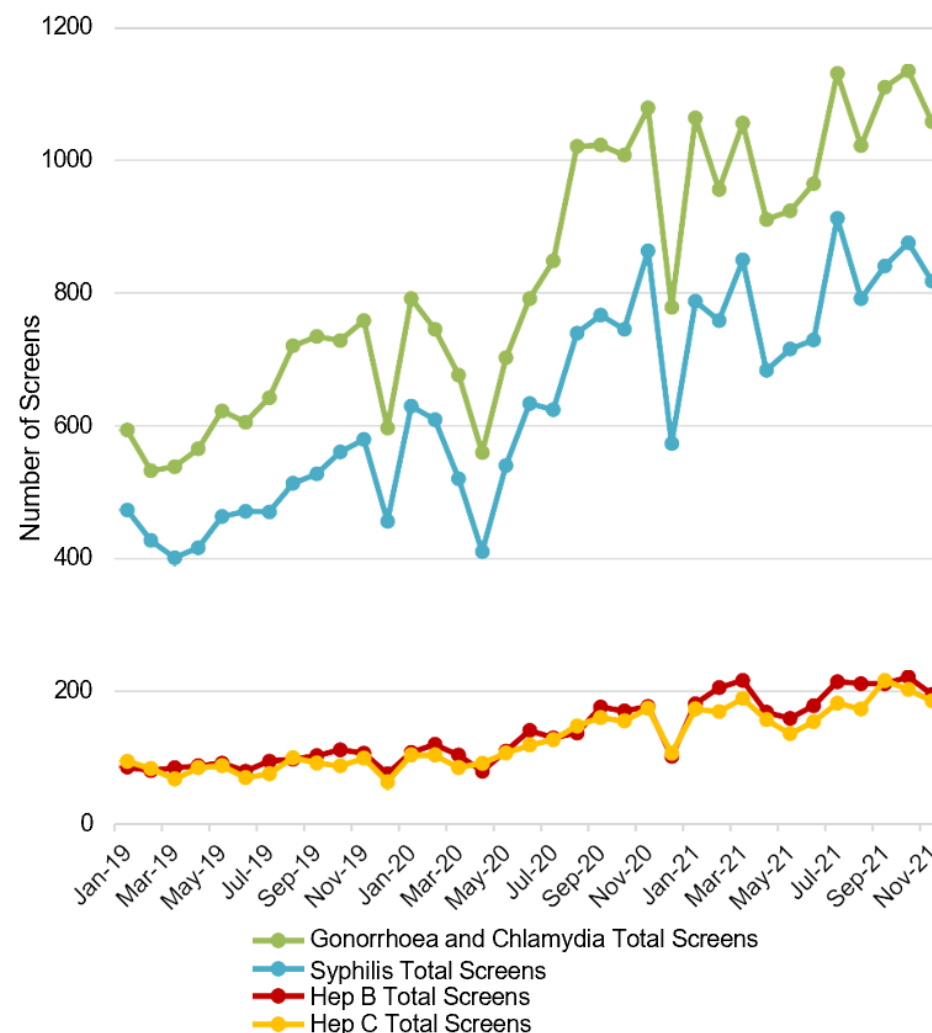


Fig 50. The number of screens according to type per each month between 01 January 2019 and 30 November 2021.<sup>53</sup>

## HIV Testing and Prescriptions via the E-Service

### HIV Testing

- between 01 Jan 2019 and 31 Nov 2021, there were a **total of 22,090 HIV tests completed via the E-Service**. Of these, 129 were reactive (a reactivity rate of 0.6%)<sup>53</sup>
- between 2019 and 2020 number of HIV tests conducted via the E-Service for Ealing residents have increased by 32.5%, and between 2020 and November 2021, testing has already increased by 14.6%<sup>51</sup>

### Gay, Bisexual and other men who have sex with men HIV testing:

- 4,210 tests were conducted, of which 28 were reactive (0.7%)<sup>53</sup>
- between 2019 and 2020, the number of HIV tests completed for GBMSM Ealing residents increased by 49.9%. The number of tests completed by Oct 2021 is an increase of 19.9% compared to 2020<sup>51</sup>

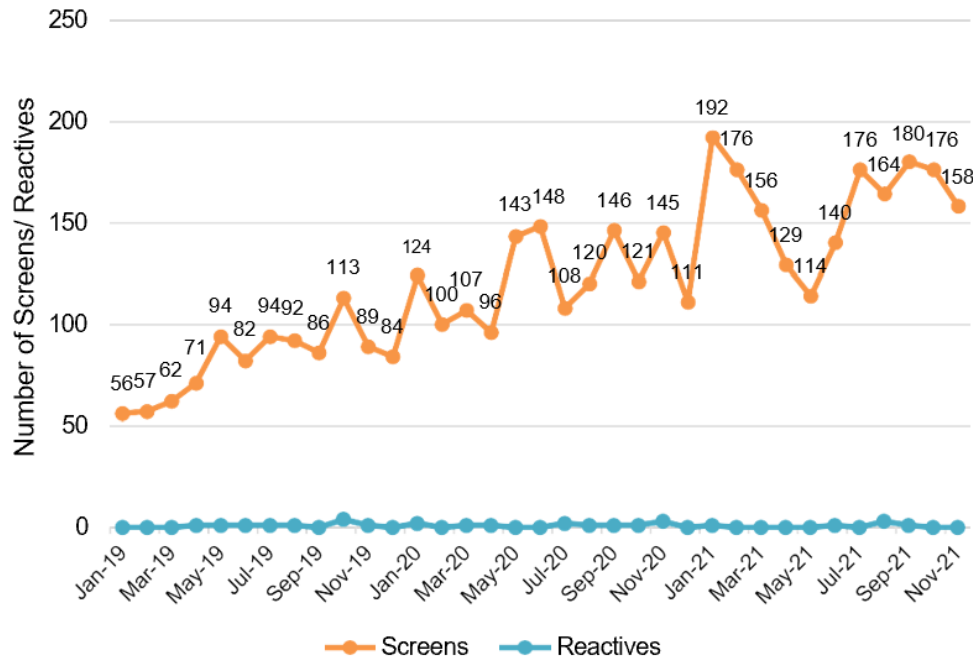


Fig 51. Graph depicting the number of HIV screens carried out and number of reactive results per month between January 2019 and November 2020 via the E-Service, for Ealing residents who are Gay, Bisexual or other men who have sex with men (GBMSM).<sup>53</sup>

### Prescriptions between Jan 21 and Nov 21

- contraception has been prescribed via the E-Service since January 2021, and numbers of prescription have been increasing, particularly for **emergency hormonal contraception (EHC)**, an increase of 581.8% from Jan 21 (11) to Nov 21 (75). Overall 639 EHC prescriptions have been issued
- emergency hormonal contraception types prescribed included ellaOne, Levonorgestrel (Double Dose) and Levonorgestrel (Single Dose)
- 417 prescriptions of routine oral contraception have been issued, with an overall increasing trend** (176.5% increase from Jan 21 to Nov 21)
- oral simple chlamydia treatment prescriptions have overall increased - 828 prescriptions have been issued in this time frame<sup>53</sup>

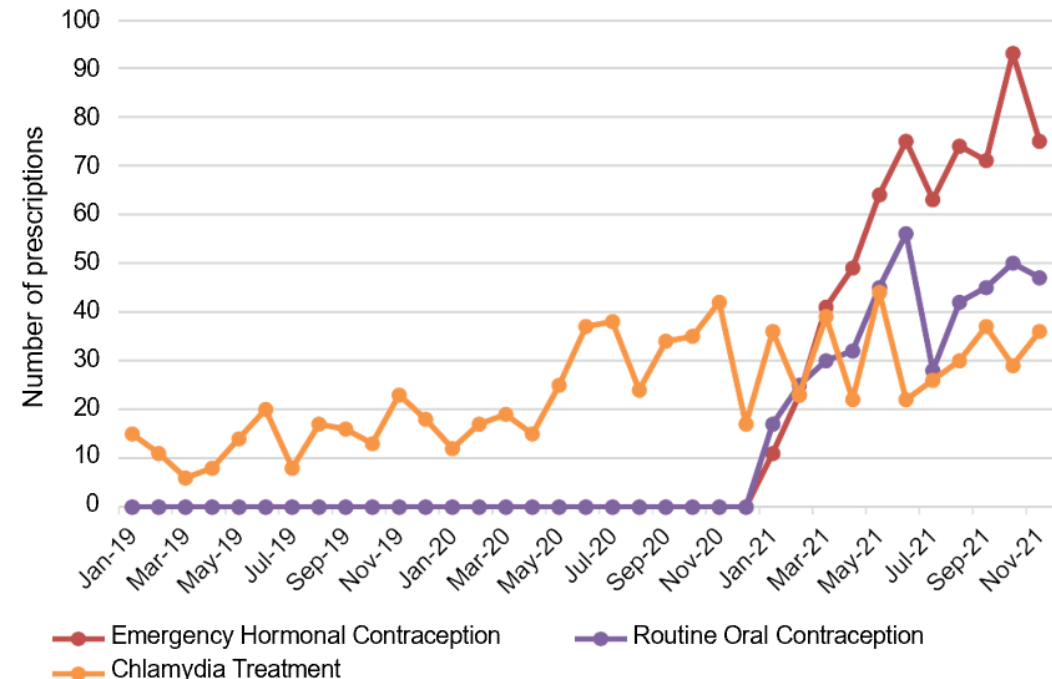


Fig 52. The number of prescriptions issued for Ealing Residents via the E-Service according to type for each month between 01 January 2019 and 30 November 2021.<sup>53</sup>

## Demographics of Ealing Residents using the E-Service

### Demographical Data<sup>53</sup>

- between 01 Jan 2019 to 30 Nov 2021, the largest number of screens occurred between people in the **age range 25-34**
- in 2020, 5.5% (564) of screens occurred in ages 15-19, 27.4% (2811) in ages 20-24, 47.3% (4855) in ages 25-34, 14.4% (1478) in ages 35-44, 5.0% (516) in ages 45-64 and 0.3% (32) in ages 65+
- **women** form the greatest proportion of all screens conducted every year (58.4% in 2019, 57.2% in 2020 and 56.4% of screens between Jan-Nov 2021)
- **men had the highest number of syphilis reactivities and the highest rate of test reaction:** 130 (5.2% reactivities) in 2019 compared to 19 positives (0.6% reactive) in women; rising to 322 (8.1%) between Jan to Nov 2021, compared to 37 (0.8%) reactive in women
- every year **men had higher rates of gonorrhoea positives compared to women.**
- **white British people accounted for the highest proportion of completed tests.**
- in 2019, a total of 1,237 screens were completed for GBMSM, rising to 1,873 in 2020 (**increase of 51.4%**), and rising to 2,147 for the period of January to November 2021 inclusive (14.6% increase)

"We always mention SHL in every contact. SHL is a very accessible platform."  
Voluntary Sector Partner

### Stakeholder views:

"We always mention SHL in every contact. SHL is a very accessible platform."

Voluntary Sector Partner

"The future is blended. The E-Service is essential is expanding choice and access for people in Ealing. The demand for EHC shows there is unmet need, and the E-Service is incredibly useful in meeting this. We should develop the use of the E-Service for people."

Senior Clinical Specialist

	Chlamydia Positivity		Gonorrhea Positivity		Syphilis	Reactivity
2019	51	4.20%	92	7.60%	116	11.50%
2020	125	7.10%	144	8.10%	254	16.40%
Jan to Nov 2021	117	5.70%	137	6.70%	309	17.00%

Fig 53. The number of STI positives and positivity rates for GBMSM, for 2019, 2020 and the period of Jan to Nov 2021 inclusive.<sup>53</sup>

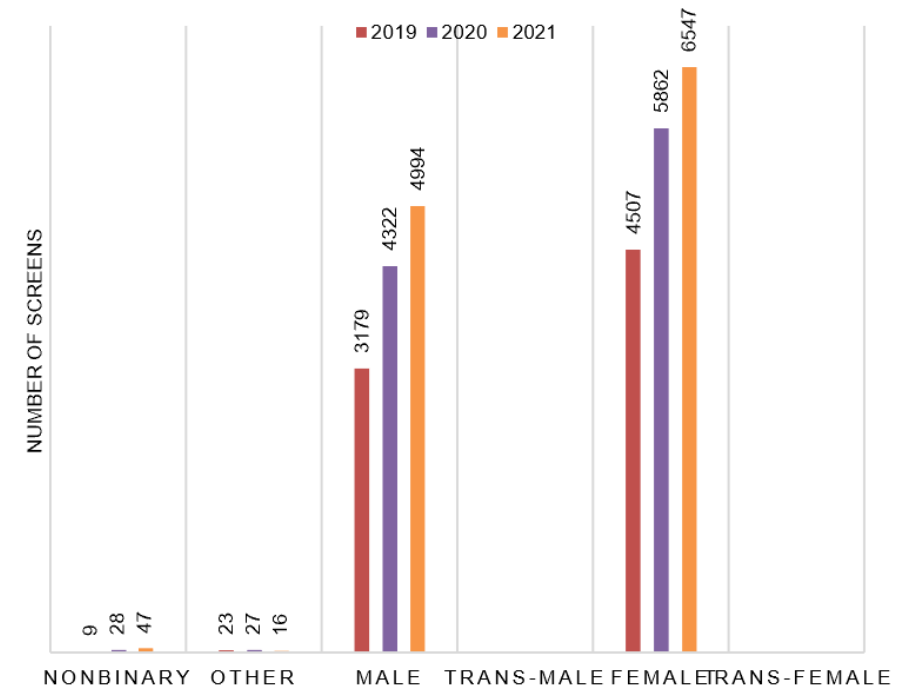


Fig 54. The number of STI screens according to gender via the E-Service, between Jan 2019 and Nov 2021, separated according to year.<sup>53</sup>

## Services in Ealing

### Service Recovery and Development

- all local authorities have a mandated responsibility to provide access to sexual health services. Ealing is part of the London Sexual Health Programme (LSHP), a collaboration of London Councils working together to commission standardised care and costs across London Sexual Health provision. These services are open-access
- majority of patients seen in Ealing between 2015 and 2020 are Ealing residents, averaging 78.7%
- in 2020, 93% of Ealing residents accessed services outside the borough, likely secondary to site closures
- in 2020, 50% of Ealing residents attended ONWL services
- the number sexual health screens conducted in LNWH sexual health clinics increased between 2015 and 2019 by 38.3% but fell by 23.8% in 2020 likely secondary to impacts from the pandemic
  - 25-34 was the commonest age group seen, the commonest sexual orientation screened are heterosexual people, and commonest ethnicity Caucasian people
- the London E-Service has been a great method of maintaining sexual health service access, particularly during the pandemic
  - between 01 Jan 2019 and 31 Nov 2021, the number of STI screens completed yearly via the E-Service has been increasing for each STI, with an overall 48.0% increase in chlamydia screens, 48.4% increase in gonorrhoea screens, 52.2% increase in syphilis screens, 96.9% increase in Hepatitis B screens, 93.1% increase in Hepatitis C screens
- Contraception has been prescribed via the E-Service since January 2021, and prescription rates have been increasing

### Recommendations

- further strengthen collaborative working with a wide range of SRH providers, London Councils, NHS commissioners on service recovery and re-design of the SRH system to enable access and meet changing needs, following the COVID 19 pandemic
- work across the system to ensure services are equitable, based on user's views and involve service users in design, and meet the needs of those who are more vulnerable and at risk, including young people, Men who have sex with Men, people with learning and or physical disabilities, Black Communities, and others with varying needs
- undertake further work on resident's views of their sexual and reproductive health needs and service access, with focus on specific groups, where there may be barriers to accessing care as identified in this needs assessment including, but not limited to, young people, Black women, middle-aged people
- build on the successful collaborative working across London Councils, through the London Sexual Health Programme including shared commissioning of specialised sexual health services across London, the London Sexual Health E-service to support open- access for Ealing residents to a choice of SRH services



# 22. CASE STUDIES

## Case Study: Supporting the Needs of Ealing Residents living with HIV

HIV support services are a vital part of the HIV care pathway, complementing HIV specialist clinical services and allowing for **'person-centred, holistic, long-term condition management.'** Support services are provided by both peers (other people living with HIV) and professionals. The role of these services are vast, ranging from **advice and signposting, advocacy, addressing psychological needs, supporting social needs, providing sex and relationship advice, and being a source of advice and support** not only at diagnosis but over time at varying times of significant need.<sup>51</sup>

People living with HIV have a variety of different needs:

- higher rates of co-morbidities, which can then impact employment, result in social isolation and greater care needs
- aging and the unknowns of living with HIV, with impacts on issues such as finance, relationships and sex, stigma, spanning one's lifetime
- treatment information and support
- mental health support - poor mental health may undermine clinic attendance and result in worsening physical health
- drug and alcohol use rate is high amongst some HIV positive GBMSM, which can increase risk of acquiring other blood-borne viruses and STIs
- internalised and externalised stigma is significant
- poverty, unemployment and social inequality is significantly higher for people living with HIV – which can impact retention in care
- increased levels of intimate partner violence for women living with HIV, and overlapping intersectionality for many women of being migrants or from a ethnic minority community

These issues have undoubtedly been exacerbated by the impact of Covid-19 and lockdown, which has not only impacted clinical service provision but widely resulted in effects on wider determinants of health and exacerbated existing social inequalities.

Furthermore, **people living with HIV have diverse experiences and often overlapping or multiple needs**, which needs to be considered.

### Positively UK 2021 Survey<sup>54</sup>

In July 2021, Positively UK conducted a survey of 124 respondents, of which 53 were respondents of minority ethnic backgrounds living with HIV across the UK. Of those surveyed from a minority ethnic background, 79% were women and 11% male, with 51% in the age group 45 to 54 years, 28% over the age of 55, and 2% aged 18-25. 70% of respondents were Black African and 7% were Black Caribbean. Key findings included:

- **51% found HIV clinical services access worsened in lockdown**, with barriers such as reduced clinical services (45%), difficulty booking appointments (31%) and problems obtaining medication and repeat prescriptions (13%)
- **75% noted poor access to general health care**, including GPs, due to reduced services, difficulty booking appointments and 10% identified poverty as an obstacle
- 64% of all 124 respondents had experienced mental health issues during lockdown
  - 56% of minority ethnic respondents noted loneliness or isolation had affected them 'a lot' or 'a great deal'
  - 58% of White British and White Other respondents noted changes to access to clinical services had 'a little or no' impact on their mental health. However 47% of people surveyed from minority ethnic backgrounds noted it had a 'great deal of impact'
- **one in five people from a minority ethnic background stated their medication adherence had worsened**
- when asked to rank the key issues facing them, minority ethnic respondents identified: **immigration (10.1%), money (9.3%), racism (7.5%), HIV-related stigma (7.4%), language (7.3%), technology (7.0%)**
- 95.7% of participants from a minority ethnic background stated that stigma and racism impacted communities of colour a lot, with the intersectionality of issues amplifying discrimination they received
- **55% of respondents were rarely or never involved in service planning or policy**
- 65% of minority ethnic participants found peer support helpful or extremely support

## Case Study: Supporting the Needs of Ealing Residents living with HIV

### Experiences of two individuals living in Ealing in 2021:<sup>55</sup>

"A is a 27 year old woman who was referred from Level 8 to access both practical and emotional support. When she was assessed by the case worker, A needed support with food and accommodation. She was living with her brother sharing a box room, and at the same time her health was not good. She was supported to access food from the Food Chain and to access a one off THT hardship grant. She was also referred to an in house welfare rights advisor to support her with making an application for PIP. As well as continuing to receive one to one support, she is also now accessing group support via zoo. As a direct result of her accessing peer support, she has been introduced to a range of other support including counselling provided by Living Well, as she expressed is struggling with life and finding stability both for her health and social relationships. She was given information on how to register to be on the council housing waiting list and how to obtain supporting letters from health professionals to support both her housing and benefits applications. She is happy to be connected with a supportive community and benefits from learning how to manage her health better through the various topics discussed at the support groups to manage health and wellbeing."

"B is a 49-year-old white heterosexual man who was referred to access peer support following an HIV diagnosis. B struggling to come to terms with the diagnosis, and especially found it hard to discuss the diagnosis with his wife...B was supported with discussions on HIV treatment and the U=U messages and how this has changed the narrative around treatment, health, and relationships. B then decided to share his status with his wife who then took a HIV test herself. When her results came negative, B was so relieved and said he would not have gained the courage to tell his wife had he not got the support he needed. B's wife reacted positively and is supportive. B says this is because his approach in talking to her was a positive one due to being provided with support on how to broach the topic of HIV and HIV treatment."

### Findings from the Positively UK national survey:<sup>56</sup>

*"[There has been] profound isolation and lack of mental health support and supportive networks."*

*"Having been diagnosed in 2002, I quickly accepted my HIV status through seeing other black women living well with HIV. I was supported and empowered to live well with HIV."*

*"There is no people [for peer support] from other ethnic backgrounds apart from just Asian or European. Very little people from Asian communities."*

*"Both stigma and racism combined affect how black people receive services!"*

*"We would like to be at the table where decisions on healthcare and services are being designed for us."*

### Summary

HIV support services in Ealing are commissioned by Ealing Council, and help supplement clinical services but also meet long-term condition needs which generic clinical services are unable to – such as peer support. Commissioning of these services **supports the NHS Five Year Forward View**, which focuses on self-management and a focus 'beyond medicine' on wider mental health and social elements. These services are vital in supporting safer sex, adherence to medication and engagement with clinical services – all of which reduce onward transmission and **work towards the HIV Action Plan goals**.<sup>49</sup> It is important that these services are not only retained but also are regularly reviewed to ensure they are useful and acceptable to the people living with HIV in Ealing who use them. It should also be ensured that models of support meet the needs of people from minority ethnic backgrounds and women.

## Case Study: Online Sexual Health Services and SHL

The London Sexual Health E-service, Sexual Health London (SHL), launched in Jan 2018 provides free access to STI testing for individuals over the age of 16. Users can collect samples at home, which are then tested for sexually transmitted infections such as gonorrhoea, HIV, chlamydia, syphilis, hepatitis B and C. The website allows people to create an online account and answer triaging questions. A kit is sent to their home or can be collected from London clinics and returned via freepost. SHL also offers remote chlamydia treatment service and partner notification for non-complex chlamydia cases.

**Commissioned through the London Sexual Health Programme**, SHL is an **integral part of the London-wide sexual health system** and specialised sexual and reproductive clinics. SHL plays a key role in managing less complex issues through online access to home-testing, remote contraception, and treatment, which helps to support patient choice and in freeing up valuable clinician time to deal with more complicated needs. The SHL online service has enabled continued service access throughout the COVID-19 pandemic as clinical services were significantly impacted, and also going forward as sexual health clinics play a key role in the ongoing monkeypox (MPX) outbreak. **In London, there have been 1.5 million test kits ordered, 10,000 kits sent per week and 85% of test kits returned. In August 2019, 98% of users surveyed said they would recommend the service.**

### Ealing Service User Feedback

**7,952 Ealing residents responded to the survey, rating the service out of 5 stars. 99.1% said 3 or more out of 5.**

**Of 8,368 Ealing residents surveyed, 98.4% said they would recommend the service to friends or family.**

For more about SHL visit: <https://www.shl.uk>

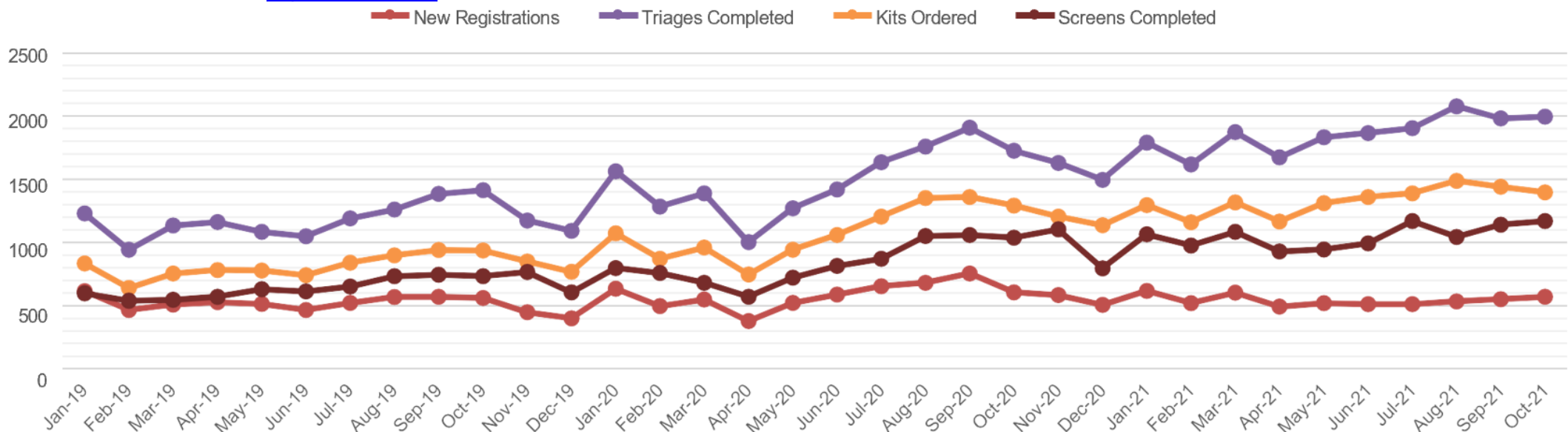


Fig 55. Graph depicting the trend of new registrations, triages completed, kits ordered, and screens completed over time between January 2019 and October 2021 in Ealing. Data provided by E-Service. Note the increasing trend in all fields.



## Case Study: Online Sexual Health Services and SHL

### Benefits of online sexual health services:<sup>57 58</sup>

- **reducing barriers of travel time and cost.** Online services can be easier for residents whose access to SRH clinics is limited by potential waiting times and incompatible opening hours
- **reducing the barrier of stigma or fear** of being seen in a SRH clinic
- research has shown that when online services are promoted in a local population, alongside SRH services, they **increase STI testing in all subgroups**. A study has also shown higher return rates among ethnic minorities and GBMSM for online HIV testing, demonstrating improved access.<sup>57</sup> A review of the effectiveness of online STI testing in **young adults, aged 16-30, found that uptake amongst people who had ‘never tested’ almost doubled in this cohort**<sup>59</sup>
- safeguarding is also rigorous and regularly audited, with opportunities to identify residents at risk and direct them to support. A review of domestic abuse and domestic violence reporting by service users found that **1.7% of London residents accessing SHL disclosed potential DA and or DV and a significant proportion of these individuals do not access sexual health clinics**, showing clear opportunity to identify and support these users
- SHL also provides emergency hormonal contraception (EHC). In 2021, 12,016 EHC consultations were provided in London, with the majority of individuals being young, racially minoritised, and potentially experiencing higher levels of deprivation. **Online EHC support helps reduce rates of unintended pregnancies as well as potentially helping work towards mitigating health inequalities**
- SRH clinics can focus resources based on clinical priority, **triaging appropriate cases** to online services. **Sexual health economies** can this so limited resources can be used more effectively, based on clinical need. A study found that online services increased testing by 18.5% within a 6-month period, with triage and signposting shifting activity and simple STI in-clinic testing decreasing from 16.9% to 12.3%<sup>58</sup>

There are some potential barriers to online testing ordering and returning such as digital poverty and illiteracy – this is also a potential barrier for patients accessing sexual health clinics, due to shifts to telemedicine. Online services also rely on user ability to self-test correctly, but this is supported through guidance provided with testing kits and videos online.

### Stakeholder views:

“By clearing the people who can self-manage out of the clinics, the clinics can focus proper time and attention on the people who need more support (generally or episodically). The e-service works to improve access to clinics for vulnerable people in this indirect way rather than trying to be all things to all people. This distinction became even more stark with the pandemic limiting clinic capacity.”

**SHL Lead Commissioner**

“We often signpost to SHL online testing in our relationship and sex education sessions. It works well for young people.”

**Third Sector Organisation**

“The data has clearly shown how useful the E-Service is and really just how invaluable it has been in the pandemic.”

**Voluntary Sector Partner**

“The SHL service has been great, particularly during Covid-19. Gives people some anonymity as well. We routinely signpost residents to SHL.”

**Voluntary Sector Partner**

## Case Study: Opt-Out HIV Testing in A&E Departments

The Fast-Track Cities initiative is a partnership between the International Association of Providers of AIDS care (IAPAC), United Nations Human Settlements Programme (UN-Habitat), the Joint United Nations Programme on HIV and AIDS (UNAIDS), the City of Paris, and other cities around the world. This sets a global aim to achieve the **95-95-95 targets**: 95% of people living with HIV are aware of their positive status, 95% of people aware of their HIV positive status are on antiretroviral therapy (ART), and 95% of people taking ART have suppressed viral loads. Achieving these targets will work towards goals of **eliminating new HIV infections, eliminate discrimination and stigma associated with living with HIV, and reducing AIDS-related deaths**. London joined the fast-track initiatives in 2018. Currently, London is at 96-98-97 (96% of people living with HIV diagnosed, 98% diagnosed on ART, and 97% on ART virtually suppressed).<sup>60 61</sup>

**Fast Track Cities London is working with NHS England and NHS Improvement (NHSEI) and other partners, to support opt-out A&E HIV testing.** NHSEI have provided £20 million in funding for over the next three years. From **April 2022**, London A&E departments began automatically testing people aged 16 and over for HIV when carrying out blood tests, unless they opt out. This will be expanded to include opt-out hepatitis B and hepatitis C testing later in 2022.

The NHSEI Pan-London guidance outlines that patients will be made aware via *“clearly displayed and accessible banners, posters and leaflets, with opportunity to opt out.”* Counselling will focus on people who have a positive result. Evidence has shown that compared to opt-in initiatives, opt-out approaches have increased uptake, reduces anxiety and stigma, accounts for early diagnosis and treatment, engages ethnic minority communities, and is likely cost-effective.<sup>62</sup>

**Whilst the effects of this roll out of opt-out testing is yet to be determined for London and for Ealing residents, there are multiple examples of need and success of this type of initiative.** Patients newly diagnosed with HIV who attended Barts Health NHS Trust HIV services in 2017 were reviewed to assess if there missed opportunities for testing – that is, been seen by a doctor two years prior to diagnosis, but not tested. 118 patients were identified, and in 24 months prior to diagnosis, 24% were seen in primary care, 42% secondary care, 26% in A&E and 7.6% in Genito-Urinary Medicine (GUM) services. When eventually diagnosed in 2017, 55% were late diagnoses (CD4 count less than 350). This audit **highlighted missed opportunities for early diagnosis**.<sup>63</sup>

The October 2014 “Going Viral” Campaign involved nine UK A&E departments in areas of high prevalence of HIV offering routine HIV, hepatitis B and hepatitis C tests to adults having blood taken, for one week. 2118 (27% of patients) were tested, with 15 newly diagnosed with hep C, 17 with HIV and 15 with hep B. **Testing alone for HIV would have missed 26 hepatitis virus diagnoses, emphasising the benefits of testing for hepatitis viruses in A&E.**<sup>64</sup>

Previous pilots of opt-out HIV testing have taken place in NHS Trusts, including Croydon, Homerton, Chelsea and Westminster, Guys’ and St Thomas’.<sup>66</sup> Opt-out HIV testing in emergency departments is also recommended by NICE guidelines. Research has shown that **opt-out testing increased the rate of HIV testing in low-risk patients**.<sup>65</sup>

### Fast Track Cities: Paris Declaration Commitments<sup>64</sup>

1. End HIV epidemics in cities and municipalities by 2030
2. Put people at the centre of everything we do
3. Address the causes of risk, vulnerability, and transmission
4. Use our HIV response for positive social transformation
5. Build and accelerate an appropriate response reflecting local needs
6. Mobilise resources for integrated public health and sustainable development
7. Unite as leaders

*Fig. Taken from the Paris Declaration, Fast – Track Cities: Ending the HIV epidemic*



## Case Study: Opt-Out HIV Testing in A&E Departments

**Example: Opt-out HIV testing in two London A&E Departments in higher HIV prevalence areas<sup>62</sup>**  
Funding by the Elton John AIDS Foundation (EJAF) Zero HIV Social Impact Bond (SIB) programme for opt-out HIV testing in two London A&E departments helped support the case for funding commitment from NHS England, highlighting capability for innovative funding mechanisms.

SIB found that over 70% of A&E patients had an HIV test, with rare refusals, showing acceptability of testing. Through A&E testing, there were 128 new diagnoses of people living with HIV, and over 73% of these people were diagnosed late (CD4 cell count less than 350). 56 people living with HIV were re-engaged with services after being lost to follow up. 76% of those re-engaged had a CD4 cell count of less than 350.

A late diagnosis places a person at higher risk of AIDS-defining illnesses, and increased need for expensive treatment. **The average cost per person diagnosed through A&E testing as living with HIV ranges £5,200 to £6,300 – much lower than a cost of over £200,000 for a person diagnosed at a later stage.**

The SIB programme also found that A&E opt-out testing helped **address health inequalities**. Black African, Black Caribbean and Black Other community members accounted for 55% of A&E new HIV diagnoses, compared to 31% of the London newly diagnosed population. People aged 50 and over accounted for 40% of all new diagnoses.

“We should be looking at how HIV testing is expanded in other settings as well. Late diagnosis should be a key priority for outer-North-West London going forward.”  
**ONWL Commissioner**

“Opt-out HIV testing is a great move in normalising HIV testing and making it standardised for all communities, not just men who have sex with men.”  
**Voluntary Sector Partner**

“Initially we will pick up many people at later stages of HIV, but as we go on, we will begin to pick up people earlier and earlier – reducing late diagnoses and allowing us to treat people living with HIV earlier to improve their health and reduce transmission overall.”  
**Senior Clinical Specialist**

### Testing for HIV, Hepatitis B and Hepatitis C



These are illnesses that affect the blood and cells in your body.



If you are aged 16 or older you can have your blood tested for these illnesses in a London accident and emergency department (A&E).



It is important to find these illnesses early.



If you get treatment for these illnesses early enough can save your life. Treatment for these illnesses is free with the NHS.



Your blood test results are kept private. If you do not want to be tested for these illnesses please let a member of staff know.



For more information visit:  
[www.fasttrackcities.london/testinginae](http://www.fasttrackcities.london/testinginae)



## Case Study: Maternity Contraception Pilot Part 1

A large number of people who require contraception are individuals who have recently given birth, who are at additional risks of health complications if they become pregnant soon after birth. **Provision of post-birth contraception, as an embedded approach into routine maternity care, prior to discharge, utilises the opportunity to increase contraceptive provision.**

At the start of the pandemic, parts of various FSRH, RCOG and RCM joint guidance heavily endorsed that people be provided with contraception of their choice by maternity services prior to discharge into the community. This instigated various people within maternity services to begin offering training on contraception to midwives and junior doctors to enable the staff to start offering more specific advice to postpartum people.

This project, initiated March 2020, through a collaboration from key stakeholders across NW London maternity and SRH services. Funding, secured from NWL CCG and CW+ Charity at CWFT, was used for **two project midwives to implement this service in all six maternity units in North-West London**: West Middlesex Hospital, Chelsea Westminster Hospital, St Mary's Hospital, Queen Charlottes' and Chelsea Hospital, Northwick Park Hospital, and Hillingdon Hospital. The funding also covered certification costs for specific contraception qualifications to fit contraceptive subdermal implants and training materials.

### Aims and Objectives

**Aim: Improve birthing spacing and related outcomes for service users and neonates.**

Objectives:

- ensure all service users receive counselling on post-birth contraception
- ensure all service users are provided with their choice of contraception post-birth
- provide staff training on contraception counselling and provision
- provide specialist training to enable staff to achieve competency in providing LARC

### Service Structure

The service operates in each maternity unit in NWL with **key champions in each unit**. The 2 project midwives work across all sites providing training, setting up processes and trouble-shooting challenges. There is a named consultant at each unit who links in with the **steering group** for the project. The steering group meets monthly and is comprised of SRH consultants, maternity consultants, representatives from postnatal areas as well as a service user.

### Staff Training

Both project midwives were fully contraceptive trained before coming into post. Both are Faculty registered trainers for FSRH certificates and have trained midwives and doctors to obtain the Letter of Competence of subdermal implant insertion only (LoC SDI-IO). **To date 51 midwives and doctors have been trained who have obtained the Letter of Competence** and a further 14 midwives and doctors have commenced the training but not yet signed off (as they are pending completion of e-learning requirements). The FSRH LoCs is a national qualification, so trained doctors and midwives who rotate to different hospitals can take their skill with them.

### Challenges

There are specific challenges at each hospital. Current objectives include to add contraception training to annual mandatory midwifery education (currently added to four of the six sites), to implement PGDs in CWFT sites, NWP site and Hillingdon site, to obtain continued funding for maternity units to provide contraception as part of routine practice, and to obtain further funding for training of midwives and doctors to fit LARC.

### Key Stakeholders

Dr Ed Mullins (Obstetric Lead, Consultant in Obstetrics and Gynaecology), Gillian Matthews (Specialist Midwife), Claire Cousins (specialist midwife), Helen Radice (Head of Maternity ICS Programmes), Dr Yasmin Mulji (obstetric SPR currently based at Hillingdon), Professor Dame Lesley Regan (Imperial), Dr Naomi Hampton (SRH consultant Lead LNWH), LMS, Maternity Transformation Plan Team, Leads of local SRH services (CWFT, LNWH, ICHT). There are also many other champions for the service.



## Case Study: Maternity Contraception Pilot Part 2

### Achievements

- to date, 51 midwives and doctors have been trained
- post-birth contraception added to mandatory midwifery education in four units**
- bespoke training is being offered to newly qualified midwives, student midwives, and junior doctors

### Service User Feedback

- a telephone survey was used to collect data at 6m and 12m post-birth. 57% were very satisfied with the service, 13% satisfied, 1% fair, and 28% not responded.
- 56% of service users were using LARC for the first time.**
- 60% would definitely recommend to a friend, 1% fair, 28% not responded.

### Comments from Service Users

*"I really appreciated it because if I hadn't been offered it I probably would have been lazy and not bothered to go and get contraception. One of my cousins who just gave birth in April is already pregnant again (July 2020) and they never offered it to her when leaving hospital"*

*"Dear Team, please send my feedback regarding Mirena coil insertion performed at my elective caesarean section. After trying multiple forms of contraception, I had found the Mirena coil to be a fantastic form of contraception and was keen to have it placed again after the birth of my son. However, I was slightly nervous and hesitant about the procedure of it being put in – when would be the best time? Would it be more painful? How would I manage with a newborn?. So when the team told me I could have it inserted at the time of section I was really pleased and relieved. I am now 2 months postpartum, my strings have been checked and there are no complications. Thanks for a great service which I am sure will be very useful for other women too."*

*"I felt very informed about the contraception and also didn't feel any pressure into having it done. Being a mum of 3 it saved me a lot of time not having to rush and book appointments to get the procedure done. Its pain free and being able to have it done straight after having my baby took so much pressure off me, I would highly recommend anyone to have it done."*

■ Not responded ■ Fair ■ Satisfied ■ Very Satisfied

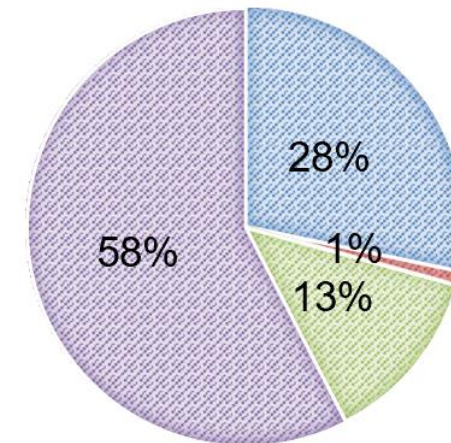


Fig 56. Satisfaction with the service, from a telephone survey of service users (%).

■ LARC for the first time ■ Previous LARC usage

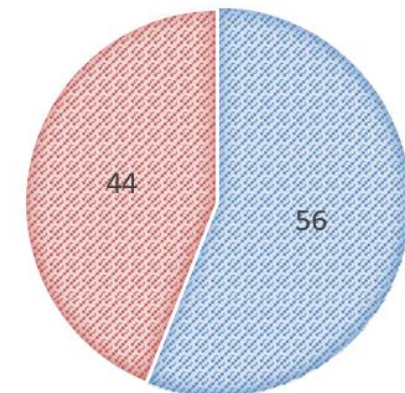


Fig 57. Percentage of service users using LARC for the first time compared to those with previous LARC usage.

# 23.RECOMMENDATIONS AND RECOVERY

## What are the priorities for sexual health in Ealing? – Stakeholder Views

“Local organisations should continue to help reduce stigma and help spread awareness that HIV can affect anyone – there is a lot of misconceptions that it is not a heterosexual problem.”

“Key priorities include (1) re-establishing access to services for young people, (2) promoting access to SRH for LGBTQ+ populations, (3) role out and expansion of PrEP provision, (4) restoration of LARC to address high abortion rates.”

“The priority should be to expand and support contraceptive services, particularly LARC. CCGs should review how to better evaluate where gaps are in primary care and how to support primary care.”

“In terms of a service model to meet future needs, I think more of a community outreach model is useful. There should be mental and psychological support.”

“We should focus on contraception provision in maternity services. There are groups of women who for religious or social or cultural reasons find it difficult to access contraception and this is easier in maternity services.”

“If there’s a good thing about covid, having to test regularly for something became the norm. Maybe that helps to destigmatise the process of regularly testing for something. HIV testing should be standardised and part of routine bloods.”

“(1) maintaining choice for women (the online shift runs the risk of losing expertise and knowledge); (2) advance training (there is a huge deficit of knowledge on women’s health in primary care); (3) and there has to be a direct approach to educating women on options and promote services.”

“For RSE, there needs to be a two-prong sustainable approach, with teachers providing RSE and access to better training. Furthermore, topics need to be repeated and woven throughout the school life, as a spiral curriculum.”

“HPV catch-up should also be considered as a short-term priority, and work done with those at risk to explain the benefits - this is something multi-agency borough partnerships could consider as part of broader offers of care alongside covid vaccinations for 12-15yr olds.”

“There is limited psychosexual support in Ealing, which is an unmet need. We refer them onto RELATE, but a number of patients end up never treated.”

“Primary care is at crisis point, we are more than qualified to do smear tests, and cervical smear tests could be done in SRH clinics...we already do smear tests for HIV patients.”

“We need to focus on self-esteem in young people and aim to develop this and their self-awareness. Young people are a priority. We also need to look at reduction of late diagnosis of HIV.”

## Recommendations

- further strengthen collaborative working with a wide range of SRH providers, London Councils, NHS commissioners on service recovery and re-design of the SRH system to enable access and meet changing needs, following the COVID 19 pandemic, including primary care, abortion commissioners and providers, and gynaecology
- continue to raise awareness of SRH issues, amongst public and professionals, across the wider Sexual and Reproductive system, including supporting professional development and referral pathways across the wider workforce
- undertake more in-depth local analyses on the reasons for high abortion rates and mechanisms for improving access to a range of contraception, across the wider SRH system
- sustain support for London's HIV Fast Track Cities Initiative by implementing the National HIV Plan 'Towards Zero – an action plan towards ending HIV transmission, AIDS and HIV related deaths in England – 2022 to 2024' by applying 4 main themes prevent, test and treat, including supporting regional plans on scaling up HIV testing in Hospital Emergency departments and increased awareness in primary care, HIV prevention including equitable access to PrEP (a drug to prevent HIV transmission) in specialised sexual health services, improving the quality of life for people living with HIV and reducing HIV-related stigma
- work across the system to ensure services are equitable, based on user's views and involve service users in design, and meet the needs of those who are more vulnerable and at risk, including young people, gay bisexual and other men who have sex with men, people with learning and or physical disabilities, Black Communities, and others with varying needs
- undertake further work on resident's views of their sexual and reproductive health needs and service access, with focus on specific groups, where there may be barriers to accessing care as identified in this needs assessment including, but not limited to, young people, Black women, middle-aged people
- work with LNWH and partners to continue to implement the National Syphilis action plan and ongoing SRH clinical guidance
- continue collaborative working across the system to implement the forthcoming National SRH action plans, including on Women's Health hubs and Sexually transmitted Infections
- build on the successful collaborative working across London Councils, through the London Sexual Health Programme including shared commissioning of specialised sexual health services across London, the London Sexual Health E-service to support open-access for Ealing residents to a choice of SRH services
- work collaboratively with HPV commissioners to identify causes for low HPV vaccination rates and mechanisms for improving uptake



## Strengths and Limitations of the JSNA

### STRENGTHS

- this JSNA includes a comprehensive review of quantitative data from a variety of sources, reinforced by qualitative stakeholder discussions, to draw strong conclusions on current needs and gaps in service provision
- case studies were reflective of innovative working which could be built upon
- a wide range of stake-holders were consulted
- this JSNA was supported by the April 2022 Outer Northwest London Sexual Health workshop, allowing for collaborative discussions on priorities for sexual health and methods in which different services could meet need in the borough

### LIMITATIONS

- some data sets have not yet been released for 2020-2021, such as conceptions data. This means that the impact of covid-19 on conceptions in specific wards in Ealing has not been assessed in this JSNA
- many of the data sets were referenced according to gender types of 'male' and 'female', making it difficult to assess the needs of the trans and non-binary community
- there were no data sources which highlighted the needs of disabled people, both physical and learning disabilities. Further research on their needs in partnership with organisations that support this sub-group would help improve the reach of services
- service user and member of public views were not included in this JSNA
- PrEP uptake was not assessed in this JSNA due to national data reporting issues

### NOTE:

- This document has followed UKHSA guidance on sexual health reporting. Patient confidentiality and member of the public anonymity has been preserved.
- City of London was included in comparisons of Ealing to the other London boroughs.

## Appendix 1. Acknowledgements

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Sexual Health London E-Service  
NHS England and NHS Improvement

Ealing Primary Care General Practitioner  
Health Improvement Team, Ealing Council

Voluntary Sector Organisations: Brook, Spectra, Living Well, Positively UK  
Other Outer-Northwest London Sexual Health Commissioners

## Appendix 2: References 1/4

- 1 Public Health England. *Summary Profile of Local Authority Sexual Health (SPLASH) for Ealing*, 2022.
- 2 Department of Health and Social Care, *A Framework for Sexual Health improvement in England*. March 2013. Available from: <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>
- 3 Department of Health and Social Care. *Towards Zero: the HIV Action Plan for England – 2022 to 2025*. December 2021.
- 4 Department of Health and Social Care. *Our Vision for the Women's Health Strategy for England*. December 2021.
- 5 Public Health England, Field Services South-East and London. *STIs in London residents – 2020 data*. September 2021.
- 6 Public Health England. *Public Health Outcomes Framework*. Accessible from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
- 7 Ealing's Local Strategic Partnership, *Ealing Data (Demographic)*, Accessible from: <https://data.ealing.gov.uk>
- 8 Public Health England. *Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England – Final Report 2017*. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585349/PHE\\_Final\\_report\\_FINAL\\_DRAFT\\_14.12.2016NB230117v2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf)
- 9 National Institute for Health and Care Excellence, *Contraceptive Services for under 25s*, March 2014. Available from: <https://www.nice.org.uk/guidance/ph51/resources/contraceptive-services-for-under-25s-pdf-1996413367237>
- 10 UKHSA, Black Voices Research Project. *Black Voices on Contraception Choices and SRH Services*.
- 11 Bryden, A. *Health and Adults Social Services Scrutiny Panel, Inequalities in Ealing*. January 2022.
- 12 Rowen et al. *Sexual Health Care for People with Physical Disabilities*. The Journal of Sexual Medicine. 2015;12(3):584-589, Available from: [https://www.jsm.jsexmed.org/article/S1743-6095\(15\)30960-7/fulltext](https://www.jsm.jsexmed.org/article/S1743-6095(15)30960-7/fulltext)
- 13 Public Health England, *Health Inequalities: Sexual Health*. Available from: [https://fingertips.phe.org.uk/documents/Health%20Inequalities\\_Sexual%20health.pdf](https://fingertips.phe.org.uk/documents/Health%20Inequalities_Sexual%20health.pdf)
- 14 Ealing Council. *Joint Strategic Needs Assessment: Learning Difficulties*. Available from: [https://www.ealing.gov.uk/info/201072/strategies\\_plans\\_and\\_policies/1963/ealings\\_joint\\_strategic\\_needs\\_assessment/1](https://www.ealing.gov.uk/info/201072/strategies_plans_and_policies/1963/ealings_joint_strategic_needs_assessment/1) 2016
- 15 National Institute for Health and Care Excellence, *Long-acting Reversible Contraception Clinical Guideline*, Oct 2005 (updated July 2019). Available from: <https://www.nice.org.uk/guidance/cg30/chapter/Introduction>
- 16 Public Health England Public Health Profiles. *Sexual Health: Ealing*. Available from: <https://fingertips.phe.org.uk>
- 17 Department of Health and Social Care. *England to return to pre-pandemic system for early abortions*. Available from: <https://www.gov.uk/government/news/england-to-return-to-pre-pandemic-system-for-early-abortions>
- 18 National Institute for Health and Care Excellence. *Sexually transmitted infections and under-18 conceptions: prevention*. February 2007.
- 19 Ealing Strategic Intelligence and Performance Team, *Mapping of Sexual Health Indicators and/or Services*.
- 20 UKHSA, *Spotlight on STI in London 2020*
- 21 UK Health Security Agency. *Monkeypox cases confirmed in England – latest updates*. Available from: <https://www.gov.uk/government/news/monkeypox-cases-confirmed-in-England-latest-updates> (accessed 26 June 2022)
- 22 Public Health England. *National Chlamydia Screening Programme (NCSP)*, 24 June 2021. Available from: <https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp>
- 23 National Institute for Health and Care Excellence. *HIV testing: encouraging uptake*. September 2017. Available from: <https://www.nice.org.uk/guidance/qs157>
- 24 National Institute for Health and Care Excellence. *HIV testing: increasing uptake among people who may have undiagnosed HIV*. December 2016. Available from: <https://www.nice.org.uk/guidance/ng60>

## Appendix 2: References 2/4

- 25 Public Health England. *HIV Local Authority Data 2020: Borough of Ealing*
- 26 English HIV and Sexual Health Commissioners Group Meeting
- 27 National Institute for Health and Care Excellence. *Pre-exposure prophylaxis of HIV in adults at high risk: Truvada (emtricitabine/ tenofovir/ disoproxil)*. October 2016. Available from: <https://www.nice.org.uk/advice/esnm78/chapter/full-evidence-summary>
- 28 Healthy London Partnership. *Fast-Track Cities Initiative*. Available from: <https://www.healthylondon.org/our-work/fast-track-cities-initiative/>
- 29 LHPP. *Do It London Update*. 2020-2021
- 30 THT, Spectra. ONWL Outreach Updates May 2022 (v2). Accessed 30/05/2022.
- 31 ONWL THT Spring 2022 Client Evaluation Survey Results.
- 32 UK Health Security Agency, *HPV Vaccination guidance for healthcare practitioners (version 3)*. September 2021. Available from: <https://www.gov.uk/government/publications/hpv-universal-vaccination-guidance-for-health-professionals/hpv-universal-vaccination-guidance-for-healthcare-practitioners-version-3#vaccine-efficacy>
- 33 Public Health England. *Case study: Accessing sexual health testing online*. Aug 2019. Available from: <https://www.gov.uk/government/case-studies/accessing-sexual-health-testing-online>
- 34 Department of Education, *Implementation of relationships education, relationships and sex education and health education 2020 to 2021*. Available from: <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education/implementation-of-relationships-education-relationships-and-sex-education-and-health-education-2020-to-2021>
- 35 Brook, <https://www.brook.org.uk>
- 36 Image in Action, <http://www.imageinaction.org>
- 37 Ealing Council. *Supporting the Health of Young People in Ealing: A Summary Report of the Health-Related Behaviour Survey 2021*.
- 38 NHS. *Sexual Assault and Abuse*. Available from: <https://www.england.nhs.uk/commissioning/health-just/sexual-assault-and-abuse/>
- 39 Trust for London. *Prevalence of Female Genital Mutilation in England and Wales: National and local estimates*. Available at: <https://www.trustforlondon.org.uk/publications/prevalence-female-genital-mutilation-england-and-wales-national-and-local-estimates/>
- 40 Public Health England. *NHS Infectious Diseases in Pregnancy Screening Programme Handbook 2016 to 2017*. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/542492/NHS\\_IDPS\\_Programme\\_Handbook\\_2016\\_to\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/542492/NHS_IDPS_Programme_Handbook_2016_to_2017.pdf)
- 41 Public Health England. *Addressing the increase in syphilis in England: PHE Action Plan*. June 2019. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/806076/Addressing\\_the\\_increase\\_in\\_syphilis\\_in\\_England\\_Action\\_Plan\\_June\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806076/Addressing_the_increase_in_syphilis_in_England_Action_Plan_June_2019.pdf)
- 42 Public Health England. *Cervical Screening: a programme overview*. March 2021. <https://www.gov.uk/guidance/cervical-screening-programme-overview>
- 43 British Association for Sexual Health and HIV (BASHH), *BASHH Covid-19 Survey finds over half of services have been closed*. 21 April 2020. Available from: <https://www.bashh.org/news/news/bashh-covid-19-survey-finds-over-half-of-services-have-been-closed/>
- 44 The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists, *FSRH guidance essential SRH services during a third COVID-19 lockdown in the UK and beyond January 2021*. 21 Jan 2021. Available from: <https://www.fsrh.org/news/fsrh-guidance-essential-srh-services-third-lockdown-uk-2021/>
- 45 Public Health England, Field Services South-East and London. *STIs in London residents – 2020 data*. September 2021.
- 46 ONWL Sexual Health Workshop, please see Appendix.
- 47 Ealing Council Public Health, *Outer North-West London – Integrated Sexual Health Contract (2017-2018)*



## Appendix 2: References 3/4

- 48 Ealing Council Public Health, *Inter-Authority Agreement* 2018
- 49 UK Health Security Agency, Data Exchange: Sexual Health.
- 51 National AIDS Trust. *HIV Support Services – The state of the nations*. April 2017.
- 52 Sexual Health London SHL.UK. *About SHL.UK*. Available from: <https://www.shl.uk/about>
- 53 Prevent-x, London E-Service Data Tool.
- 54 Positively UK. *Addressing the Needs of Black, Asian and Minority Ethnic Communities in relation to HIV*.
- 55 Living Well, Positively UK. *Quarter 3 Report: April 2021 – March 2022*.
- 56 The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. *FSRH endorses letter to Health Secretary regarding National Sexual and Reproductive Health Strategy*. November 2020. Available from: <https://www.fsrh.org/news/fsrh-endorses-letter-to-health-secretary-regarding-national/>
- 57 Barnard et al. *Comparing the characteristics of users of an online service for STI self-sampling with clinic service users: a cross-sectional analysis*. Sex Transm Infect. 2018 Aug; 94(5): 377-383. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6204942/>
- 58 Turner et al. *Web-Based Activity Within a Sexual Health Economy: Observational Study*. J Med Internet Res. 2018 Mar; 20(3): e74. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5863011/>
- 59 Wilson et al. *Does internet-accessed STI (e-STI) testing increase testing uptake for chlamydia and other STIs among a young population who have never tested? Secondary analyses of data from a randomised controlled trial*. Sex Transm Infect. 2019 Dec; 95(8): 569-574. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6902059/>
- 60 Fast-Track Cities. *Paris Declaration – Fast-Track Cities: Ending The HIV Epidemic. Cities and Municipalities Achieving Zero HIV-Related Stigma and the 95-95-95 Targets on a Trajectory towards getting Zero New HIV Infections and Zero AIDS-Related Deaths*. April 2021. Available from: <https://www.fast-trackcities.org/sites/default/files/Paris%20Declaration%204.0%20-%202013%20April%202021.pdf>
- 61 Fast-Track Cities. *Global Web Portal: London*. Available from: <https://www.fast-trackcities.org/cities/london>
- 62 HIV Prevention England, Elton John AIDS Foundation. *Opt-Out HIV testing in Emergency Departments: learning from the experience of two London Trusts in very high HIV prevalence areas funded by the Elton John AIDS Foundation Zero HIV Social Impact Bond*. Available from: <https://www.hivpreventionengland.org.uk/wp-content/uploads/2022/05/Opt-out-HIV-testing-in-Emergency-Departments-HPE-briefing.pdf>
- 63 Le Voir H. et al. *An Audit of new HIV diagnoses in an urban setting of extremely high prevalence and missed opportunities for testing*. Barts Health NHS Trust, 2017. Available from: <https://www.bhiva.org/file/5ca73250de19c/P088.pdf>
- 64 Orkin, Flanagan, Wallis et al. *Incorporating HIV/hepatitis B virus/ hepatitis C virus combined testing into routine blood tests in nine UK Emergency Departments: the 'Going Viral' campaign*. HIV Med. 2016 Mar;17(3):222-30. doi: 10.1111/hiv.12364
- 65 Price et al. *HIV opt-out increases HIV testing in low-risk patients*. Int J STD AIDS. 2009 Jan;20 (1):56-57.
- 66 UK Parliament House of Commons Library. *Research Briefing. Coronavirus: A history of English lockdown laws*. April 2021. <https://commonslibrary.parliament.uk/research-briefings/cbp-9068/>
- 67 Ealing Council. *Joint Strategic Needs Assessment: Children and Young People 2021*. Available from: [https://www.ealing.gov.uk/info/201072/strategies\\_plans\\_and\\_policies/1963/ealings\\_joint\\_strategic\\_needs\\_assessment/1](https://www.ealing.gov.uk/info/201072/strategies_plans_and_policies/1963/ealings_joint_strategic_needs_assessment/1)
- 68 Ealing Council. *Ealing Sexual Health Strategy 2015-2020*. Available from: [https://www.ealing.gov.uk/downloads/download/5424/sexual\\_health](https://www.ealing.gov.uk/downloads/download/5424/sexual_health)
- 69 LHPP. *Do It London Update*. 2020-2021
- 70 Fast Track Cities. *Blood Testing in All London Emergency Departments*. Available from: <https://fasttrackcities.london/testinginae/> and <https://fasttrackcities.london/wp-content/uploads/2022/03/FAQs-Blood-testing-in-Emergency-Departments.pdf>

## Appendix 2: References 4/4

- 71 NHS. *Blood-borne viruses opt-out testing in emergency departments in London: Good practice guidance*. <https://fasttrackcities.london/wp-content/uploads/2022/04/BBV-Opt-out-testing-Best-Practice-Guidance-1-April-2022.pdf>
- 72 BASHH, *Partner Notification– A Guide*. 2016.
- 73 Shoveller, Knight, Davis et al. *Online Sexual Health Services: Examining Youth’s Perspectives*. Can J Public Health 2012;103(1):14-18. Available from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6973649/pdf/41997\\_2012\\_Article\\_BF03404062.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6973649/pdf/41997_2012_Article_BF03404062.pdf)
- 74 PHE. *Mycoplasma genitalium Antibiotic Resistance Surveillance (MARS) Second Pilot report*. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1011028/MARS\\_pilot\\_report\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011028/MARS_pilot_report_2021.pdf)