

CAMDEN JSNA: FOCUS ON

SEXUAL HEALTH

JANUARY 2020

Sexual health is an important element of physical and mental health. Good sexual health requires relationships to be safe and equitable, with ready access to high quality information and services that reduce the risk of unintended pregnancy, illness or disease ¹. Sexual health is influenced by a complex web of factors ranging from sexual behaviour, attitudes and societal factors, quality of SRE (Sex and Relationship Education), biological risk among other factors ¹. It is important that sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) are prevented or treated early, to avoid long-term complications and risk of ongoing transmission to others. Access to choice of contraception supports planned pregnancy and parenthood which supports better health outcomes. The consequences of poor sexual health include pelvic inflammatory disease, cervical and other genital cancers, hepatitis, premature delivery of the new born, still births, unintended pregnancies and abortions, reduced life expectancy and poor educational, social and economic outcomes of teenage mothers and their children ¹.

Facts and figures

- **7 per 1,000 people** in Camden (aged 15 and over) were living with diagnosed HIV in 2018, **higher than the London** average of 5 in 1,000 people ²
- New HIV diagnoses **dropped** from 105 in 2015 to 60 in 2018, a **reduction of 75%**.
- In 2018, **the rate of new HIV diagnosis** (27 per 100,000 people aged 15+) is **significantly higher compared to London and England** ³.
- In 2018, there were approximately 4,800 new STI diagnoses in Camden, with a **significantly higher rate than London and England** ³.
- **One third (34%) of new STI** diagnoses were in young people aged **under 25** (2018) ⁴.
- There were 10 pregnancies per 1,000 girls (aged 15-17) in Camden in 2017, **significantly lower than both London and England averages** ³.
- Overall **971 abortions** occurred in Camden in 2018 ³.

Population groups

- **Age:** The majority of HIV diagnoses are amongst people in the 35-49 and 50-64 age group in Camden in 2018 ².
- **Gender:** In Camden, 83% of people living with diagnosed HIV were men which equates to 12 per 1,000 men in the borough (2018) ².
- **Ethnicity:** People from Black ethnic groups had a higher HIV prevalence rate (19 per 1,000 people) than other ethnic groups in the borough (2018) ⁵.
- **Sexual orientation:** Sex between men accounted for 67% of all HIV diagnoses and for 70% of new STIs in men where the sexual orientation was known in 2018 ^{2,5}.

Measures for reducing inequalities

- Provide high quality SRE for all local children and young people.
- Ensure sexual health needs are always part of the holistic needs assessment of vulnerable children and young people.
- Promote access to services for identified priority groups.
- Ensure high priority is given to targeted HIV prevention groups, to help reduce STI and HIV infections and improve earlier diagnosis of HIV.

National & local strategies

- National Strategy for Sexual Health and HIV (2001) ⁶
- A Framework for Sexual Health Improvement in England (2013) ⁷
- Public Health England Health promotion for sexual and reproductive health and HIV: strategic action plan, 2016 to 2019 ⁸
- National Institute of Health and Care Excellence guidance: Contraception ⁹, HIV and AIDS ¹⁰, Sexually transmitted infections ¹¹, Termination of pregnancy services ¹².

SETTING THE SCENE: THE CAMDEN PICTURE

HIV: Who is at risk?

In Camden **7 in 1,000** people aged 15 or over were living with diagnosed HIV in 2018 (N=1,581). This is **significantly higher than the London average** of 5 per 1,000².

The prevalence rate has generally remained stable over the past 5 years in the borough, while the number has increased by 3%.

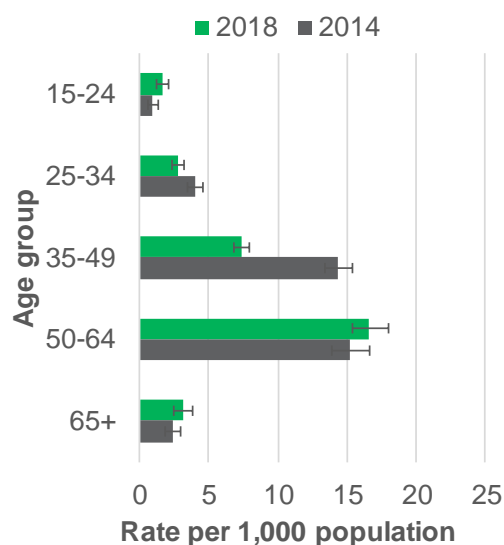
HIV diagnoses by gender, Camden, 2018²



About 8 in 10 people who had a HIV diagnosis were **Men**.

This is equivalent to **12 per 1,000 men** aged 15 or over in the borough, higher in comparison to women (3 per 1,000).

HIV diagnoses by age group, Camden, 2014 and 2018²

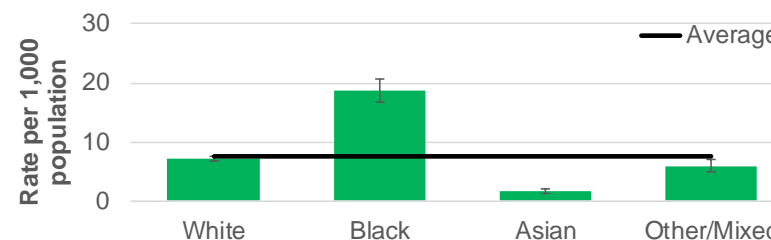


In 2018 most of people living with diagnosed HIV were among those aged 35-49 (40%) and 50-64 years (40%).

Compared to 2014, the rate of diagnosed HIV among people aged **50-64** and those aged **65 or over** has increased, although this is not statistically significant. The number of HIV diagnoses among these age groups rose by 30% and 52% respectively.

On the other hand, the rate **significantly declined by more than half among people aged 35-49** from 14 per 1,000 people in 2014 to 7 per 1,000 in 2018. This pattern is linked to improved survival and aging population of those with HIV, and to a reduction in new diagnoses in more recent years.

Prevalence rate of diagnosed HIV per 1,000 people aged 15 or over, by ethnicity, Camden, 2018²



Almost **two thirds** (63%) of the people with diagnosed HIV were from **White** ethnic groups in Camden in 2018, which is in line with the proportion of White people aged 15 or over living in the borough (66%).

However, in 2018, people from **Black ethnic groups** were **more likely to have an HIV infection**, with a rate of 19 per 1,000 people, compared to other ethnic groups.

Route of infection, Camden, 2018²



Sex between men accounted for just over two thirds of all diagnosed HIV (67%), followed by heterosexual contact (21%).

Meanwhile, it is estimated that 3% of people diagnosed with HIV were infected through injecting-drug use and 4% were infected via their mothers during birth.

HIV testing coverage, Camden, 2018³

Overall HIV testing coverage was **significantly higher** in Camden (72%) **than London** (70%) and **England** (65%) in 2018. **Women had lower coverage** (60%) than the borough average, while the coverage was higher among men (85%), especially those who had sex with men (89%). Overall testing coverage **decreased** from 73% in 2013 to 72% in 2018. Testing coverage also significantly rose among men by 4% since 2013.

SETTING THE SCENE: THE CAMDEN PICTURE

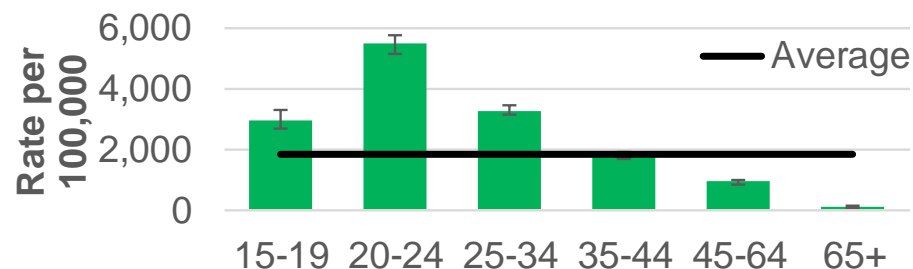
STI: Who is at risk?

STI diagnosis rate per 100,000 people, all ages, 2018 ³

Condition	Camden	London	England
Gonorrhoea	349	279	99
Syphilis	56	39	13
Chlamydia	915	646	384
Genital warts	153	144	100
Genital herpes	122	95	59
All new STIs	1,885	1,490	784

In 2018 there were 4,777 new STI diagnoses in Camden, including 2,319 Chlamydia and 883 Gonorrhoea diagnoses. The rate in Camden was **higher than England** for all STI types.

STI diagnosis rate per 100,000 people, by age, Camden, 2018 ⁴



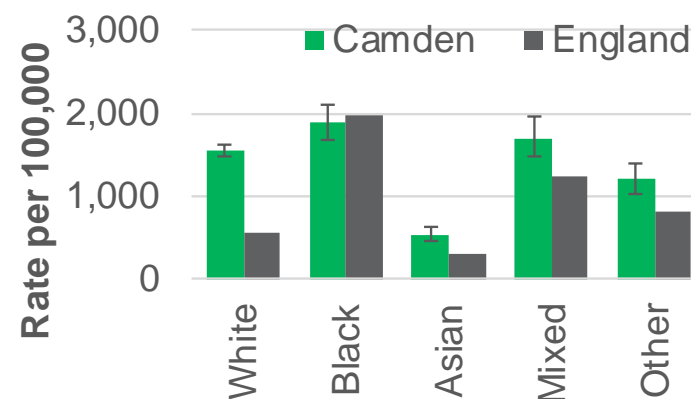
The rate of new STIs in **20-24 year olds** was almost three times as high as the borough average.

STI diagnoses among men who have sex with men, 2018 ⁵



In 2018, where sexual orientation was known, 70% of new STIs in men were among men who had sex with men (MSM) in Camden. This proportion has increased over the previous 6 years, from 49% in 2013. This may be linked to increases in frequency of testing in this group.

STI incidence* by ethnic group, Camden, 2017 ⁵



* Excludes chlamydia data from non-specialist sexual health clinics (SHCs); Rates based on the 2011 ONS population estimates

Comparison with national STI rates by ethnicity, shows Camden rate is similar for **Black ethnic groups** but significantly higher in White and Asian ethnic groups.

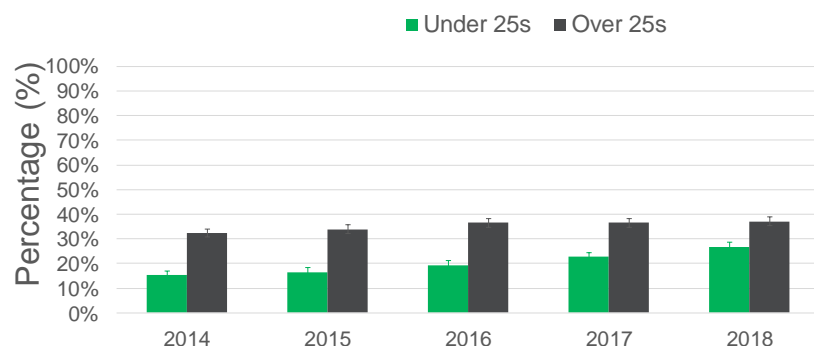
Reinfection of STI diagnosis rate, Camden, 2017⁵

In Camden, an estimated 6% of women and 15% of men presenting with a new sexually transmitted infection (STI) at a SHS during the 5 year period from 2013 to 2017 became re-infected with a new STI within 12 months. Nationally, during the same period of time, an estimated 7.0% of women and 9.4% of men presenting with a new STI at a sexual health service became re-infected with a new STI within 12 months.

SETTING THE SCENE: THE CAMDEN PICTURE

Reproductive Health

Proportion of women who chose LARC as main method of contraception by age group, Camden female resident population, 2018³



Long Acting Reversible Contraception (LARC) is the most effective form of contraception. Uptake of LARC has increased among Camden women, from 1,773 prescriptions in 2014 to 1,861 in 2018. This rate has remained stable since 2014 (29 per 1,000) and remains significantly lower than the London average (39 per 1,000) and national average (49 per 1,000).

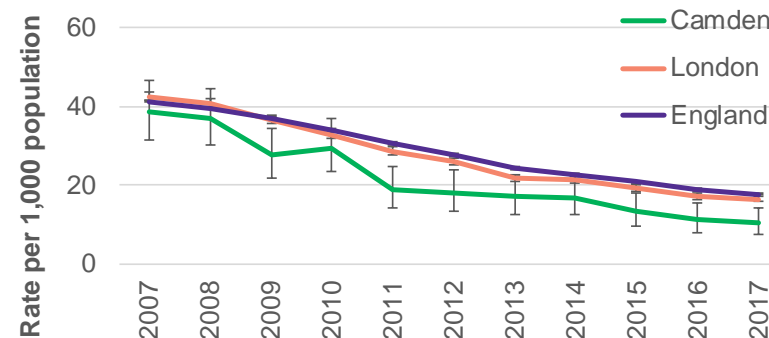
LARC Prescriptions by setting, Camden, 2018³

In common with most other areas of London, women in Camden are more likely to access LARC through sexual health clinics than general practice. In 2018, 65% of LARC were prescribed through sexual health services.

15 practices in Camden prescribe LARC as part of locally commissioned services, and there has been a steady increase in prescriptions in primary care over recent years.

Teenage pregnancy

Under 18 conception rate per 1,000 girls aged 15-17, 2007-17³



The conception rate among girls aged 15-17 years has **decreased** in Camden **over the decade** from 39 per 1,000 in 2007 to 10 per 1,000 in 2017. The rate was **lower than** the **London** and **England** averages in 2017 (16 and 18 per 1,000 respectively). In 2017, 76% of pregnancies in under 18s led to an abortion in the borough which was significantly higher than the London average (64%) and national average (52%).

Abortions

Overall **971 abortions** occurred in Camden in 2018, a rate of **15 per 1,000 women** of childbearing age. The rate was higher among girls and women aged **under 25 (18 per 1,000)** than women aged **25 or over (14 per 1,000)**³.

Repeat abortions, Camden, 2018³

Out of 334 girls and women aged **under 25** who had an abortion in 2018, **25%** had experienced a **previous abortion compared with the national average (27%) and London average (31%)**. Among women aged **25 or over** who had an abortion, **45%** had had a previous abortion, compared with the national average (47%) and London average (45%).

FUTURE NEED

PrEP

PrEP trial ¹³

- The NHS England PrEP Impact Trial offers access to anti-HIV Pre-Exposure Prophylaxis (PrEP) for people. To date, over 1000 participants have been recruited at Central and North West London (CNWL) sexual health services in Camden & Islington.



Young people, MSM and BME ⁵

- Burden of STIs greatest in young people, men who have sex with men and black ethnic minorities. Reducing the rate of STI transmission and infection in these groups will remain a priority.



Treatment resistant gonorrhoea ⁵

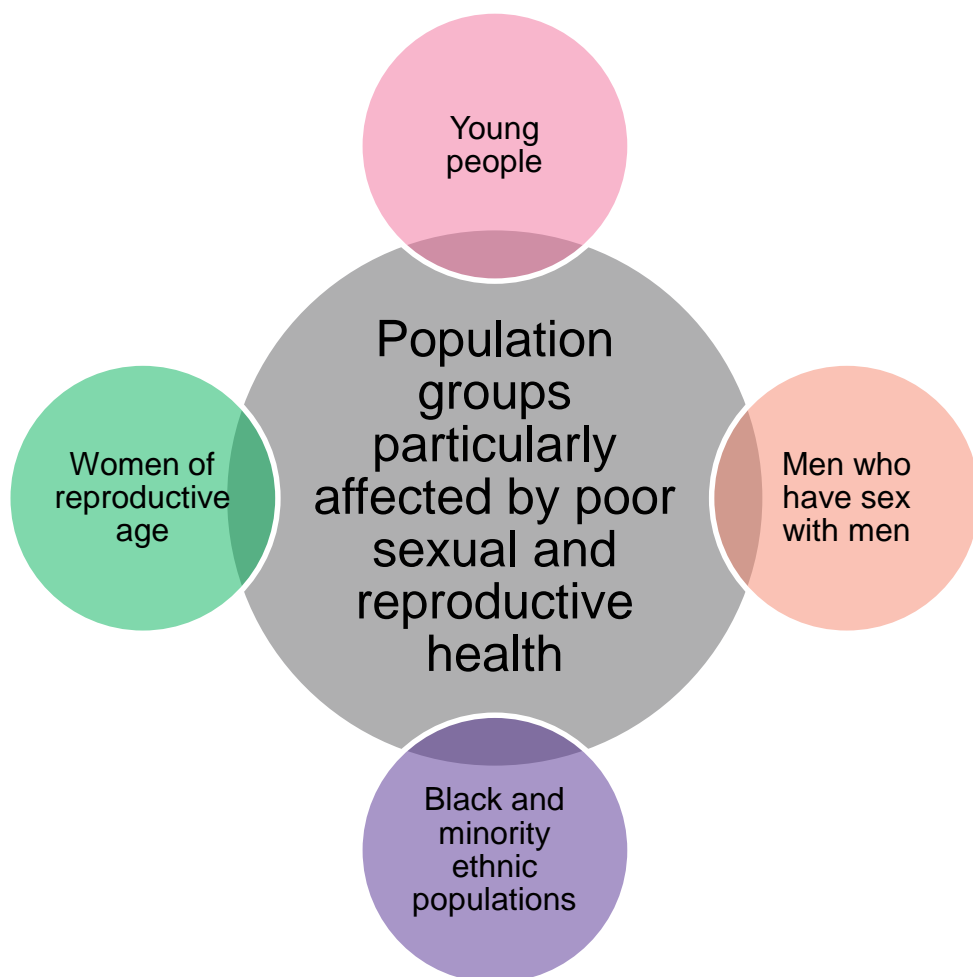
- Continuing and rapid rise in syphilis and gonorrhoea among MSM, reversing this trend is a priority given the spread of resistance to frontline antimicrobials used for treating gonorrhoea and the depletion of effective treatment.



Teenage Conceptions ⁵

- While the Camden rate of teenage conception has been falling, about 75% end in abortion. This is significantly higher compared to London.. Evidence suggests that for effective prevention work, young people need a comprehensive programme of sex and relationship education, and access to young people-centred contraceptive and sexual health services.

WHAT INFLUENCES THIS TOPIC?



Young people ⁸

- Many adverse sexual health outcomes occur in young people, regardless of their sexuality
- Highest rates of STIs diagnoses are among young women, who may also experience adverse outcomes associated with teenage pregnancy

Men who have sex with men ⁸

- Gay, bisexual and other men who have sex with men (MSM) experience a disproportionately high burden of STIs and HIV
- MSM continue to be the group most affected by HIV infection, making up 45% of people accessing HIV care in the UK (2014)
- MSM have the highest number of new infections diagnosed annually, nearly a third of whom were diagnosed late

Black and minority ethnic populations ⁸

- Black African and black Caribbean communities are disproportionately affected by HIV and STIs in different ways
- HIV prevalence is highest among black African women, and rates of late diagnosis are highest among black African men
- Caribbean groups (both men and women) have significantly higher rates of new STI diagnoses compared with other ethnic groups.
- The priority should be to increase HIV testing among black African communities, and to promote condom use and reduce sexual risk behaviours among black Caribbean communities.

Women of reproductive age ⁸

- The large majority of women will need contraceptive access through most of their reproductive lifetime to avoid the risk of an unplanned pregnancy
- Those at greatest risk of unplanned pregnancy include women from black and minority ethnic groups, women who have had two or more children, those aged less than 20 and those with lower educational attainment.

WHAT INFLUENCES THIS TOPIC?

Sexual health problems disproportionately affect those experiencing poverty and social exclusion. The highest burden is borne by men who have sex with men, some black and minority ethnic groups and young people. Individuals and groups who find it most difficult to access services include asylum seekers and refugees, sex workers and their clients, those who are homeless and young people in – or leaving – care. Other risk factors include ¹¹:

Teenage pregnancy

- **Risky behaviours:** early onset of sexual activity, poor contraceptive use, mental health problem, conduct disorder and/or involvement in crime, already a teenage mother or had an abortion
- **Education-related factors:** low education attainment or no qualifications, disengagement from school
- **Family/background:** living in care, daughter of teenage mother, daughter of mother who has low educational aspirations for them, belonging to a particular ethnic group (e.g. black and minority ethnic groups)

Sexually transmitted infections

Risky sexual behaviours may be influenced by a number of factors:

- Low self-esteem
- Lack of skills (for example, in using condoms)
- Lack of negotiation skills (for example, to say 'no' to sex without condoms)
- Lack of knowledge about the risks of different sexual behaviours
- Availability of resources, such as condoms or sexual health services
- Peer pressure
- Attitudes (and prejudices) of society which may affect access to services

STI/Unintended pregnancy

- High numbers of partners
- High rate of partner change
- Unsafe sexual activity such as unprotected sex
- Alcohol and substance misuse

WHAT WORKS?

Dedicated and free young people's (under 25) contraceptive services

- Seeking consent and ensuring confidentiality
- Tailoring services for socially disadvantaged young people
- Information and advice
- Emergency contraception for women under 25
- Contraceptive services after a pregnancy
- Advising young women who have had an abortion and their partners

Condom schemes

- Multicomponent for young people under 16-25
- Distributing free condoms (with lubricant) and information to people at most risk of STIs/HIV

Age-appropriate sex and relationship education (SRE) in all schools and in a range of settings

STI services

- Identification
- Providing information and advice
- Notification
- Testing (e.g. National Chlamydia Screening Programme)
- Treatment
- Follow-up of partners who have an STI (partner notification)

HIV prevention and testing

- Especially in populations at most risk
- Use or modify existing resources to help raise awareness of where HIV testing (including self sampling) is available.
- Materials and interventions for promoting awareness and increasing the uptake of HIV testing should be designed in line with the NICE pathways on behaviour change and patient experience.

HIV management

- Partner notification
- Rapid referral into care after diagnosis
- Treatment and retention of care of people living with HIV

Pre-exposure prophylaxis (PrEP) in combination with condom use

Ensure health professionals trained in providing contraceptive services to those under 25

Needle and syringe programme

- To meet needs of different groups of young people aged under 18 (including young people under 16) who inject drugs

Human papillomavirus (HPV) vaccination

- For 12-13 year old girls
- For MSM under 47 in sexual health clinics

ASSETS AND SERVICES

As part of the London Sexual Health Transformation Programme, a new integrated service model will be implemented across a number of London clinics by April 2018. For early 2018 patients will be able to access services through the internet rather than having to attend a clinic.

Sexual health clinics in Camden



- **Crowndale Health Centre**
- **Mortimer Market Centre**
- **Margaret Pyke Centre**

HIV Treatment and Care

- **Bloomsbury clinic**
 - Provides treatment and care for people with HIV
- **TEAM clinic**
 - HIV clinic for young people transitioning from paediatric or those who are diagnosed HIV positive when less than 24 years of age

Community-based sexual health services

- CLASH (Central London Action on Sexual Health) provides free sexual health services, clinics in a box, advice/counselling in services, venues and satellite clinics for:
 - Sex workers
 - Homeless people
 - Drug users
 - Black, Asian and Minority Ethnic Groups (BAME)
 - Men who have sex with men (MSM).

Viral hepatitis service

- Care and treatment for people with hepatitis B & C (and for those with HIV)

Camden sexual problems assessment & treatment service (SPATS)

- Provide a psychological and medical service for people experiencing sexual difficulties
- Managing safe sex, ChemSex, coping with STI (e.g. HSV/HPV)

ASSETS AND SERVICES

Sexual Health London

- Patients are now able to access services through the internet rather than having to attend a clinic.
- <https://www.shl.uk/>



Camden & Islington Young People's Sexual Health Network (CAMISH)



- Brook, Brandon and Pulse (providers) deliver clinics, counselling, outreach work, the C-Card condom scheme and other services. Network delivers sex and relationship education to young people in school settings.

Axis at The Hive



- Supports young people with education, employment, housing, sexual health, substance misuse and health and wellbeing

North London Rape Crisis



- Helpline, a free anonymous service available to women and girls aged 13+ who have experienced any form of sexual violence at any time.
- Independent sexual violence advisers (ISVA), support group/group therapy, short-term counselling for family, friends & partners of female survivors of sexual violence

CNWL



- CNWL provide integrated sexual health clinics in Camden, Islington and Barnet
- They also provide outreach services and training for professionals

Camden & Islington Drug & Alcohol Services (Terrence Higgins Trust)



- Provides health education on safer sex and safer drug use, free condoms, testing, and pre- and post-test counselling for HIV and hepatitis.

bpas



- Providing NHS-funded and self-funded abortions, as well as STI screening and contraception
- Eight clinics across London

Marie Stopes



- Providing NHS-funded and self-funded abortions, as well as STI screening and contraception.
- Nine clinics across London.

NUPAS



- Providing NHS-funded and self-funded abortions as well as STI screening and contraception
- Five clinics across London

TARGETS & OUTCOMES

Target	Related document or strategy	Timeframe to meet target
Reducing rates of: <ul style="list-style-type: none"> Onward HIV transmission, acquisition and avoidable deaths Sexually transmitted infections (STIs) Unplanned pregnancies Teenage conceptions (under 16 and under 18) 	A Framework for Sexual Health Improvement in England	Ongoing
People presenting for HIV at a late stage of infection <ul style="list-style-type: none"> <25% late diagnosis out of total HIV diagnosis 	Public Health Outcome Framework	Ongoing
Under 18 conceptions	Public Health Outcome Framework	Ongoing
Chlamydia diagnoses among 15-24 year olds <ul style="list-style-type: none"> At least detection rate of 2,300 per 100,000 resident 15-24 year olds 	Public Health Outcome Framework	Ongoing
Reduce new HIV infections in London to zero by 2030 Zero stigma and discrimination	http://www.fast-trackcities.org	2030

THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THE ISSUE



Pan-London online survey

- January to March 2016 ¹⁴
- **Participants**
 - 2,231 respondents (1,610 London residents)
 - 5% of 2,231 were from Camden
 - Even split between male and female
 - 52% heterosexual, 36% gay, lesbian or bisexual
 - 69% respondents were White, 11% were Black, 8% were Asian
 - 59% respondents aged 25-44
- **Key findings**
 - 88% of London respondents used sexual health services
 - Last services used in order of popularity were GUM clinic, contraceptive clinic, other service, young people's sexual health service and GP surgery
 - Most frequently selected response for use of service was for a check-up (no symptoms)
 - Most common way people found out about the services was from previous use, with online research as the next most common method
 - 25% of 18-24 years found out about the service from online research, highest percentage of any age group
 - Confidentiality, waiting times and convenient opening times were the most important factors for respondents, which was similar across age groups, gender, sexual orientation and ethnicity.
 - 51% would consider using an online service to order sexual health kits that could be used at home for checking for STIs if it was available



Healthwatch focus groups

- Community Language Support Services and Jannaty commissioned to conduct two focus groups looking at sexual health services in March 2016 ¹⁵
- **Participants**
 - Aged 25 to 64
 - 22 Islington residents and 10 Camden residents
 - Majority female (30/32)
 - Majority of participants BAME (30/32)
- **Key findings**
 - Generally respondents felt that their options had been clearly explained and that services were accessible
 - Suggested areas for improvement include:
 - Making more information at local GP practices and schools, offering community workshops and providing information in community languages
 - Convenient location for services
 - Convenient appointment times/availability of drop-in services
 - Communication between the sexual healthcare professional and the GP
 - Useful links to establish between sexual health services and:
 - Screening (particular cancer)
 - Pregnancy tests
 - Fertility tests
 - General gynaecological services
 - Couples therapy
 - Feedback on online services
 - 12/32 find it helpful, with easy access and useful background information, but 20/32 would still like reassurance in person and language barriers limit online access
 - Preferred information provided through local community organisations, GP practices, schools, local community events and midwives
 - There is a huge variation in knowledge in the residents accessing sexual health services.

The main themes from the residents' feedback suggest mixed opinions on integrated and online services; provision of more sexual health information through existing communication channels; the importance of confidentiality, location, waiting times and opening times in order for residents to use services. Interest in online services is high, but will not meet all needs and important to ensure ability to see a health professional, if needed.

GAPS: UNMET NEEDS

Key needs	Areas for development	Planned action
Overall	<ul style="list-style-type: none"> Maximising partnership working and ensuring our efforts are effective. 	<ul style="list-style-type: none"> Full implementation of the new integrated sexual health service across north central London by April 2018, linking in with the pan-London sexual health transformation programme and the overall integrated services and e-service development in London Support the local implementation of the pan-London sexual health e-service from early 2018
	<ul style="list-style-type: none"> Ensure the importance of sexual health is recognised and incorporated within local planning arrangements 	
	<ul style="list-style-type: none"> Ensure the use and appropriate analysis of available data and information 	<ul style="list-style-type: none"> Continue to make best use of nationally and regionally available data and evidence from sexual health services in understanding local needs and the on-going review and development of services that effectively respond to these emerging needs.
Young people	<ul style="list-style-type: none"> Ensure sexual health needs are always part of the holistic needs assessment of vulnerable children and young people. Provide high quality SRE for all local children and young people. 	
BME and MSM, Treatment resistant gonorrhoea	<ul style="list-style-type: none"> Ensure awareness and access to sexual health services for priority groups. 	<ul style="list-style-type: none"> Use social marketing methods to promote access to sexual health services for identified priority groups. Ensuring link between locally and regionally commissioned services. Training and promotion to target hard to reach groups.
	<ul style="list-style-type: none"> Ensure high priority is given to targeted HIV prevention groups, to help reduce STI and HIV infections and improve earlier diagnosis of HIV. 	<ul style="list-style-type: none"> The new integrated service offer will include targeted outreach for high risk groups such as MSM and some BME. Targeted testing is available through the GP locally commissioned service.
Rising abortion	<ul style="list-style-type: none"> Promote contraceptive choice and use, including LARC and condom use. 	
	<ul style="list-style-type: none"> Promote awareness of and early access to abortion services. 	

References

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About Camden's JSNA

[Open Data Camden](#) brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Camden's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

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Key facts	Setting the scene	Future need	What influences?	What works?	Assets & services	Targets & outcomes	The Voice	Gaps	Further info
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