

Camden Sexual Health Needs Assessment

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Document information

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Camden sexual health needs assessment: Aim, scope and methods

The aim of this needs assessment is to provide an epidemiological overview of sexual and reproductive health outcomes and services in Camden. This will inform the new Camden sexual and reproductive health strategy that aims to ensure that the sexual and reproductive health needs of the population are met.

The project scope includes:

Sexually transmitted infections including Chlamydia, Gonorrhoea, Syphilis, Herpes, Warts and HIV

Contraception including user dependent and long-acting reversible contraceptives

Teenage pregnancy and abortion

The project methods include the analysis of quantitative sexual health data from the following sources:

Local Authority Sexual health Profiles, Fingertips (2012-24)

Summary Profile of Local Authority Sexual Health, SPLASH (2024)

GUMCAD and CTAD STI Surveillance Systems (2012 - 2022)

LA HARS (2018-2022)

To provide a comprehensive overview the data presented here should be interpreted alongside qualitative data from service users and providers, which will be collected separately to this project.

Due to data access issues, there were some limitations in what data could be reviewed and presented. As a result, some data covers the 2022-23 period, and some covers 2021-22 period. This is noted on the slides where relevant.

Contents

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- Sexually transmitted infections
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Background

- Definitions of sexual health
- Sexual Health policy context at national, regional and local levels
- Sexual Health commissioning context
- Population context - Camden's demographics

Definitions of Sexual Health

- The World Health Organization (WHO) defines sexual health as:

“A state of physical, emotional, mental and social wellbeing in relation to sexuality – it is not just the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

Some components of this definition are outside the scope of this project but are equally important to consider despite limited data being available.

- According to England’s Department for Health and Social Care:

“Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) (including HIV) and abortion.”

- Sexual health affects the wellbeing of the whole adult population:

The consequences of poor sexual health include Pelvic inflammatory disease, ectopic pregnancy, infertility, cervical cancer, HIV transmission, unplanned pregnancy and abortion. Certain groups are at particular risk of sexually transmitted infections including younger people, men who have sex with men and people from Black ethnic groups. Furthermore, sexual ill health is concentrated in many vulnerable and marginalised communities.

- **An effective local public health system** is one that enables residents to achieve good sexual and reproductive health and positive relationships through the provision of high-quality information and education enabling people to make informed choices as well as access to high quality services providing interventions including contraception and treatment.

Sexual health policy - National

HM Government's framework for sexual health improvement in England (2013):

The framework depicts aims to **reduce inequalities** and **improve sexual health outcomes**. Build a culture where everyone is able to make informed and responsible choices about relationships and sex and recognise that sexual ill health can affect all parts of society.

The document highlights the following areas of focus to achieve these aims:

Tackle stigma, discrimination and prejudice associated with SH matters.

Use evidence-based prevention initiatives to **reduce the rate of sexually transmitted infections (STIs)**.

Ensure access to the full range of contraception to **reduce the rate of unwanted pregnancies**

Support women with unwanted pregnancies to make **informed decisions as early as possible**.

Reduce the rate of **under-16 and under-18 conceptions**, through education and contraception access

Tackle HIV through **reduced transmission and increased access to testing and early diagnosis**.

Promote **integration, quality, value for money and innovation** in sexual health interventions and services.

Complementing this work, the Office for Health Improvement & Disparities' strategic action plan for the promotion of sexual and reproductive Health and HIV (2016-19) depicts PHE's approach to achieving the goals set out in HM Government's framework for sexual health improvement in England.

Source: A Framework for Sexual Health Improvement in England, Department of Health and Social Care, 2013. Accessed at 19/04/24

Sexual Health Policy - National

Other recently published policies of relevance to this needs assessment include:

HM government policy paper: Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025

- The government is committed to achieving zero new HIV infections, AIDS and HIV-related deaths in England by 2030 and 80% reduction in HIV transmission by 2025. This document outlines how this can be achieved through a focus on the key areas of: Prevention, testing, treatment and retention in care of those living with HIV.

Restoration of SRH Services during Covid-19 and Beyond, Faculty for Sexual and reproductive Health (FSRH), (June 2020)

- The Covid 19 pandemic and resulting National lockdowns and social distancing rules led to significant restrictions in face-to-face encounters and corresponding development of remote and online Sexual and reproductive health services, this document summarises key learning from the pandemic and changes that should remain.

PHE Teenage pregnancy prevention framework (Jan 2018)

- This document outlines 10 key areas of focus to sustain the downward trend in teenage pregnancy, help young people delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy.

HM Governments Women's health strategy for England (July 2022)

- HM government propose strategies for achieving their aim to boost health outcomes for all women and girls and radically improve the way in which the health and care system engages and listens to all women and girls.

Sexual Health Policy – Regional

London Sexual Health Programme (LSHP)

The LSHP, set up in 2015, is a partnership of 31 London local authorities working with the NHS to improve access to high quality sexual health services at a time when Government funding for public health in London is reducing by around £70 million between 2015 and 2020. The programme includes three workstreams:

Online sexual health London service	Joint commissioning for contraception	Long term contracts for clinics and new tariffs for sexual health services
People in London can now order free, easy-to-use sexual health home testing kits online at shl.uk , or pick them up at clinics across twelve NHS trusts.	There is now better access to more types of contraception in clinics, many new and existing clinics across London now also offer six-day, morning and evening appointments.	This means that local authorities pay similar rates for comparable services across the capital, meaning both clinics and local authorities can better plan their budgets.

Sexual Health Policy - Regional

Fast-Track-Cities Initiative: London is part of this initiative launched on World AIDS Day 2014 to **move towards ending the HIV/AIDS epidemic and eliminate discrimination and stigma associated with the condition**. The initiative has been joined by over 300 cities and municipalities around the world.

In 2021 initial global targets of 90-90-90 were updated to **95-95-95**, in 2019-21 London had surpassed these targets achieving:

- 95% of all people living with HIV **know their HIV status**
- 99% of all people living with HIV **receive sustained ART**
- 98% of people living with HIV **have viral suppression**

The Mayor of London, NHS England, UKHSA and London Councils set the following goals to be achieved by 2030:

- **End new HIV infections** in the capital
- Put a **stop to HIV-related stigma and discrimination**
- **Stop preventable deaths from HIV-related causes**
- Work to **improve the health, quality of life and well-being of people living with HIV** across the capital

Sexual Health Policy - Local

In 2020 a Joint Strategic Sexual Health Needs Assessment (JSNA) was conducted in Camden. This found that Camden has:

- Higher rates of STIs and HIV relative to London and National averages.
- Higher rates of abortion and teenage abortion relative to London and National averages, despite teenage conception rates being lower than the National average.

Suggested actions as a result of the 2020 JSNA include:

- Full local implementation of the North Central London Integrated Sexual Health service, linking in with the pan-London Sexual Health Programme (LSHP)
- Increase awareness of sexual health services
- Targeted HIV testing and prevention in high-risk groups
- High quality sexual and reproductive education for all local children and young people
- Promote contraceptive use and choice including access to long-acting reversible contraception and condoms
- Promote awareness and early access to abortion services

Source: Camden Joint Strategic Needs Assessment: Focus on Sexual Health, Camden and Islington Council, 2020.

Sexual Health Commissioning

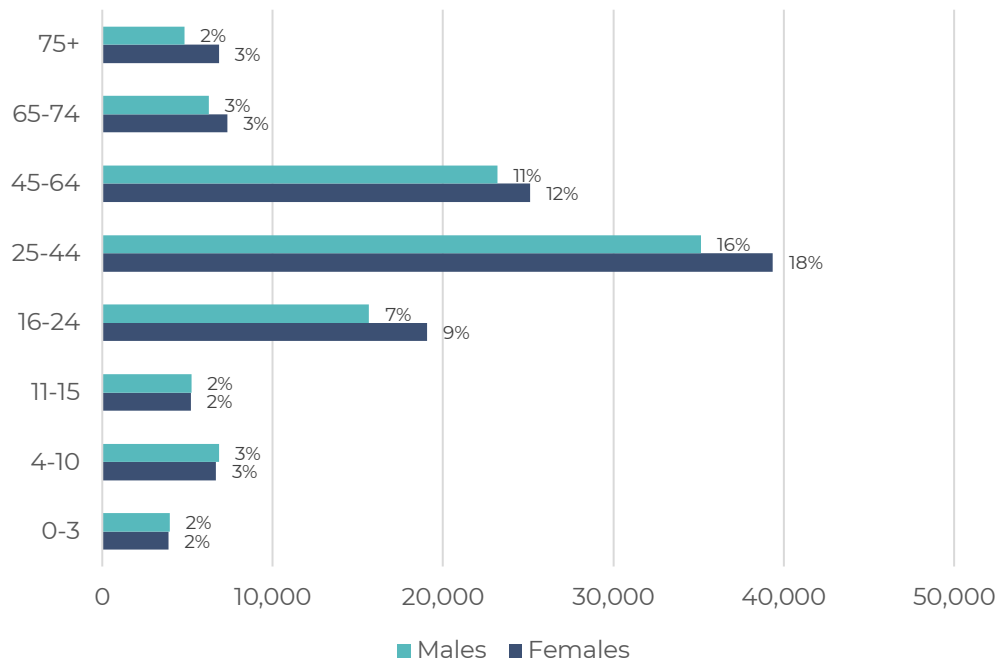
Commissioning of sexual health in England is complex and involves multiple bodies:

Local Authority	Integrated Care Systems	NHS England
<p>Comprehensive sexual health services including most contraceptive and all prescribing costs, but excluding GP additionally provided contraception</p> <p>STI testing and treatment, chlamydia screening and HIV testing</p> <p>Specialist services, including young people’s sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies</p>	<p>Most abortion services</p> <p>Male and female sterilisation</p> <p>Non-sexual-health elements of psychosexual services</p> <p>Gynaecology including any use of contraception for non-contraceptive purposes</p>	<p>Contraception provided as an additional service under the GP contract</p> <p>HIV treatment care (including drug costs for post-exposure prophylaxis following sexual exposure)</p> <p>Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs</p> <p>Sexual health elements of prison health services</p> <p>Sexual assault referral centres</p> <p>Cervical screening</p> <p>Specialist foetal medicine services</p>

Source: *Making it work – A guide to whole system commissioning for sexual health, reproductive health and HIV*, Public Health England (2015)

Camden's population demographics

Percentage of Residents by Sex and Age Group



Age:

Mean age in Camden is 37.2 years, similar to the London average of 37.5 years and slightly below 41.2 nationally. Camden has a large proportion of students and younger adults, 43% of residents are aged under 30 and 66% are under 45.

Ethnicity:

Camden's population is ethnically diverse. In 2021, the ethnic breakdown was as follows: 59.5% white, 18.1% Asian, 9% Black, 6.6% Mixed and 3.8% identifying as other ethnic groups. A total of 40.5% of residents were from Black, Asian, Mixed or other ethnic groups.

Deprivation:

Camden has high levels of socio-economic inequality, with areas of relative affluence alongside areas of relative poverty. 21.6% of Camden households are impacted along 2-4 deprivation dimensions, compared to London (19%) and England (18.2%)

Sexual Orientation:

In 2021, 83% of Camden's population identified as heterosexual. 2021 census data suggests that Camden has a higher proportion of residents who identify as Gay or Lesbian- 3.7% compared to 2.2% in London and 1.5% in England – and Bisexual – 2.5% compared to 1.5% in London and 1.3% in the UK.

Sources: GLA 2021 Population Projections, 2023. Camden Profile, December 2023. Camden Open data store, Camden Profile October 2022 and census topic summary sexual orientation and gender ID 2021; Office for National Statistics, Ethnic groups by borough 2022.

Sexually transmitted infections (STIs)

- STI Overview
- Chlamydia
- Gonorrhoea
- Syphilis
- Warts
- Herpes
- STI Summary

Rates of new STI diagnosis vary by geographical residence within the borough

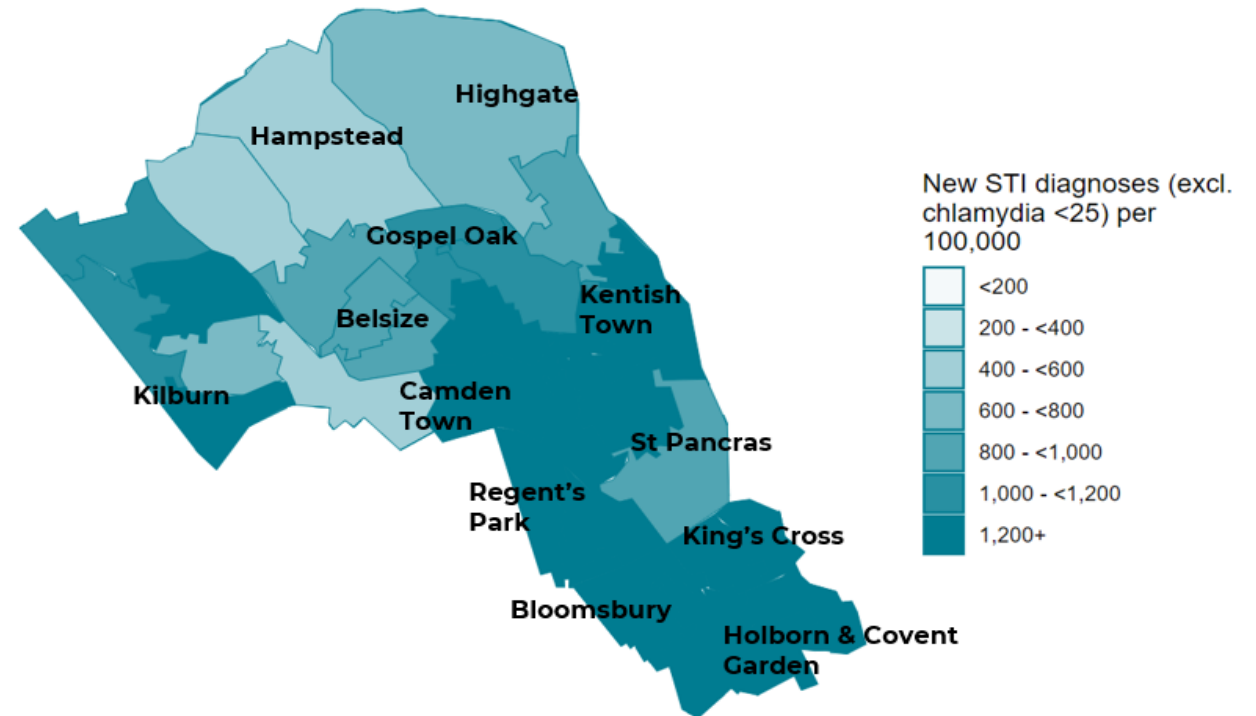
Areas with the highest rates of new STI diagnosis have rates at least five times areas with the lowest rates.

Wards South of the borough including Bloomsbury and Holborn have rates amongst the highest in the country.

Note that lower rates of diagnosis in some areas may reflect lower rates of attendance rather than need.

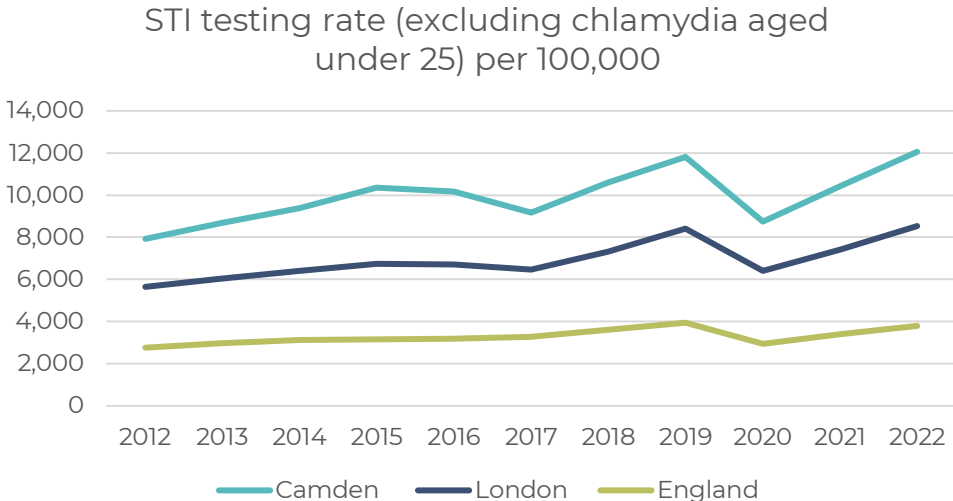
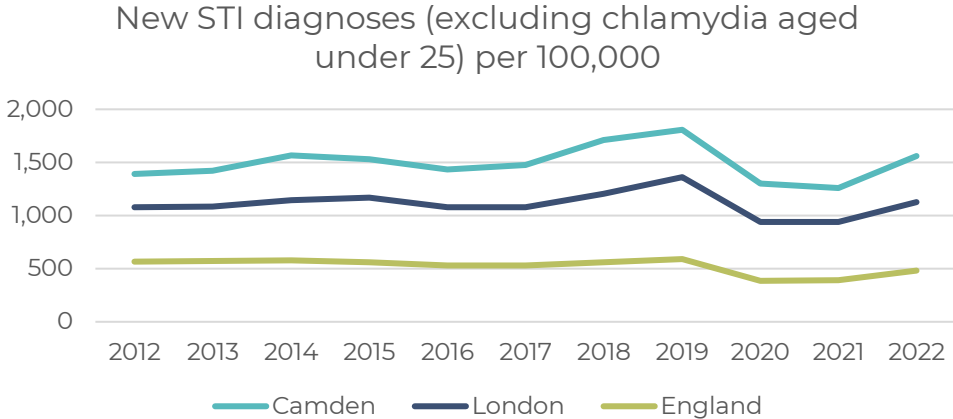
This data is drawn from specialist sexual health services which are accessible to residents from outside of the borough, and may not reflect Camden's resident population.

New STI diagnoses (excluding Chlamydia in under 25-year-olds) per 100,000 in Camden by Middle Super Output Area, 2022



Source: OHID Summary Profile of Local Authority Sexual Health, Splash (Jan 2023), Contains Ordnance Survey data © Crown copyright and database right 2021, Contains National Statistics data © Crown copyright and database right 2020

Rates of new STI diagnoses and STI testing have risen since 2020, across Camden, London and the UK



The Coronavirus disease (Covid-19) pandemic started in 2019, by March 2020 the UK Government had implemented strict national and regional lockdowns, as well as social and physical distancing measures. Sexual health services across England had substantially reduced capacity to deliver face-to-face consultations but underwent rapid reconfiguration to increase access to STI testing via telephone or internet consultations.

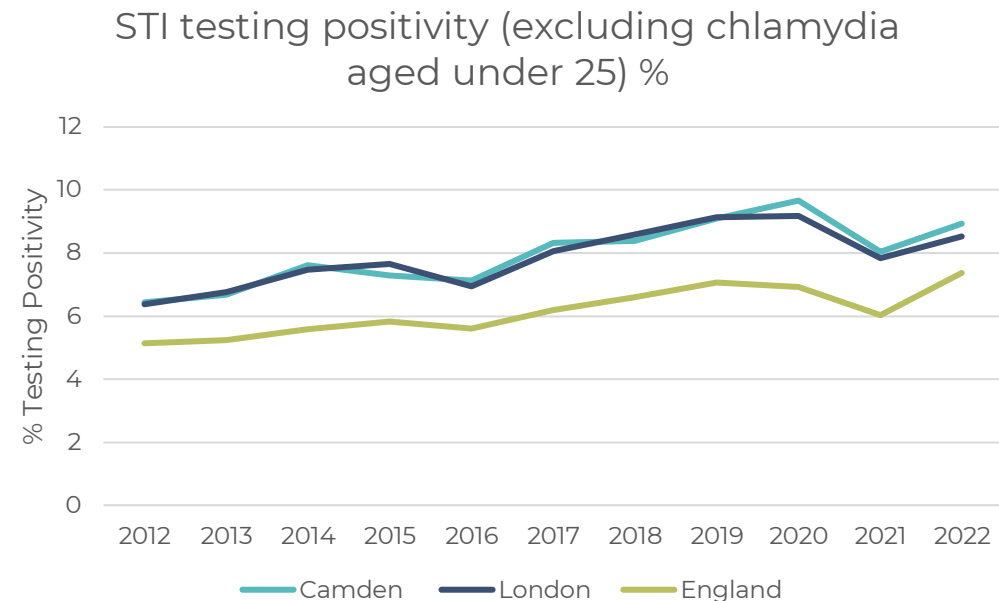
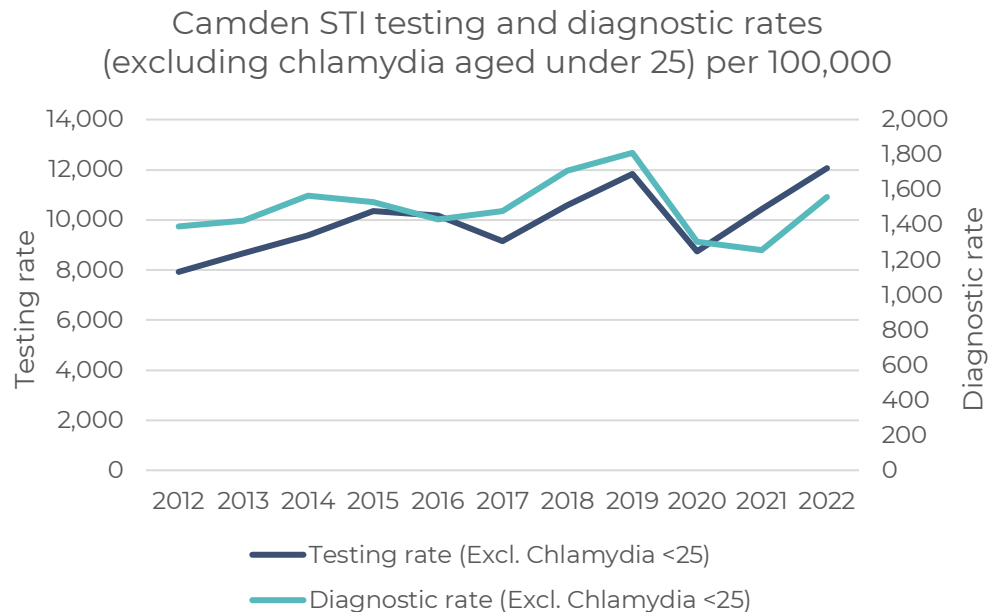
Although new diagnosis rates reduced across all STIs, larger decreases were observed for STIs that are usually diagnosed clinically at a face-to-face consultation, such as genital warts or genital herpes, when compared to those that could be diagnosed using remote self-sampling kits such as Chlamydia and Gonorrhoea. More detailed discussion of trends among specific STIs can be found in subsequent sections (slides 22, 25, 27, 29 and 31).

Since 2020, rates for both diagnosis and testing have risen in Camden, reflecting similar trends in London and to a lesser extent England. Camden has higher rates of both diagnosis and testing than London and England.

Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023

Rates of STI testing and diagnosis have returned to pre-pandemic levels, while testing positivity remains just below

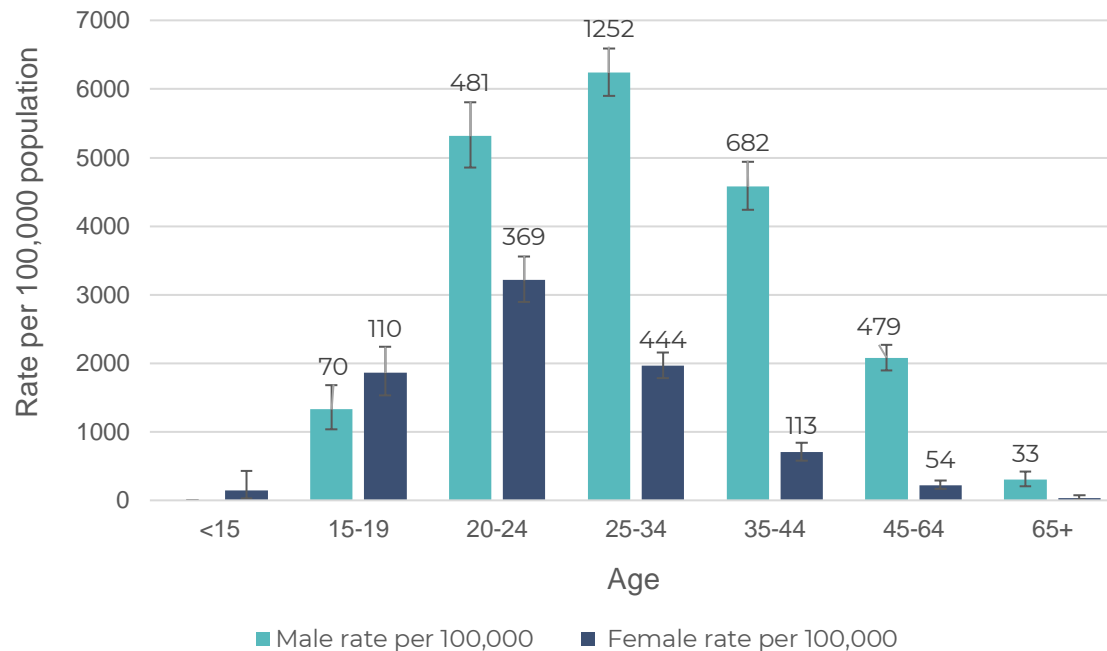
Testing rates in Camden, and across the UK, started to recover between 2020 and 2021, and as of 2022 have reached above pre-pandemic levels. Diagnosis and test positivity rates have also increased since 2020, but both are yet to reach pre-pandemic levels, which could indicate a lower burden of disease.



Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023

Rates of new STI diagnosis are highest among young people and men

Number and rates of all new STI diagnosis in Camden per 100,000 population by age and gender, 2022



Rates of new STIs are highest among men aged between 20 and 44 years, and among the 25-34 age group, rates among men are more than double that of women. This may be due to men, particularly men who have sex with men (slide 20) being more likely to engage in risky sexual behaviour such as having multiple partners, as well as increased risk of transmission from anal sex.

While women have a similar risk at younger ages (below 19 years old), the risk for men is significantly higher in most other age groups. The gender difference between age groups could be due to women becoming sexually active at a younger age or having older partners.

The data is also likely impacted by the national Chlamydia screening programme which targets women aged 15-24 (see subsequent slides for more information).

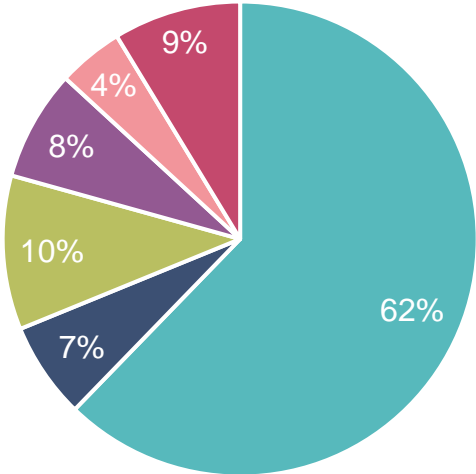
Source: UKHSA HIV and STI surveillance system (GUMCAD), accessed 29/04/2024

Note: The data labels presented reflect the number of new STI diagnoses.

The highest proportion of new STI diagnoses are among gay men and those of white ethnicity

54% (1792) of new STI diagnoses in 2022 were among gay men* followed by straight women (18%, 601) and straight men (11%, 376). Although data on population breakdown by sexual orientation are limited, estimates suggest gay men make up a relatively small proportion of the overall population suggesting that this group have a high burden of STIs in Camden, in keeping with national findings.

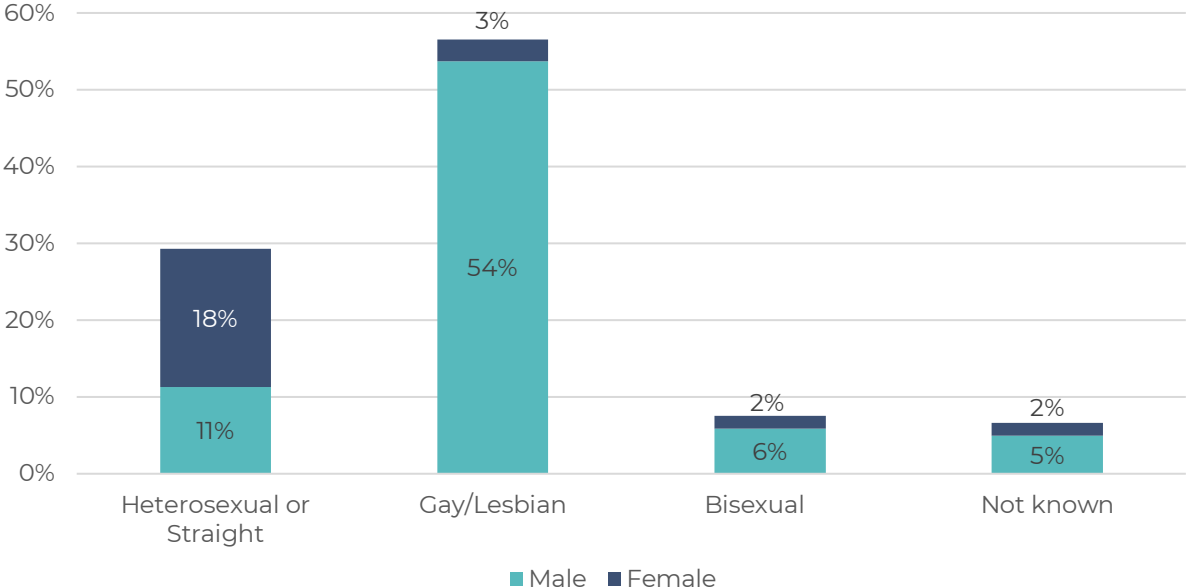
Proportion of STI diagnoses by ethnicity among males and females, Camden, 2022



■ White ■ Black ■ Asian ■ Mixed ■ Other ■ Not specified/not known

Given that people of white ethnicity make up approximately 60% of Camden’s population this is broadly reflected by the population structure. Formal standardisation by ethnicity would be required to better understand need by ethnic group.

Proportion of new STI diagnoses by gender and sexual orientation, Camden, 2022



Source: UKHSA HIV and STI surveillance system (GUMCAD), accessed 29/04/2024;

*Please note that men who have sex with men are reported as gay men in data sources

The most commonly diagnosed STI is Chlamydia followed by Gonorrhoea

Mirroring the national picture, Chlamydia is the most commonly diagnosed STI in Camden followed by Gonorrhoea.

It is important to consider that the numbers of new diagnoses reflect access to sexual health services, particularly sexual health clinics, where the majority of STIs are diagnosed, as well as burden of disease. Only for Chlamydia is there a national screening programme which proactively seeks to diagnose cases and so the numbers for this STI will additionally be reflective of this programme.

The subsequent slides will examine the five most common STIs in more detail.

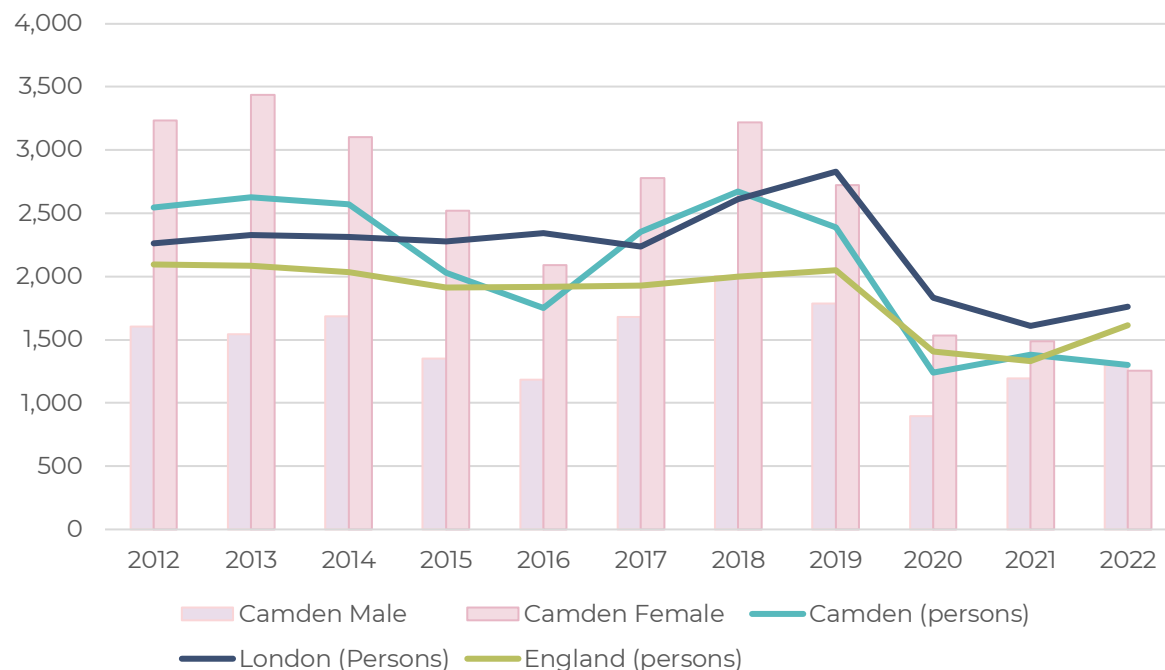
STI	Number of new diagnoses 2022	Proportion of new diagnoses 2022
Chlamydia	1,601	39%
Gonorrhoea	1,342	33%
Genital Herpes	202	5%
Genital Warts	227	5%
Syphilis	175	4%
HIV	44	1%
Other	538	13%

Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023

The upward trend in chlamydia detection due to improvements in screening was reversed during the Covid-19 pandemic

Rates of Chlamydia are highest among young people under 25 years of age. The National Chlamydia Screening Programme (NCSP) promotes opportunistic screening targeted at this age group. Prior to the Covid-19 pandemic (2019), the upward trend in Chlamydia diagnoses in people aged 15-24 years of age could be attributed to increased testing activity related to the NCSP, although high levels of condomless sex will have played a role.

Chlamydia detection rates per 100,000 aged 15-24



Chlamydia Proportion of females aged 15-24 screened



In 2018 Camden had detection rates comparable to those in London and higher than England, however Camden has seen a steeper decline in detection rates over time and now has rates lower than London and England.

Despite this, the proportion of the female population aged 15-24 screened in Camden remains significantly higher than the England average and above London rates. Data for this indicator was not available for prior to 2021, but service reconfiguration during the Covid-19 pandemic likely affected detection and diagnosis rates, particularly among females.

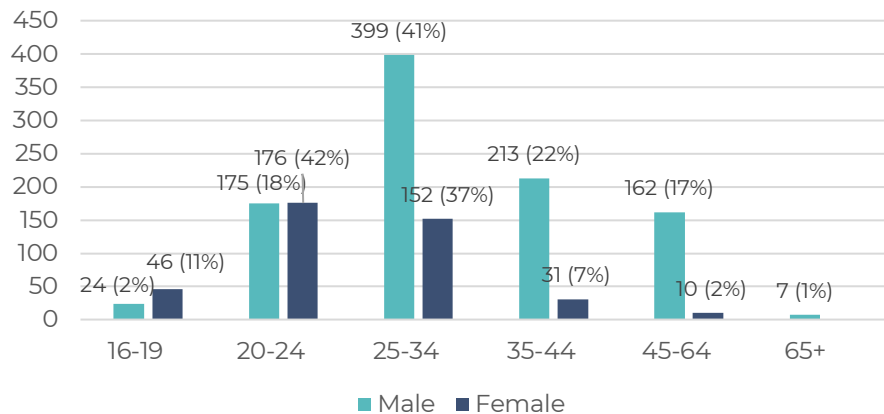
Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023

Note: Screening data previously was available for screening of both males and females. Data currently listed is limited to female screening, between 2021 and 2022

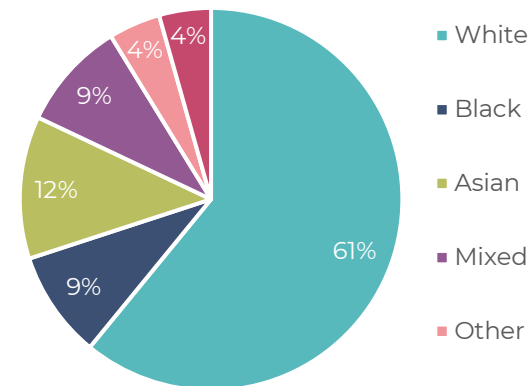
Chlamydia diagnoses are higher in young women than young men, but above the age of 25 are significantly higher in men than women, particularly among gay men

A greater proportion of women are diagnosed with chlamydia younger ages, with 42% of diagnoses in women in 20-24 year olds, with similar numbers to men of the same age. This could reflect women becoming sexually active at younger ages, but is also likely impacted by targeted screening among this group. Above the ages of 25, diagnoses are significantly higher among men, with 25-34 aged men accounting for 41% of diagnoses in men.

Number and proportion of chlamydia diagnoses by age and sex, Camden, 2022



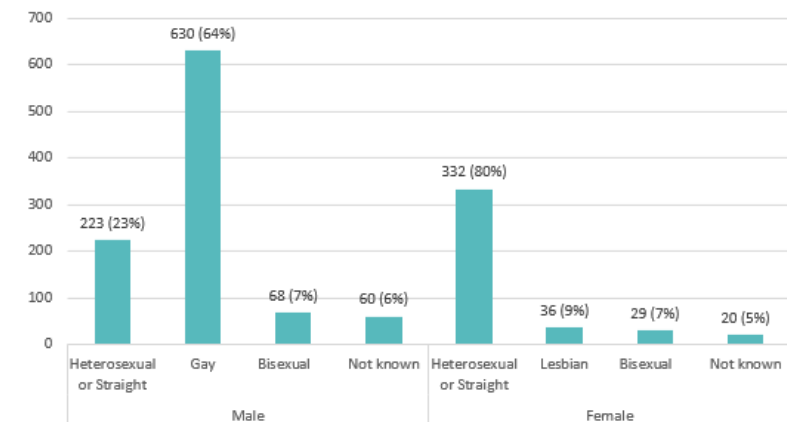
Proportion of chlamydia diagnoses among Camden residents by ethnicity, 2022



61% of chlamydia diagnoses among Camden residents in 2022 were in people of white ethnicity, Camden's population is estimated to be approximately 60% white.

The majority of chlamydia diagnoses in 2022 were among gay men followed by heterosexual women then heterosexual men. Out of the five most common STIs, chlamydia was the most common STI to be diagnosed in heterosexual men and women accounting for 59% and 55% of diagnoses respectively and the second most common among gay men after gonorrhoea.

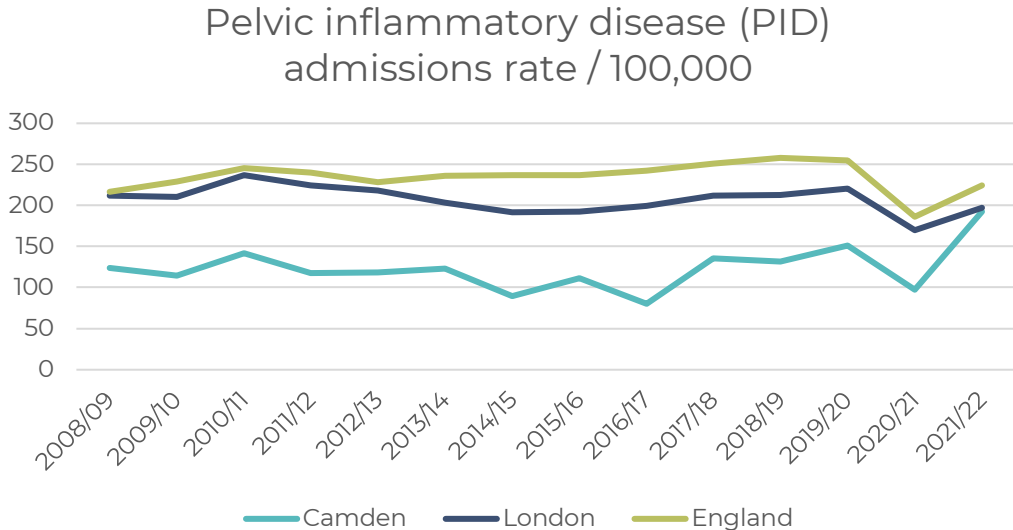
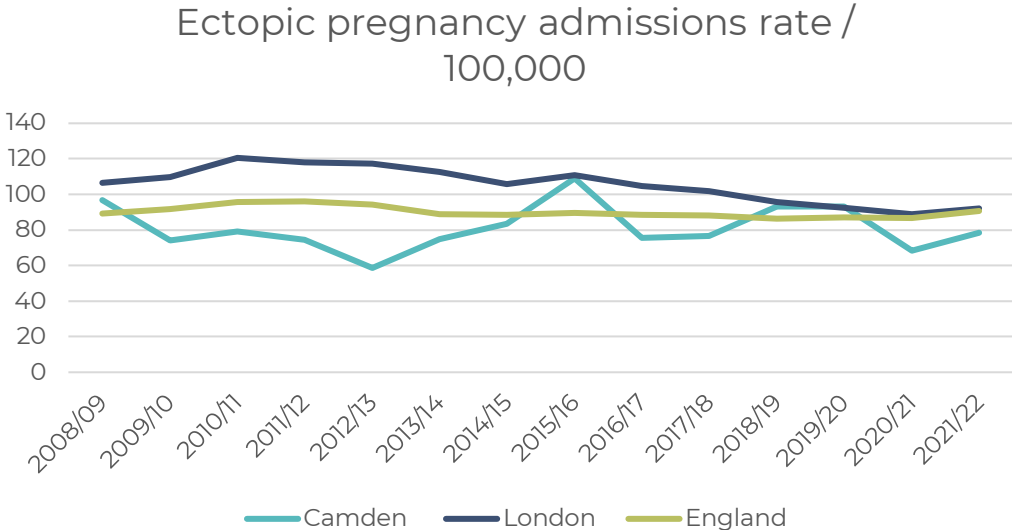
Number and proportion of chlamydia diagnoses by gender and sexual orientation, Camden, 2022



Rates of admission with pelvic inflammatory disease and ectopic pregnancy are lower in Camden than London and England

Pelvic inflammatory disease and ectopic pregnancy have multi-factorial causes although STIs, particularly Chlamydial infection, are a major cause of both, they can therefore be used as indicators of success of the Chlamydia screening programme.

In Camden, rates of admission with PID and ectopic pregnancy have fluctuated over time, and the relatively small numbers make it hard to determine a correlation between Chlamydia detection rate and these outcomes, however, the lower rates of PID and ectopic pregnancy and the higher Chlamydia detection rates in Camden relative to London and the UK suggest that testing coverage in Camden is relatively better than in these areas.



Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 13/11/2023

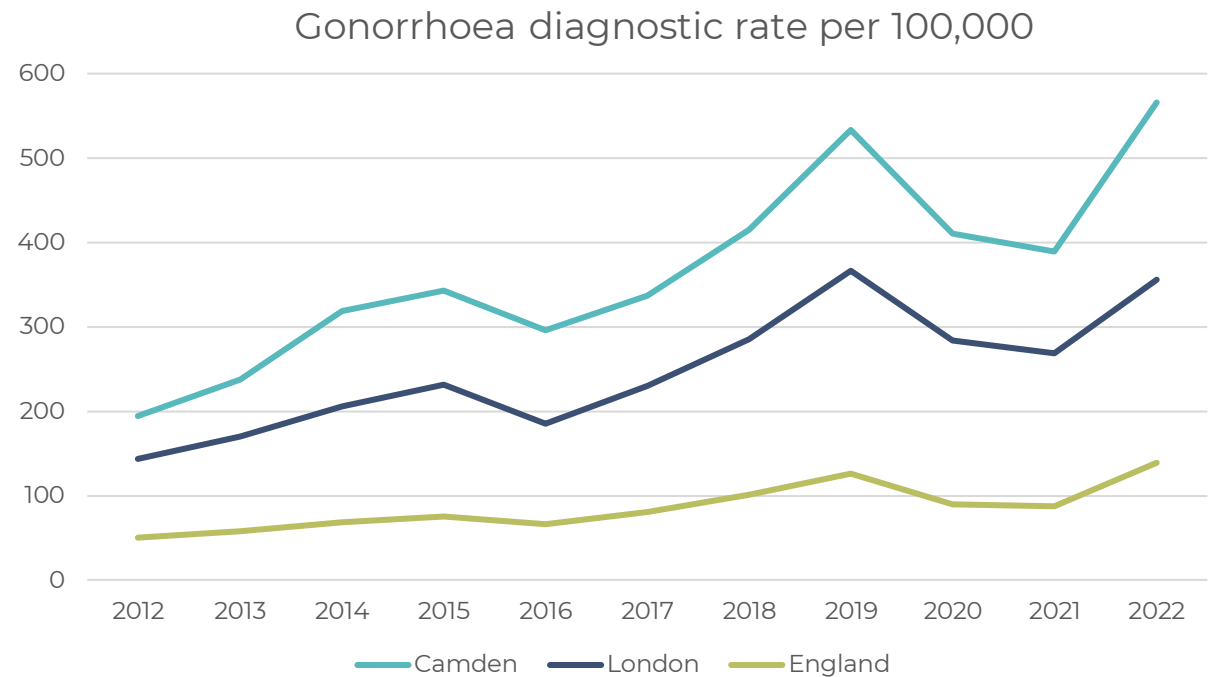
Following a drop in Gonorrhoea rates during the Covid-19 pandemic, they have since risen to above pre-pandemic levels.

Gonorrhoea is often used as a marker for rates of unsafe sexual activity as it is particularly common among those who change partners regularly. **Camden has higher rates of Gonorrhoea than London and England and increased at a greater rate between 2021/22.**

In Camden, the rate of Gonorrhoea had more than doubled between 2012 when it was 194 per 100,000 and 2019 when it reached 534 per 100,000.

The pandemic brought rates down to 411 per 100,000 in 2020, but they have since risen to 566 per 100,000 as of 2022. This may partially reflect increased testing, though this likely also indicates an increased burden of disease.

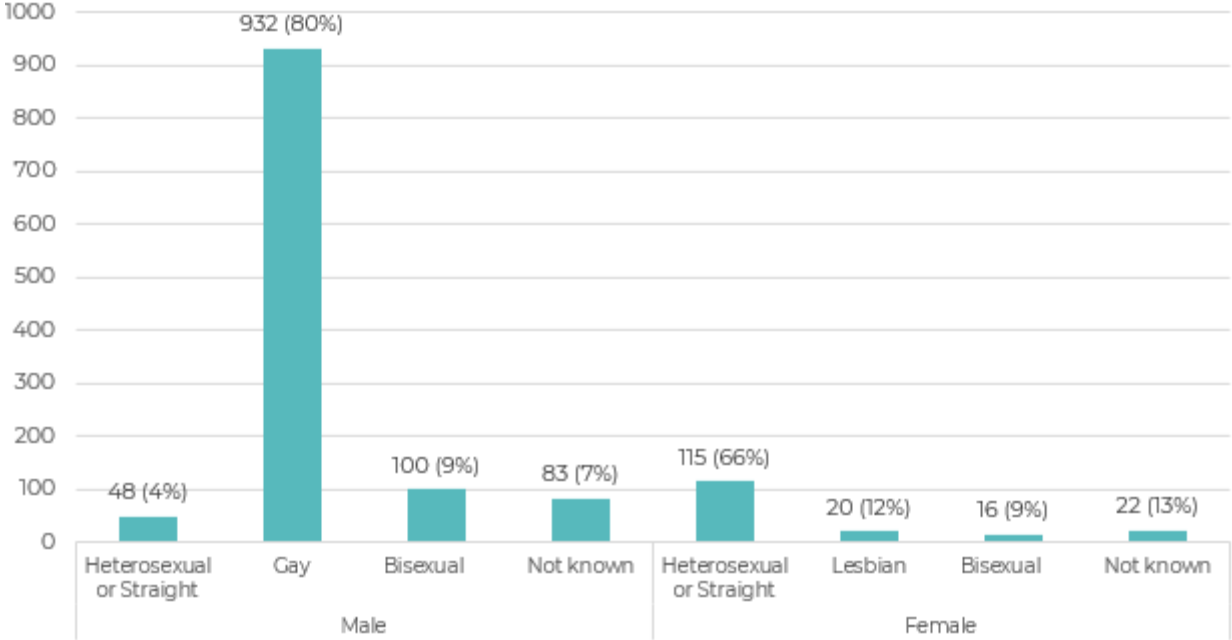
Since the emergence of antibiotic resistant Gonorrhoea, close surveillance of resistant strains has been under way in the UK, prompt diagnosis and ensuring adherence to treatment is central to reducing the transmission of resistant strains.



Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023

The highest proportion of gonorrhoea diagnoses are among gay men and those of white ethnicity

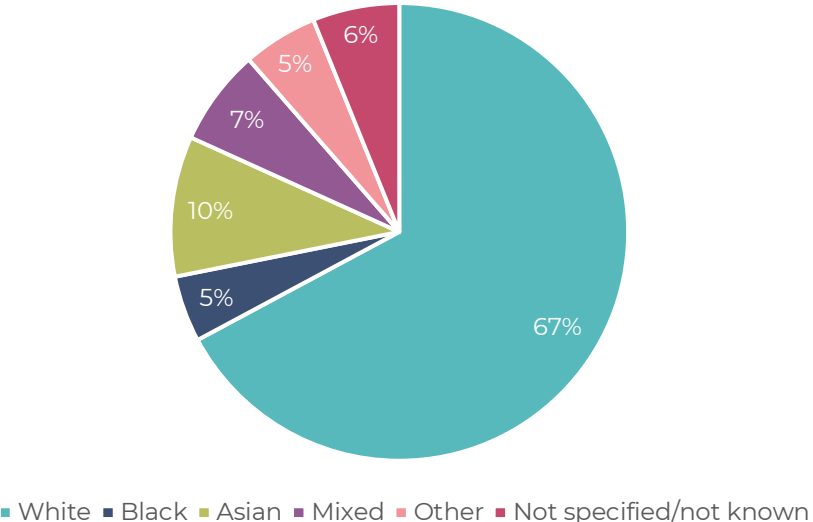
Number and proportion of gonorrhoea diagnoses by gender and sexual orientation, Camden, 2022



In 2022 80% of Gonorrhoea diagnoses were among gay men, while among women the majority of diagnoses were among heterosexual women.

67% of Gonorrhoea diagnoses among Camden residents in 2022 were in people of white ethnicity, Camden’s population is estimated to be approximately 60% white.

Proportion of gonorrhoea diagnoses among Camden residents by ethnicity, 2022

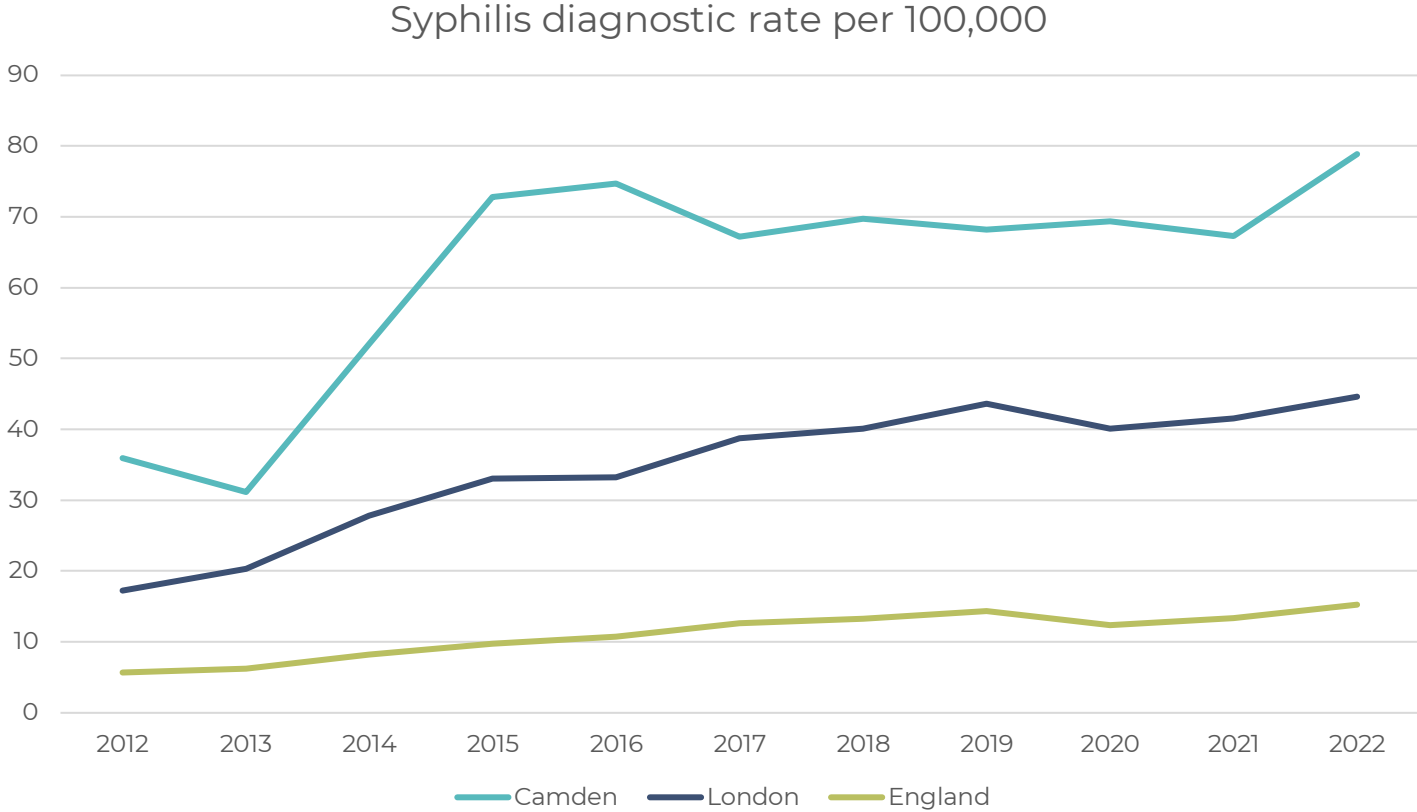


Source: UKHSA HIV and STI surveillance system (GUMCAD), accessed 29/04/2024

Rates of syphilis across the UK have risen since 2020, with a particularly steep rise in Camden

After a steep rise between 2013 and 2015 the rates of syphilis in Camden had remained relatively consistent, but since 2021 have started rising across the UK, with Camden rising more steeply than London and England.

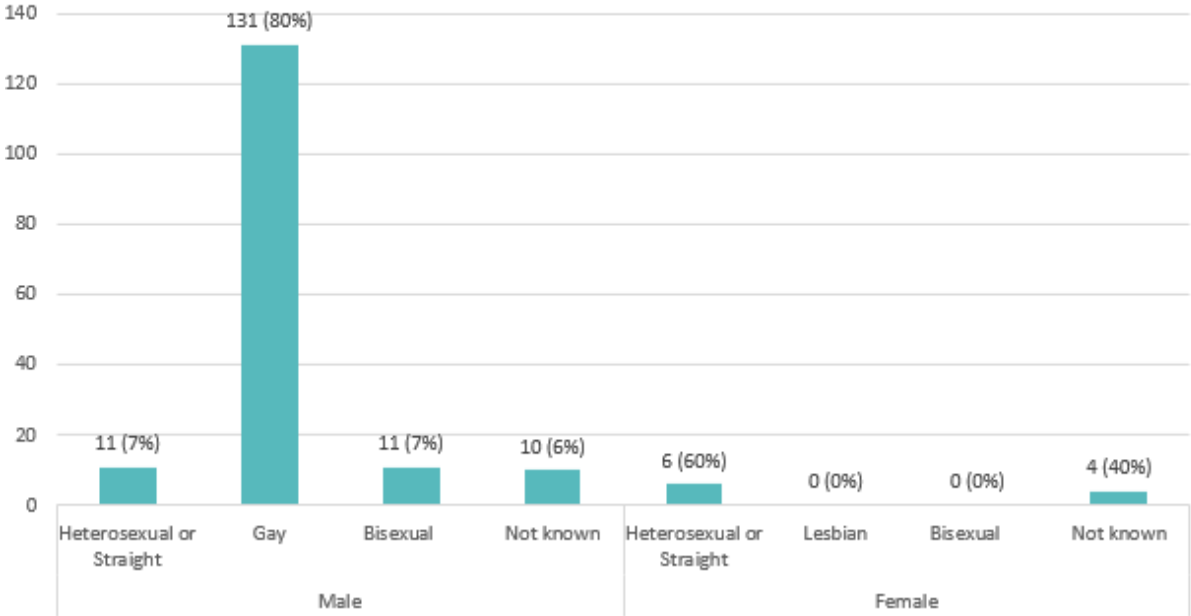
Following the Covid-19 pandemic the rates of syphilis in Camden have climbed to their highest in the last ten years, almost double the rate of London. This could be due to lower baseline case numbers and higher testing rate, but likely indicates a greater disease burden.



Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023

The highest proportion of syphilis diagnoses are among gay men and those of white ethnicity

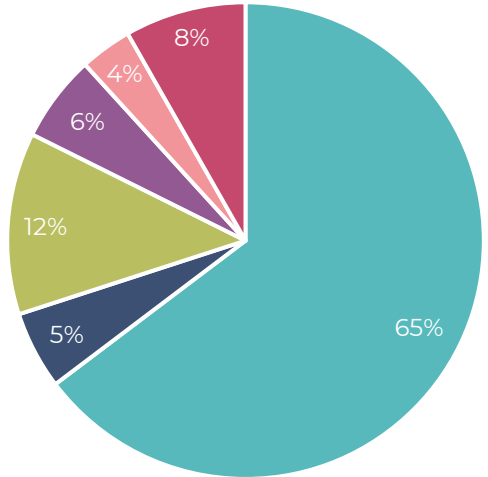
Number and proportion of syphilis by gender and sexual orientation, Camden, 2022



In 2022 there were 163 cases of syphilis among men and 10 cases among women in Camden. 80% of syphilis diagnoses were among gay men.

People of white ethnicity accounted for 65% of syphilis diagnoses in 2022, Camden’s population is estimated to be approximately 60% white, broadly reflecting population demographics.

Proportion of syphilis diagnoses among Camden residents by ethnicity, 2022



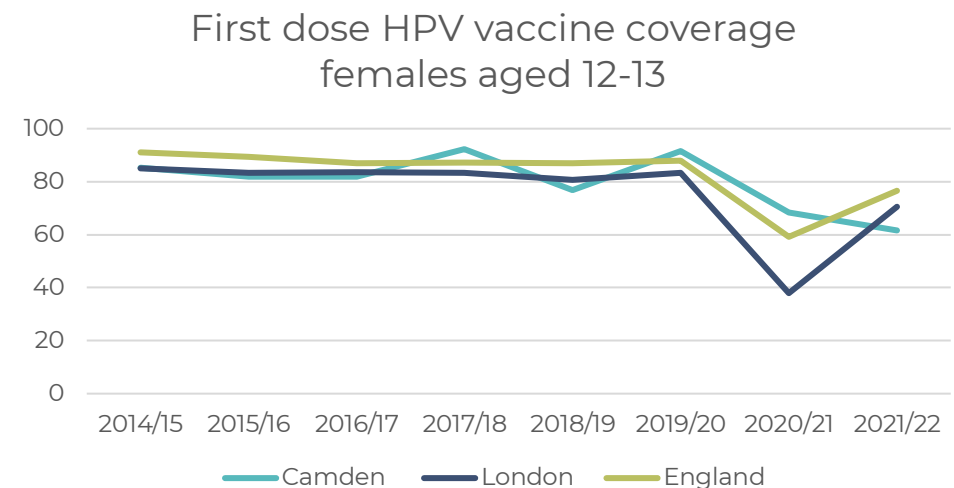
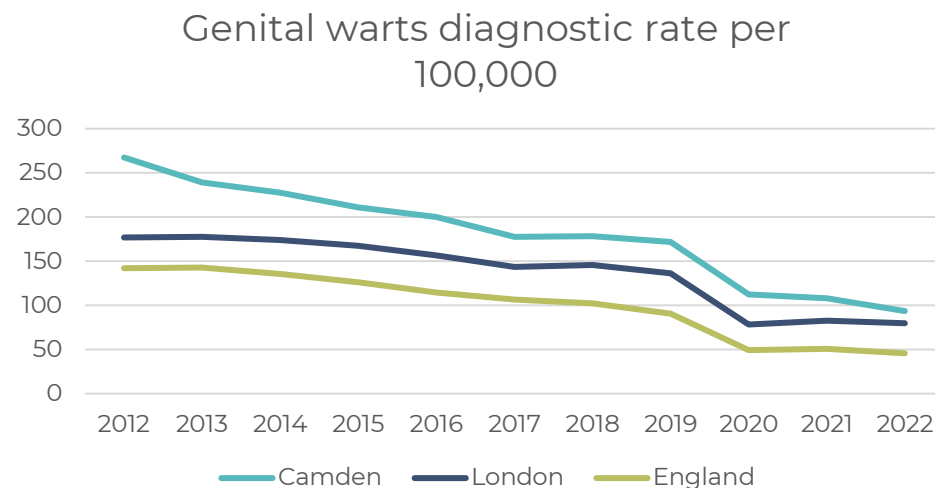
White Black Asian Mixed Other Not specified/not known

Source: UKHSA HIV and STI surveillance system (GUMCAD), accessed 29/04/2024

In Camden, rates of genital warts have been decreasing, while HPV vaccine coverage has shown a slight increase since the pandemic

Genital warts are caused by infection with specific subtypes of human papillomavirus (HPV). The rate of genital warts has been decreasing nationally and the trend in Camden mirrors this. Roll-out of the HPV vaccination to girls aged 12-13 in 2008 and to girls and boys since 2019 is likely to be largely responsible for this trend. In addition, the reliance of genital wart diagnosis on face-to-face consultation has resulted in the Covid-19 pandemic disproportionately impacting the rate of diagnosis of genital warts relative to other STIs such as Chlamydia where online tests could be ordered.

HPV vaccine coverage nationwide decreased since the pandemic but has begun to recover in London and England. Camden has yet to experience the same level of recovery.

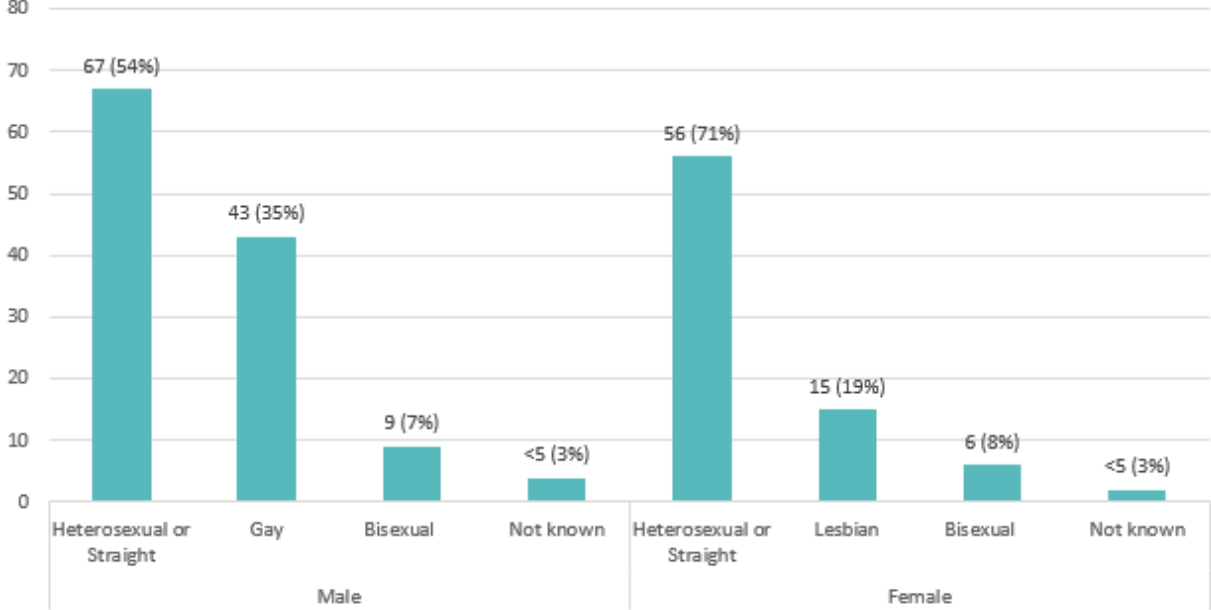


Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023

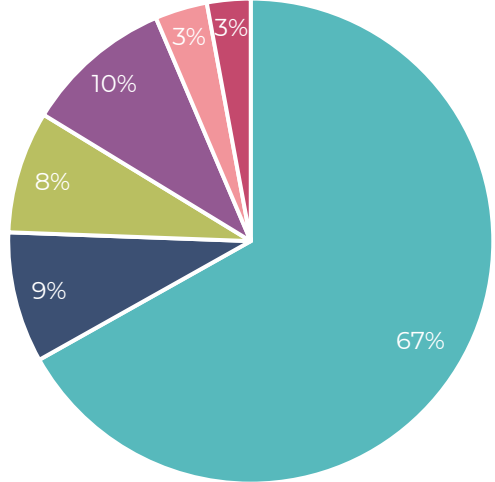
The highest proportion of genital warts diagnoses are among straight men and women and those of white ethnicity

In 2022 there were 123 cases of genital warts among men and 79 cases among women in Camden. The majority of syphilis diagnoses were among heterosexual men and women (54% and 71%, respectively).

Number and proportion of warts diagnoses by gender and sexual orientation, Camden, 2022



Proportion of warts diagnoses among Camden residents by ethnicity, 2022

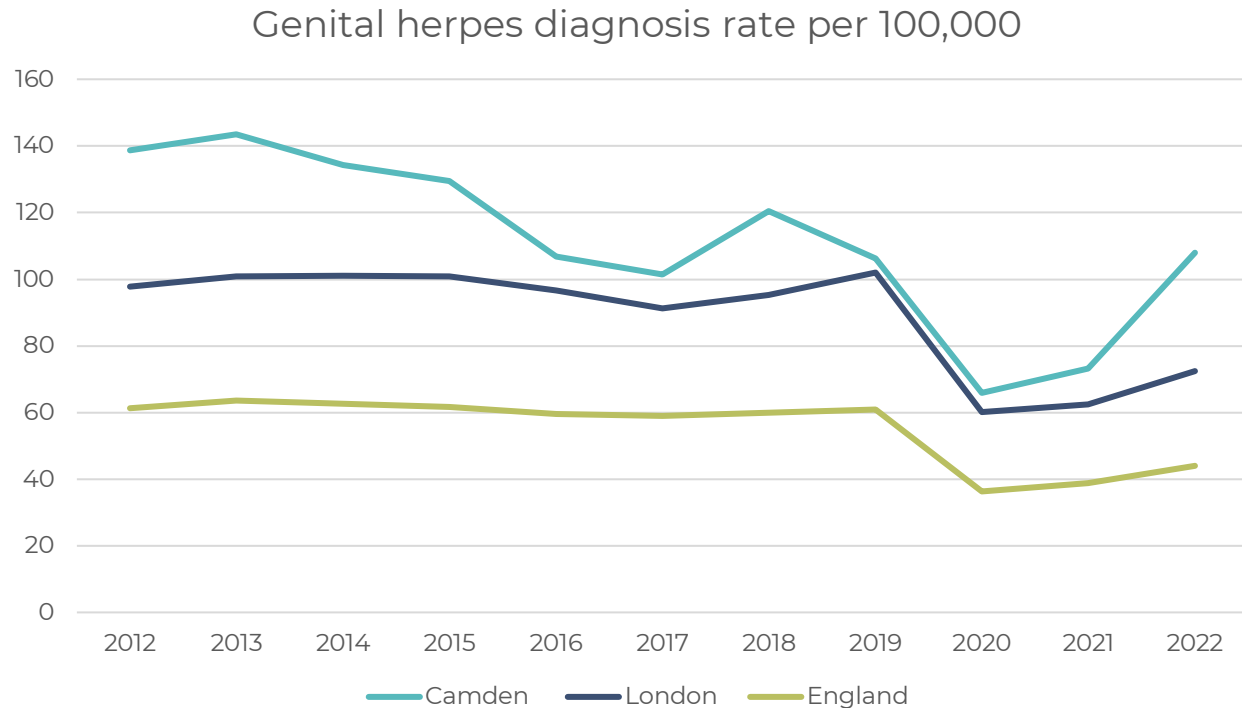


White Black Asian Mixed Other Not specified/not known

People of white ethnicity accounted for 67% of warts diagnoses in 2022, Camden’s population is estimated to be approximately 60% white.

Source: UKHSA HIV and STI surveillance system (GUMCAD), accessed 29/04/2024

Rates of genital herpes showed steep decline during the pandemic, though have increased sharply as of 2022



Prior to 2019 the rate of genital herpes in Camden has generally been higher than that of London and England. In 2019 rates of herpes in Camden fell closer to London levels, though have since increased at a greater rate than London. Camden rates have since returned to pre-pandemic levels, while London and England remain lower, potentially reflecting higher testing levels in Camden.

Though phone consultations and online test orders were possible, genital herpes is usually diagnosed in face-to-face consultations, and restrictions from Covid-19 pandemic may have impacted the rate of diagnosis.

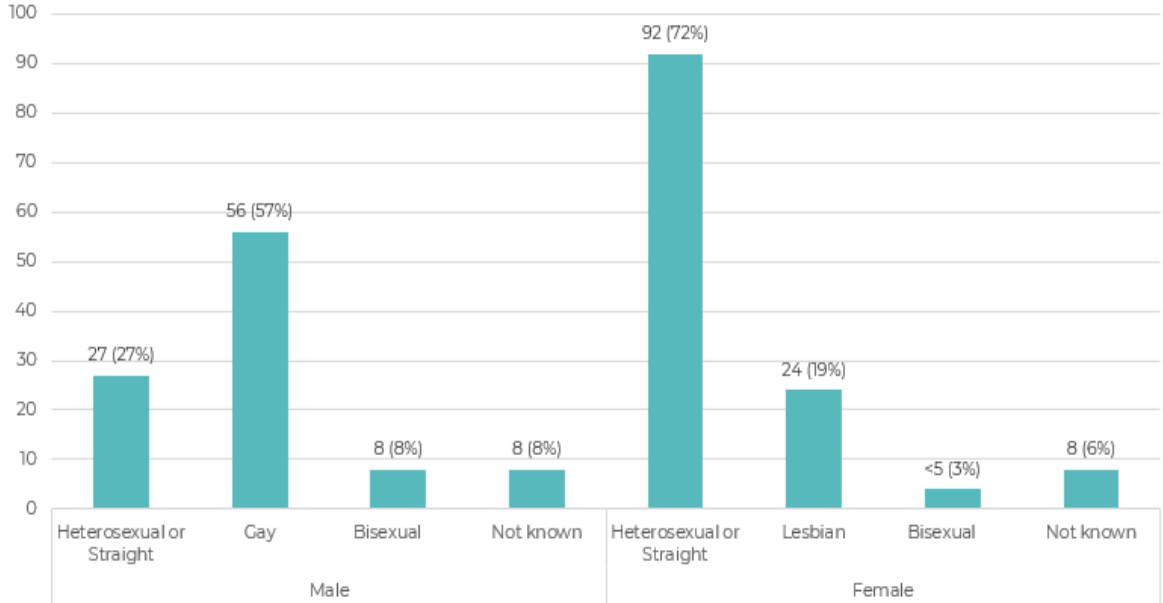
The reason for the increasing rates in genital herpes following the pandemic could be due to subsequent increases in testing, but likely indicate a higher burden of disease.

Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 04/11/2023; OHID Summary Profile of Local Authority Sexual Health, SPLASH (August 2023)

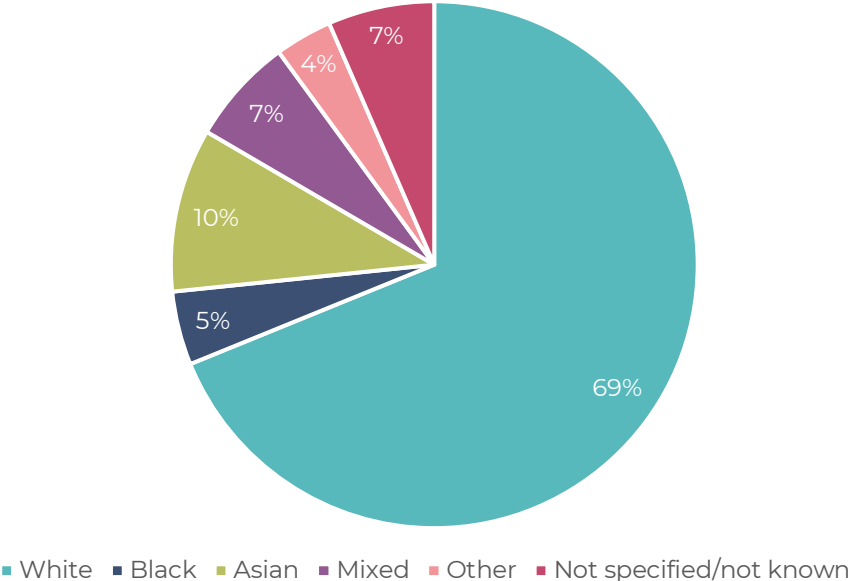
The highest proportion of genital herpes diagnoses are among straight women and those of white ethnicity

In 2022 there were 99 cases of genital herpes among men and 128 cases among women in Camden. The majority of genital herpes diagnoses were among straight women, followed by gay men.

Number and proportion of herpes by gender and sexual orientation, Camden, 2022



Proportion of herpes diagnoses among Camden residents by ethnicity, 2022



People of white ethnicity accounted for 69% of herpes diagnoses in 2022, Camden’s population is estimated to be approximately 60% white, suggesting an increased disease burden.

Source: UKHSA HIV and STI surveillance system (GUMCAD), accessed 29/04/2024

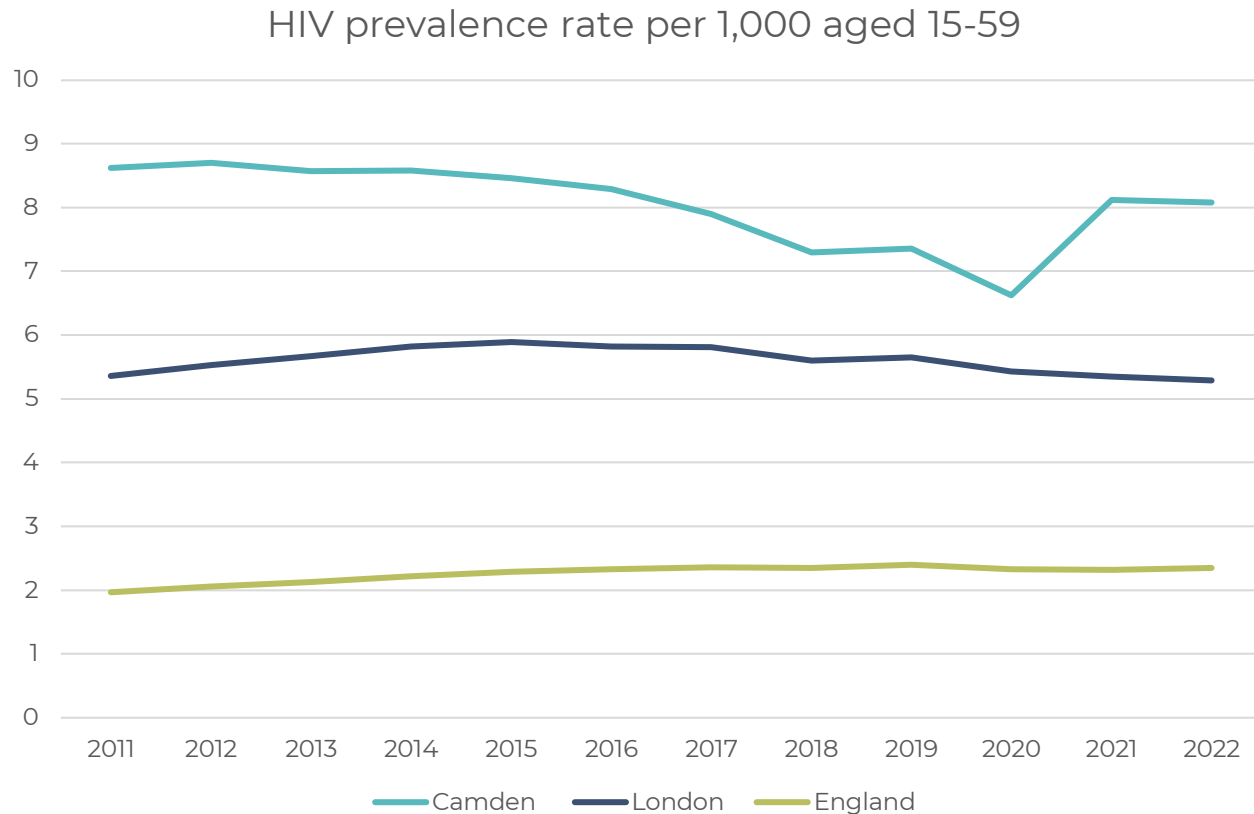
Summary of Sexually Transmitted Infections (STIs) in Camden

- The overall burden of STIs is high relative to England, particularly for Syphilis, Gonorrhoea and as of 2022, genital herpes, all of which are also higher relative to London.
- STI disease burden broadly reflects Camden's population demographics for ethnicity. Asian communities are somewhat underrepresented, which may reflect a reduced disease burden, incomplete data, or reduced access to services
- 54% of new STI diagnoses were among gay men, suggesting a high disease burden, in keeping with national findings. Rates of chlamydia are highest in young women, though this likely in part reflects a concerted screening effort among this group.
- STI rates showed considerable decrease during the Covid-19 pandemic, but many have now returned to pre-pandemic or above levels, though some of this may be partially explained by increases in testing.

HIV

- HIV Diagnosis and testing
 - Prevalence and rate of new diagnosis
 - Testing rate and coverage
- HIV Care
 - Viral Suppression
 - ART coverage and prompt initiation
- HIV Prevention
 - PrEP need and coverage

Camden has one of the highest HIV prevalence rates in London



In 2022 there were 1,505 people living in Camden with a diagnosis of HIV infection and accessing care in the UK. Note that this is likely to be an underestimate as it does not include those unaware of their infection or aware but not accessing care.

Camden's HIV prevalence rate of 8 per 1,000 people aged 15-59 in 2022 is categorised as extremely high by NICE. In 2021/2 Camden ranked 5th highest out of 148 upper tier local and unitary local authorities in England, rising from 8th in 2021. London has higher prevalence of HIV than England and when compared to similar London boroughs Camden ranks 4th out of 16.

HIV prevalence rate showed a steady downward trajectory in Camden with a 15% reduction over the previous two years, until 2020, when it began to climb. This differs from the National picture where the prevalence rate has remained relatively stable.

Sources: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 04/11/2022; Summary Profile of Local Authority Sexual Health, SPLASH (Jan 2022)

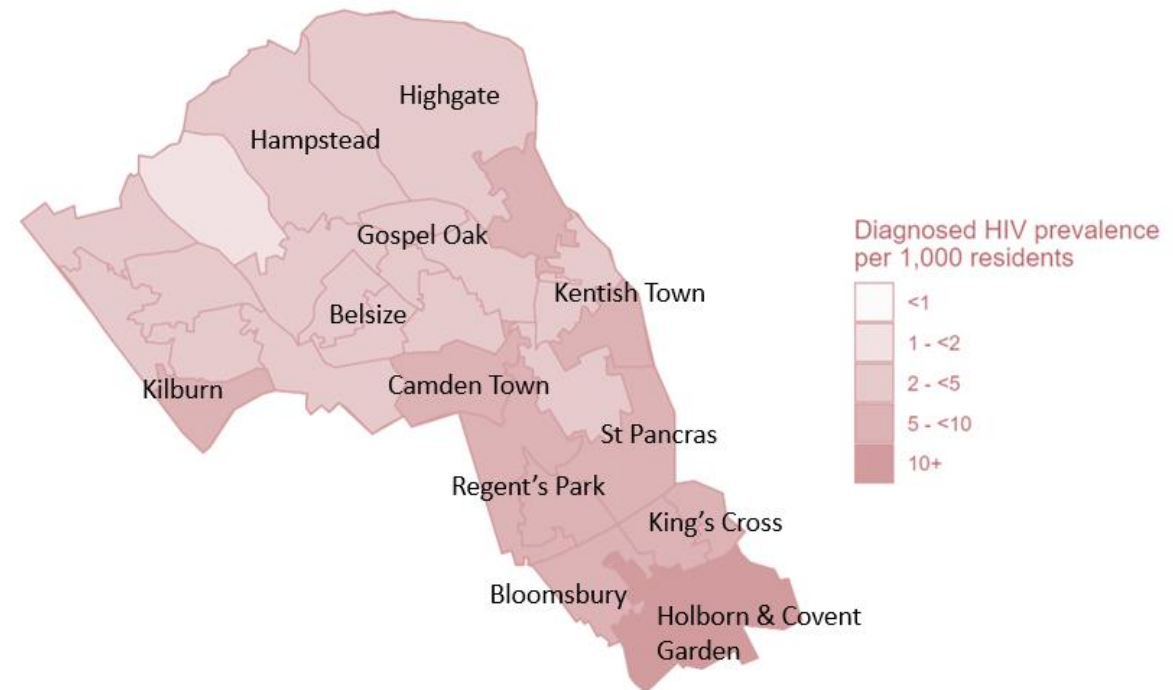
HIV prevalence rates are high across the borough, but are the highest in the Southeast end of the borough

There appears to be a gradient of HIV prevalence in Camden with progressively increasing rates from the Northwest to the Southeast of the borough.

All but one ward in Camden have a prevalence rate classified as high by NICE (>2 per 1000), and ten have extremely high (>5 per 1000) rates.

In the Southeast of the borough, some wards have rates exceeding 10 per 1000.

Map of diagnosed HIV prevalence among people of all ages in Camden by Middle Super Output Area, 2020



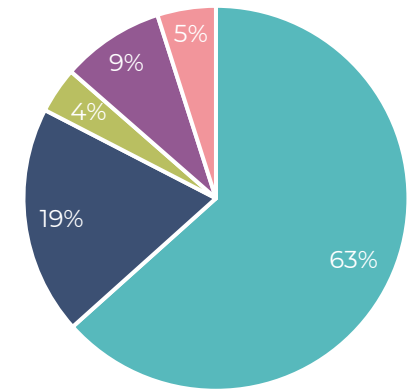
Source: OHID Summary Profile of Local Authority Sexual Health, SPLASH (Jan 2024), contains Ordinance Survey data
© Crown copyright and database right 2020

The majority of those living with HIV are aged 50-64, men who have sex with men and of white ethnicity

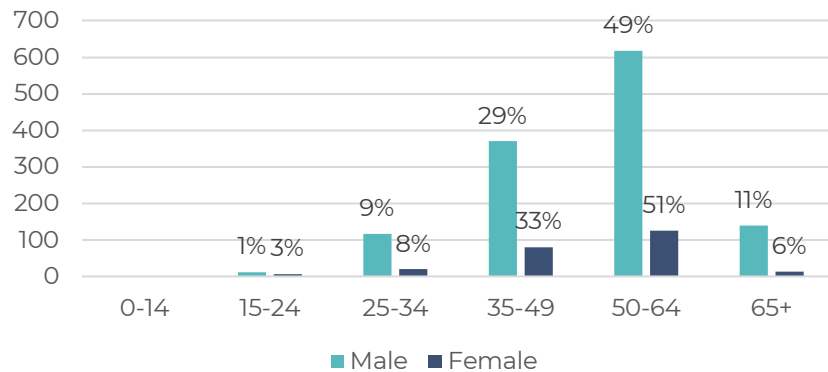
In 2022 49% of male residents and 51% of female residents living with HIV and accessing care were aged 50-64*.

Of those with HIV accessing care in 2022, 84% were men and 69% were men who had sex with men, taking into account Camden's population structure, this is suggestive of a relatively high prevalence of HIV among men who have sex with men.

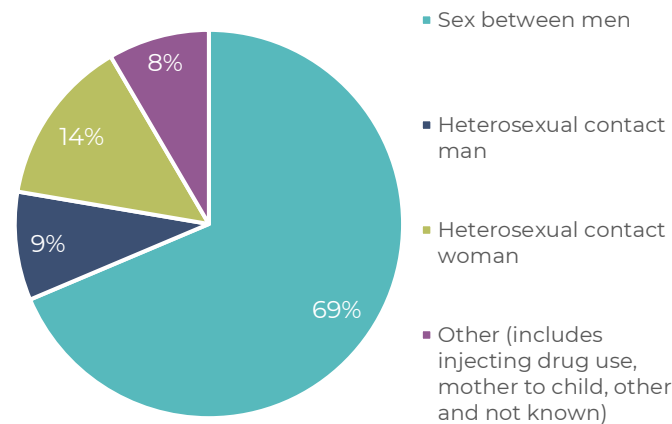
Proportion of Camden residents seen for HIV care by ethnicity, 2022



Number and proportion of Camden residents accessing HIV care by age and gender, 2022



Proportion of Camden residents seen for HIV care, by probable exposure 2022



White Black Asian Mixed/Other Not reported

63% of people living with HIV and accessing care in 2022 were of white ethnicity.

This is broadly reflective of Camden's population breakdown which in 2021 was estimated to be 60% white. Adjustment for population structure by ethnicity would be required to better understand which ethnic groups have higher prevalence of HIV.

Source: Camden local authority HIV surveillance data tables, 2018-2022

*These data are based on crude numbers

Despite a sharp decline in rates of new HIV diagnosis following the Covid-19 pandemic, Camden continues to have one of the highest rates of new HIV diagnosis in the country

Rates of new HIV diagnosis provide an indication of onward HIV transmission which the government aims to reduce by 80% by 2025 and eradicate by 2030.

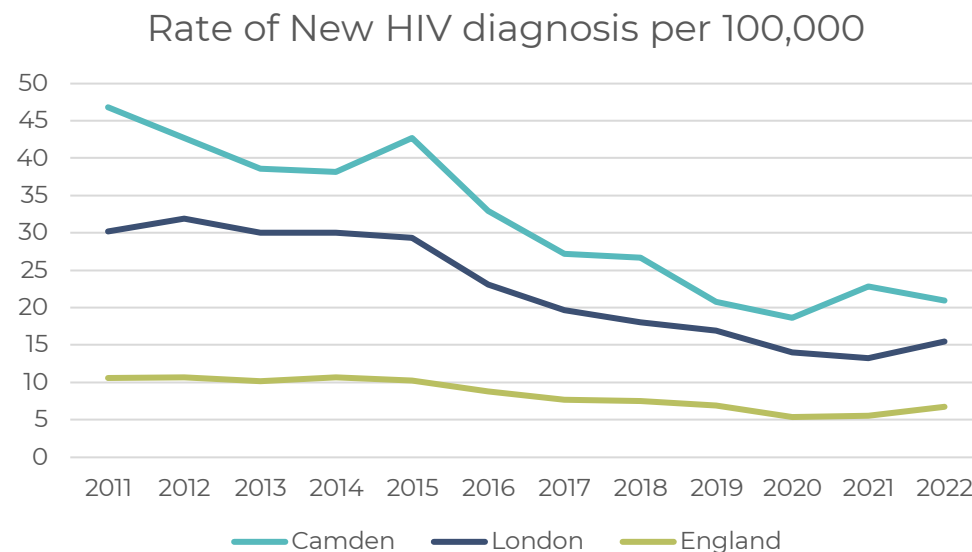
In 2022 Camden had the 13th highest rate of new diagnosis out of 147 upper tier local and unitary local authorities in England and the 10th highest rate compared to 16 similar London boroughs.

Rates of new HIV diagnosis declined between 2018 and 2020 before rising during the Covid-19 pandemic, decreasing again since 2021. This will reflect reduced rates of testing since the covid-19 pandemic as a result of service re-configuration, as well as reduced transmission from changes in sexual behaviour during lockdown.

Despite fluctuations, the overall trajectory has been downward with a 43% decrease in new HIV diagnosis in Camden over the last five years since 2018.

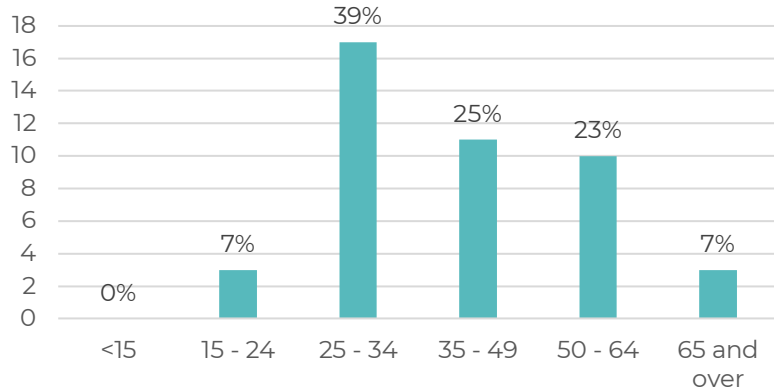
Note that the data presented here includes new diagnoses made in the UK and abroad. The proportion of diagnoses made abroad are higher in Camden than London, looking at UK diagnoses alone, rates are similar in Camden and London.

Sources: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023; HM government policy paper: Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2021 to 2022



New HIV Diagnosis demographics

Number and proportion of new HIV diagnoses among Camden residents by age, 2022

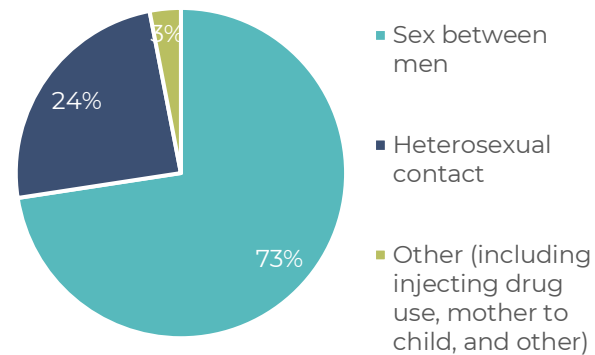


39% of new HIV diagnoses in 2022 were among 25-34 year olds and **25%** among those aged 35-49.

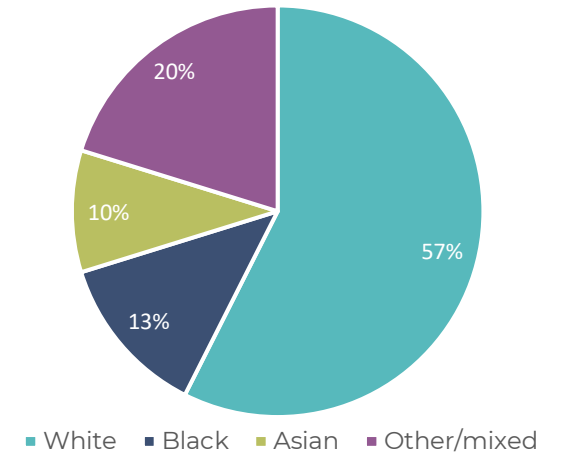
The data presented here are crude numbers, given that 25-34 year olds constitute the majority of Camden's population it is likely that standardising the results for age would show higher rates in older age groups.

In 2022 **68%** of people newly diagnosed with HIV were male. Due to incomplete data and small numbers, probable exposure is presented as a five-year average. It shows that men who have sex with men made up **73%** of those newly diagnosed with HIV over the period.

New HIV diagnosis among Camden residents by probable exposure, 2018-22



New HIV diagnosis among Camden residents by ethnicity, 2018-2022

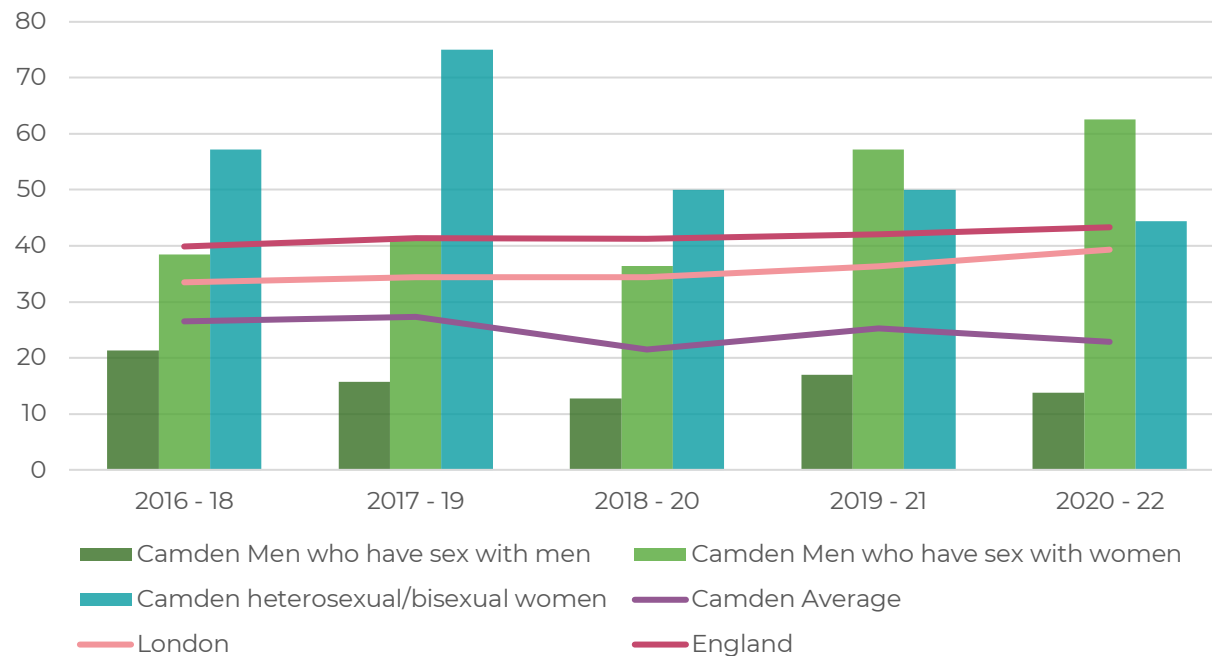


57% of people newly diagnosed with HIV between 2018 and 2022 were of white ethnicity, compared to 60% in Camden's general population in 2021. **13%** of new diagnoses were among people of **Black ethnicity**, in 2021 this group made up **9%** of Camden's population, this is in line with findings from 2018 that showed rates of HIV were highest among those of Black ethnicity compared to other ethnicities. Furthermore, **20%** of new HIV diagnoses were among those of **mixed or other ethnicity** who make up 13% of Camden's population.

Source: Camden local authority HIV surveillance data tables, 2018-2022

The proportion of people receiving a late diagnosis of HIV is lower in Camden to London and England

Proportion of those diagnosed with HIV in the UK receiving a late diagnosis



Late diagnosis is defined as having a CD4 count <350 cells/mm³ within 91 days of first HIV diagnosis in the UK.

People who receive a late diagnosis of HIV have a more than seven-fold increased risk of death within a year of diagnosis and higher levels of morbidity in the long term.

In Camden, the percentage of HIV diagnoses made at a late stage of infection in the three-year period between 2020 and 2022 was 22.9%, lower than the national average of 43.3% and the 2nd lowest out of 16 similar London boroughs.

An increase of 23.3% to 27.6% between 2018-20 and 2019-21 in the Camden average, has largely reversed as of 2020-22, and was likely to be due to service re-configurations as a result of the Covid-19 pandemic.

The proportion of those receiving a late diagnosis was more than two times greater among women and heterosexual men compared to men who have sex with men.

Sources: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023; Summary Profile of Local Authority Sexual Health, SPLASH, (Jan 2024)

Around four in ten people attending sexual health services, for whom an HIV test is appropriate, are tested for HIV

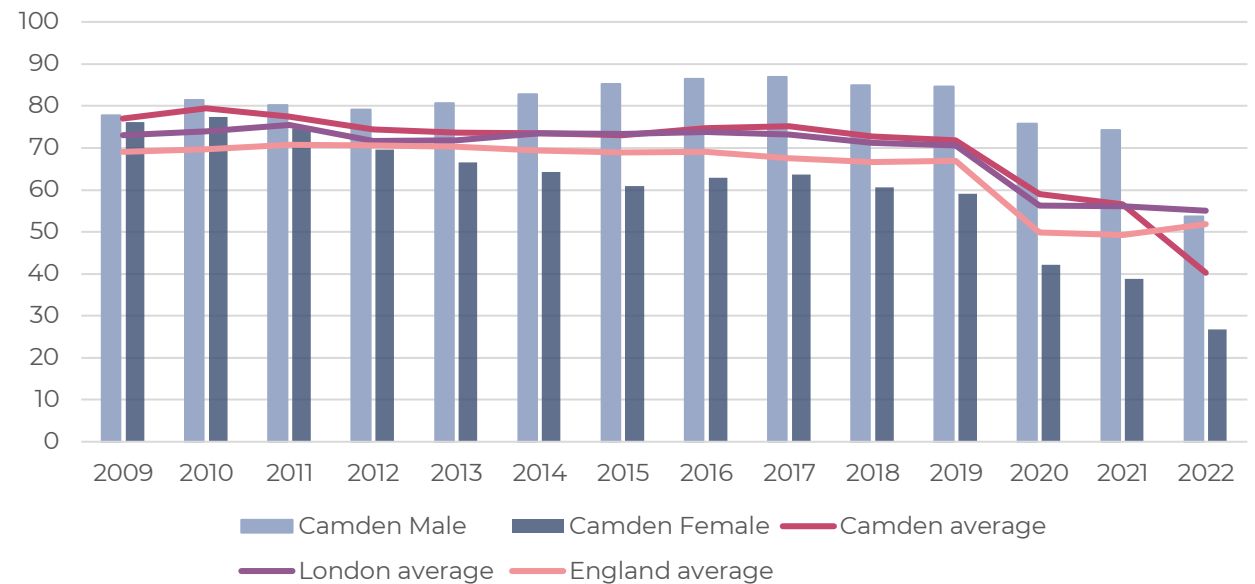
HIV testing coverage is the proportion of people attending sexual health services that received an HIV test, excluding those who were HIV positive, attended solely for sexual and reproductive related care or for whom HIV testing is not appropriate. It is a marker of effective testing in sexual health services.

In 2022 in Camden HIV testing coverage was 40% compared to 55% in London and 52% in England.

Testing coverage decreased from 71% in 2019 to 59% in 2020 in Camden, this reflects national trends and occurred because of the Covid-19 pandemic and has decreased further as of 2022.

The discrepancy between testing coverage in women and men has been increasing over time. In 2022 HIV testing coverage among women was 26.7% compared to 53.7% among men, this difference in coverage is likely due to targeted HIV testing among men who have sex with men, who had 63.6% coverage in 2022.

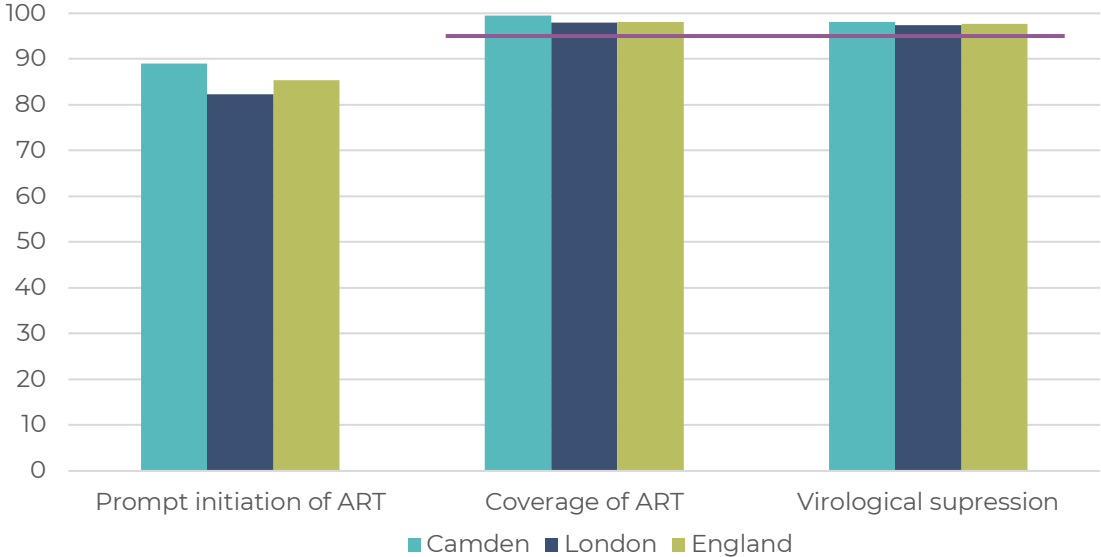
HIV testing coverage among sexual health service attendees



Sources: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023; Summary Profile of Local Authority Sexual Health, SPLASH, (Jan 2024)

More than 95% of people accessing HIV care are receiving antiretroviral therapy and have an undetectable viral load

Proportion of people accessing HIV care who start ART promptly, are receiving ART and who have virological suppression, 2020-2022



Note: Coverage/Virological Suppression = 2022, Prompt initiation = 2020-22. Purple line represents 95% target

Antiretroviral (ART) treatment for people with HIV is essential to reduce morbidity and mortality as well as prevent onward transmission.

Key components of the Fast-Track-Cities Initiative to end HIV are:

- 95% ART coverage, that is the proportion of people attending HIV services on sustained ART
- 95% virological suppression, that is the proportion of people with an undetectable viral load.

In 2022 Camden surpassed these targets achieving 99% ART coverage and 98% virological suppression, this is consistent with the picture in London and England.

Prompt initiation of ART, which is the proportion of people newly diagnosed with HIV starting ART within 91 days of diagnosis, is also important to prevent onward transmission. In Camden 89% of people initiate ART promptly compared to 82% in London and 85% in England.

Sources: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023; Summary Profile of Local Authority Sexual Health, SPLASH, (Jan 2024)

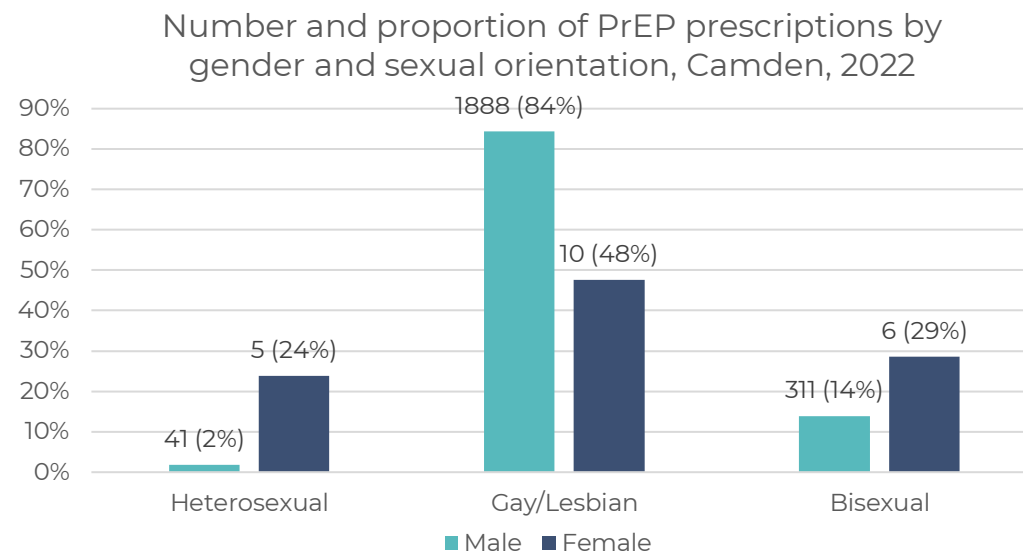
Camden has among the highest levels of Pre-Exposure Prophylaxis (PrEP) need in London; the majority of people receiving PrEP are men who have sex with men

Pre-exposure prophylaxis (PrEP) is a drug taken by HIV-negative individuals before they have sex to stop them acquiring HIV. The role out of routine PrEP commissioning began in England in the autumn of 2020 as part of HIV prevention strategies

Area	PrEP need 2022	Coverage of those in need 2022
Camden	24%	76%
London	17%	71%
England	10%	78%

PrEP need reflects the proportion of people attending sexual health services who are at high risk of HIV and therefore could benefit from PrEP. In 2022, Camden ranked 5th highest out of 33 London boroughs for PrEP need. The proportion of people needing PrEP in Camden is more than double England’s average. Note that this relies on accurate identification of high-risk individuals, sexual orientation continues to be relatively poorly reported.

PrEP coverage reflects the proportion of people with PrEP need who receive PrEP. In 2022 Camden ranked 18th highest out of 33 London boroughs for prep coverage and had 2% lower coverage than the national average. This means that of individuals identified as having PrEP need, 563 people are not receiving PrEP care.



98% of men using PrEP in Camden are men who have sex with men, with 84% identifying as gay and 14% as bisexual.

Sources: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023;
Source: UKHSA HIV and STI surveillance system (GUMCAD), accessed 29/04/2024

Summary of HIV in Camden

- The proportion of people living with HIV in Camden and the rate of new diagnosis are decreasing but remain among the highest in the UK.
- HIV rates are highest in the south of the borough, with some wards exceeding 10 cases per 100 population.
- 68% of new HIV diagnosis are among men, with 74% of probable exposure being sex between men, followed by heterosexual contact (24%).
- A majority (39%) of new diagnosis are among 25-34 year olds, however as Camden has a large younger population, standardizing these results with age is important to identify proportionate risk.
- Nearly one in four (22%) people diagnosed with HIV are diagnosed late, and the drop in testing coverage at sexual health services since the Covid-19 pandemic has yet to recover.
- In 2022 Camden surpassed the Fast-Track Cities Initiative targets of 95%, achieving 99% ART coverage and 98% virological suppression; this is consistent with the picture in London and England.
- The need for pre-exposure prophylaxis (PrEP) in Camden is more than double the England average, and the majority of PrEP prescriptions are among men, 84% of whom identify as gay.

Reproductive Health

- Contraceptive methods
- Long-acting reversible contraception
- Unwanted pregnancy and access to abortion services
- Teenage pregnancy

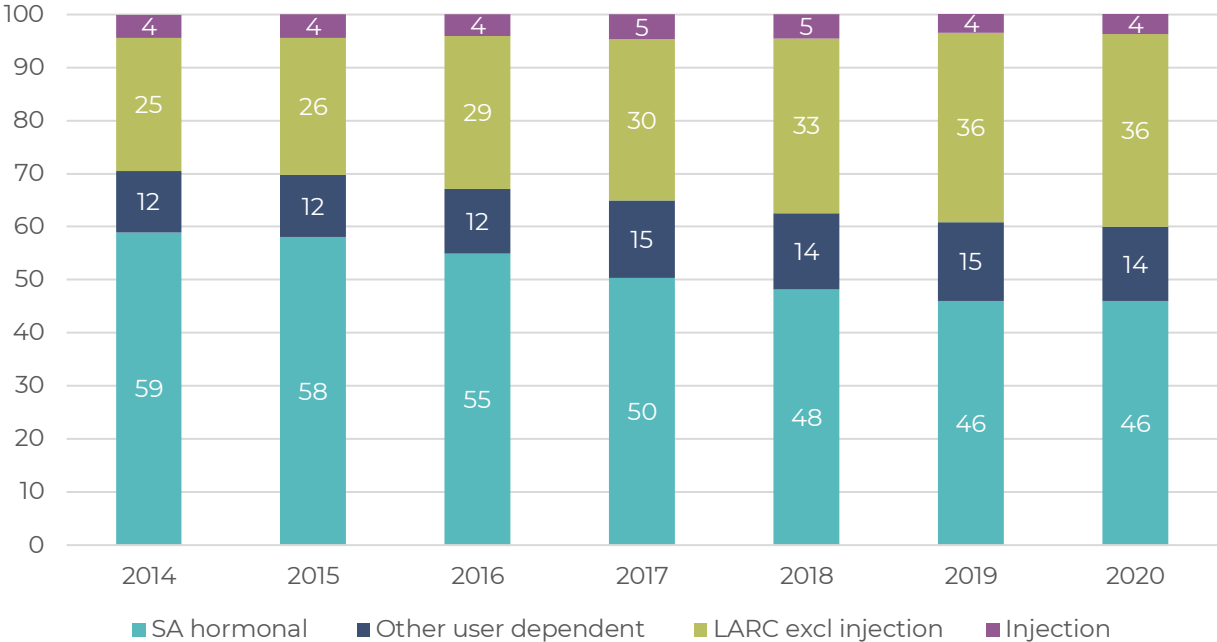
The proportion of women choosing long-acting, reversible contraception at sexual health and reproductive services (SHRS) has increased over-time; short acting remains the most popular contraceptive choice of Camden residents

The importance of all women being given the opportunity to make an informed choice regarding contraception is advocated by the government and Faculty of Sexual and Reproductive Healthcare.

Contraception is available free of charge from a range of services, SRHS and GPs are the key providers for which contraception data is routinely collected, young people’s services and integrated sexual health services also provide contraception.

The data from SRHS suggests that user dependent methods of contraception are the preferred option in such settings. It is likely that in GP settings user dependent methods would constitute an even larger proportion of contraception prescribed as not all GPs offer LARC services

Type of contraceptive chosen by women attending SRHS (%)



Sources: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 16/11/2023

Note: Data is most recently available via Fingertips, trends past 2020 cannot be calculated

The rate of LARC prescription is lower in Camden than in London and England, particularly for GP compared to SRHS prescribed LARC

Rate of LARC (excl. injection) prescription per 1,000 female 15-44 population by service type in Camden, London and England 2022



NICE encourages the use of long-acting reversible contraception due to its higher efficacy, not relying on daily compliance, and cost effectiveness relative to user dependent methods.

The rate of LARC prescription varies between areas and settings:

Proportion of LARC prescribed in GP and SRHS settings in 2022:

Area	GP prop of LARC prescription		SRHS prop of LARC prescription	
	%	Count	%	Count
Camden	32%	655	68%	1,370
London	36%	22,490	64%	47,780
England	60%	294,471	40%	196,408

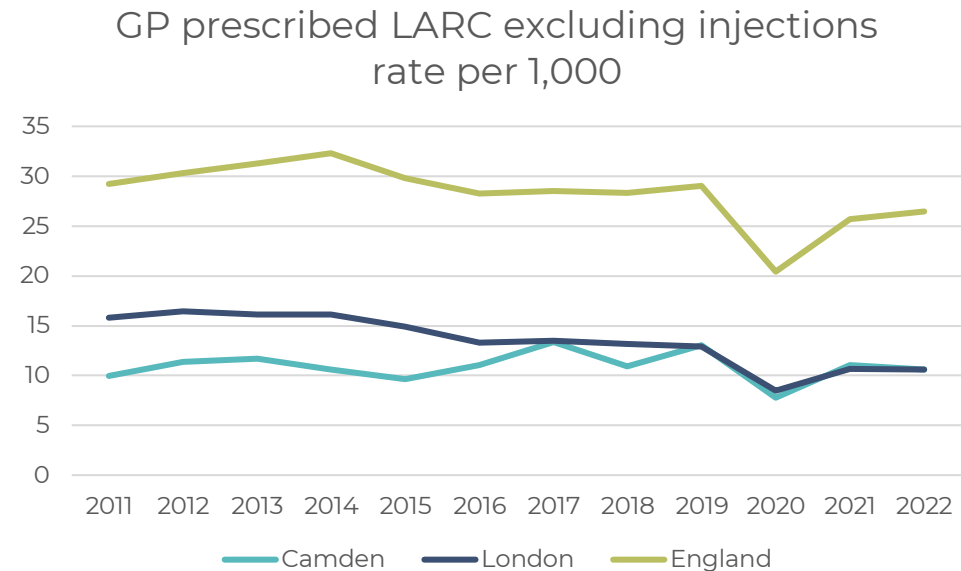
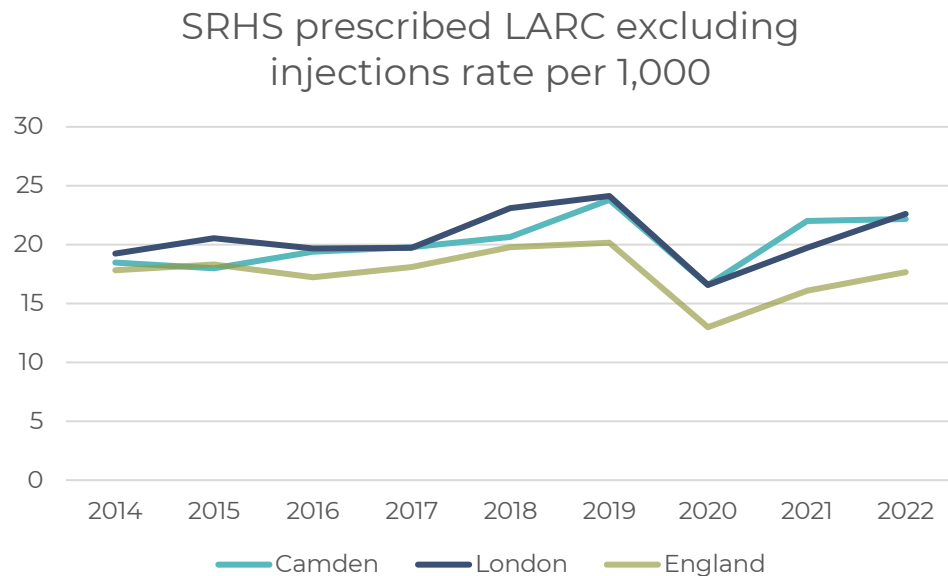
In Camden, similarly to London, the proportion of LARC prescribed in GP settings is almost half that in England. This is likely due to greater accessibility of SRHS within cities, compared to rural areas across England

Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 04/11/2022

The rate of LARC prescribing fell during the Covid-19 pandemic, especially in Camden's GP settings, but has shown some recovery

Prior to 2019 LARC prescription rates in Camden had remained steady with a slight increase between 2018 and 2019 in both GP and SRHS settings.

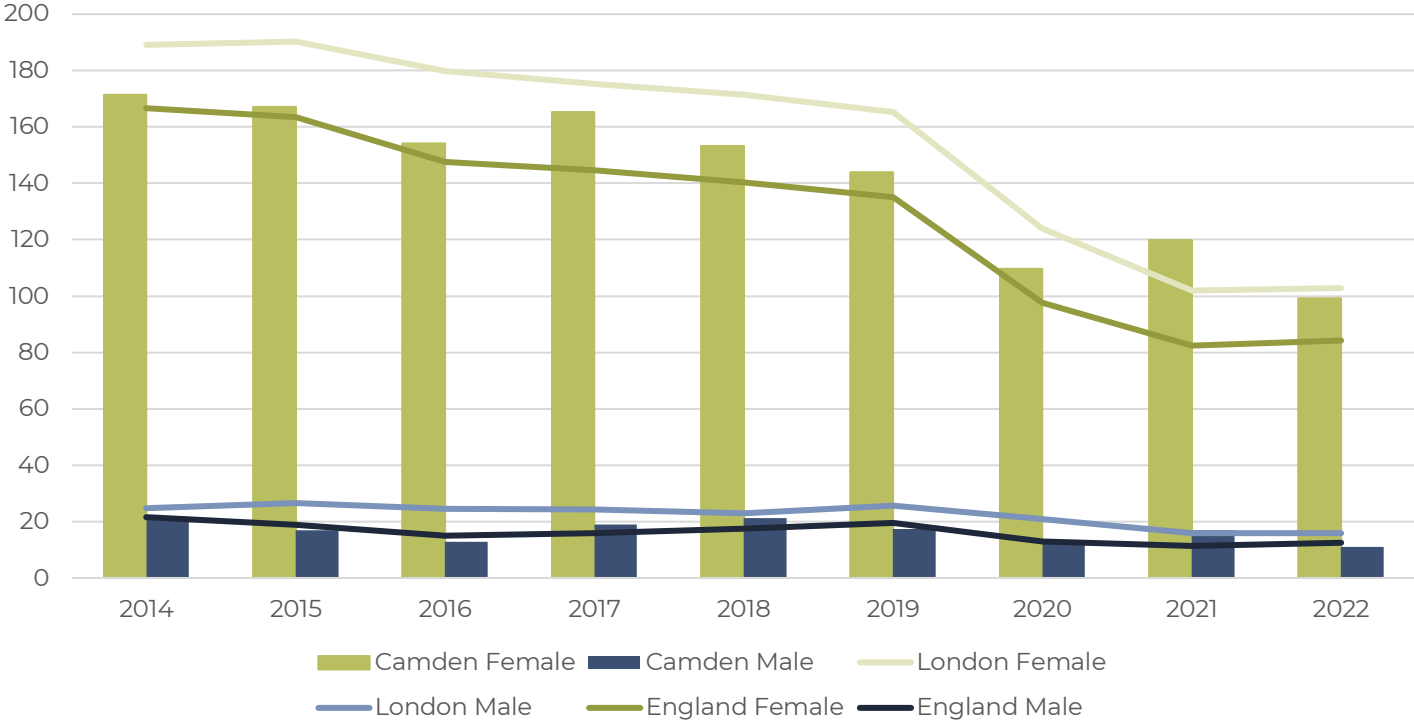
LARC prescribing saw a 34% drop between 2019 and 2020, with reductions in both SRHS and GP prescription, likely impacted by pandemic restrictions. Since 2021 however, rates have improved in both SRHS and GP prescribed LARC, though are yet to reach pre-pandemic levels.



Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 17/11/2023

Young people- The rate of attendance to specialist contraceptive services decreased following the Covid-19 pandemic and is lower among Camden residents than the London average

Attendance to specialist contraceptive services among under 25's, rate per 1000 by gender



Note: Due to limited data availability, Q1-3 2022 is the most recent data we are able to review, and any inferences should be made with caution.

Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 17/11/2023

The Department of Health and Social Care’s Framework for Sexual Health Improvement in England (2013) emphasised the importance of improving sexual health outcomes for young people including easy access to contraceptive services.

Females attend contraceptive services more than males nationally, reflecting the fact that the majority of contraceptive options are for women.

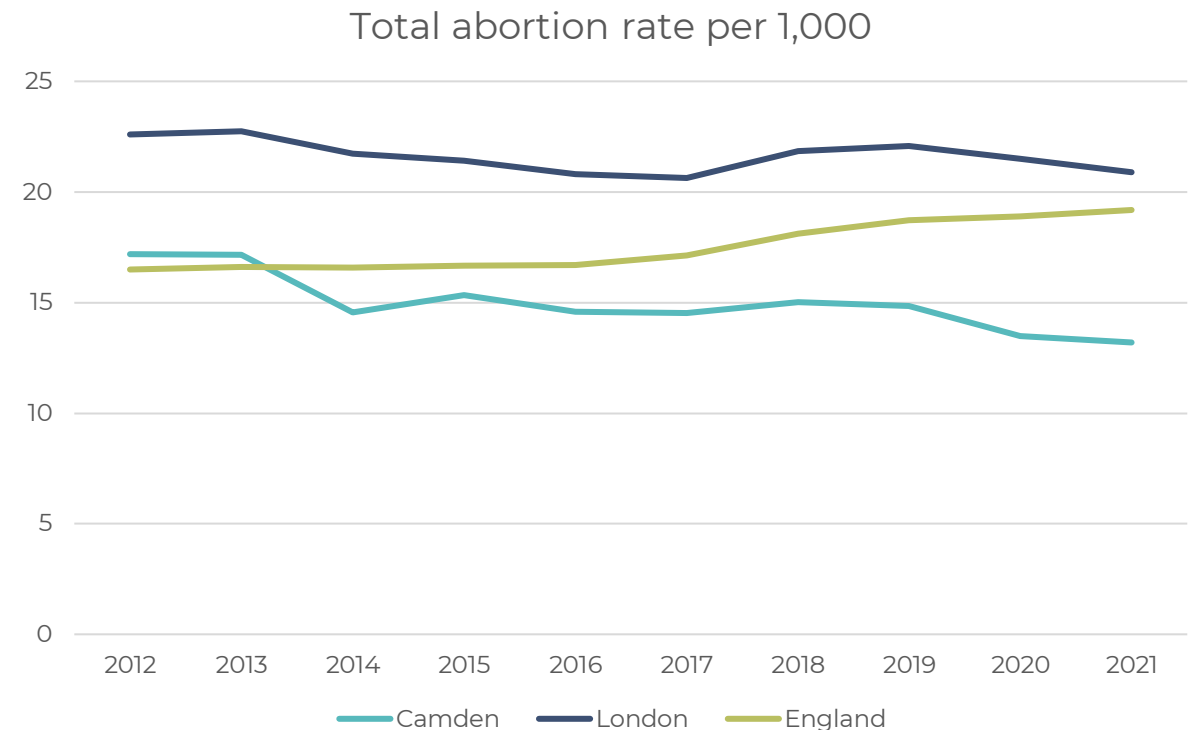
In 2020 the rate of attendance to specialist contraceptive services among women living in Camden was 110 per 1,000 compared to 124 per 1,000 in London. Unlike STI testing, online options for contraception are more limited and while an online service was started in 2022, its numbers remain low. Assuming that pharmacy and general practice provision of contraception has followed a similar trend, this suggests that young people’s access to contraception remains poorer than it was prior to the pandemic.

Abortion rates in Camden are lower than in London and England and showed a small decrease following the Covid-19 pandemic

In 2021 a total of 879 abortions took place in Camden. The rate of abortions has remained relatively stable over the last 5 years. Since 2017 abortion rates have increased in London and England while decreasing in Camden.

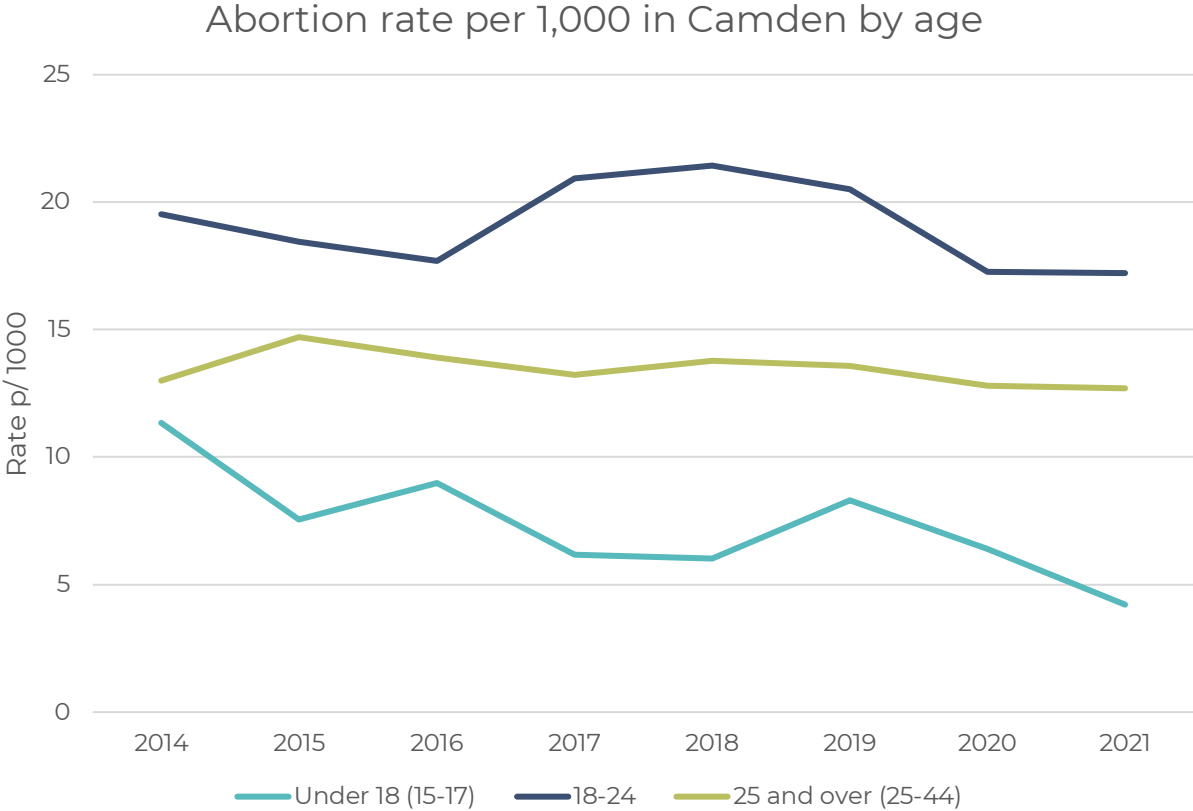
Abortion rate is an indicator of lack of access to good quality contraception and problems with individual use of contraceptive method.

Despite lower rates of LARC prescription compared to London and England, Camden's lower abortion rates indicate relatively good overall access to and use of contraception.



Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 17/11/2023

Abortion rates in Camden are highest in the 18-24 age group, abortions in the under 25 age group were disproportionately affected by the Covid-19 pandemic



Although rates of abortion are higher in the 18-24 age group, over 25s still account for the largest number of abortions, 597 in 2022.

National trends suggest a steady reduction in abortion rate in the over 25 age group, this does not appear to be the case in Camden where rates have remained relatively stable.

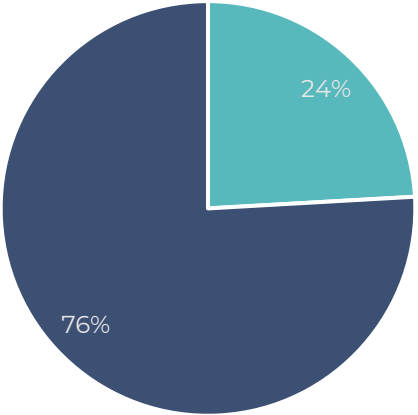
Between 2019 and 2020 the rates of abortion dropped across all ages but disproportionately so in the under 18 age group, who have seen a 49% drop. This could be due to more substantial changes in sexual behaviour in this age group as a result of lock-down measures.

Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 17/11/2022

In 2021, just under one in four abortions under 25 years were in women who had previously had an abortion

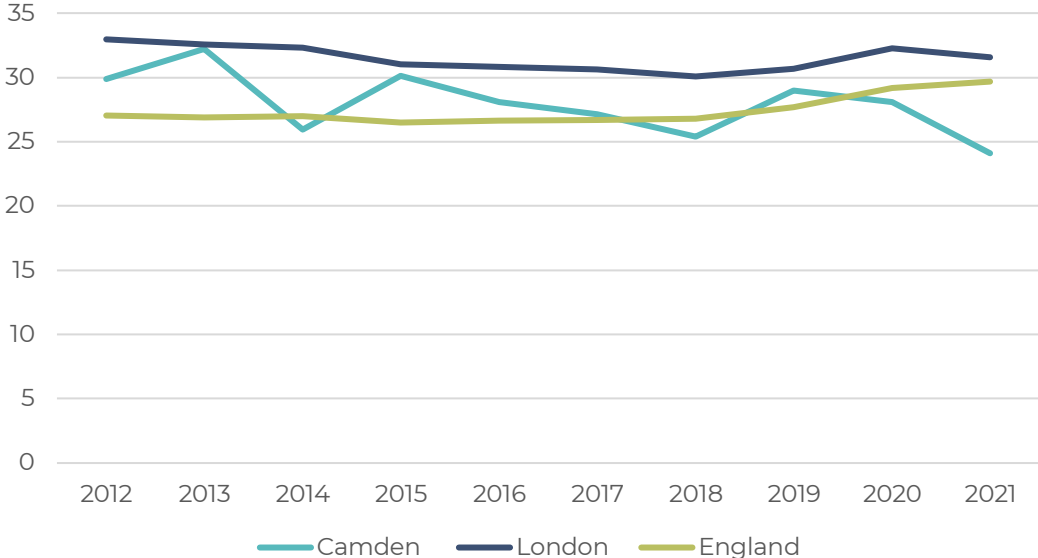
Repeat abortions are an indicator of poor access to contraception despite contact with abortion services. In 2021 the proportion of repeat abortions among women under 25 in Camden (24%) was slightly lower than that in England (29%). This highlights the importance of supporting women who attend abortion services with access to contraception.

Proportion of abortions under 25 years that are repeat abortions in Camden 2021



■ Repeat abortion ■ First abortion

Proportion of abortions under 25 years that are repeat abortions

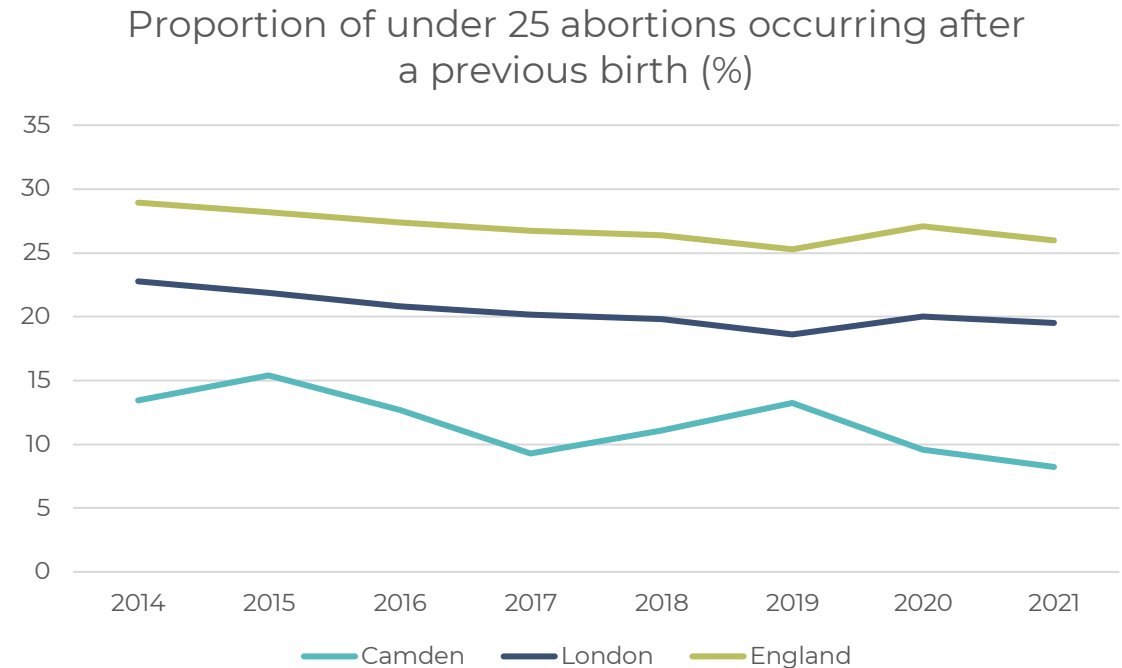


Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 17/11/2023

In 2021 8% of abortions under 25 years were in women who had previously given birth

Abortions following birth are an indicator of post-partum provision of contraception, in 2020 the Faculty for Sexual and Reproductive Health emphasised the importance of post-partum contraception and suggested maternity services offer contraceptive services so women who have given birth don't have to look elsewhere.

In Camden, the proportion of abortions that occurred after a woman had given birth in 2021 was 8% compared to 20% in London and 25% in England.

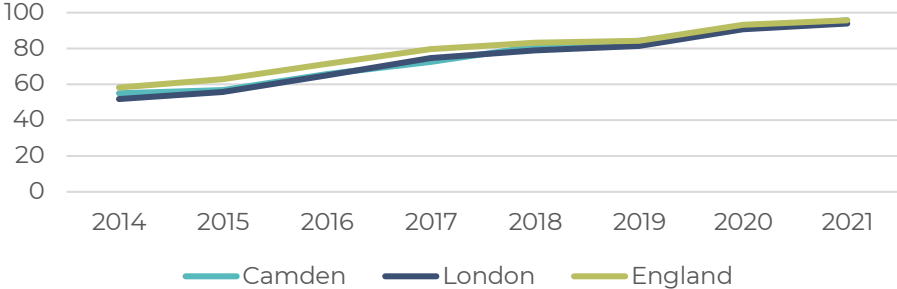


Sources: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 17/11/2023; Restoration of SRH Services during Covid-19 and Beyond, Faculty for Sexual and reproductive Health (FSRH), (June 2020)

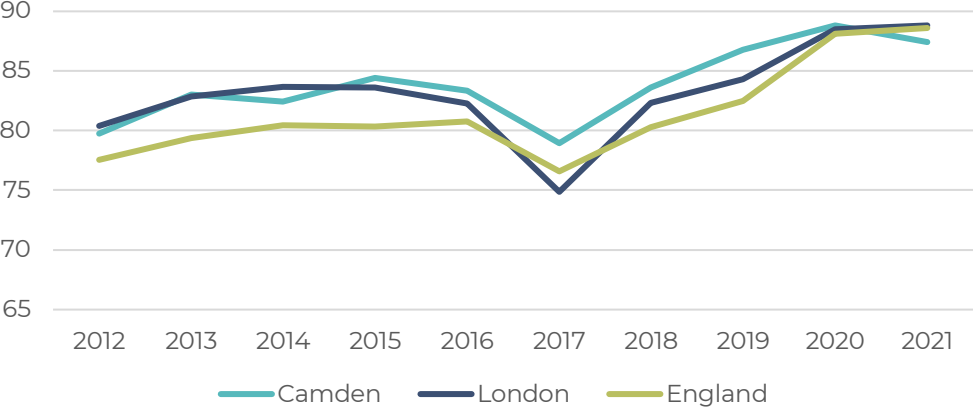
Almost 90% of abortions occur under 10 weeks gestation; over 90% of these are performed medically

Abortions performed under 10 weeks' gestation are safer and more cost-effective than those performed later. Since 2017 the proportion of abortions under 10 weeks in Camden has increased consistently from 79% to 87% in 2021, this is consistent with levels of 89% in London and England.

Proportion of abortions under 10 weeks that are medical



Proportion of abortions that occur under 10 weeks



Abortions can be performed using medical or surgical techniques including new minimally invasive techniques such as manual vacuum aspiration. NICE and the Faculty for Sexual and Reproductive Health advocate that women should be able to choose the method they prefer. In Camden and nationally around 95% of abortions under 10 weeks are medical, this could reflect poor access to surgical abortion- particularly during the Covid-19 pandemic, it may also indicate increasing availability of medical options and /or preference among women for less invasive options.

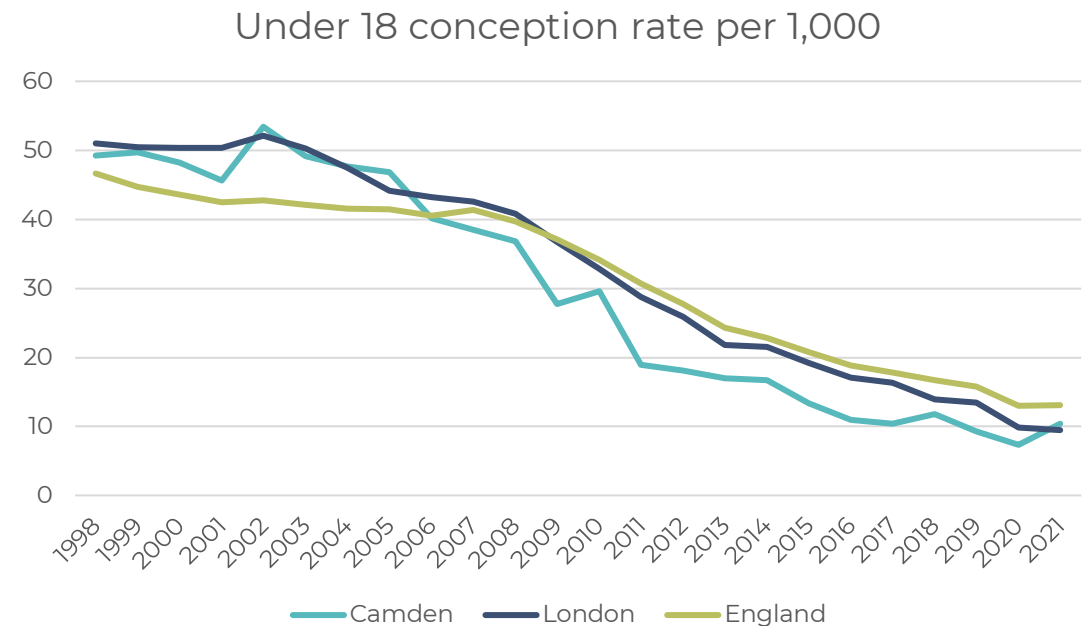
Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 04/11/2022; National Service Specification for Abortion Care 2022

Under 18 pregnancy is now a fifth of what it was 20 years ago and rates in Camden are similar to London and lower than in England

Teenage pregnancy is caused by and perpetuates health and education inequalities for parents and children, this includes lower education and employment and higher stillbirth and infant mortality.

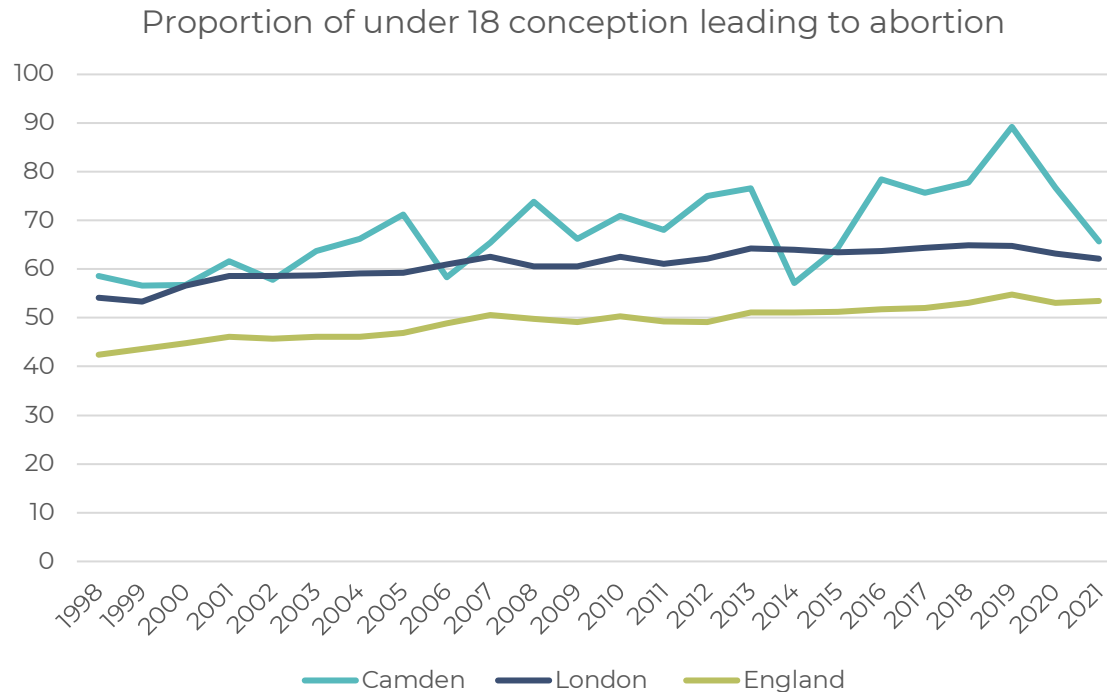
Significant progress has been made since the introduction of the government's teenage pregnancy strategy in 1999. Between 1998 and 2021 Camden has seen an 79% reduction in the rate of under 18 conceptions.

In 2021, Camden had an under 18 pregnancy rate of approximately 10 per 1,000 compared to 10 and 13 per 1,000 in London and England. Within London, Camden ranked the 13th highest of all 33 boroughs and 7th highest of 16 similar boroughs.



Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 18/01/2023; Summary Profile of Local Authority Sexual Health, SPLASH (2024)

Around two-thirds of under-18 pregnancies end in abortion



Under 18 pregnancies are more likely to end in abortion than those in older ages, with 66% of under 18 pregnancies in Camden ending in abortion in 2021 compared to 30% of pregnancies in all ages in Camden, and 27% nationally.

The proportion of under 18 pregnancies ending in abortion in Camden was significantly higher in 2019 at 89% compared to 63% in London and 53% in England. However, this rate has decreased, and is no longer significantly greater than the London (62%) or England (53%) proportions.

A lower-than-average percentage may indicate a higher proportion of young women choosing to continue a pregnancy but may also highlight barriers to accessing care. This also highlights the importance of access to contraception in this age group specifically.

Source: OHID, Fingertips Public Health data, Sexual and reproductive health profiles accessed 17/11/2023; ONS conceptions in England and Wales: 2021

Summary of reproductive health in Camden

- Camden has lower rates of abortion compared to London and England suggesting relatively better contraception coverage.
- User dependent methods remain the most common choice of contraception.
- LARC prescription rates in Camden GPs and sexual and reproductive health services (SRHS) are similar to London averages. GP rates are significantly lower than England averages, though this is partially explained by the lower availability of SRHS in rural areas of England
- Almost 90% of abortions in Camden occur within 10 weeks' gestation, suggesting high quality of abortion services
- Good progress has been made in reducing under 18s pregnancy, which has fallen by 79% since the introduction of the government's teenage pregnancy strategy in 1999.
- Two thirds of under 18 conceptions end in abortion, similar to London and England averages, and so good contraception provision to this group is essential for prevention of unwanted pregnancy.

Service data

- Provider summary
- Integrated sexual health services
 - Service providers most commonly used by residents
 - Local clinics most used by residents
 - Local clinic appointment numbers and attendee demographics
- E-service:
 - E-service access channels
 - E-service test numbers and user demographics
 - E-service test positivity
- Children's services:
 - CYP clinic appointment numbers and attendee demographics
 - Contraception
 - Rate of SRHS access among the under 25s
 - C-Card registrations and access points

Note: The following section contains data that it was not possible to review updates for and as such some figures may be out of date. The data has been included to give an indication of previous trends but should be interpreted with caution.

Provider summary – Integrated sexual health service and other council commissioned services

Integrated sexual health services (ISHS) are available UK wide and offer a range of sexual health services. Camden and Islington (C&I) Councils jointly commission ISHS for their residents, enabling them to attend any clinic in the UK.

The local ISHS provider for C&I is Central and North West London (CNWL), CNWL ISHS offer a full range of general and targeted SH services open to residents in any London borough. In addition to ISHS, C&I commission other local services available specifically to local residents and run sexual health outreach programmes.

Local ISHS (CNWL)

Services:

- STI testing and treatment
- Chlamydia screening
- HIV testing, prevention and support
- PrEP
- Hepatitis B and C testing and support
- Contraception including LARC
- Psychosexual health related to sexual health problems

Targeted services:

- Young People
- Sex workers- CLASH/SHOC
- People with learning disabilities

Adult Clinics:

- Archway Centre
- Mortimer Market
- Edgware Community Hospital
- Vale Drive Primary Care centre
- Bloomsbury Clinic (HIV)
- The Bridge (Learning disability)

Children and Young people's clinics:

- Brook and outreach locations
- Brandon
- Pulse

Online service:

- www.SHL.uk

Other council commissioned services

Candi-NETWORK

- Holistic support for those affected by HIV

Body and Soul

- Specialist support for children affected by HIV

Relationships and Sex education in schools (RSE)

- Training for professionals to support the delivery of safe and effective RSE

Provider summary – NHS and Integrated Care Board (ICB) commissioned services available to Camden and Islington (C&I) residents

Other services available to C&I residents commissioned by NHS England and Local ICBs are summarised below. The sexual health provider landscape is complex and some clinics will offer services commissioned by multiple bodies.

Local NHS commissioned services

General sexual health:

General practice provision of:

- STI testing and treatment
- Contraception including LARC

Pharmacies:

- Emergency and user dependent contraception

Sexual Assault:

- The Havens
- North London Rape Crisis (Solace Women's Aid)
- The Lighthouse (Children and young people)

HIV treatment

- Bloomsbury clinic
- Ian Charleson Day Centre
- Wharf side Clinic

HPV vaccination

- Delivered at local schools

Local ICB commissioned services

Abortion:

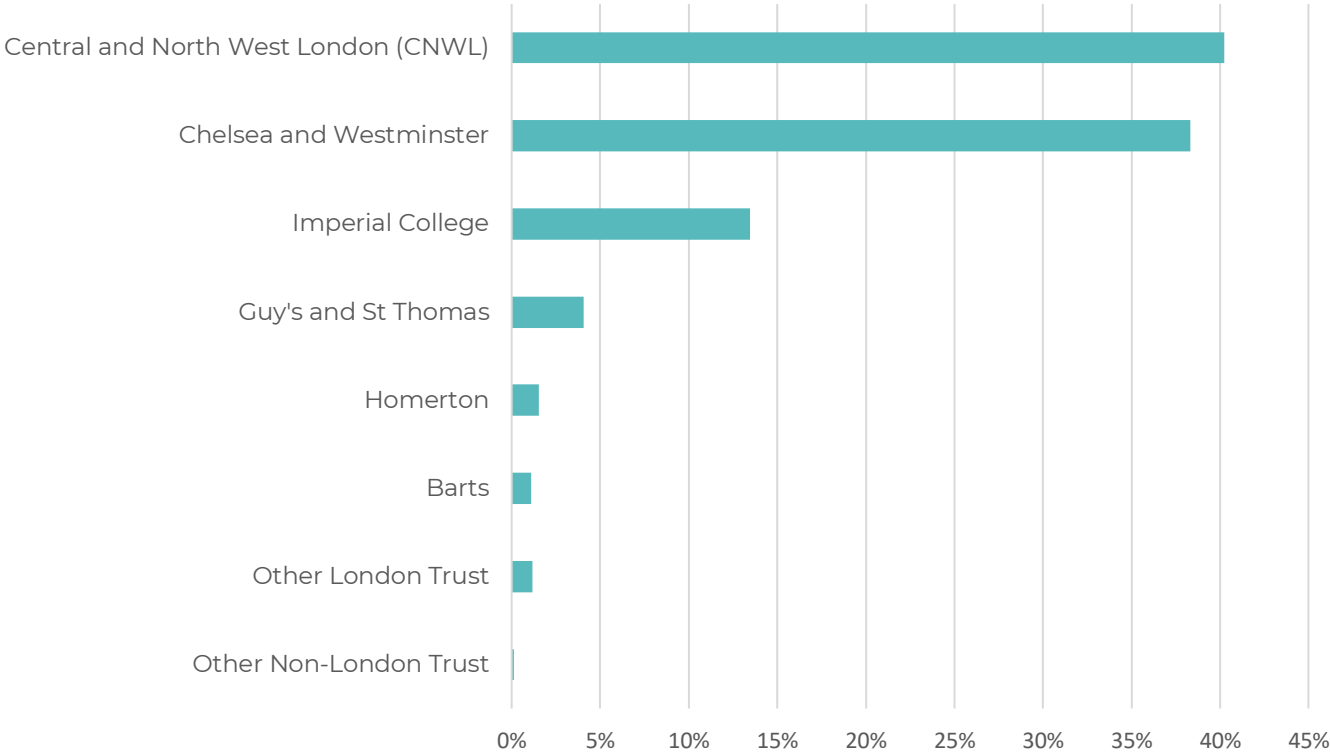
- MSI reproductive choices
- NUPAS
- BPAS

Psychosexual problems (not related to a sexual health issue):

- St Pancras Sexual Problems Clinic

ISHS – Central and North West London and Chelsea and Westminster are the integrated sexual health services most used by Camden residents

Percentage spend on ISHS by provider, 2022 Quarters 1-3



Looking at Camden specifically, 40% of Camden council spend on integrated sexual health services went to local provider Central and North West London NHS Foundation Trust (CNWL).

Neighbouring providers Chelsea and Westminster Hospital NHS Foundation Trust and Imperial College Healthcare NHS Trust account for 38% and 13% of the councils spend respectively.

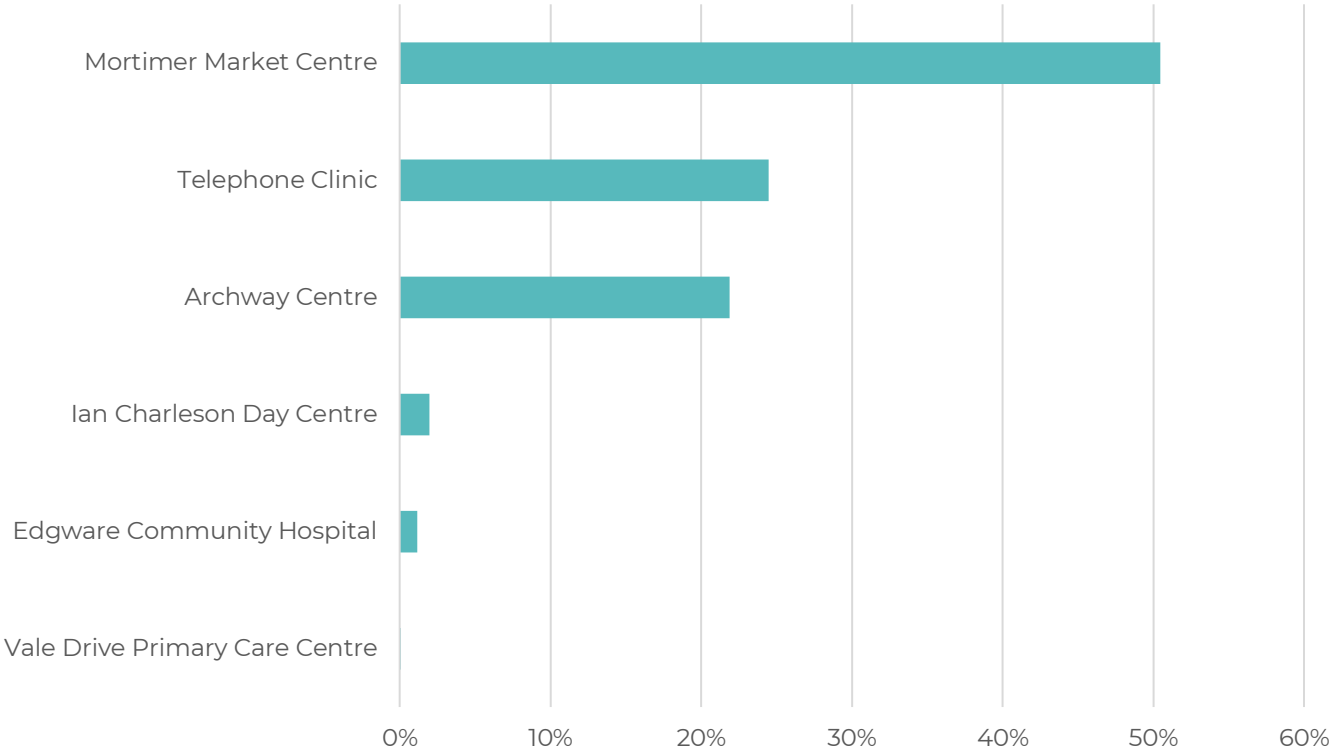
Camden residents use of services outside of the borough could be explained by a number of factors including these services being more conveniently situated (e.g. closer to work), offering more anonymity than local services, or a better quality of service.

Note: Due to limited data availability, Q1-3 2022 is the most recent data we are able to review and some figures may be out of date. Any inferences should be made with caution.

Source: Local Authority economic analysis of sexual health services (Pathway Analytics) (2017-2022)

ISHS – Mortimer Market and Archway account for the majority of CNWL’s face-to-face sexual health appointments, telephone clinics remain a popular choice

Proportion of CNWL SHS appointments by clinic, Camden residents 2022 (Q1-3)



In the first three quarters of 2022, Mortimer Market accounted for 51% and Archway Centre for 22% of ISHS clinic appointments provided by CNWL.

In 2019, following service reconfigurations as a result of the Covid-19 pandemic, CNWL started providing a telephone clinic as an alternative to face-to-face appointments. In 2022 this service continued to be a popular method of accessing sexual health appointments, accounting for 25% of appointments.

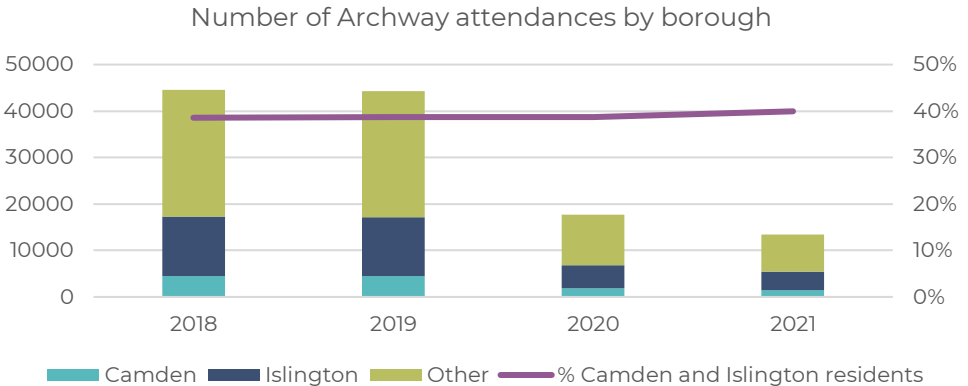
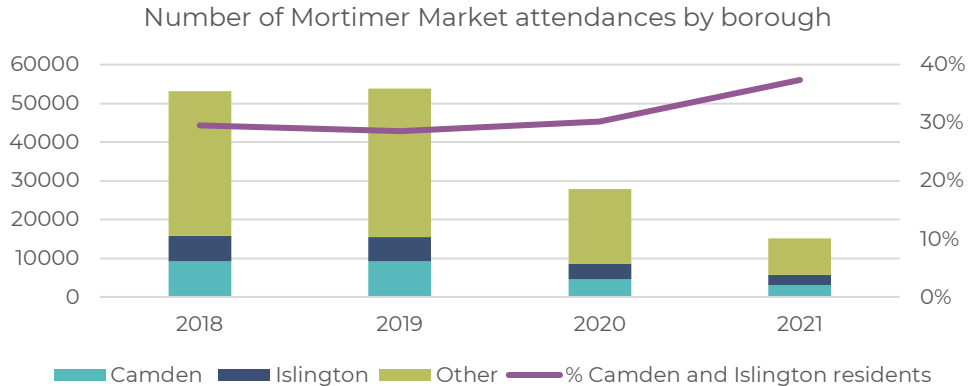
Note this data is for all attendees to CNWL clinics which includes Camden and non-Camden residents.

Note: Due to limited data availability, Q1-3 2022 is the most recent data we are able to review and some figures may be out of date. Any inferences should be made with caution.

Source: Local Authority economic analysis of sexual health services (Pathway Analytics) (2017-2022)

ISHS – The majority of appointments at Archway and Mortimer Market clinics are attended by people resident outside of Camden and Islington; following the Covid-19 pandemic appointment numbers more than halved

In 2021, 3,122 appointments at Mortimer Market were attended by Camden residents and 1,386 at Archway Centre. Camden residents made up 21% of Mortimer Market and 10% of Archway attendees, together Camden and Islington residents made up 37% of Mortimer Market and 40% of Archway attendees, compared to 30% and 39% in 2018.



There was a sharp drop in appointment numbers at both clinics between 2019 and 2020/21 due to the Covid-19 pandemic, during this time telephone appointments and online services through Sexual Health London were able to provide some services such as self-testing for STIs. Further disruption was seen when sexual health services were diverted to managing the Monkey Pox outbreak in 2022.

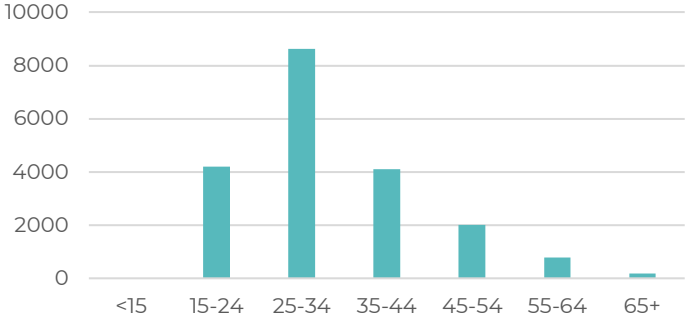
Figures for the first 3 quarters of 2022 show the numbers of appointments exceed the total number in 2021 suggesting some recovery of face-to-face services however it is unlikely they will reach pre-pandemic levels this year.

The lack of recovery in face-to-face appointments following the Covid-19 pandemic suggests that a large proportion of sexual health services have remained via telephone and online.

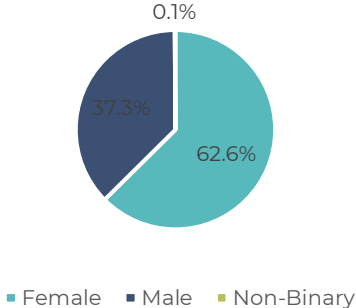
Note: Note: Due to limited data availability, Q1-3 2022 is the most recent data we are able to review and some figures may be out of date. Any inferences should be made with caution. 2022 data has been removed from graphs, as Q4 is not available. Source: CNWL service data (2018-2022)

ISHS – Attendance at services by age, gender, sexual orientation and ethnicity

Mortimer Market and Archway attendees 2022 by age

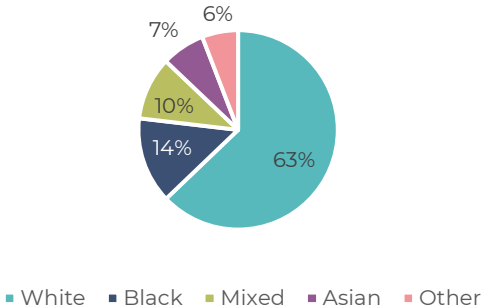


Mortimer Market and Archway attendees 2022 by gender

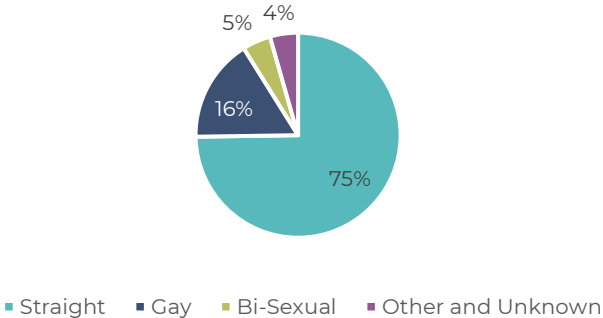


Compared to the demographics of those testing positive for STIs in Camden, Mortimer Market and Archway Centre have a higher proportion of straight, female attendees. This could reflect the demographic breakdown of those attending from other boroughs, it may also be that gay men in Camden choose to use sexual health services outside of the borough.

Mortimer Market and Archway attendees 2022 by ethnicity



Mortimer Market and Archway attendees 2022 by Sexual orientation



Note ethnicity data should be interpreted with caution as 29% of attendees were of unknown ethnicity, the data presented here is calculated on the assumption that those of unknown ethnicity had the same ethnic distribution as those for whom ethnicity was known.

Note: Due to limited data availability, Q1-3 2022 is the most recent data we are able to review and some figures may be out of date. Any inferences should be made with caution.

Source: CNWL service data (2018-2022)

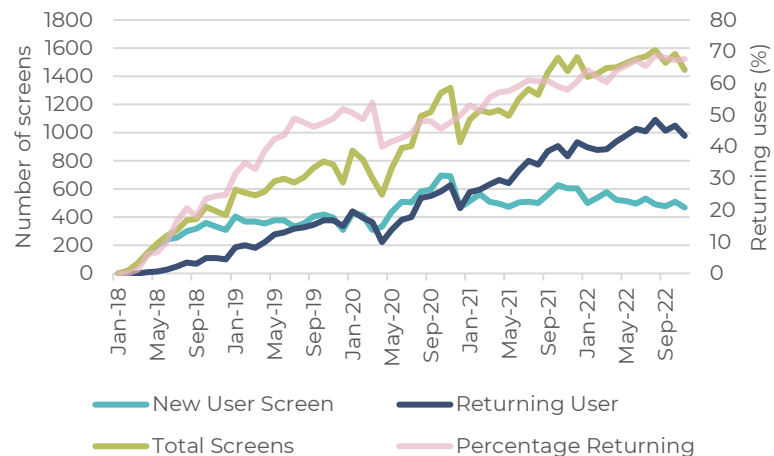
E-Service- The number of STI screens requested online by Camden residents has continued to increase since the service began

The E-Service provided by Sexual Health London (SHL) started in 2018 and was targeted at those without symptoms who could request STI screening without the need to attend a clinic. It has since expanded and now caters for those with mild symptoms and in 2022 started offering online consultations and prescription of user dependent contraception.

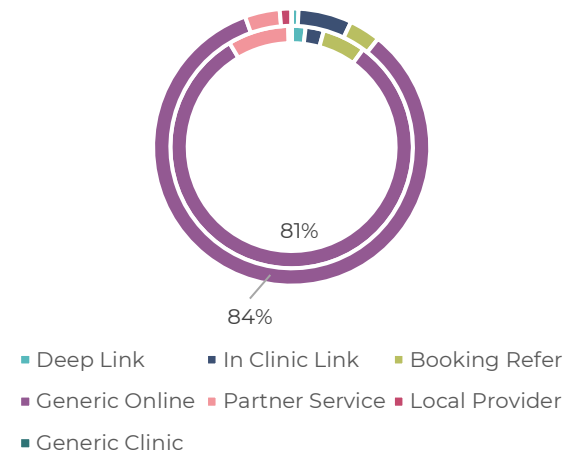
A particularly steep rise in completed online screens occurred between April 2020 and the end of that year, this corresponds with the national lockdowns and social distancing restrictions imposed by the government between March 2020 and early 2021 and the corresponding in-person and online sexual health service re-configurations.

Since the start of 2021, the continued rise in online sexual health screens has been due to an increase in returning users with new users remaining relatively stable.

Number of completed STI screens by new and returning users resident in Camden



Service use by access channel 2022



Access channel key:

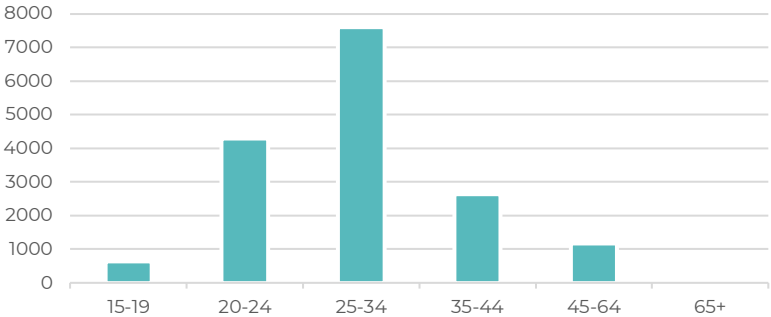
- **Generic online:** Tests ordered by SHL's main web address: www.SHL.uk
- **Deep link:** found on trust websites
- **In-clinic link:** displayed at clinics
- **Booking referrer:** via the appointment booking page on the Dean street website
- **Partner service and local provider:** Links on other websites for services that work with SHL

Note: Due to limited data availability, Q1-3 2022 is the most recent data we are able to review and some figures may be out of date. Any inferences should be made with caution.

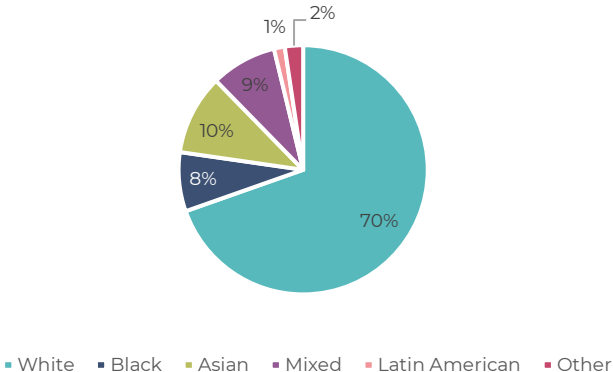
Source: SHL E-Service data, Preventx (2018-2022)

E-Service- Those ordering screens online are mostly aged 25-34, heterosexual and of white ethnicity

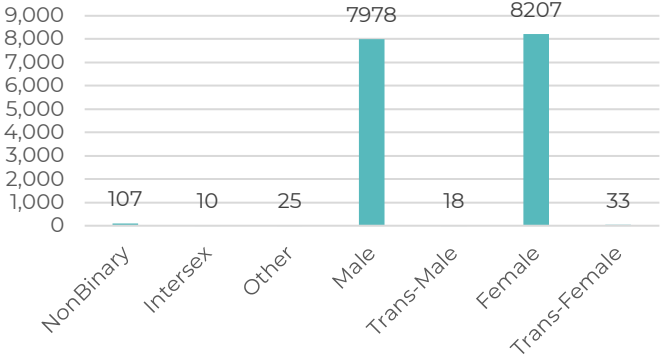
Number of STI screens completed by Camden residents by age 2022



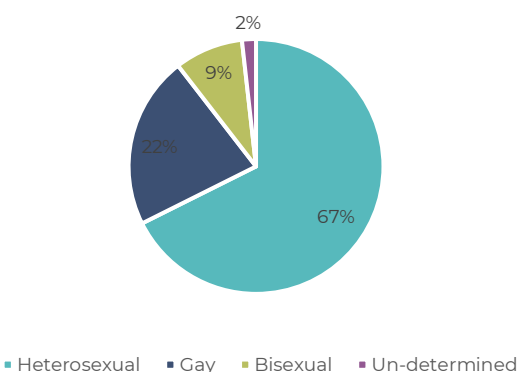
Proportion of STI screens completed by Camden residents by ethnicity 2022



Total screens completed by gender



Proportion of STI screens completed by Camden residents by Sexual orientation 2022



In 2022 the E-Service had a lower proportion of Black and ethnic minority users and a higher proportion of gay and male users than the face-to-face services at Mortimer Market and Archway centre.

Note that Mortimer Market and Archway data includes non-Camden residents and so the results may be influenced by differences between the populations analysed.

49% of Camden residents ordering STI screens online in 2022 identified as male, this compares to 37% of Mortimer Market and Archway Centre attendees.

70% of Camden residents ordering STI screens online in 2022 were of white ethnicity, this compares to 63% of Mortimer Market and Archway Centre attendees.

22% of Camden residents ordering STI screens online in 2022 identified as gay, this compares to 16% of Mortimer Market and Archway Centre attendees.

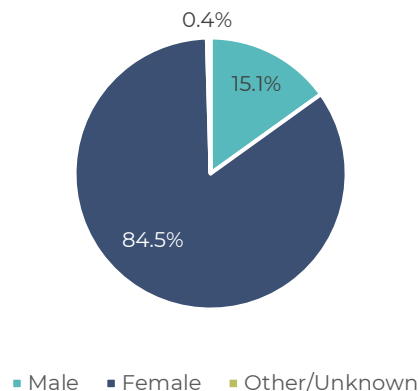
Note: Due to limited data availability, Q1-3 2022 is the most recent data we are able to review and some figures may be out of date. Any inferences should be made with caution.

Source: SHL E-Service data, Preventx (2018-2022)

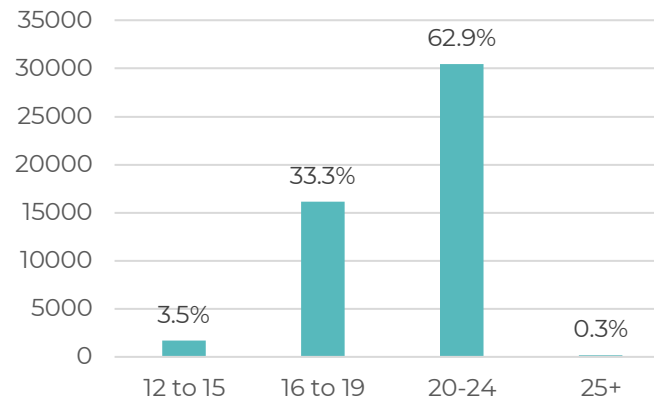
The majority of attendees to young people's sexual health services are female and aged 20-24

Between 2016 and 2021 84.5% of attendees to Camden's local Children and young people's sexual health services were female. Please note this includes repeat attendances, given that women are more likely require follow up- for example for contraception this may be an overestimate.

Brook, Pulse and Brandon attendees by gender (2016-21)



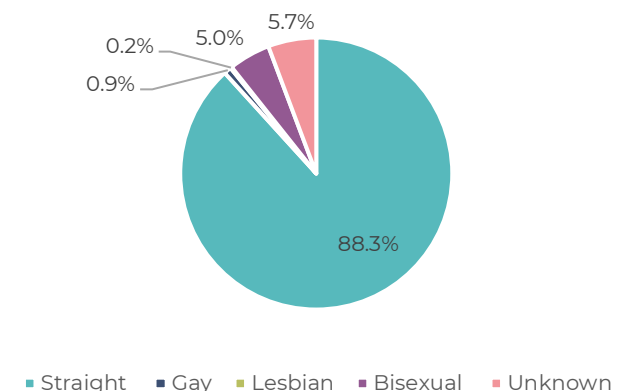
Brook, Pulse and Brandon attendees by age (2016-21)



Between 2016 and 2021 over 90% of attendees to Camden's local Children and young people's sexual health services were between the ages of 16 and 24 with 20-24 year olds making up 62.9%. This appears to reflect the relatively higher numbers rates of new STI diagnoses in this age group.

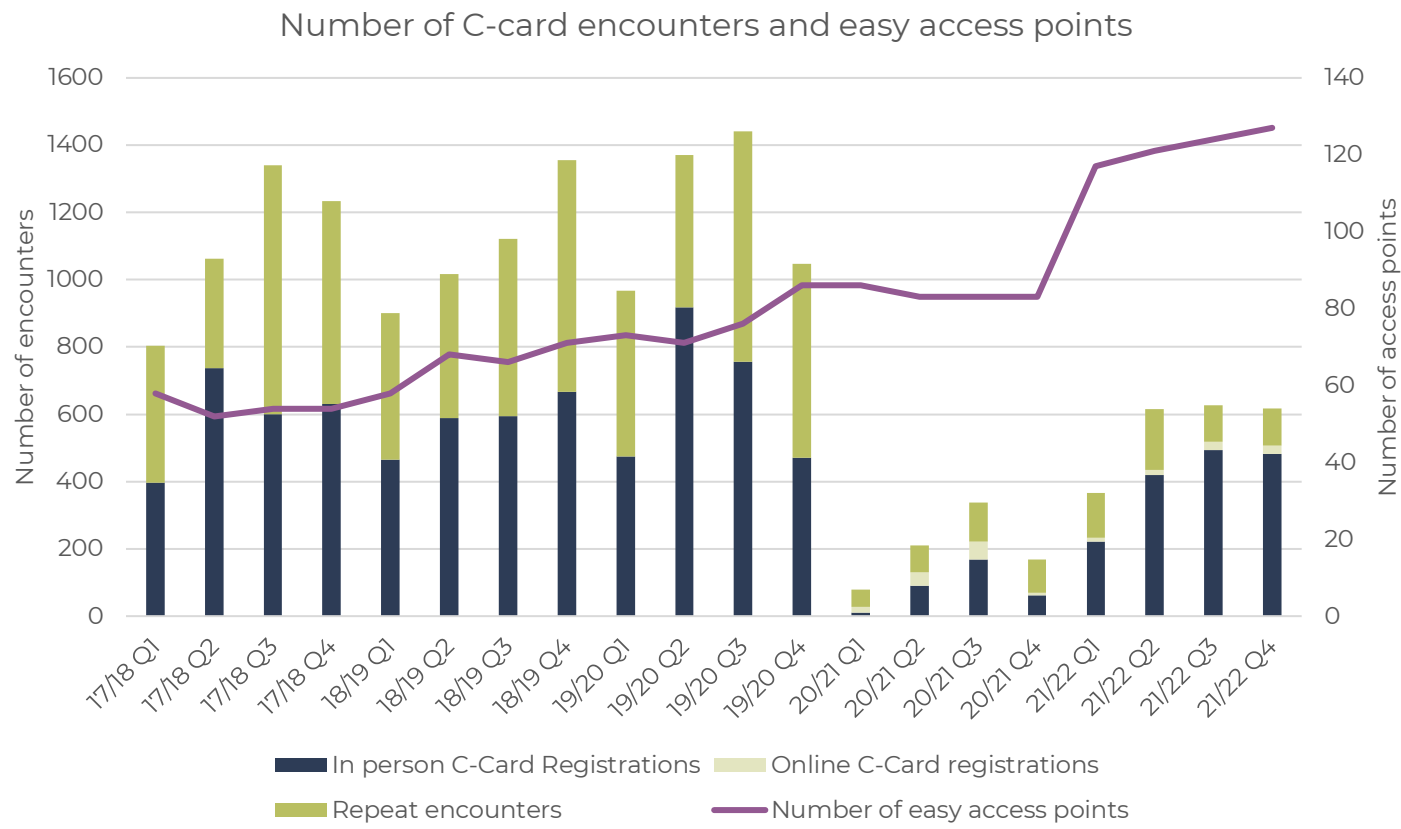
Between 2016 and 2021 over 88.3% of attendees to Camden's local Children and young people's sexual health services identified as straight with 5% identifying as bisexual. The rate of STI diagnoses by sexual orientation and age are required to understand whether this reflects the need in the population.

Brook, Pulse and Brandon attendees by sexual orientation (2016-21)



Note: Due to limited data availability, Q1-3 2022 is the most recent data we are able to review and some figures may be out of date. Any inferences should be made with caution.

Young people – C-Card encounters dropped dramatically following the Covid-19 pandemic and despite a new online registration system and an increase in easy access points have not yet recovered to pre-pandemic levels



C-Card services for Camden and Islington residents are delivered by the local Children and young people’s service CAMISH.

All Camden and Islington residents aged 24 or under have access to free condoms. To access the scheme users are required to register online or in-person at C-Card access point, they can then collect free condoms from a number of outlets across Camden and Islington, including pharmacies, GP surgeries, colleges and youth services.

Between 2019 and 2020 C-Card encounters dropped dramatically as a result of the Covid-19 pandemic, during this time an online registration service was started, despite this online C-Card registrations remain a small proportion of total registrations and accounted for just 4.5% of registrations in 2021/22.

Note: Encounters refers to people presenting to the service for new registration or Condom collection

Source: CAMISH C-Card reports 2017-2022; C-Card information at www.brook.org.uk/regions/camish/#condoms accessed 06/01/22

Sexual health services summary

- The provider landscape for sexual health services is complex and Camden residents have access to sexual health services within the boroughs and across London and the UK.
- The majority of adult's attending sexual health services in Camden are not resident within the borough while the reverse is true for young people's services for under 25's.
- Attendees to Camden and Islington's local ISHS differ demographically in ethnicity, gender and sexual orientation compared to Camden residents testing positive for STIs which supports the notion that a large proportion of Camden residents go outside of the borough for their Sexual health care.
- All sexual health services were affected by the Covid-19 pandemic and the number of Camden residents attending face-to-face appointments remains lower than pre-pandemic. E-services on the other hand have seen a sustained rise in uptake, the rate of which increased during the pandemic. It is possible that the lack of recovery in face-to-face appointments is due to a sustained preference in online sexual health service since the Covid-19 pandemic recovery.
- While the rise in online sexual health services has at least partially compensated for the drop-in face-to-face services for STI testing and treatment, there remain limited online options for contraception, the reduced use of specialist contraceptive service as well as C-Card services among young people suggest that young people's access to contraception remains worse than prior to the pandemic.

Camden sexual health needs assessment key findings

Camden sexual health needs assessment key findings

		Key Findings
All STIs	Burden of STIs in Camden	Diagnosis rates of new STIs have increased at a greater rate than London, but are yet to reach pre-pandemic levels. Testing rates have risen above pre-pandemic levels, while testing positivity remains lower, indicating a lower burden of disease relative to pre-pandemic. Camden's new STI diagnosis rate is above the average for London and the second highest out of 16 demographically and socio-economically comparable boroughs. In the recovery from the Covid-19 pandemic disease burden appears to have remained lower than it was pre-pandemic, this could be due to ongoing changes in behaviour or lower access to sexual health services, resulting in underdiagnosis.
Risk Groups	Men who have sex with men	60% of new STI diagnoses in 2021 were among men who have sex with men, including those who identify as gay or bisexual. Given that men who have sex with men make up less than 6.2% of the population in Camden (the estimated proportion of gay/lesbian and bisexual men and women) this suggests this group have a high burden of STI's.
	Young Women	While rates of STI diagnosis are overall higher in Men, women are more likely than men to be diagnosed at a young age. The risk for men is more evenly distributed across age groups, with relatively high rates for those aged 20-44.
	Ethnicity	In 2022 the proportion of new STI diagnoses in Camden by ethnicity broadly reflected Camden's population structure, those of Asian ethnicity were slightly under-represented constituting 10% of new STI diagnoses and 18% of the population, this could be due to incomplete/insufficient data, lower rates of STI's or poorer access to STI services in this group.
Specific STI's	Chlamydia	In 2022 the proportion of females aged 15-24 who were screened for chlamydia in Camden was significantly lower than pre-pandemic levels. This could be due to persistently lower in-person attendance to SHS's leading to lower opportunities to perform screening. Screening coverage in Camden was comparable to the London average. Despite this, Camden had a detection rate 14% lower than the London average suggesting that the disease burden of chlamydia is lower in Camden compared to London, this is further supported by the relatively lower rates of admission with ectopic pregnancy in Camden compared to London.
	Gonorrhoea and Syphilis	The rates of gonorrhoea and syphilis have been consistently higher in Camden than in London since 2012. The upward trend in gonorrhoea between 2016 and 19 reversed during the covid-19 pandemic, but has since risen by 75%, to above pre-pandemic levels. Syphilis rates were trending downward, reaching a low point in 2020, but have since risen quite steeply and are significantly above the London average. In women, 66% of gonorrhoea cases, and 60% of syphilis cases, were diagnosed in heterosexual women.

Camden sexual health needs assessment key findings

		Key Findings
HIV	Transmission	Though rates of new HIV diagnosis have decreased by around two thirds over the last 10 years, they remain higher in Camden than London, indicative of relatively high transmission in the borough. Despite reductions, Camden still has one of the highest HIV prevalence rates in London, at 8.1 per 1,000 people, categorised as extremely high by NICE.
	Risk groups	In in 2022, sex between men accounted for 68% of new HIV diagnoses, and made up 73% of new diagnoses between 2018 and 2022. Those of black (13%) and mixed ethnicity (20%) are slightly over-represented in those newly diagnosed with HIV compared to Camden's general population (9% and 6.6% respectively) suggestive of higher rates of new HIV diagnosis in these groups. Ten Camden wards have rates classified by NICE as 'extremely high' (>5 p/1000), with some wards in the Southeast of the borough exceeding ten per 1000.
	Testing, prophylaxis and treatment	Rates of late diagnosis are better in Camden than in London, but testing coverage has decreased since 2019 and is now lower than the London and England average. Pre-exposure prophylaxis (PrEP) coverage among high-risk individuals as well as markers of treatment, including prompt anti-retroviral treatment (ART) initiation, ART coverage and virological suppression are high (between 89% and 99%), exceeding Fast Track Cities Initiative Targets and in line with London averages.
Contraception	Adult services	The rate of GP and SRHS prescribed LARC in Camden has been historically lower than London, indicating poorer access among Camden residents. While still present, this gap has narrowed and LARC prescription rates are much closer to the London average as of 2022. Lower rates of abortion in Camden compared to London and a high proportion of abortions under 10 weeks (an indicator of good abortion service access), suggests adult Camden residents have relatively good overall contraception coverage.
	Young people's services	Attendance to young people's specialist contraception services has been gradually decreasing since 2017 with a steeper drop during the Covid-19 pandemic between 2019-20, this is mirrored by a decline in the number of contraceptive interventions provided by young people's services over the last 5 years including the most popular methods- user dependent hormonal and condoms. In 2021/22 C-card use was half of what it was pre-pandemic despite an increasing number of easy access points and a new online registration service. This suggests that young people are sourcing contraception elsewhere or that they are not accessing it at all, with implications for SRS outcomes in future.

Camden sexual health needs assessment key findings

		Key Findings
Adult Sexual Health Services	In-person service changes and online services	In 2021 the number of in-person sexual health appointments at local ISHS's - Mortimer Market and Archway - remained at around a third of what they were pre-pandemic, while the total number of online sexual health screens requested continued to rise. Given that face-to-face services are now open again this suggests that online services continue to be used through patient preference, although it could also suggest ongoing difficulty with access to in-person services. In 2022 online users in Camden were mostly young (20-34) and heterosexual (67%). Men who have sex with men and people over the age of 34 made up a lower proportion of those completing online sexual health than those newly diagnosed with an STI, this could be due to higher positivity in these groups but could also be due to poorer access or lower preference for the service.
	In-person service users	<p>The majority (60%) of Local authority spend on integrated sexual health services is on services outside of the borough and Camden residents make up 21% of attendees to local services. This suggests that Camden residents seek services outside of borough; this could be due to preference/better provision in other services and/or better anonymity by seeking care non-local care.</p> <p>In 2021 users of local services were mostly heterosexual women, which does not reflect the demographic breakdown of those with newly diagnosed STI's in Camden; this could be because these services also offer contraception, which is mainly sought by women, but, taken together with the above data could further suggest that other groups, including men who have sex with men are not as well catered for by local services.</p>
Young people's sexual health services	In-person service changes and online services	In 2020-21 the number of in-person appointments at young people's services was half what it was prior to the pandemic, while the number of screens requested online has risen with people under 25 accounting for 30% of STI screens requested online.
	In-person service users	Between 2016 and 2021 in person services were mostly attended by heterosexual females (85%), as this group are more likely to require contraception this suggests a significant proportion of appointments are contraception related.

Camden sexual health needs assessment recommendations

- Data recommendations
- Service recommendations

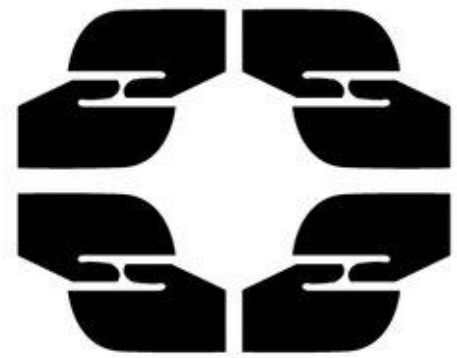
Camden SH needs recommendations for further data

This includes further data that may help to explain trends identified in this needs assessment, it does not include areas of sexual health that were outside the scope of this project but are also important such as sexual abuse and sexual health among sex workers

Area	Data gap	Actions
STI disease burden	Further exploration of the reason for increasing STI diagnostic rates of STI's (particularly syphilis and gonorrhoea) following the Covid-19 pandemic including sexual health practices and awareness, access to testing and treatment.	Qualitative survey to explore sexual health awareness and behaviours as well as service access following the Covid-19 pandemic.
Risk groups – Men who have sex with men	This group appear to be under-represented in local services, exploring the reasons behind this could help local services better address local need.	Qualitative survey to understand local service provision and preference for out of borough services.
Risk groups - ethnicity	There is some suggestion that certain ethnicities may be under or over-represented for specific STI diagnoses, further data is required to confirm whether this is the case.	Obtain quantitative data on rates of STI's by ethnicity, standardised against population.
Contraception - Adults	Lower rates of LARC prescription warrant investigation of women's access to LARC and other contraceptive methods and their preferences as well as overall contraception coverage rates, including non-LARC methods.	Quantitative data on contraception provision by GP's and pharmacies to complement SRHS data. Qualitative exploration of women's access to contraception including LARC.
Contraception – Young People	Further information to explain why attendances to SRHS and C-Card use continue to be significantly lower than prior to the pandemic. More up-to-date data is required on young people's contraception use is required once available.	Quantitative data from GP, pharmacies and online (SHL) services to understand contraception uptake from these services. Qualitative survey of young people's views about access to and use of contraception.
Service reconfigurations	A better understanding of people's perceptions of service reconfigurations following the Covid-19 pandemic including how they find service access and the shift from face-to-face to online appointments.	Qualitative survey with online and face-to-face service users.

Camden SH needs recommendations for services

Area	Recommendations	Actions
STI's – Burden of disease	Increases in test-rates need to be maintained, while working to reduce diagnostic rates and test positivity	Ensure local partners including Integrated sexual health services, GP's and other community settings continue to promote awareness of sexual health and facilitate easy access to testing and treatment for STI's.
STI's - Services	Those accessing local sexual health services are not representative of those most likely to be diagnosed with an STI in Camden, especially men who have sex with men.	Work with local providers to ensure that sexual health promotion, testing and treatment are acceptable and accessible to all groups with and that specific needs of key risk groups are adequately catered for.
Chlamydia	Chlamydia screening coverage remains significantly lower than it was pre-pandemic in London, given that screening is opportunistic lower attendance to ISHS's is likely to contribute to this trend.	Work with local providers to increase chlamydia screening among females aged 15-24 including sexual health services- especially online services as well as GP's, pharmacies, and schools.
HIV	Rates of new HIV diagnosis are higher in Camden than London despite testing, pre-exposure prophylaxis (PrEP) and ART coverage being in-line with or better than in London. Those who identify as heterosexual have a higher rate of late diagnosis.	Continue to work with local providers to ensure testing, PrEP and ART are accessible with a particular focus on groups most at risk. Explore ways to reach groups who may not be coming into contact with services and increase HIV awareness among all groups.
Contraception - Adults	Rates of LARC contraception are at similar levels to London averages, but still less chosen than other methods	Work with SRHS's and GP's to understand the barriers to LARC choice, and improve access
Contraception – Young people	Attendance to specialist reproductive health services has declined and is lower than the London average. Uptake of free Condom services- C-Card among the under 25's has continued to decline.	Work with local SRHS's providing young people's services, schools, and pharmacies to understand barriers to contraception access among young people and young people's awareness of contraception choices as well as their preferences to ensure service provision reflects demand.
Integrated sexual health services	Use of in-person sexual health services remains lower than it was pre-pandemic with higher use of online services, particularly among younger people. This could be due to preference of service users for online services or poor access to in-person services.	Work with local service providers and service users to understand the perceived roles of face-to-face and online services and any barriers to re-establishing face-to-face services. Explore ways to ensure equitable access to online services for all groups.



Camden