



Sexual Health Needs Assessment 2021

Public Health Royal Borough of Kingston Upon Thames

Contributors:

Laura Ruff, Commissioning Support Officer

Louise Gallagher, Service Development & Commissioning Lead

Mark Jordan, Service Development & Commissioning Lead

Sarah French, Health Promotion Specialist

Daniel Green, Corporate Head of Health Behaviours & Public Health Services

Glossary of terms

AfC	Achieving For Children
BAME	Black and Minority Ethnic
CASH	Contraception and Sexual Health
CBT	Cognitive Behavioural Therapy
CCE	Child Criminal Exploitation
CCG	Clinical Commissioning Group
CSE	Child Sexual Exploitation
CSO	Chlamydia Screening Office
CSP	Chlamydia Screening Programme
DBT	Dialectical Behaviour Therapy
DoH	Department of Health
DTP	Diphtheria Tetanus and Polio
EHC	Emergency hormonal contraception
FTM	Free Test Me
GIO	Getting It On
GPs	General Practitioners
GSYV	Gangs & Serious Youth Violence
GUM	Genitourinary medicine
HIV	Human immunodeficiency virus
HPV	Human Papillomavirus
HRCH	Hounslow & Richmond Community Healthcare Trust
HSB	Harmful Sexual Behaviour
IMD	Index of Multiple Deprivation
ISH	Integrated Sexual Health
IUD	Intrauterine Device
IUS	Intrauterine System
JSNA	Joint Strategic Needs Assessment
KHFT	Kingston Hospital Foundation Trust
KRSCP	Kingston & Richmond Safeguarding Children Partnership

LARC	Long acting reversible contraception
LBWSW	Lesbian, bisexual and other women who have sex with women
LGBTQ	Lesbian, gay, bisexual, transgender, questioning
LHPP	London HIV Prevention Programme
LSOA	Lower Layer Super Output Area
MARVE	Multi-Agency Risk Vulnerability Exploitation
MSM	Men who have sex with men
NATSAL	National Surveys of Sexual Attitudes and Lifestyles
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
NHSFT	NHS Foundation Trust
OOA	Out of Area
PGD	Patient Group Directions
PHE	Public Health England
PHEC	Public Health England Centre
PrEP	Pre-Exposure Prophylaxis
RBK	Royal Borough of Kingston Upon-Thames
RSE	Relationships and sex education (the new name for SRE)
SED	Socioeconomic Deprivation
SHEU	Schools Health Education Unit
SHL	Sexual Health London
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SWARM	Sex Worker Advocacy and Resistance Movement
SWL	South West London
TDL	The Doctors Laboratory
TOP	Termination of Pregnancy
UA	Unitary Authority
UDM	User dependent methods
UTLA	Upper Tier Local Authority

WHO	World Health Organisation
WSW	Women who have sex with women
YES	Youth Enquiry Service
YHC	Your Healthcare CIC

Contents

List of figures	7
List of tables	7
1.0 Executive Summary	9
2.0 Introduction	10
2.1 Aim	10
2.2 Audience	10
3.0 Background	11
3.1 Population	11
3.2 COVID-19 Response	12
4.0 Local Picture	13
4.1 Unplanned Pregnancy	13
4.1.1 Teenage Conceptions	13
4.1.2 Abortions	14
4.1.3 Contraception	14
4.2 STI Diagnosis	16
4.2.1 Reinfection Rates	17
4.2.2 Chlamydia	18
4.2.3 Gonorrhoea	20
4.2.4 Syphilis	21
4.2.5 Genital Herpes	22
4.2.6 Anogenital Warts	23
4.2.7 Other STIs	24
4.3 HIV	25
4.3.1 Testing	26
4.3.2 Pre-Exposure Prophylaxis (PrEP)	26
4.4 Health Inequalities	27
4.4.1 Age: Young People	27
4.4.2 Age: Older People	28
4.4.3 LGBTQ+	28
4.4.4 Ethnicity	29
4.4.5 Deprivation	29
4.4.6 People with disabilities	30
4.4.7 Homeless people	30
4.4.8 Sex workers	31
4.4.9 Psychosexual Support	32
4.4.10 Safeguarding & Child Sexual Exploitation	33
4.4.11 Risk & resilience behaviours in Young People	34
5.0 Services	36
5.1 National Context	36
5.2 Local Context	36

5.2.1 Integrated Sexual Health Services	36
5.2.1.1 The Integrated Level 3 Service (Wolverton), Kingston Hospital NHS Foundation Trust	37
5.2.1.2 Contraceptive and Sexual Health (CaSH) & Chlamydia Screening Office (CSO), Your Healthcare CIC	37
5.2.2 Online Services	37
5.2.2.1 Sexual Health London E-Service, PreventX	37
5.2.2.2 Free Test Me, PreventX	39
5.2.3 General Practice	40
5.2.3.1 STI Screening	41
5.2.3.2 LARC	42
5.2.4 Community Pharmacy	42
5.2.4.1 Chlamydia Screening in Community Pharmacy	42
5.2.4.2 Emergency Hormonal Contraception	43
5.2.5 Condom Distribution	43
5.2.6 Community Services	44
5.2.6.1 HIV Outreach (Spectra) Service	44
5.2.6.2 London HIV Prevention Service	44
5.2.6.2 Getting It On (GIO)	44
6.0 Conclusion	46
7.0 Recommendations	46
8.0 References	47
9.0 Appendices	48
9.1 Appendix 1: RBK Sexual Health Service Provision	48
9.2 Appendix 2: Sexual Health Service Definition of Levels	51

List of figures

1.	Rates per 1,000 population of conceptions in women aged under 18 by year in Kingston Upon Thames compared to rates in areas of London and England 2015-2019	13
2.	Rate of LARC (excluding injections) prescribed in Kingston per 1,000 women aged 15-44 years	15
3.	Under 25s LARC use excluding injections at SRH Service 2018, 2019 & 2020.	16
4.	Rates per 100,000 population by diagnosis by year in Kingston upon Thames compared to rates in the London PHE Centre and England: 2012 to 2019	17
5.	Chlamydia detection rate per 100,000 population in 15-24 year olds by year in Kingston upon Thames, the London PHE Centre and England	19
6.	Map of chlamydia detection rate per 100,000 population in 15-24 years in Kingston upon Thames by Middle Super Output Area: 2019	20
7.	Gonorrhoea diagnostic rate per 100,000 in Kingston, London and England (2012-2020)	21
8.	Syphilis diagnostic rate per 100,000 in Kingston, London and England (2012-2020)	22
9.	Rates of genital warts in Kingston upon Thames, PHEC and England (2014-2018)	24
10.	HIV Testing percentage in 2019	26
11.	Kingston children referred to MARVE by category of risk at referral - 2019, 2020, 2021*	34
12.	SHL kit requests and returns 2018/19 - 2021/22	38
13.	Free Test Me kit returns and requests 2018/19 - 2021/22	40
14.	Total number of chlamydia and gonorrhoea screens in GPs from 2019-2021.	41
15.	Total number of LARC fittings, insertions and removals in GP's from 2019-2021.	42

List of tables

1.	Number of abortions in Kingston Upon-Thames during 2019 & 2020	14
2.	Rate of LARC (excluding injections) prescribed in Kingston per 1,000 women aged 15-44 years	15

3.	Under 25s LARC use excluding injections at SRH Service 2018, 2019 & 2020	16
4.	HIV Testing percentage in 2019	26
5.	Sex worker attendance and attendances at Wolverton, KHFT	32
6.	SHL average positivity rates 2020 and 2019	38
7.	FTM positivity rates 2020 and 2019	40
8.	Chlamydia and Gonorrhoea tests distributed in GPs, 2019/20 and 2020/21	42
9.	STI kits provided in community pharmacy, 2019/20 and 2020/21	43
10.	FTM positivity rates in pharmacy and online during 2021	43
11.	Ccard encounters and registrations by age, 2018, 2019 and 2020	44
12.	Recommendations	46

1.0 Executive Summary

This needs assessment has been drafted by the RBK Public Health team to better understand local sexual health need and shape workstreams until March 2024. It should be noted that although the majority of the data is pre COVID-19 pandemic, some data is following the pandemic and therefore caveats have been highlighted throughout the document.

A summary of findings from this needs assessment have been summarised below:

- Sexual Reproductive Health (SRH) services in London have experienced a significant reduction in attendances during the COVID-19 pandemic
- Young people in Kingston have a high attendance rate at SRH service, compared to statistically similar (CIPFA) local authorities.
- Unplanned pregnancies in under 18's in Kingston continue to decline and are lower than both England and London rates.
- Abortion rates of under 18's in Kingston are also significantly lower than both London and England figures.
- Despite user dependent methods (UDM) being the most popular form of contraception used by Kingston residents, long-acting reversible contraception (LARC) use in Kingston is increasing within SRH services.
- Sexually Transmitted Infection (STI) diagnosis remains lower than London rates however reinfection rates amongst young people in Kingston were higher than the national average.
- Young people are the largest group diagnosed with new STIs
- HIV diagnosis rates remain one of the lowest in London
- HIV testing locally has decreased
- There has been a large increase in STI testing online, especially from high risk groups

Recommendations have been made based on these findings and are available in section 7 on page 46.

2.0 Introduction

2.1 Aim

This Needs Assessment aims to highlight the current and future challenges that maintaining good sexual health presents to people, their carers, friends and families, the local authority and the NHS in Kingston upon Thames.

2.2 Audience

This Needs Assessment is intended to inform future policies, strategies, development and commissioning plans, and practice in local organisations including RBK Council teams, NHS organisations such as the South West London Clinical Commissioning Group (SWL CCG) and Trusts (e.g Kingston Hospital NHS Foundation Trust), and other organisations, such as the voluntary sector and representatives of the public and patients.

3.0 Background

3.1 Population

The population of Kingston is 176,313¹ and is expected to grow by a further 20,449 (11.6%) by 2030. The overall health of the population is better than both the London and England average. Further information on the demographics of Kingston can be found at [Kingston Data](#)².

Sexual and reproductive health is far more than just sexually transmitted infections (STIs) and contraception. Good sexual and reproductive health and wellbeing is an important contributor to overall wellbeing. The World Health Organisation (WHO) defines sexual health as;

“a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”³

Sexual health is a whole population and life course issue; in early childhood children begin developing their sense of identity and relationships with those around them, while adolescent young people begin to develop their independence and form sexual relationships. By adulthood most of the population are sexually active and require support, such as good contraceptive services, information and treatment services, to maintain good sexual health.

Poor sexual health can result in substantial costs to individuals and society across health, housing, education and social care. Evidence suggests that for every £1 invested in contraception saves public services £4.64 over a 5 year period, and £9 over 10 years. Benefits include savings that result from avoiding unwanted pregnancies, including healthcare costs (for example birth costs, abortion costs, miscarriage costs and ongoing child health care costs) and non-healthcare costs (such as education costs, welfare costs, children in care costs)⁴. Good reproductive health therefore not only has an essential contributor to good overall health and wellbeing, but also yields savings for public services.

PHE and partners have published several documents to support sexual health commissioning and prevention:

- [DOH: Framework for Sexual Health Improvement \(2013\)](#)

¹ "Population - Kingston Data." 6 Nov. 2020, <https://data.kingston.gov.uk/population/>. Accessed 18 Aug. 2021.

² "Kingston Data – Welcome to Kingston Data." <https://data.kingston.gov.uk/>. Accessed 29 Sept. 2021.

³ "WHO definition of sexual health." <https://www.who.int/health-topics/sexual-health>. Accessed 18 Aug. 2021.

⁴ "Contraception - GOV.UK." https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf. Accessed 18 Aug. 2021.

- [DOH: Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities \(2013\)](#)
- [PHE: Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV \(2015\).](#)
- [LGA: Sexual health commissioning in local government collaborating for better sexual and reproductive health and wellbeing](#)
- [PHE: Teenage pregnancy prevention framework](#)

Along with the Sexual and Reproductive Health Profiles⁵, there are 3 sexual health indicators in the Public Health Outcomes Framework:

- Chlamydia detection rate (15 to 24-year olds)
- People presenting with HIV at a late stage of infection
- Under 18 conceptions

This document will supersede the previous needs assessment The Final Frontier: Sexual and Reproductive Health in Kingston⁶ which was undertaken in 2017 using data relating to 2015.

3.2 COVID-19 Response

Although the data utilised within this report is predominantly from 2020 and 2019 or earlier it would be prudent to mention the impact COVID-19 has had on Sexual Health and in particular, SRH patient activity, infections and service changes.

A Public Health England (PHE) report revealed how the early impact of COVID-19 replicated existing health inequalities and, in some cases, increased them⁷. The COVID-19 lockdown restrictions have resulted in many new challenges and therefore changes to patient access to healthcare, including SRH services. Due to social distancing restrictions and staff redeployment, many services across London were forced to offer significantly reduced services during 2020/21. This meant prioritising face-to-face appointments for patients with the highest level of need and encouraging others to utilise alternative services (e.g. online STI testing).

In Kingston, services adapted promptly and developed telephone triage processes to ensure patients with the greatest needs are met as a priority. This has also led to numerous opportunities for innovation as both GUM services now offer click-and-collect contraception services for eligible patients, and some symptomatic patients are now able to access online STI testing services. This has helped improve the offer for Kingston residents whilst contributing to reducing COVID-19 transmissions locally.

⁵ "Sexual and Reproductive Health Profiles - Data - PHE."

<https://fingertips.phe.org.uk/profile/sexualhealth/data>. Accessed 24 Nov. 2021.

⁶ "Annual Public Health Report - The Final Frontier ... - Kingston Council."

<https://www.kingston.gov.uk/downloads/file/164/annual-public-health-report-the-final-frontier-sexual-and-reproductive-health-in-kingston-2016-17>. Accessed 18 Aug. 2021.

⁷ "COVID-19: review of disparities in risks and outcomes - GOV.UK." 2 Jun. 2020,

<https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>. Accessed 13 Sept. 2021.

4.0 Local Picture

4.1 Unplanned Pregnancy

4.1.1 Teenage Conceptions

Teenage parents and their children can experience poorer health, educational and economic outcomes and inequality. Over the last 18 years the under-18 conception rate has fallen by over 60% with all councils achieving reductions, however inequalities remain⁸. There is a strong relationship between teenage conceptions and deprivation. Kingston is a relatively affluent Borough however it has pockets of deprivation including four LSOAs in deciles 1-4 of the IMD.

In 2019, there were 11 conceptions in under 18 women, which is a rate of 3.9 per 1000 15-17 female population, this is lower than the England (15.7) and London (13.5) rate. This is a decrease from 2015 when there were 39 conceptions in women under 18 and the rate was 14.2 in Kingston.

Over the last twenty years there has been a 87% decline in Kingston's under-18 conception rate from 31/1000 in 1998, and an 84% reduction in the annual number of conceptions from 70 to 11. This is also highlighted in figure 1 below.

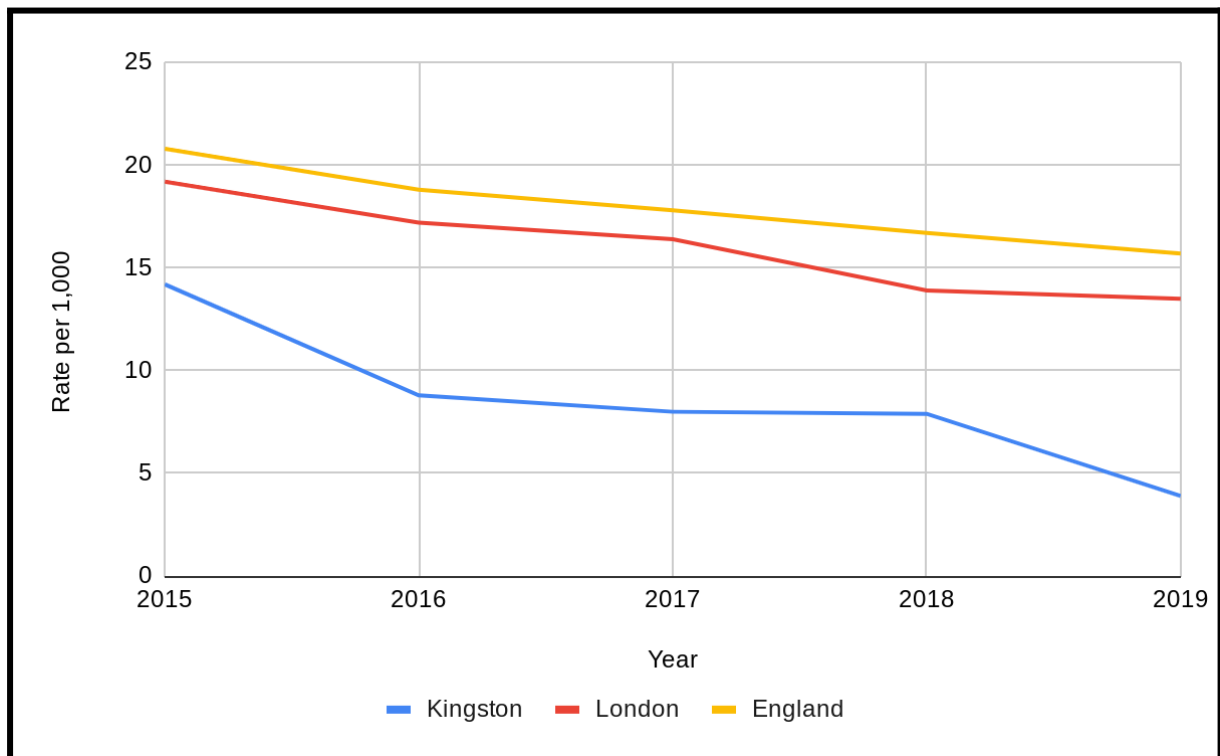


Figure 1: Rates per 1,000 population of conceptions in women aged under 18 by year in Kingston Upon Thames compared to rates in areas of London and England 2015-2019

⁸ "Teenage Pregnancy Prevention Framework - GOV.UK." 23 May. 2018, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/836597/Teenage_Pregnancy_Prevention_Framework.pdf. Accessed 18 Aug. 2021.

4.1.2 Abortions

Termination of pregnancy (TOP) or abortion rates are used as a proxy measure for unplanned pregnancies. These pregnancies result from the absence of, incorrect and inconsistent use of contraception.

In 2019, 24.4% of total conceptions (2,431) in Kingston ended in abortion which is lower than both England (25.2%) and London (28.1%). The largest amount of abortions were seen within the 20-24 age category during 2019 and 2020, shown in table 1 below:

Age	2019	2020
Under 20	49	39
20-24	170	144
25-29	137	123
30-34	128	120
35+	117	155
Total	601	581

Table 1: Number of abortions in Kingston Upon-Thames during 2019 & 2020

In 2020, 36% of all abortions were repeat abortions, which consists of 26.2% repeat abortions in under 25s and 40.5% in over 25s. The percentage of repeat abortions in Kingston is lower than both London (44%) and England (42%) (ONS, 2020)⁹.

However, the percentage of under 18 conceptions leading to abortion in 2019, is significantly lower in Kingston (45.5%) than both England (54.7) and London (64.8%).

4.1.3 Contraception

The main cause of unintended pregnancies is incorrect and inconsistent use of contraception. User dependent methods (UDM) were the most popular form of contraception used by Kingston residents during 2019/20. 59% of residents use UDMs such as the oral contraceptive pill and barrier methods like condoms, which is higher than both London (56%) and England (54%).

Long Acting Reversible Contraception (LARC) use by Kingston residents is increasing and in 2019, 34% used LARC (excluding injections) and 7% injectable contraception compared to 37% LARC (excluding injections) and 9% injectable contraception for residents in England¹⁰.

⁹ "Abortion statistics for England and Wales: 2020 - GOV.UK."

<https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2020>. Accessed 9 Nov. 2021.

¹⁰ "Statistics on Sexual and Reproductive Health Services - NHS Digital." 10 Dec. 2020, <https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2019-20/data-tables>. Accessed 18 Aug. 2021.

According to PHE Fingertips, Kingston (50.9) has a higher rate per 1,000 of the population of total prescribed LARC (excluding injections) than London (39.6) but similar to England (50.8)¹¹. Injectable contraception is excluded from the LARC category due to reliance on users' compliance to turn up promptly for subsequent doses every 12 weeks. In addition, emergency contraception is excluded from the LARC and UDM totals.

In 2019, the majority of LARC in Kingston was prescribed in primary care however the rate prescribed in SRH services was only slightly lower but has increased locally from 2018. Furthermore, the impact of the COVID-19 pandemic can be seen in 2020 data. Although LARC in both SRH and Primary Care services were reduced in RBK, the impact was mainly felt within Primary Care as SRH services remained significantly higher than both London and England figures. This is shown with table 2 and figure 2 below.

	Kingston	London	England
Primary Care 2018	27.5 per 1,000	14 per 1,000	29.2 per 1,000
SRH Services 2018	14.8 per 1,000	24.5 per 1,000	20.3 per 1,000
Primary Care 2019	25.6 per 1,000	13.8 per 1,000	30 per 1,000
SRH Services 2019	25.3 per 1,000	25.8 per 1,000	20.8 per 1,000
Primary Care 2020	16.9 per 1,000	9.1 per 1,000	21.1 per 1,000
SRH Services 2020	23.2 per 1,000	17.9 per 1,000	13.4 per 1,000

Table 2: Rate of LARC (excluding injections) prescribed in Kingston per 1,000 women aged 15-44 years¹²

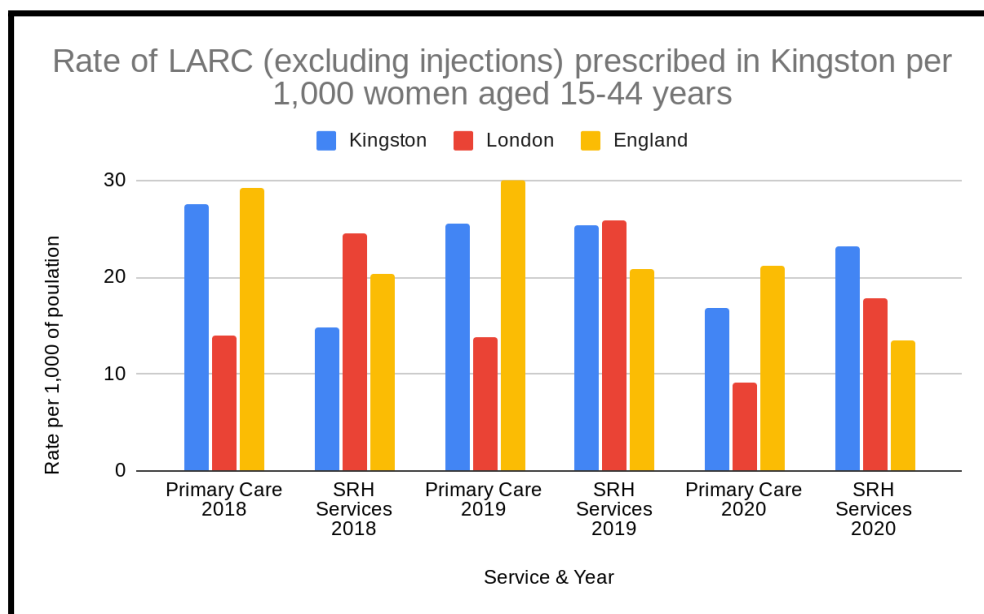


Figure 2: Rate of LARC (excluding injections) prescribed in Kingston per 1,000 women aged 15-44 years

¹¹ "Sexual and Reproductive Health Profiles - Data - PHE."

<https://fingertips.phe.org.uk/profile/sexualhealth/data>. Accessed 18 Aug. 2021.

¹² "Statistics on Sexual and Reproductive Health Services - NHS Digital." 10 Dec. 2020,

<https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2019-20/data-tables>. Accessed 18 Aug. 2021.

Table 3 and figure 3 below highlight LARC (excluding injections) use by under 25s in SRH services.

	Kingston	London	England
SRH Services 2018	17.7%	24.9%	25.2%
SRH Services 2019	24.5%	27.4%	27.6%
SRH Services 2020	32.3%	29.6%	28.5%

Table 3: Under 25s LARC use excluding injections at SRH Service 2018, 2019 & 2020.

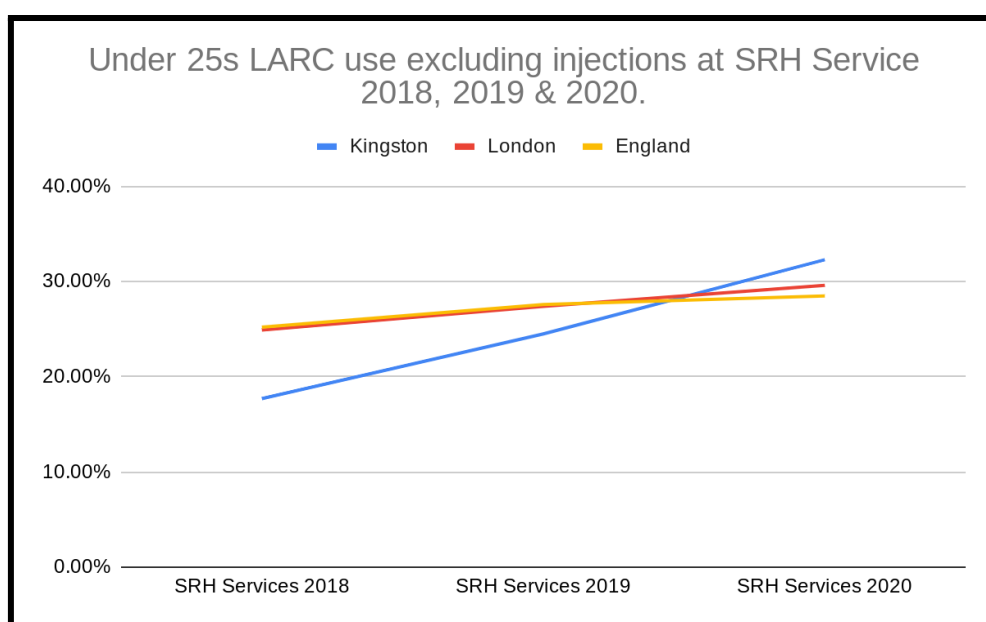


Figure 3: Under 25s LARC use excluding injections at SRH Service 2018, 2019 & 2020.

However, the data does not include LARCs that have been prescribed in other services, such as termination of pregnancy (TOP) services, which may be significant.

4.2 STI Diagnosis

In 2020, 1,068 new STIs were diagnosed in Kingston residents, a rate of 596 per 100,000¹³. This is slightly higher than the overall trend for new STIs for England in 2020 which was 562 per 100,000 but much lower than the London average of 1,167 per 100,000¹⁴.

However, this is a large decrease from 2019, in which the rate of new STIs diagnosed in Kingston residents was 958.8 per 100,000 (England rate for 2019 was 816.2 per 100,000)¹⁵. This decrease is likely due to the impacts of the COVID-19 pandemic as STI testing in Kingston decreased by 47% from 2019/20 to 2020/21. The COVID-19 restrictions led to

¹³ "GUMCAD STI Surveillance System - GOV.UK." <https://www.gov.uk/guidance/gumcad-sti-surveillance-system>. Accessed 22 Sept. 2021.

¹⁴ "GUMCAD STI Surveillance System - GOV.UK." <https://www.gov.uk/guidance/gumcad-sti-surveillance-system>. Accessed 22 Sept. 2021.

¹⁵ "GUMCAD STI Surveillance System - GOV.UK." <https://www.gov.uk/guidance/gumcad-sti-surveillance-system>. Accessed 22 Sept. 2021.

reduced sexual contact for many people, particularly for young people and those who were not living with a steady partner¹⁶.

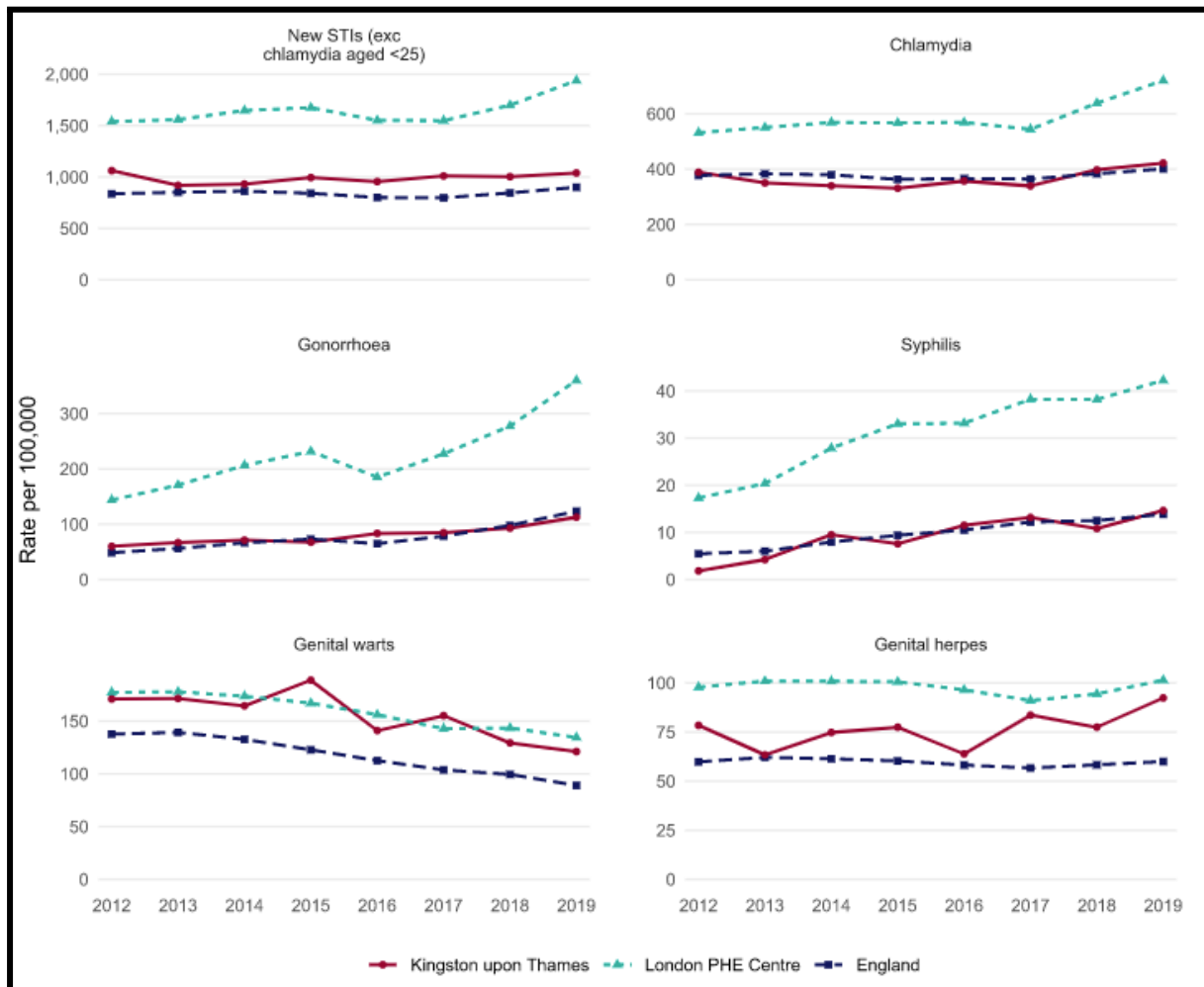


Figure 4: Rates per 100,000 population by diagnosis by year in Kingston upon Thames compared to rates in the London PHE Centre and England: 2012 to 2019. Please note the charts have different y axis scales.

Figure 4 demonstrates the rate of new STI diagnoses in Kingston, London PHE Centre and England from 2012-2019. Overall, rates of new STIs in Kingston have remained relatively stable from 2012-2019. For all STI's, excluding genital warts, Kingston is below the London PHEC average but has similar rates to the England averages.

4.2.1 Reinfection Rates

Reinfection rates for STIs can be used as a proxy to measure continued risky sexual behaviours. Reinfection with STIs can also lead to significant reproductive health complications.

¹⁶ "5th Joint Conference of the British HIV Association (BHIVA) with the" <https://www.bhiva.org/AnnualConference2021>. Accessed 22 Sept. 2021.

In Kingston, 7.6% of women and 9.9% of men presenting with a new STI at a sexual health service between 2015 and 2019, were re-infected with a new STI within 12 months¹⁷. This is similar to the England average during the same time period (7.1% of women and 9.9% of men became re-infection with a new STI within 12 months in England)¹⁸.

However, reinfection rates amongst young people in Kingston were higher than the national average. From 2015 to 2019, 13.7% of women aged 15-19 years in Kingston (England average = 11.4%) and 14.5% of men aged 15-19 years in Kingston (England average = 10.4%) in Kingston presenting with a new STI as a sexual health service, became reinfected within 12 months¹⁹.

4.2.2 Chlamydia

Chlamydia is the most commonly diagnosed STI in England, accounting for 49% of all new STI diagnoses²⁰. An estimated 50% of infected men and 80% of infected women experience no symptoms²¹. However, if untreated, chlamydia can lead to serious health implications including reduced fertility, chronic pain, pelvic inflammatory disease, ectopic pregnancy and even arthritis.

In 2020, the rate of chlamydia diagnoses for Kingston residents was 269 per 100,000, which was lower than the national average of 286 diagnoses per 100,000 and much lower than the London average of 488 per 100,000²². However, 2020 rates were significantly lower than the rate in 2019 which was 422 per 100,000 (England average = 401.2 per 100,000 in 2019)²³.

Rates of chlamydia are much higher amongst 15-24 year olds than the general population, with a detection rate of 1,294 per 100,000 in Kingston during 2020. This was lower than the England average of 1,408 per 100,000 and the London average of 1,819 per 100,000. In 2019, the chlamydia detection rate among the 15-24 year olds in Kingston was 2,153 per 100,000, similar to the England average of 2,050 per 100,000 but significantly lower than the London average of 2,831 per 100,000²⁴.

¹⁷ SPLASH Supplement Report. Public Health England. 17 Aug 2021, file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

¹⁸ SPLASH Supplement Report. Public Health England. 17 Aug 2021, file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

¹⁹ SPLASH Supplement Report. Public Health England. 17 Aug 2021, file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

²⁰ "Sexually transmitted infections and screening for chlamydia in ..."
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914184/STI_NCSP_report_2019.pdf. Accessed 25 Aug. 2021.

²¹ "Chlamydia trachomatis infections: progress and problems - PubMed."
<https://pubmed.ncbi.nlm.nih.gov/10081511/>. Accessed 25 Aug. 2021.

²² SPLASH Supplement Report. Public Health England. 17 Aug 2021, file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

²³ SPLASH Supplement Report. Public Health England. 17 Aug 2021, file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

²⁴ "Sexual and Reproductive Health Profiles - PHE - Public Health Profiles."
<https://fingertips.phe.org.uk/profile/SEXUALHEALTH>. Accessed 22 Sept. 2021.

In 2019, Kingston had the 49th highest rate of chlamydia in 15-24 year olds out of the 151 UTLAs/UAs in England²⁵. See figure 5 for chlamydia detection rate for Kingston compared with London and England.

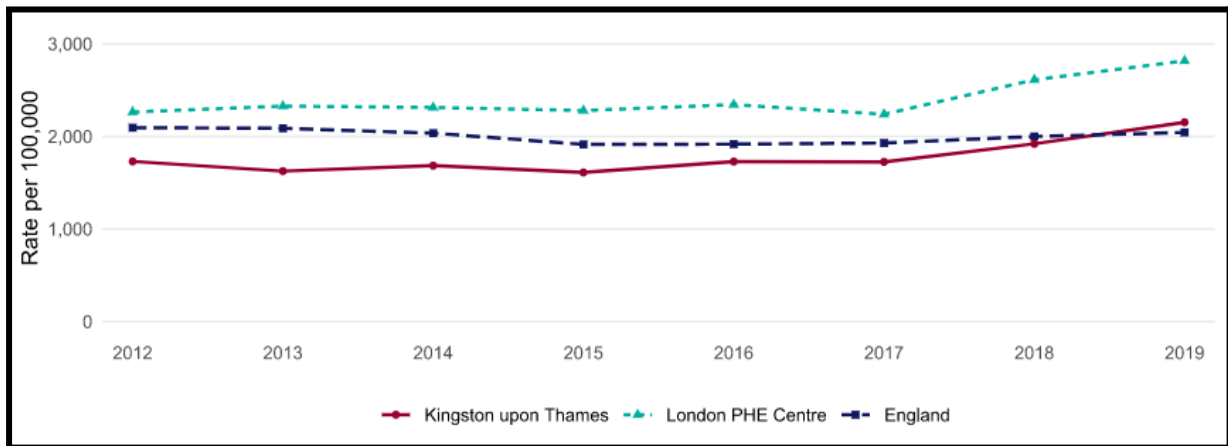


Figure 5: Chlamydia detection rate per 100,000 population in 15-24 year olds by year in Kingston upon Thames, the London PHE Centre and England²⁶

However, as chlamydia is often asymptomatic, a high detection rate is not a measure of prevalence but a measure of success at identifying infections. PHE recommends that local areas achieve a detection rate of a minimum of 2,300 per 100,000 15-24 year old residents. This rate is recommended as it is expected to produce a decrease in chlamydia prevalence. Therefore, based on 2019's figures (because 2020 data is heavily impacted by the pandemic) Kingston is slightly below the recommended detection rate. However, Kingston ranked 17th in England for the percentage of 15-24 years olds screened for chlamydia with 28.7% of 15-24 year olds tested for chlamydia (England average = 20.4%)²⁷.

Figure 6 shows the chlamydia detection rate per 100,000 for 15-24 year olds in Kingston by Middle Super Output Area. Variations in rates of chlamydia detection across the borough may represent differences in prevalence, but can also represent screening coverage and if the most at risk populations are being reached.

²⁵ "Sexual and Reproductive Health Profiles - PHE." <https://fingertips.phe.org.uk/profile/SEXUALHEALTH>. Accessed 25 Aug. 2021.

²⁶ "Sexual and Reproductive Health Profiles - PHE." <https://fingertips.phe.org.uk/profile/SEXUALHEALTH>. Accessed 25 Aug. 2021.

²⁷ "Sexual and Reproductive Health Profiles - PHE." <https://fingertips.phe.org.uk/profile/SEXUALHEALTH>. Accessed 25 Aug. 2021.

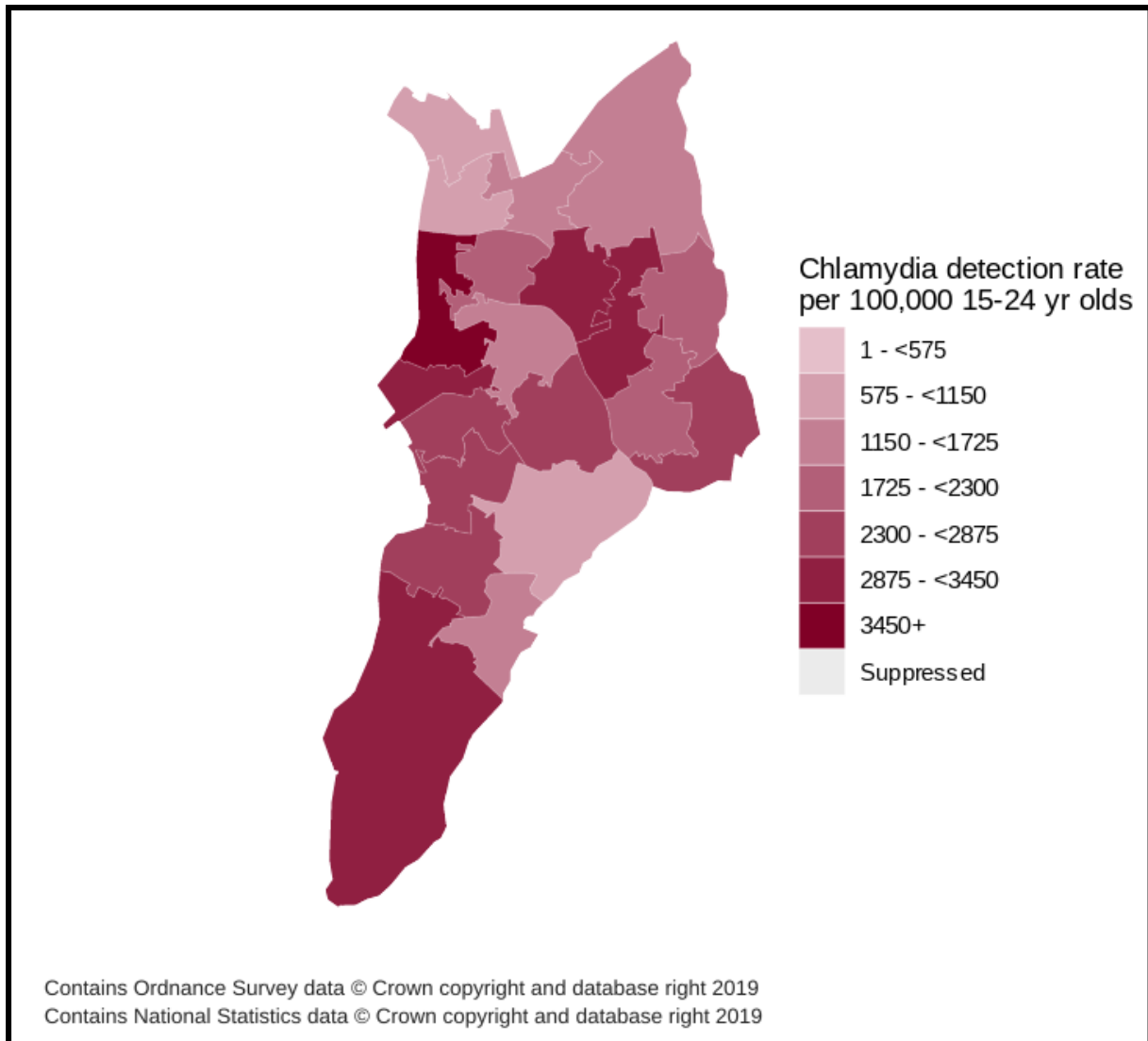


Figure 6: Map of chlamydia detection rate per 100,000 population in 15-24 years in Kingston upon Thames by Middle Super Output Area: 2019²⁸

4.2.3 Gonorrhoea

Almost half of infected women and 1 in 10 infected men do not experience any symptoms of gonorrhoea²⁹. If left untreated, gonorrhoea can cause pelvic inflammatory disease, ectopic pregnancy and infertility. It is also important to ensure gonorrhoea transmission is reduced to prevent antibiotic-resistant strains of *Neisseria gonorrhoeae* from spreading.

High rates of gonorrhoea (and syphilis) in a population reflect high levels of risky sexual behaviour. In 2020, the rate of gonorrhoea diagnosis in Kingston was 87 per 100,000, which was slightly lower than England average of 101 per 100,000 and far lower than the London

²⁸ "CTAD Chlamydia Surveillance System - GOV.UK." 2 Mar. 2021, <https://www.gov.uk/guidance/ctad-chlamydia-surveillance-system>. Accessed 25 Aug. 2021.

²⁹ "Overview - Gonorrhoea - NHS." <https://www.nhs.uk/conditions/gonorrhoea/>. Accessed 25 Aug. 2021.

average of 309 per 100,000 (as can be seen in figure 7 below)³⁰. In 2019, the rate of gonorrhoea diagnosis in Kingston was 112 per 100,000, which was similar to the England average of 126 per 100,000 but once again far lower than the London average of 364 per 100,000³¹.

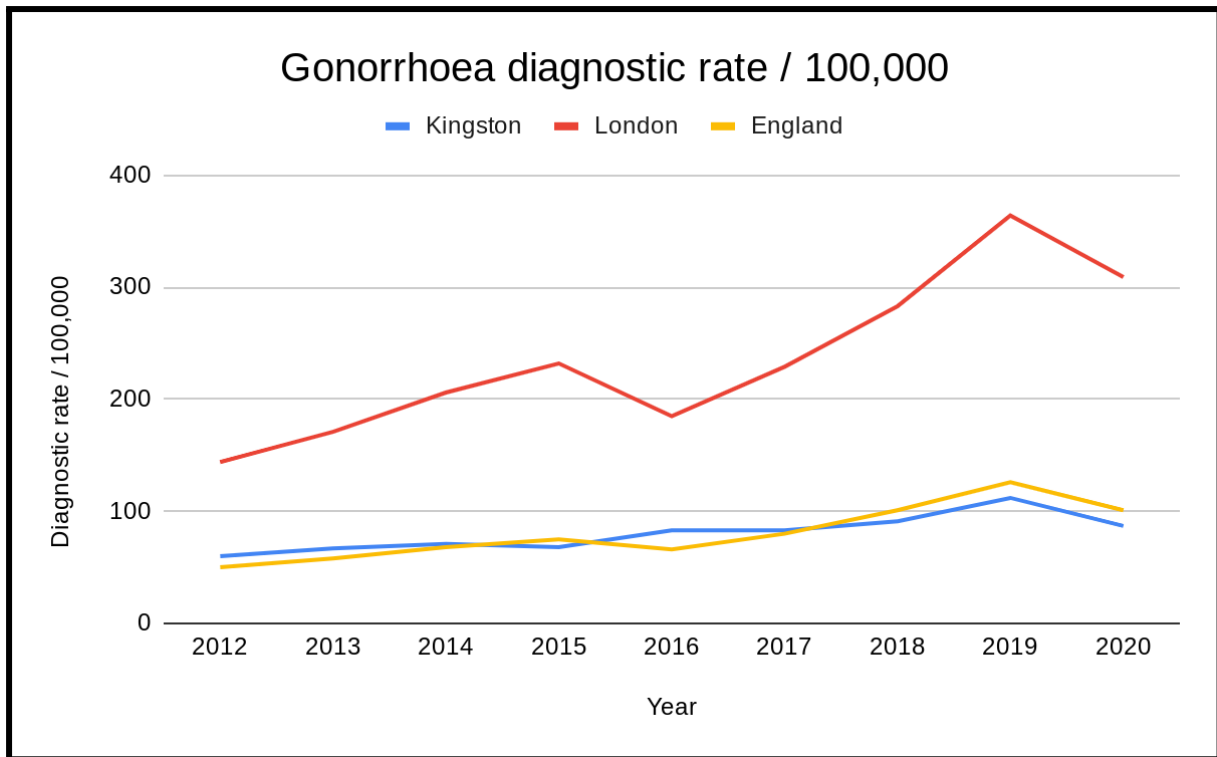


Figure 7: Gonorrhoea diagnostic rate per 100,000 in Kingston, London and England (2012-2020)

4.2.4 Syphilis

The symptoms of syphilis are not always obvious so it is easy for it to go left untreated. Whilst syphilis can usually be treated with a course of antibiotics, if untreated it can spread to the brain and other parts of the body, causing long-term serious health problems

The rate of diagnosis of syphilis in Kingston in 2020 was 10.6 per 100,000 which was lower than the England average (12.2 per 100,000) and far lower than the London average (39.6 per 100,000) as can be seen in figure 8³². In 2019 the rates in Kingston (14.6 per 100,000) were similar to the England average (13.9 per 100,000) and far lower than the London average (43.2 per 100,000)³³. 92% of the syphilis diagnoses in Kingston in 2019 were in

³⁰ GUMCAD reports: Automated Reports: STI diagnoses and services - PHE. <https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 22 Sep 2021.

³¹ GUMCAD reports: Automated Reports: STI diagnoses and services - PHE. <https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 22 Sep 2021.

³² GUMCAD reports: Automated Reports: STI diagnoses and services - PHE. <https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 22 Sep 2021.

³³ GUMCAD reports: Automated Reports: STI diagnoses and services - PHE. <https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 22 Sep 2021.

males³⁴. In England, 82% of syphilis cases among men are in MSM so it could be assumed that MSM make up a large percentage of Kingston residents diagnosed with syphilis³⁵.

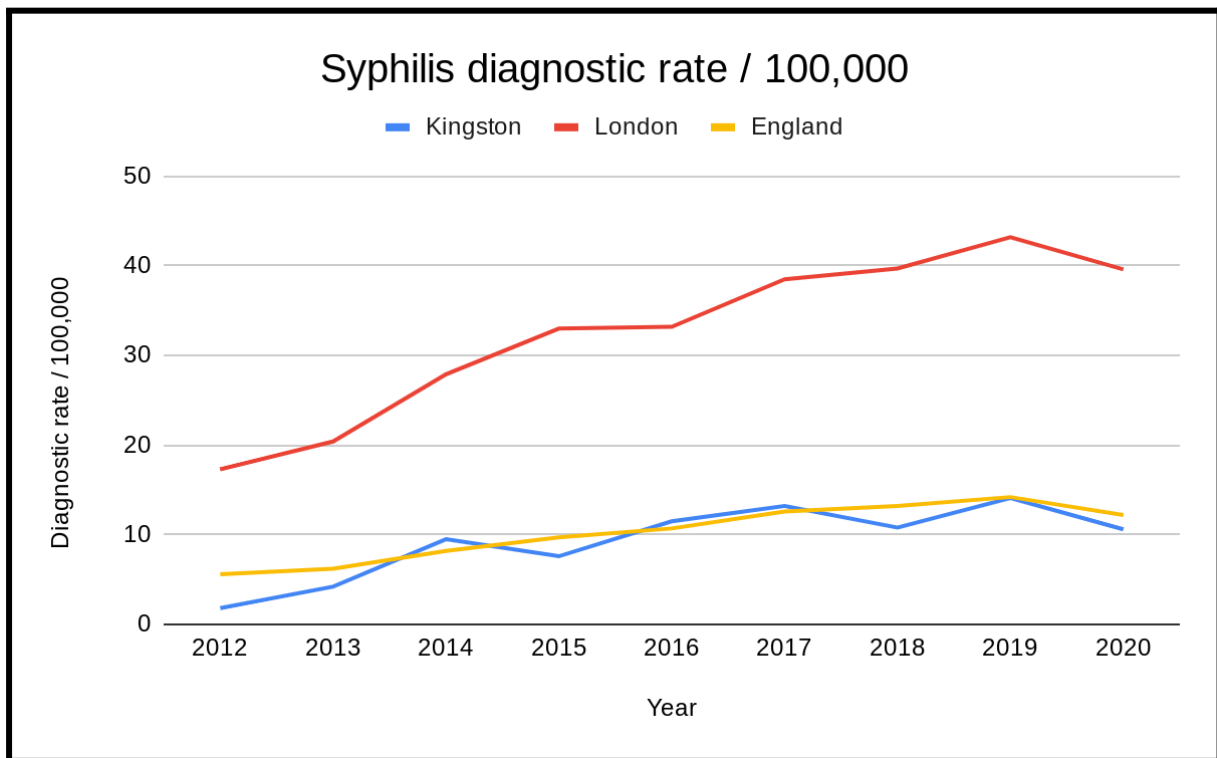


Figure 8: Syphilis diagnostic rate per 100,000 in Kingston, London and England (2012-2020)

In 2019, Kingston had the 37th highest rate of new syphilis diagnoses out of the 151 UTLAs/UAs in England³⁶. High rates of syphilis are associated with risky behaviour and syphilis infections in men increase the likelihood of developing HIV so it is important to work towards reducing the rate of syphilis infections locally and nationally.

4.2.5 Genital Herpes

Genital herpes is caused by the herpes simplex virus. Once infected with the virus it stays in your body and it cannot be cured. However, treatments can be used to reduce symptoms and outbreaks. A genital herpes infection increases the risk of HIV infection and increases the likelihood of those with HIV spreading HIV to others³⁷.

The rate of herpes diagnosis per 100,000 population in Kingston was 45.2 in 2020, which was higher than the England average of 36.3 per 100,000 but lower than the London

³⁴ GUMCAD reports: Automated Reports: STI diagnoses and services - PHE.

<https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 22 Sep 2021.

³⁵ SPLASH Supplement Report. Public Health England. 17 Aug 2021, file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

³⁶ SPLASH Supplement Report. Public Health England. 17 Aug 2021, file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

³⁷ Freeman, Esther E., et al. "Herpes simplex virus 2 infection increases HIV acquisition in men and women: systematic review and meta-analysis of longitudinal studies." *Aids* 20.1 (2006): 73-83.

average of 60.2 per 100,000³⁸. The rate was higher in 2019, with 92.4 herpes diagnoses per 100,00 Kingston residents³⁹. The 2019 rate was also higher than the England average of 60 per 100,000⁴⁰. In 2019, Kingston had the 16th highest rate (out of 151 UTLAs/UAs) of genital herpes in England⁴¹.

4.2.6 Anogenital Warts

Anogenital warts are a common STI that are caused by different strains of the HPV virus⁴². The infection can cause warts around the genital or anal area or an individual can carry the virus without developing warts.

In 2020, the rate of diagnoses per 100,000 population for warts in Kingston was 63.6⁴³. This was higher than the England average of 48.6 per 100,000 but lower than the London average of 76.6 per 100,000⁴⁴. In 2019, 215 Kingston residents were diagnosed with genital warts (a diagnosis rate of 121.1 per 100,000)⁴⁵. This was higher than the England average diagnosis rate of 89 per 100,000⁴⁶. In 2019, Kingston had the 25th highest rates of genital warts out of 151 UTLAs/UAs in England⁴⁷. However, rates of warts have decreased in both England and Kingston over recent years due to the moderately protective effect of the HPV-16/18 vaccination (as seen in figure 9 below)⁴⁸.

³⁸ "Sexual and Reproductive Health Profiles - PHE."

<https://fingertips.phe.org.uk/profile/SEXUALHEALTH>. Accessed 25 Aug. 2021.

³⁹ "Sexual and Reproductive Health Profiles - PHE."

<https://fingertips.phe.org.uk/profile/SEXUALHEALTH>. Accessed 25 Aug. 2021.

⁴⁰ "Sexual and Reproductive Health Profiles - PHE."

<https://fingertips.phe.org.uk/profile/SEXUALHEALTH>. Accessed 25 Aug. 2021.

⁴¹ SPLASH Supplement Report. Public Health England. 17 Aug 2021,

file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

⁴² "Genital warts - NHS." <https://www.nhs.uk/conditions/genital-warts/>. Accessed 30 Sept. 2021.

⁴³ GUMCAD reports: Automated Reports: STI diagnoses and services - PHE.

<https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 22 Sep 2021.

⁴⁴ GUMCAD reports: Automated Reports: STI diagnoses and services - PHE.

<https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 22 Sep 2021.

⁴⁵ GUMCAD reports: Automated Reports: STI diagnoses and services - PHE.

<https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 22 Sep 2021.

⁴⁶ GUMCAD reports: Automated Reports: STI diagnoses and services - PHE.

<https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 22 Sep 2021.

⁴⁷ SPLASH Supplement Report. Public Health England. 17 Aug 2021,

file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

⁴⁸ SPLASH Supplement Report. Public Health England. 17 Aug 2021,

file:///media/fuse/drivefs-03d6eed35d184d0158fd9db160d11340/root/E09000021.html Accessed 22 Sep 2021.

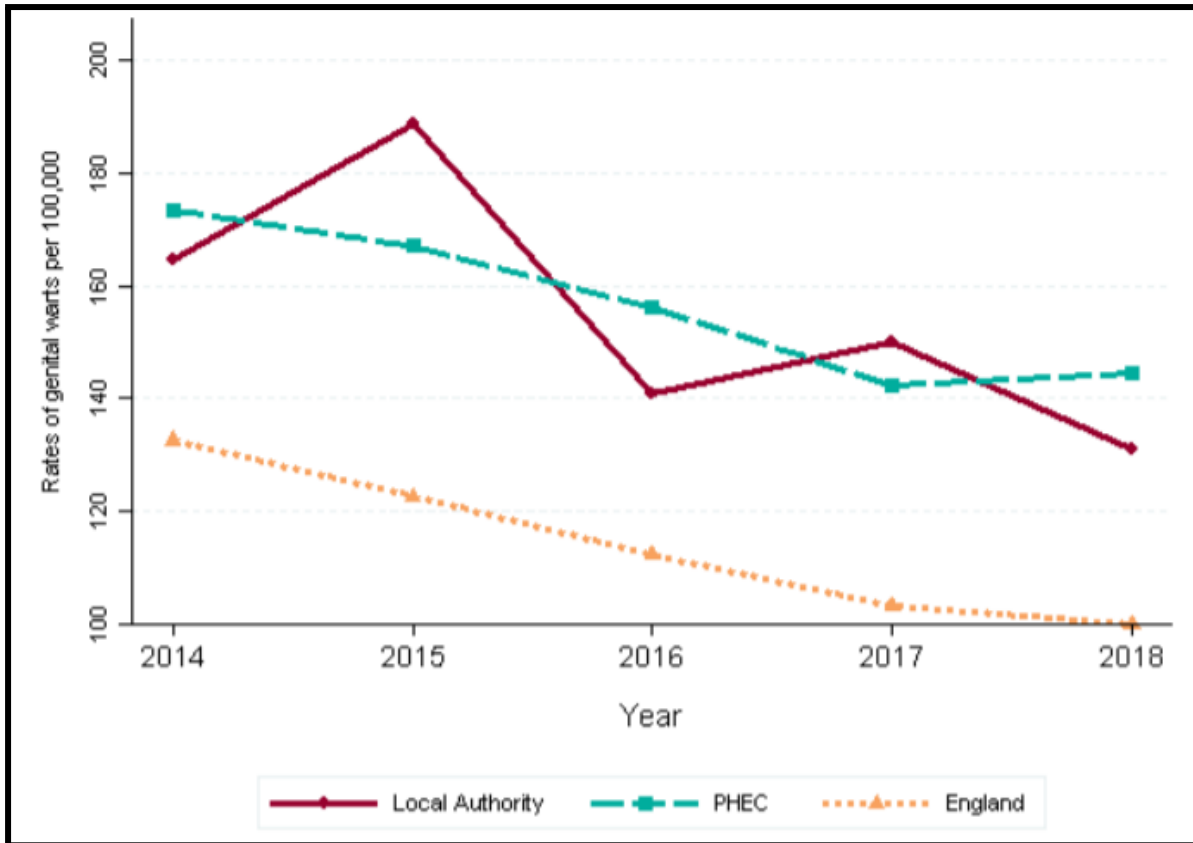


Figure 9 Rates of genital warts in Kingston upon Thames, PHEC and England (2014-2018)

The HPV vaccination reduces the risk of getting the HPV virus, which therefore reduces the risk of associated warts. It also reduces the risk of some cancers. The vaccine is offered to school children aged 12-13 years as part of the NHS vaccination programme⁴⁹. It is also offered to MSM up to 45 years of age.

The population vaccination HPV coverage for one dose in 12-13 and 13-14 year old females in Kingston was 0% in 2019/20. This was due to the HPV schedule being postponed during the 2019/20 academic year because of school closures. The local Immunisation Team, provided by Hounslow & Richmond Community Healthcare Trust (HRCH) followed the necessary NHSE guidance by prioritising DTP and MenACWY vaccinations locally. The service has since caught up the missed HPV vaccinations missed in 2019/20 during 2020/21 which should be reflected in the latest data release.

4.2.7 Other STIs

In addition to the risks of STI and Human Immunodeficiency Virus (HIV) (outlined below) transmission during sex there are also risks around becoming infected with other blood borne viruses such as Hepatitis B (HBV) and Hepatitis C (HCV). These risks are further increased through the use and sharing of equipment such as sex toys or drug paraphernalia.

⁴⁹ "HPV vaccine overview - NHS." <https://www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/>. Accessed 29 Sept. 2021.

It should also be noted that Mycoplasma Genitalium (MGen) and Shigella are also prevalent however data is limited on this locally.

4.3 HIV

Human Immunodeficiency Virus (HIV) is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections and disease. It is a life-long condition, which currently has no cure but with early diagnosis and treatment people can maintain their everyday life. Early diagnosis and treatment can also limit transmission⁵⁰.

A decline in new HIV diagnoses among gay and bisexual men has been observed since 2015 in the UK, following an earlier fall in underlying new HIV infections in this group that began in 2012. The reduction in transmission highlights that combination HIV prevention is working⁵¹.

Released in late 2021, the latest action plan towards ending HIV transmission, AIDS and HIV-related deaths in England (2022 - 2025)⁵² highlights 4 key themes to focus on;

- Preventing people from getting HIV
- Ensuring those who get HIV are diagnosed promptly
- Preventing onward transmission from those with diagnosed infection
- Delivering interventions which aim to improve the health and quality of life of people with HIV and tackle stigma

Locally, there were 221 Kingston residents aged 15-59 years who were seen at HIV services (the prevalence of diagnosed HIV) in 2019. This equates to a diagnosed prevalence per 1,000 residents aged 15-59 years of 2, which is lower than London (5.6 per 1,000) and England (2.39 per 1,000) rates. Kingston had 5 residents who were newly diagnosed with HIV equating to a new HIV Diagnosis rate of 3.5 (per 100,000 aged 15+) which is the lowest in London (20.9 per 100,000 aged 15+) and lower than England rate (8.1 per 100,000 aged 15+⁵³).

The late diagnosis of HIV can result in damage to the immune system and further transmission to others. HIV late diagnosis in Kingston is not published on PHE Fingertips due to the values being suppressed because the numbers are too low.

4.3.1 Testing

To achieve early diagnosis of HIV, testing is required. In Kingston, HIV testing is offered in primary care, SRH services and through the SHL E-Service. HIV testing coverage of eligible patients at SRH services has seen a downward trend in Kingston to 61% (2019) which is the lowest in London (69.5% average) and lower than England average (64.8%). However positively, a large proportion of MSM are testing for HIV and the majority of those that test,

⁵⁰ "HIV and AIDS - NHS." <https://www.nhs.uk/conditions/hiv-and-aids/>. Accessed 30 Sept. 2021.

⁵¹ "Sexual and Reproductive Health Profiles - Data - PHE."

<https://fingertips.phe.org.uk/profile/sexualhealth/data>. Accessed 30 Sept. 2021.

⁵² "Towards Zero: the HIV Action Plan for England - 2022 to 2025." 1 Dec. 2021,

<https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025>. Accessed 7 Dec. 2021.

⁵³ "Sexual and Reproductive Health Profiles - Data - PHE."

<https://fingertips.phe.org.uk/profile/sexualhealth/data>. Accessed 30 Sept. 2021.

re-test within 12 months after at a SRH service. Table 4 and figure 10 below show the HIV testing data from 2019.

	Kingston	London	England
HIV testing coverage, total (%)	61%	69.5%	64.8%
HIV testing coverage, women (%)	49.5%	59.5%	55.6%
HIV testing coverage, men (%)	83.4%	81.8%	78.3%
HIV testing coverage, MSM (%)	92.1%	87.8%	87.4%
Repeat HIV testing in MSM (%)	53.4%	52.7%	46.9%

Table 4: HIV Testing percentage in 2019⁵⁴

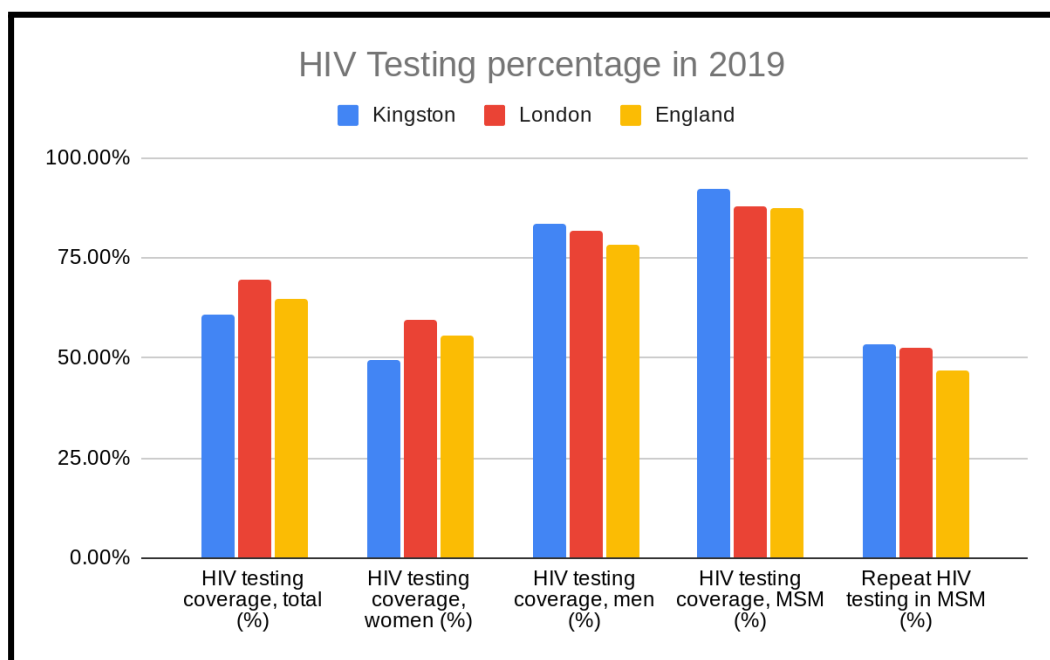


Figure 10: HIV Testing percentage in 2019⁵⁵

4.3.2 Pre-Exposure Prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) is highly effective at reducing the risk of acquiring HIV. PrEP involves prescribing a HIV drug to people without HIV during periods of risk to prevent them catching HIV. The drug can be given on a daily basis or specific times around periods of risk. Identifying and engaging individuals at high risk of HIV is needed to maximise the potential benefits of PrEP to HIV prevention. Groups that are at higher risk of being infected by HIV are men who have sex with men (MSM), Black African and transgender (Trans) men and women.

⁵⁴ "Sexual and Reproductive Health Profiles - Data - PHE." <https://fingertips.phe.org.uk/profile/sexualhealth/data>. Accessed 30 Sept. 2021.

⁵⁵ "Sexual and Reproductive Health Profiles - Data - PHE." <https://fingertips.phe.org.uk/profile/sexualhealth/data>. Accessed 30 Sept. 2021.

The PrEP Impact Trial recruited 13,000 patients across England before it ended in October 2020. Following this successful 3 year trial, PrEP has now been routinely commissioned via Local Authorities through the Public Health Grant since 2020. Locally, the Integrated Level 3 Service at the Wolverton (KHFT) delivered PrEP through the impact trial and now into routine commissioning in Kingston. A London wide model of delivery has been agreed which includes prioritising routine testing for HIV/STIs to be delivered online when appropriate.

Since the routine commissioning commenced in October 2020, the uptake of PrEP has been slow not only in Kingston but across London. This is due to the significant impact COVID-19 restrictions have had on patient attendances at SRH services.

4.4 Health Inequalities

4.4.1 Age: Young People

Many adverse sexual health outcomes occur in young people, regardless of their sexuality. The burden of STIs is experienced within ages 15-24, where 46% of newly diagnosed STIs in Kingston were in young people of this age during 2020, compared to 46% in England) (PHE GUMCAD report 2020).

87% of diagnosed chlamydia occurred in the 15-24 age group in 2020, 63% of which were female. Women may also experience additional adverse outcomes associated with teenage or unplanned pregnancy. These rates reflect those seen in 2016 data.

Young people are also at higher risk of reinfection with an STI (shown in section 4.2.1 above) than the general population. In Kingston, reinfection rates were higher than the national average. From 2015 to 2019, 13.7% of women aged 15-19 years in Kingston (England average = 11.4%) and 14.5% of men aged 15-19 years in Kingston (England average = 10.4%) in Kingston presenting with a new STI as a sexual health service, became reinfected within 12 months. This could be because teenagers may be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex. Young people under 25 in Kingston have a high attendance rate at SRH service, compared to statistically neighbouring local authorities, where the Kingston rate was 238 per 1000 individuals attending in 2019 for females and 67 per 100 for males⁵⁶.

Sexual health related behaviour, skills and knowledge have a key role in influencing sexual health outcomes in young people. The School Health Education Unit (SHEU) are commissioned by RBK. In 2019 the SHEU survey was completed with around 4500 pupils aged 11-15 across 9 Kingston secondary schools, 56% of whom were girls, 42% male, and 2% not specified, with half describing themselves as white and 7% reported getting free school meals⁵⁷. The report highlighted:

- 49% of Year 9 &10 boys scored high self esteem levels, compared to only 27% of similar aged girls.

⁵⁶ SPLASH Report 2021. Public Health England. 27 Jan 2021, <https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2021/E09000021.html?area-name=Kingston%20upon%20Thames> Accessed 8 Oct 2021.

⁵⁷ SHEU report available on request from Kingston Public Health

- 7% of young people reported experiencing a boyfriend or girlfriend pressuring them into something they didn't want to do, reflecting questions around sexual pressure, hurtful language, and other coercive behaviour.
- 6% of Year 9 & 10 boys and 9% of Year 9 & 10 girls said their partner had asked them to send sexually explicit text messages/ pictures.
- 54% percent of Year 10 boys and 45% of Year 10 girls said that they know where to get free condoms
- 27% of Year 10 pupils (31% of boys and 23% of girls) said that there was a contraception and advice service for young people available locally in Kingston.

4.4.2 Age: Older People

Over the last 60 years' sexual lifestyles across the country have changed significantly especially amongst women. Sexual activity continues into later life, so a life course approach is needed⁵⁸. With more older people than in previous generations becoming newly single through divorce, separation, or the death of their partners. Many older people may have incomplete or incorrect knowledge about sexual health and therefore don't use condoms to reduce the risk of contracting STIs when beginning new sexual relationships.

Although levels of sexual activity decline with increasing age, and decreased sexual function and desire is also noted in numerous studies⁵⁹, among a study sub-group of the national NATSAL-3 survey participants aged 55–74 years who had a health condition, 62% of men and 54% of women had been sexually active in the previous six months, and around 42% of both sexes reported being satisfied with their sex lives.

During 2019 and 2020 in Kingston, 7% (124) and 8% (86) of new STIs were diagnosed in residents aged between 45 and 65 years of age⁶⁰. A lifestyle survey undertaken by Kingston in 2015 highlighted that about three quarters of all those aged 55 to 74 (336 cohort respondents) were aware of local sexual and reproductive health services, which fell to around half of those 75 years and over.

4.4.3 LGBTQ+

In 2020, diagnoses of STIs among MSM nationally decreased across all infections compared to 2019, ranging from a 13% decrease in infectious syphilis (from 5,961 to 5,194) to a larger decrease in first episode genital warts (48%; 3,198 to 1,677) diagnoses. However, this decrease reflects a reduction in testing over this period and diagnoses remain high in comparison with recent years for gonorrhoea, chlamydia and infectious syphilis.

The large decline in genital warts diagnosis shown above may be associated with the implementation of HPV vaccination in a pilot among selected SRH services and HIV clinics between June 2016 to April 2018, and the roll-out of the national programme later in 2018,. Although it is also likely explained by the reduction in face-to-face consultations in 2020. In

⁵⁸ "Changes in sexual attitudes and lifestyles in Britain ... - PubMed." 30 Nov. 2013, <https://pubmed.ncbi.nlm.nih.gov/24286784/>. Accessed 8 Oct. 2021.

⁵⁹ Erens, B. et al *Health status, sexual activity and satisfaction among older people in Britain: A mixed methods study* PLOS One March 2017 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0213835>

⁶⁰ GUMCAD reports: Automated Reports: STI diagnoses and services - PHE. <https://hivstiwebportal.phe.org.uk/Reports/SelectReport.aspx> Accessed 05 Oct 2021.

keeping with the trend in recent years, diagnosis rates of chlamydia, gonorrhoea and syphilis were highest in HIV-diagnosed MSM compared to other men or women⁶¹.

In Kingston, there were 3,584 MSM patient attendances at the Level 3 Integrated Sexual Health Service, The Wolverton, during 2019 however during 2020 this reduced to only 2,434 attendances.

Research shows that nationally, teenage lesbian or bi-sexual women are at increased risk of unintended pregnancy compared to their peers. Although there is a lower rate of pregnancy in LBWSW than the general population (around half of LBWSW are parents), there is a statistically significant higher rate of pregnancy in adolescent lesbians and bisexual women. In bisexual adolescents the rate was twice that of a heterosexual adolescent. This may be due to the higher reported rates of forced sex amongst LBWSW compared with the general population (Hodson, Meads and Bewley, 2017). STI infection rates are not included due to low numbers for women who have sex women (WSW).

4.4.4 Ethnicity

Black African and black Caribbean communities are disproportionately affected by HIV and STIs in different ways. HIV prevalence is highest among black African women, and rates of late diagnosis are highest among black African men. The highest rates of STIs among adults are seen among people of black African and black Caribbean ethnicity, and the majority of these cases are among persons living in areas of high deprivation. These high rates of STI diagnoses are most likely due to a combination of cultural, economic and behavioural factors.⁶²

The population rates of STI diagnoses remained highest among people of Black ethnicity in 2020 nationally, however this varied considerably among Black ethnic groups. In 2020, people of Black Caribbean ethnicity had the highest diagnosis rates of gonorrhoea and trichomoniasis, while people of Black African ethnicity had relatively lower rates of these STIs. Data from a national probability sample indicate that men of Black Caribbean ethnicity were most likely to report higher numbers of recent sexual partners, which may be maintaining high levels of bacterial STIs, particularly chlamydia and gonorrhoea, in these communities⁶³.

4.4.5 Deprivation

Rates of STIs are strongly associated with socioeconomic deprivation (SED), with the highest rates found among people living in the most deprived areas of England.

⁶¹ "Sexually transmitted infections and screening for chlamydia in"
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015176/STI_NCSP_report_2020.pdf. Accessed 25 Oct. 2021.

⁶² "Health Promotion Strategy for Sexual and Reproductive ... - GOV.UK."
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/488090/SRHandHIVStrategicPlan_211215.pdf. Accessed 18 Aug. 2021.

⁶³ "Sexually transmitted infections and screening for chlamydia in"
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015176/STI_NCSP_report_2020.pdf. Accessed 25 Oct. 2021.

SED, which is often more common in ethnic minorities, is a known determinant of poor sexual health outcomes. A study that investigated the interplay between SED and ethnicity on population-level rates of STIs in England found that while SED is a key determinant of poor sexual health, other cultural influences on sexual behaviour may contribute to STI risk exposure among ethnic groups⁶⁴.

Nationally deprivation and socio-economic status are associated with poorer sexual health and higher teenage pregnancies⁶⁵. Kingston is a relatively affluent Borough however it has pockets of deprivation including 4 LSOAs in deciles 1-4 of the IMD.

4.4.6 People with disabilities

There is limited evidence concerning the sexual health of people with learning disabilities. The right to a sex life is enshrined in legislation but often people with learning disabilities face barriers due to concerns around the ability to consent, vulnerability and the possibility of exploitation.

Sexuality remains an area where freedoms may be limited compared to other disabled people or the general population. This may in part be due to concerns from families and carers about vulnerability to exploitation, sexually transmitted diseases, and pregnancy, but may also reflect societal stigma and possible infantilising attitudes towards people with intellectual disabilities.

However, an analysis of the nationally representative longitudinal 'Next Steps' study suggests that young people with mild to moderate learning disabilities were as likely to have had sexual intercourse by the age of 19/20 as their peers from the general population. However, young people with mild to moderate learning disabilities were more likely to practice unsafe sex compared to young people from the general population. Young women with mild to moderate learning disabilities were more likely to have been pregnant or be a mother.

Locally, an assessment highlighting the needs of young people with SEND accessing SRH services was produced in 2013. Although outdated, it has still provided a useful insight into the feedback of residents about services.

4.4.7 Homeless people

Homeless people have greater risks of poor sexual health and are at increased risk of STIs and unwanted pregnancies⁶⁶. There are many reasons for this including;

- barriers to accessing services; homelessness can make communication and accessing services more difficult, affecting a patient's ability to come to

⁶⁴ "Health matters: preventing STIs - GOV.UK." 21 Aug. 2019, <https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis>. Accessed 25 Oct. 2021.

⁶⁵ "Variation in outcomes in sexual and reproductive health in England." https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984393/SRH_variation_in_outcomes_toolkit_May_2021.pdf. Accessed 25 Oct. 2021.

⁶⁶ "P224 The sexual health of the homeless—an outreach sexual health" 18 May. 2015, https://sti.bmj.com/content/91/Suppl_1/A90.2.full.pdf. Accessed 21 Sept. 2021.

appointments, receive test results, complete prescriptions, and manage follow-up appointments

- stigma/lack of awareness of services
- multiple morbidities (mental/physical health and substance misuse)
- high rates of street sex work
- sexual exploitation/being pressurised for transactional sex (e.g in return for places to sleep, drugs, food and money)
- trafficking (low visibility in the population seen)
- increased risk taking behaviours (e.g. chemsex)
- increased vulnerability to sexual abuse amongst the homeless population.

Although women are in a minority among the homeless population, they are highly vulnerable, have multiple unmet health needs and are more likely than women in the general population to become pregnant and have a sexually transmitted infection⁶⁷. They often use drugs and alcohol to cope with their situation and then turn to selling sex to support their consumption⁶⁸. Sex work and use of injected drugs further increase the risk of STIs and infection with blood-borne viruses (BBVs) which, in turn, can lead to escalating mental health issues⁶⁹.

In 2020/21 there were 151 homeless households in priority need in Kingston. In 2017/18 there were 190 homeless households in priority need in Kingston, a rate of 2.7 per 1,000 households. This was higher than the England average of 2.4 per 1,000 but lower than the London average of 4.2 per 1,000 for 2017/18⁷⁰. London and England data is not yet available for 2020/21.

In 2020/21 582 households were prevented from homelessness in Kingston, compared to 597 in 2017/18. These households were either able to stay in their homes or find alternative accommodation. This work was supported by RBK and partner agencies such as Citizens Advice and Kingston Churches Action on Homelessness, amongst others.

4.4.8 Sex workers

There is limited data available about sex workers and response rates to studies tend to be low. The number of sex workers in the UK is estimated to be around 72,800 with about 32,000 working in London and around 11% of British men aged 16–74 having paid for sex on at least one occasion ⁷¹.

⁶⁷ "THE IMPACT OF HOMELESSNESS ON HEALTH - Local"
https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF. Accessed 30 Sept. 2021.

⁶⁸ "THE IMPACT OF HOMELESSNESS ON HEALTH - Local"
https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF. Accessed 30 Sept. 2021.

⁶⁹ "THE IMPACT OF HOMELESSNESS ON HEALTH - Local"
https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF. Accessed 30 Sept. 2021.

⁷⁰ "Kingston Data – Welcome to Kingston Data." <https://data.kingston.gov.uk/>. Accessed 21 Sept. 2021.

⁷¹ "Prostitution - Parliament (publications)." 1 Jul. 2016,
<https://publications.parliament.uk/pa/cm201617/cmselect/cmhaff/26/26.pdf>. Accessed 25 Aug. 2021.

Sex workers are more likely to experience vulnerabilities such as homelessness, drug and alcohol problems, violence and sexual assault, which can impact on their sexual health needs⁷². Female sex workers are at higher risk of certain STI and reinfections compared with other GUM attendees however there is limited comparative data available⁷³.

In Kingston, the Wolverton ISH service has seen increasing numbers of sex workers accessing the service despite COVID-19 restrictions. Table 5 below highlights that the number of different sex workers accessing the service has increased from 2019 to 2020.

	Number of individual patients attending the service during 2019	Number of patient attendances the service during 2019	Number of individual patients attending the service during 2020	Number of patient attendances the service during 2020
Sex Workers	16	29	25	30

Table 5: Sex worker attendance and attendances at Wolverton, KHFT

Due to the complex nature of sex work, patients are encouraged to access service regularly. However, the 25 patients that accessed the service in 2020 were less likely to re-attend than in 2019 which is a challenge.

Engaging sex workers with SRH services is therefore challenging however local organisations are available to support. The Sex Worker Advocacy and Resistance Movement (SWARM) is a movement to support sex workers in the UK which was set up in 2009⁷⁴.

4.4.9 Psychosexual Support

Psychosexual support includes psychological therapies provided to individuals with sexual dysfunction. These therapies include counselling, CBT (cognitive behavioural therapy), DBT (dialectical behavioural therapy), group therapies, patient education and other psychological therapies. According to WHO it is defined as:

“Sexual dysfunction covers the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish. Sexual response is a psychosomatic process and both psychological and somatic processes are usually involved in the causation of sexual dysfunction⁷⁵”.

⁷² "A Framework for Sexual Health Improvement in England - GOV.UK." 15 Mar. 2013, <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>. Accessed 27 Aug. 2021.

⁷³ "The sexual health of female sex workers compared with other" <https://sti.bmj.com/content/90/4/344>. Accessed 25 Aug. 2021.

⁷⁴ "Who We Are - SWARM Collective." <https://www.swarmcollective.org/who-we-are>. Accessed 25 Aug. 2021.

⁷⁵ "F51 Nonorganic sleep disorders - ICD-10 Version:2019." <https://icd.who.int/browse10/2019/en#/F51.5>. Accessed 25 Aug. 2021.

Not only is there limited data available on the prevalence of psychosexual issues, it is also difficult to differentiate between mild sexual dysfunction, something experienced so widely as to be considered normal, and clinically significant sexual dysfunction⁷⁶.

During 2020, there were 217 attendances by Kingston residents at 4 different ISH services for psychosexual support. However this was lower than the 294 residents seen in 2019⁷⁷, likely due to COVID-19 restrictions. Feedback from the Integrated Level 3 Service, The Wolverton, highlights the lack of national guidance for GUM services and fragmentation across London means that support is difficult to deliver.

4.4.10 Safeguarding & Child Sexual Exploitation

Safeguarding is the action we take to promote the welfare of children and protect them from harm. The local [Kingston and Richmond Safeguarding Children Partnership \(KRSCP\)](#) is responsible for how relevant agencies will cooperate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do in Kingston.

Child Sexual Exploitation (CSE) for both girls and boys under the age of 18, involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities⁷⁸. CSE does not always involve physical contact and it can also occur through the use of technology⁷⁹ which is why, due to its complexity and hidden nature, it is difficult to provide an accurate number of either current or former victims.

In Kingston, referrals to the Multi-Agency Risk Vulnerability Exploitation (MARVE) are shown in figure 11 below and highlights referrals for Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE), Harmful Sexual Behaviour (HSB) and Gands & Serious Youth Violence (GSYV) however this does not indicate total prevalence for the Borough as all cases are unlikely to be identified.

⁷⁶ "Estimating the Prevalence of Sexual Function Problems - PubMed." <https://pubmed.ncbi.nlm.nih.gov/26605494/>. Accessed 25 Aug. 2021.

⁷⁷ "Pathway Analytics." <https://secure.pathwayanalytics.com/>. Accessed 25 Aug. 2021.

⁷⁸ "Definition and Types Of CSE - NWG Network." <https://www.nwgnetwork.org/definition-types-of-cse/>. Accessed 25 Aug. 2021.

⁷⁹ "Definition and Types Of CSE - NWG Network." <https://www.nwgnetwork.org/definition-types-of-cse/>. Accessed 25 Aug. 2021.

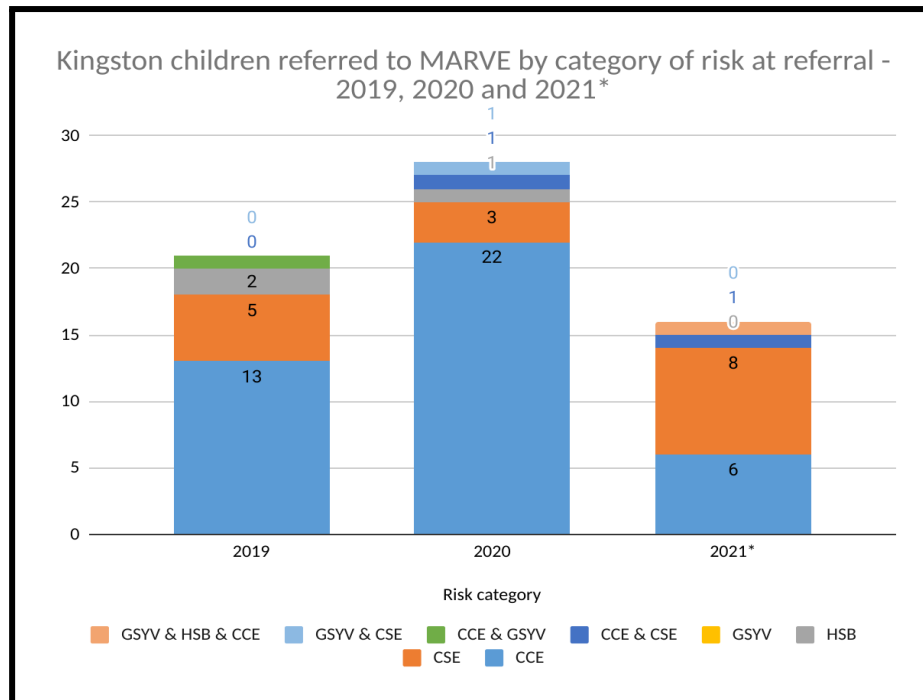


Figure 11: Kingston children referred to MARVE by category of risk at referral - 2019, 2020, 2021*

Both in 2019 and 2020 there were 5 referrals to MARVE for CSE (combined across all risk categories) however there has already been 9 referrals for CSE in 2021. This could be because of the [Everyone's Invited initiative](#) which is a space for sexual violence survivors to anonymously share their experiences to expose and eradicate rape culture with empathy, compassion, and understanding.

The Phoenix Project is Achieving for Children's response to tackle and prevent CSE across Kingston and Richmond. The project's aim is to provide direct intervention for children and young people at risk of CSE or who are being sexually exploited. In 2018/19 a total of 12 new children were referred to the service which increased to 16 in 2019/20.

Further information on Kingston CSE can be found on the CSE JSNA Chapter⁸⁰ and the KRSCP Child Sexual Exploitation Strategy highlights report⁸¹.

4.4.11 Risk & resilience behaviours in Young People

As highlighted in the 2019 Kingston Young People's Risky Behaviour JSNA report⁸², risky behaviours are defined here as:

⁸⁰ "Kingston CSE Needs Assessment Executive Summary (April 2018)."
https://data.kingston.gov.uk/wp-content/uploads/2018/04/JSNA_CSE-Summary-April-2018.pdf.
 Accessed 25 Aug. 2021.

⁸¹ "Kingston & Richmond Safeguarding Children Board Child Sexual"
https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/media/upload/fck/file/FinalDMCS_EStrategy.pdf. Accessed 25 Aug. 2021.

⁸² JSNA Young People's Risky Behaviour Full Report 2019
<https://data.kingston.gov.uk/children-and-young-people-risky-behaviours/>

*'health related only and include substance use (drugs and alcohol), smoking (including the use of e-cigarettes and shisha) and sexual health'*⁸³.

Multiple risk-taking behaviours cluster during adolescence, and are a part of the natural transition into adulthood. National studies suggest a slow and steady longitudinal decline in the numbers of children and young people participating in a range of risky behaviours, where harm exposure can result in poor longer term health and wellbeing outcomes⁸⁴. The degree to which this occurs depends upon the level and/ or frequency of engagement, which may also prevent someone reaching their full potential.

Harmful risk-taking is often framed in terms of an individual's or group's behaviours, but may be better considered in relation to reducing the wider conditions of risk or vulnerability (such as poverty and poor relationships), increasing protective factors including resilience and skills to minimise long term impact, particularly for those more vulnerable and at risk due to abuse and neglect, or experience of care/ looked after children.

Alongside specific sexual health risk such as unplanned pregnancy, STIs, and non-consensual sex, we also need to examine other risk behaviours such as: alcohol and substance misuse, smoking, poor emotional health, and low educational attainment.

The Kingston Risky Behaviour JSNA in 2019 outlined how young people have access to technology, and are engaging in related risky behaviour online at a younger age. For example, the average age of access to hardcore pornography is reported to be 12.5 years in Kingston, and 13.5 years for web-based sexualised activity. A Richmond report⁸⁵ also highlighted that young people who identify as LGBT+ are more at risk of poor mental health, related to a range of factors including risk of being bullied, difficulties with self-identity, and a lack of unbiased and inclusive mainstream service provision. The disproportionately poor sexual health outcomes for young MSM have been highlighted in a previous section.

The School Health Education Unit (SHEU)⁸⁶ 2019 survey, commissioned by RBK, completed by 4500 pupils aged 11-15 across 9 Kingston secondary schools, suggested that over half of all respondents had never drunk alcohol. This decreased with age, with 14% describing themselves as drinking occasionally or regularly by Year 10. These students were more likely to have experienced controlling partner behaviour with a current or previous partner.

The SHEU survey also highlighted:

- 7% have tried smoking cigarettes.
- 17% have been offered illegal drugs
- 14% of Year 10 reported having taken illegal drugs with the most common being cannabis
- 56% of pupils who drank alcohol regularly said they had used drugs, compared to 6% in those who did not drink regularly.

⁸³ "Reducing risky behaviour through the provision of information."

<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.378.2312&rep=rep1&type=pdf>. Accessed 17 Sept. 2021.

⁸⁴ Cabinet Office. 2015. Children and young people's risk behaviour: discussion paper.

<https://www.gov.uk/government/publications/children-and-young-peoples-risk-behaviours-discussion-paper> Accessed on 7 October 2021

⁸⁵ Parsley, K. (2018) Risky Behaviour Services Review in Richmond. Available on request.

⁸⁶ SHEU report available on request from Kingston Public Health

- This group were also more likely to exhibit other risk behaviours, saying they: had been absent from school without permission within the last year; considered that cannabis 'is safe if used properly'; to have met someone in person who they had first met online.
- 35% of pupils who worry about abusive relationships appeared in the lower half of the self-esteem scale compared with 14% who didn't report worrying about this.

The AfC Kingston & Richmond Young People Substance Misuse Service showed that by the middle of 2020/21, there was an increase in the small number of under 18s (31) accessing specialist substance misuse interventions this year when compared to previous years. The most commonly used substance amongst young people accessing treatment was cannabis, followed by alcohol.

5.0 Services

5.1 National Context

From the 1st April 2013, Local Authorities have been mandated to commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception) for their residents⁸⁷. The Department of Health has produced guidance to assist Local Authorities to commission these and other sexual health interventions⁸⁸. However, some specialised services are directly commissioned by clinical commissioning groups (CCGs), and at the national level by NHS England.

Sexual health services are commissioned at a local population level to meet the needs of the local population. These services provide information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy.

5.2 Local Context

A summary table of locally commissioned sexual health provision has been highlighted in appendix 1.

5.2.1 Integrated Sexual Health Services

RBK commissions two SRH services commissioned through the Section 75 arrangement with South West London CCG.

The majority of Kingston residents continue to utilise SRH services in the Borough. 92% of the total ISH activity during 2019 was seen within Kingston borough which increased slightly to 93% in 2020⁸⁹. Although low, the out of area (OOA) service attendances by Kingston

⁸⁷ "Public Health Functions and Entry to Premises by Local Healthwatch" <https://www.legislation.gov.uk/ukxi/2013/351/contents/made?view=plain>. Accessed 26 Aug. 2021.

⁸⁸ "Best Practice Guidance for Local Authorities - Sexual health - GOV.UK." 19 Mar. 2013, <https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities>. Accessed 26 Aug. 2021.

⁸⁹ "Pathway Analytics." <https://secure.pathwayanalytics.com/>. Accessed 25 Aug. 2021.

residents are usually; Chelsea & Westminster NHSFT (3%), Central London Community Healthcare Trust (1%) and Guy's & St Thomas' NHSFT (1%).

The levels of sexual health service have been defined in more detail in appendix 2.

5.2.1.1 The Integrated Level 3 Service (Wolverton), Kingston Hospital NHS Foundation Trust

The Integrated Level 3 Service the Wolverton, KHFT, is the largest of the 2 services. This service provides the full range of SRH services (levels 1-3⁹⁰) including complex and specialist services; contraception, sexually transmitted infection (STI) and HIV testing and treatment.

This service accounted for 84% of the total Kingston ISH activity during 2019 which increased slightly during 2020 to 86%. Since the COVID-19 restrictions were implemented the service has helped channel asymptomatic patients into the SHL E-service and offered routine contraception through a click & collect service. The service has also highlighted that there is a further need to explore online interventions by offering online contraception for routine methods.

5.2.1.2 Contraceptive and Sexual Health (CaSH) & Chlamydia Screening Office (CSO), Your Healthcare CIC

The Contraceptive and Sexual Health (CaSH) Service is provided by Your Healthcare CIC provides fewer SRH services (levels 1 & 2⁹¹) but still includes routine contraception and STI treatment. The CaSH service also delivers the Chlamydia Screening Office (CSO) function which provides treatment and partner notification of chlamydia positives received through the FreeTestMe (FTM) online STI service (details in 5.2.2.2 below).

This service accounted for 9% of the total Kingston ISH activity during 2019 which marginally decreased during 2020 to 8%. Since the COVID-19 restrictions were implemented the service has offered both click & collect and postal services for routine methods of contraception.

5.2.2 Online Services

RBK commission Sexual Health London (SHL) and Free Test Me (FTM) to provide online sexual health testing services to Kingston residents.

5.2.2.1 Sexual Health London E-Service, PreventX

Sexual Health London ([SHL.UK](https://shl.uk)) is the London-based sexual health 'e-service', provided by PreventX. It has provided free sexual health testing to Kingston residents aged 16+ since January 2018. The service can be accessed online or via clinic (Smartkits) and provides testing for a range of STIs including chlamydia, gonorrhoea, HIV, syphilis, hepatitis B and C.

⁹⁰ "The National strategy for sexual health and HIV: Better prevention"
<https://healtheducationresources.unesco.org/library/documents/national-strategy-sexual-health-and-hiv-better-prevention-better-services-better>. Accessed 26 Aug. 2021.

⁹¹ "The National strategy for sexual health and HIV: Better prevention"
<https://healtheducationresources.unesco.org/library/documents/national-strategy-sexual-health-and-hiv-better-prevention-better-services-better>. Accessed 26 Aug. 2021.

Activity in SHL has increased steadily since it was introduced, and then rose sharply during the COVID-19 pandemic, shown in figure 12 below. This is because more people were testing online due to lockdown restrictions and there was limited face-to-face availability at local services. In fact, Kingston experienced the largest percentage increase in SHL activity across all London authorities in 2020/21, with an increase of 113%, compared to the London average increase of 45%.

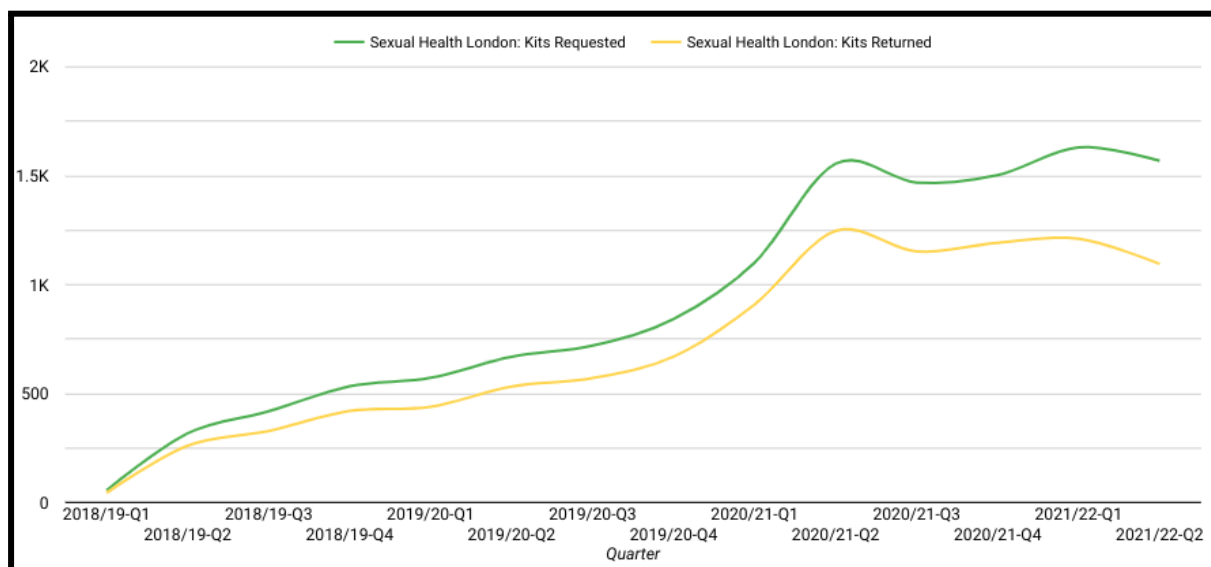


Figure 12: SHL kit requests and returns 2018/19 - 2021/22

The average positivity rates for SHL for 2020 and 2019 can be viewed in table 6 below.

	Chlamydia	Gonorrhoea	HIV	Syphilis
RBK SHL 2020	4.3%	1.3%	0.6%	3.9%
London SHL 2020	4.3%	1.5%	1.1%	2.3%
RBK SHL 2019	4.1%	1.1%	0.3%	1.2%
London SHL 2019	4.4%	1.7%	0.5%	2.6%

Table 6: SHL average positivity rates 2020 and 2019

Chlamydia positivity within SHL in Kingston is similar to SHL averages for both 2019 and 2020. Gonorrhoea and HIV positivity is lower in Kingston than the whole of SHL, which is likely due to the lower proportion of gay/bisexual men in Kingston compared with inner London boroughs. Syphilis has however seen an increase locally in 2020 which is a trend PreventX has seen in pockets across England.

Chlamydia positivity for under 25s in the SHL E-Service in Kingston in 2018 was 5.1%. 5% is the general threshold for appropriately targeted testing for this group. However, the positivity rate in the group rose in 2019 to 5.6%. This could mean that rates of testing were not keeping pace with changes in behavioural risk leading to more infections circulating, or it could mean that there was better targeting of testing to those most at risk of being diagnosed. The positivity rate for under 25s across the whole of SHL also rose from 2018 (6.1%) to 2019 (6.4%).

In 2020, 75% of returned tests to SHL were from 'White British', 'White Irish' or 'Other White' Kingston residents. 69% of Kingston residents are white, so white residents are slightly overrepresented within the service⁹². 25% of tests returned to SHL were from residents from BAME backgrounds. 31% of Kingston residents are from BAME communities so BAME residents are somewhat underrepresented within the service⁹³.

In 2020, 62% of Kingston residents accessing SHL were female and 37% were male. 49.7% of Kingston residents are female and 50.3% are male so females are overrepresented in the SHL service, whilst males are underrepresented.⁹⁴ However, this trend is typical of sexual health services, with females more likely to access sexual health services than males⁹⁵.

Further to this, 79% of Kingston residents accessing SHL in 2020 identified as straight. 12% identified as gay, 7% identified as bisexual and 1% recorded their sexuality as undetermined.

5.2.2.2 Free Test Me, PreventX

FTM is the national PHE chlamydia screening programme. This service has been provided by Preventx since September 2013 and offers free Chlamydia and Gonorrhoea testing to Kingston residents aged between 16-24 both online and via outlets in the borough who have a stock of smartkits. The outlets in Kingston can be found at the following locations:

- Selected pharmacies; Ace Pharmacy, Newman Chemist, Eagercare Pharmacy, Hawks Pharmacy, Boots Bentalls Pharmacy and Ritechem Pharmacy
- Youth services; Achieving for Children YES (Youth Enquiry Service) bus and Achieving for Children Youth Resilience Service
- School Health Team (visit schools across the borough with kits)

Activity in the service has grown steadily since it was introduced. Figure 13 demonstrates the kit requests and kit returns within the service since 2018/19.

⁹² "Kingston upon Thames: Focus on Demographics."
<https://www.kingston.gov.uk/downloads/file/163/statistical-annex-2018-air-quality>. Accessed 6 Aug. 2021.

⁹³ "Kingston upon Thames: Focus on Demographics."
<https://www.kingston.gov.uk/downloads/file/163/statistical-annex-2018-air-quality>. Accessed 6 Aug. 2021.

⁹⁴ "Labour Market Profile - Kingston upon Thames - Nomis."
<https://www.nomisweb.co.uk/reports/lmp/la/1946157273/report.aspx?town=kingston%20upon%20thames>. Accessed 17 Aug. 2021.

⁹⁵ "Sexual health clinic attendance and non-attendance in Britain."
<https://sti.bmj.com/content/94/4/268>. Accessed 17 Aug. 2021.

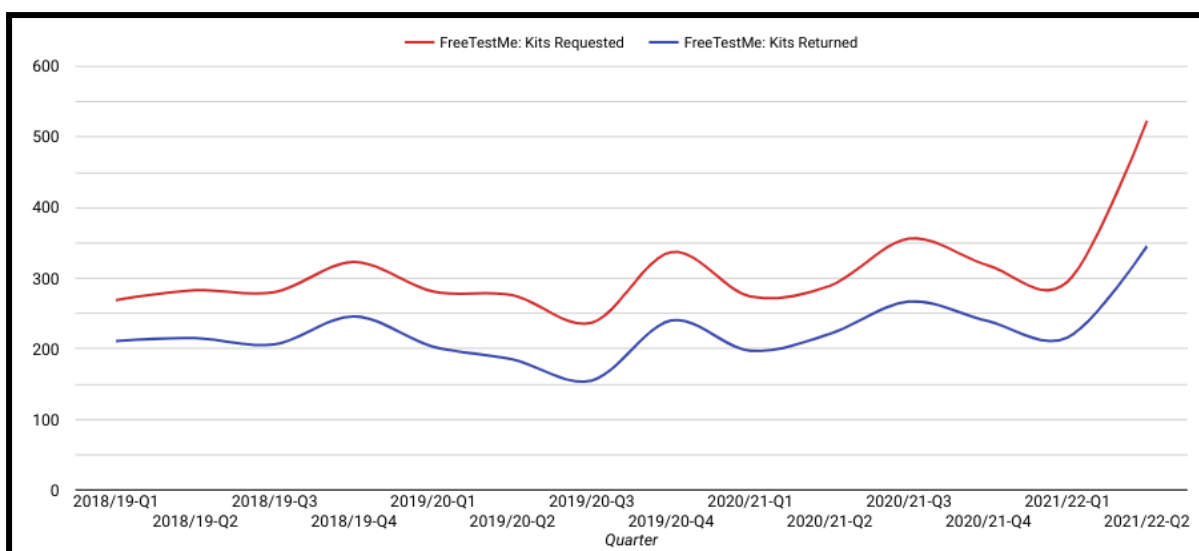


Figure 13: Free Test Me kit returns and requests 2018/19 - 2021/22

The average positivity rates in FTM and the national chlamydia screening programme (CSP) can be viewed in table 7.

	Chlamydia	Gonorrhoea
RBK FTM 2020	6.50%	0.30%
National CSP 2020	9.80%	-
RBK FTM 2019	7.40%	0.50%
National CSP 2019	10%	-

Table 7: FTM positivity rates 2020 and 2019

5.2.3 General Practice

Primary care is easy to access as most people are registered with a general practice (GP), and around 1.6 million people visit community pharmacies every day in England⁹⁶.

There are a range of sexual health services provided in primary care settings, including contraception, testing for HIV and Chlamydia and Gonorrhoea sexually transmitted infections (STIs). Primary care is well positioned to support national policy objectives such as reducing repeat abortions and teenage conceptions, reducing the late diagnosis of HIV, and increasing chlamydia screening rates in young people.

Some of the benefits of integrating chlamydia screening into primary care services include:

- normalising of an opportunistic offer to screen, and the discussion of sexual health issues, enabling easier access to other sexual health services such as contraception
- the combination of chlamydia screening with other sexual health packages, such as STI prevention work or condom distribution, which is cost effective
- Patients have an opportunity to address sexual health needs in a wider health context (for example, combined with travel consultations or new patient registrations).

⁹⁶ "Quality criteria for young people friendly health services - GOV.UK." 19 May. 2011, <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>. Accessed 8 Oct. 2021.

Currently, there are 23 GP practices in Kingston. All GPs offer basic sexual health advice and information, and will signpost to other appropriate services where necessary. All Kingston GP practices also provide contraception, emergency hormonal contraception (EHC), and some STI testing as part of their national core service offer as general practitioners.

In Kingston, primary care sites are commissioned to provide enhanced sexual health services by the local authority, alongside the core sexual health services described above. Provision includes chlamydia and gonorrhoea screening (including providing results, partner notification and treatment); free condom distribution (funded in addition from public health) regardless of age; HIV testing for new patients registering with the practice aged 16 or over, and the provision of long acting reversible contraception (LARC).

In Kingston, GPs provide the majority of LARC: in 2020/21 they fitted 1068 coils and implants compared to 827 fittings by all other local/specialist sexual and reproductive health services combined. Data obtained from GP and SRH service quarterly returns.

5.2.3.1 STI Screening

During 2020/21 there were 408 chlamydia and gonorrhoea screens completed compared to the year before in 2019/20 when 673 were delivered in GP Practices. Some of this decrease can be attributed to the pandemic which can be seen on figure 14 below.

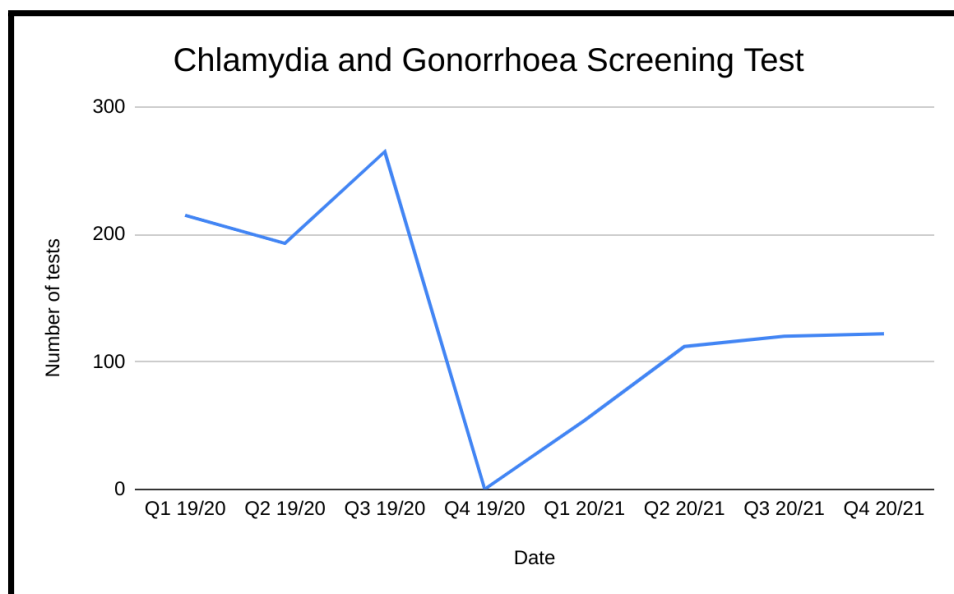


Figure 14: Total number of chlamydia and gonorrhoea screens in GPs from 2019-2021

STI testing can also be accessed via GPs. The number of tests distributed via GPs decreased from 2019/20 to 2020/21 as can be seen in table 8. This decrease in tests is likely due to the decrease in face to face GP appointments during the pandemic, leading to less opportunities to give out testing kits. It could also be attributed to the increase in online STI testing observed during the pandemic.

	2019/20	2020/21
Chlamydia and Gonorrhoea tests distributed in GPs	673*	408

Table 8: Chlamydia and Gonorrhoea tests distributed in GPs, 2019/20 and 2020/21

5.2.3.2 LARC

During 2020/21 GP's fitted 1068 coils and implants which is higher than the 850 they fitted in 2019/20. Intrauterine Device (IUD) fittings were 97% higher in 2020/21 than in 2019/2020. This is shown within figure 15 below.

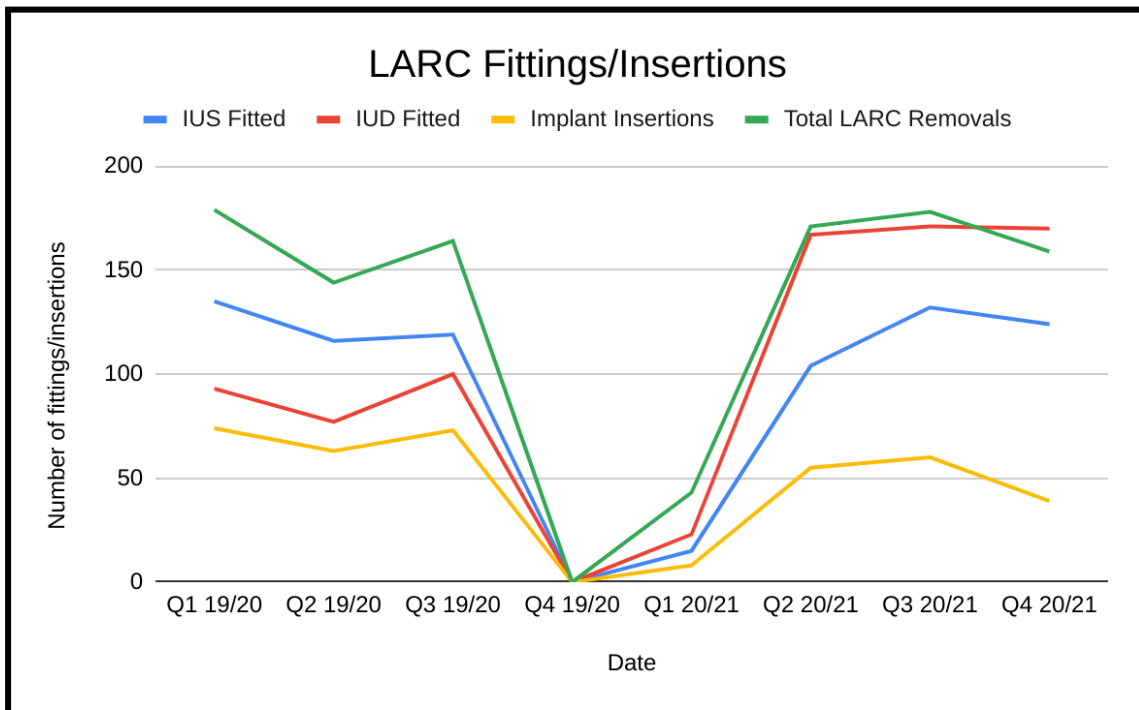


Figure 15: Total number of LARC fittings, insertions and removals in GP's from 2019-2021

5.2.4 Community Pharmacy

There are 30 pharmacies in Kingston and currently 6 of these provide enhanced sexual health services to young people (under 25) across the borough. These services include free condom distribution, chlamydia and gonorrhoea screening, chlamydia treatment and partner notification and EHC. Local data shows that community pharmacies are the venue of choice for most individuals receiving chlamydia treatment, regardless of which community service they received their diagnosis from.

5.2.4.1 Chlamydia Screening in Community Pharmacy

In Kingston, Chlamydia and Gonorrhoea testing kits can be accessed from 6 of the participating pharmacies in the borough. The kits are now provided by FTM (as stated in 5.2.2.2 above) but prior to January 2021, they were provided by The Doctors Laboratory. See table 9 for the number of kits provided in 2019/20 and 2020/21.

	2019/20 (TDL)	2020/21 (FTM)
Kits Provided	316	132

Table 9: STI kits provided in community pharmacy, 2019/20 and 2020/21

The positivity rate for the FTM kits distributed in pharmacies is higher than the online positivity rate, as can be seen in table 10.

	In Pharmacy	Online
FTM Positivity Rate (January - September 2021)	8.8%	6.3%

Table 10: FTM positivity rates in pharmacy and online during 2021

Despite only accounting for 6.6% of FTM kits distributed in Kingston from January - September 2021 (92.6% tests were ordered online, 0.6% from education settings and 0.2% from youth settings), tests from pharmacies accounted for 9.1% of all positive tests from FTM.

5.2.4.2 Emergency Hormonal Contraception

Currently 6 local community pharmacies are contracted by Public Health to offer free EHC under PGD to young people aged 13-24. In 2019/20, 1,696 EHC were administered, though 2020/21 data showed a decrease, when 994 were provided to young people in Kingston however this decrease can be attributed to the pandemic.

5.2.5 Condom Distribution

The provision of a local condom distribution scheme, including targeted offers as well as part of multi-component provision, is recommended by NICE guidance⁹⁷. The [Come Correct](#) (or CCard) scheme provides access to free condoms to 13-24 year olds in a variety of locations (called outlets) across most London boroughs.

Once registered, young people can collect condoms for free or get advice from any registered outlet. 16-24 year olds can register online or at outlets in Kingston, whereas 13-15 year olds must register in person at an outlet. In Kingston, we currently have the following outlets registered to deliver CCard:

- 0-19 School Health service
- Community sexual health service
- Community pharmacies holding the sexual health contract outlined above
- AfC youth services (e.g. outreach bus, youth integrated services)
- Several voluntary sector agencies

Table 11 below highlights the number of registrations and encounters in the last 3 years by age. Activity in the CCard service has greatly decreased in recent years. For instance in 2015, there were 974 registrations and 1,896 encounters for the scheme in Kingston. The scheme introduced an online registration option during 2020 to assist access at this time, which resulted in 33 sign ups following 1 week of social media advertising in July 2021.

⁹⁷ Sexually transmitted infections: condom distribution schemes (NICE, 2017) <https://www.nice.org.uk/guidance/ng68>

Although some of the decrease can be attributed to the pandemic, CCard usage was already in decline prior to this, which could be attributed to limited promotion of the scheme, turnover of outlet staff and their engagement, changes in sexual health contracted outreach support, and related capacity to train outlets.

	Age	13-15	16-19	20-25	Total
2018	Registrations	113	283	84	480
	Encounters	268	676	204	1148
2019	Registrations	77	230	81	388
	Encounters	149	448	165	762
2020	Registrations	26	114	24	164
	Encounters	39	119	29	187

Table 11: CCard encounters and registrations by age, 2018, 2019 and 2020

5.2.6 Community Services

5.2.6.1 HIV Outreach (Spectra) Service

The HIV Outreach Service is provided by Spectra and delivered across South West London (Richmond, Wandsworth, Sutton, Merton and Kingston) local authorities. The service is commissioned to deliver health promotion outreach (including campaigns and community based events) to increase knowledge and awareness of HIV. This includes community testing events and support for residents diagnosed with HIV.

5.2.6.2 London HIV Prevention Service

The London HIV Prevention Programme (LHPP) started in 2014 and is a pan-London programme funded by London boroughs but led by the London Borough of Lambeth.

The programme aims to reduce HIV incidence in London by increasing HIV testing and promoting prevention choices. The programme has also campaigned heavily in support of the routine commissioning of PrEP (details in 4.3.2) however the LHPPs main campaign is [Do It London](#). This campaign has aimed to increase HIV testing in the capital since 2015 and is highly visible in and around London's public transport.

5.2.6.2 Getting It On (GIO)

The advice and service signposting website www.gettingiton.org for 13-19 year olds, is shared across 6 South West London boroughs (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth).

The GIO website has been designed in collaboration with SWL commissioners and is continually updated with a range of health and wellbeing topics, and services. It receives around 22,000 visits per month, and bi-monthly social media campaigns ensure further traffic to the website. For example, a Snapchat campaign for Kingston generated 2,000 views of the new homepage video promoting service signposting in September 2021. A similar number viewed Kingston services that month, with the YHC CASH service making up one quarter of these.

6.0 Conclusion

Overall the sexual health of Kingston residents is good when compared to London and England. The burden of sexual ill health is disproportionate across the population with several inequalities such as STI testing and in particular young people accessing SRH services.

The majority Kingston residents also attend local ISH services in Borough which has numerous benefits for RBK.

7.0 Recommendations

Table 12 below has been put together to highlight and group recommendations that have been identified from this needs assessment. However officers will need to be prudent in recognising that future data releases (2020/21) will still be heavily impacted by the COVID-19 pandemic.

Title	Description
Campaigns	<ul style="list-style-type: none"> ● Utilise local data to undertake targeted social media online testing promotion to those most at risk of STI's and/or areas of lower uptake. This is with the aim to encourage uptake of STI testing to achieve the recommended chlamydia detection rate of 2,300 per 100,000 as set by PHE. ● Ensure young people are made aware of local services (e.g. C-Card) including wider risky behaviours (e.g. alcohol) ● Increase condom provision to young people in Kingston
Services	<ul style="list-style-type: none"> ● Adapt SRH service delivery following the COVID-19 pandemic ● Review STI Testing Services locally to identify further efficiencies. ● Improve access to contraception and explore the option to incorporate online contraception into the SHL E-service. ● Enhance the HIV & STI prevention outreach and testing provision especially for underserved groups. ● Review the young people's outreach offer to support identifying young people affected by CSE, harmful sexual behaviours, and other risk factors, to access SRH services. ● Sexual health services to engage with the homeless population, utilising a trauma informed approach, to review pathways and tackle the inequalities. ● Establish a sufficient psychosexual intervention offer that supports local needs. ● Increase uptake in PrEP in target populations (MSM, BAME, Trans). ● Ensure that the majority of PrEP users are testing for STIs routinely through the online testing service. ● Engage with SWARM to support sex workers in accessing SRH services.

	<ul style="list-style-type: none"> ● Review primary care service offer and governance ● Review SEND access and pathways to SRH services
Education & Training	<ul style="list-style-type: none"> ● Provide high quality Relationship Education and Sex Education for all local children and their families ● Host a local providers forum bringing together local SRH services and primary care leads. ● Review specialist primary care support/ training offer from level 3 service

Table 12: Recommendations

8.0 References

References have been cited within each page throughout the document.

9.0 Appendices

9.1 Appendix 1: RBK Sexual Health Service Provision

Service	Provision	Location	Contact Details
Integrated Sexual Health Service, The Wolverton, KHFT	<ul style="list-style-type: none"> ● STI Testing & treatment (incl. HIV) ● Contraception ● LARC (inc. specialist) ● Condoms (all ages) ● Pregnancy testing ● Relationship / Domestic violence ● Psychological interventions ● Sexual reproductive health & advice ● Pre-Exposure Prophylaxis ● Specialist services 	The Wolverton, Kingston Hospital NHS Trust, Galsworthy Rd, Kingston upon Thames KT2 7QB	Telephone: 02089749331 Website here
Community contraceptive and sexual health service (CASH), Your Healthcare	<ul style="list-style-type: none"> ● STI Testing (incl. HIV) ● STI Treatment ● Contraception ● LARC ● Condoms (all ages) ● Pregnancy testing ● Chlamydia Screening Programme (Free Test Me) ● Sexual reproductive health & advice 		Telephone: 02083394783 Text: 07781 488019 (13-19 ages only) Email: contraception&sexualhealth@yourhealthcare.org Website here
Primary Care Basic Sexual	<ul style="list-style-type: none"> ● STI Screening 	3/23 GPs (Berrylands Surgery, Canbury	

Health		Medical Centre, Manor Drive Health Centre)	
Primary Care Enhanced Sexual Health	<ul style="list-style-type: none"> • STI Screening • LARC (IUS, IUD and Injection) • Free condoms (all ages) 	20/ 23 GPs (Brunswick Surgery, Central Surgery, Chessington Park Surgery, Churchill Medical Centre, Claremont Medical Centre, Fairfield Surgery, Fairhill Medical Practice, Fairhill Practice (Uni), Groves Medical Centre, Holmwood Corner Surgery, Hook Surgery, Kingston Health Centre, Langley Medical Practice, Orchard Practice, Red Lion Road Surgery, Roselawn Surgery, St Alban's Medical Centre, Sunray Surgery, Village Surgery, West Barnes Surgery)	
Pharmacies (under 25)	<ul style="list-style-type: none"> • STI Testing (FreeTestMe Smart Kits) • Emergency Hormonal Contraception (EHC) • C-Card 	6/30 pharmacies (Ace Pharmacy, Newman Chemist, Eagercare Pharmacy, Hawks Pharmacy, Boots Bentalls Pharmacy and Ritechem Pharmacy)	
HIV Prevention Outreach (Spectra)	<ul style="list-style-type: none"> • Outreach events • Condoms • STI (incl. HIV) • Sexual reproductive health & advice 	Available across Kingston, Richmond, Wandsworth, Merton & Sutton	Telephone: 0800 587 8302 Website here
Come Correct (C-Card)	<ul style="list-style-type: none"> • Free condoms (13-24 year olds) • Site & online registration • Available in outlets across Kingston and London 	Available at Kingston sites: <ul style="list-style-type: none"> • 7 Pharmacies (incl. Daylewis) • CASH Service • School Health Team • YMCA Youth Services • AfC Youth Services • Kingston College 	Sign up via an outlet or via the website here

		<ul style="list-style-type: none"> ● Kingston Young Carers Project ● YES bus ● Oxygen ● Project X ● Abiding Care 	
London HIV Prevention Programme (LHPP)	<ul style="list-style-type: none"> ● The LHPP is a London-wide sexual health promotion initiative. It aims to increase HIV testing and promote prevention choices 	Available across 32 London Councils	Website here
Sexual Health London E-Service	<ul style="list-style-type: none"> ● STI testing (incl. HIV) for residents aged 16+ ● T4: Chlamydia, Gonorrhoea, HIV, Syphilis, Hepatitis B and C. 	Online & collection of Smartkits from the Wolverton	Website here
Free Test Me	<ul style="list-style-type: none"> ● STI testing for 16-24 year olds ● T2: Chlamydia and Gonorrhoea) 	Online & collection at outlets: <ul style="list-style-type: none"> ● 6 pharmacies. ● AfC YES bus ● AfC Youth Resilience Service ● School Health Team 	Website here
Getting It On	<ul style="list-style-type: none"> ● Website of information and services for 13-19 year olds on sexual and mental health issues, drugs & alcohol and relationship problems 	Available across Kingston, Richmond, Wandsworth, Merton, Sutton & Croydon	Website here

9.2 Appendix 2: Sexual Health Service Definition of Levels

Level 1

- Sexual history-taking and risk assessment: Including assessment of need for emergency CONTRACEPTION and Human Immunodeficiency Virus (HIV) postexposure prophylaxis following sexual exposure (PEPSE)
- Signposting to appropriate Sexual Health Services
- Chlamydia screening: Opportunistic screening for genital chlamydia in asymptomatic males and females under the age of 25
- Asymptomatic Sexually Transmitted Infection screening and treatment of asymptomatic infections (except treatment for syphilis) in men (excluding men who have sex with men) and women
- Partner notification of Sexually Transmitted Infections or onward referral for partner notification
- Human Immunodeficiency Virus testing: Including appropriate pre-test discussion and giving results
- Point of care Human Immunodeficiency Virus testing: Rapid result Human Immunodeficiency Virus testing using a validated test (with confirmation of positive results or referral for confirmation)
- Screening and vaccination for Hepatitis B: Appropriate screening and vaccination for Hepatitis B in at-risk groups
- Sexual health promotion: Provision of verbal and written sexual health promotion information Condom distribution: Provision of condoms for safer sex
- Psychosexual problems: Assessment and referral for psychosexual problems

Level 2 Sexual Health Services incorporate Sexual Health Services provided by a Level 1 Sexual Health Service plus:

- Intrauterine Device/System (IUD/IUS) insertion and removal (including emergency IUD)
- Contraception implant insertion and removal
- Counselling and referral for vasectomy
- Sexually Transmitted Infection (STI) testing and treatment of symptomatic but uncomplicated infections in men (except men who have sex with men) and women excluding: men with dysuria and/or genital discharge, symptoms at extra-genital sites, e.g. rectal or pharyngeal, pregnant women, genital ulceration other than uncomplicated genital herpes.

Level 3 Genitourinary Medicine Services provide Sexually Transmitted Infection (STI) management and include SERVICES provided by Level 1 Sexual Health Services and Level 2 Sexual Health Services plus:

- Sexually Transmitted Infection testing and treatment of men who have sex with men
- Sexually Transmitted Infection testing and treatment of men with dysuria and genital discharge
- Testing and treatment of Sexually Transmitted Infections at extra-genital sites
- Sexually Transmitted Infections with complications, with or without symptoms
- Sexually Transmitted Infections in pregnant women
- Recurrent or recalcitrant Sexually Transmitted Infections and related conditions

- Management of syphilis at all stages of infection and blood borne viruses •
- Tropical Sexually Transmitted Infections
- Specialist Sexually Transmitted Infection (HIV) treatment and care
- Provision and follow up of Sexually Transmitted Infection post exposure prophylaxis (PEP), both sexual and occupational
- Sexually Transmitted Infection service coordination across a network including:
- Clinical leadership of Sexually Transmitted Infection management
- Coordination of clinical governance
- Coordination of Sexually Transmitted Infection training
- Coordination of partner notification