

Merton Sexual Health Profile

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2. Introduction

Healthy relationships, sexuality and sexual health affect almost every person at some point in their life. It is known that access to quality sexual health services improves the health and wellbeing of both individuals and populations and is highly cost-effective. However, sexual health encompasses some unique challenges including stigma and embarrassment, which can create barriers to service access and exacerbate sexual health inequalities. This Sexual Health Profile summarises the findings of Merton's sexual health needs assessment, which informed Merton's Sexual Health Strategy for the period 2020 to 2025.

3. Key facts and summary

- STI rates remain stable but are high in comparison to the rest of the country with a recent rise in acute STIs including syphilis and gonorrhoea. This is a marker of risky sexual behaviour.
- Chlamydia detection rates are slightly below recommended levels suggesting more needs to be done to identify infection.
- A high proportion of those diagnosed with HIV start anti-retroviral therapy (ART) promptly and are virally suppressed, however, nearly 50% of diagnoses are made at a late stage. More needs to be done to diagnose & treat people earlier, especially those who are heterosexual.
- There has been a significant reduction in teenage conceptions, but the rate of repeat termination in under 25 year olds is high and there is low uptake of long acting reversible contraception (LARC).
- Sexual health inequalities remain with STIs & poor sexual health disproportionately affecting men who have sex with men (MSM), Black and minority ethnic (BAME) groups and under 25s

4. Our Community Engagement

Understanding local attitudes, values and knowledge is vital to fully meet the sexual health needs of our community. We carried out a consultation with Merton residents and workforce to address this.

Who did we speak to?

- 123 face-to-face focus groups with those most at risk of poor sexual health including; young people, those with learning disabilities, BAME groups, those excluded from school and those identifying as LGBTQ+
- 116 residents and workers consulted through an on-line sexual health survey
- 1,167 school aged young people consulted through an on-line school-based survey
- Over 300 professionals working in Merton through face-to-face consultation with 20 strategic groups

What do we need to improve?

- Low awareness in some groups of location of services and availability of online screening
- Concerns re confidentiality which can be a barrier to access
- Workforce training to ensure confidence to talk about sexual health
- Training for parents & carers to build knowledge & confidence
- Focus on good relationships not just sexual health
- Better understanding of service needs of 50+
- Pathways between sexual health services and other services e.g. substance misuse

What's going well & should we do

more of?

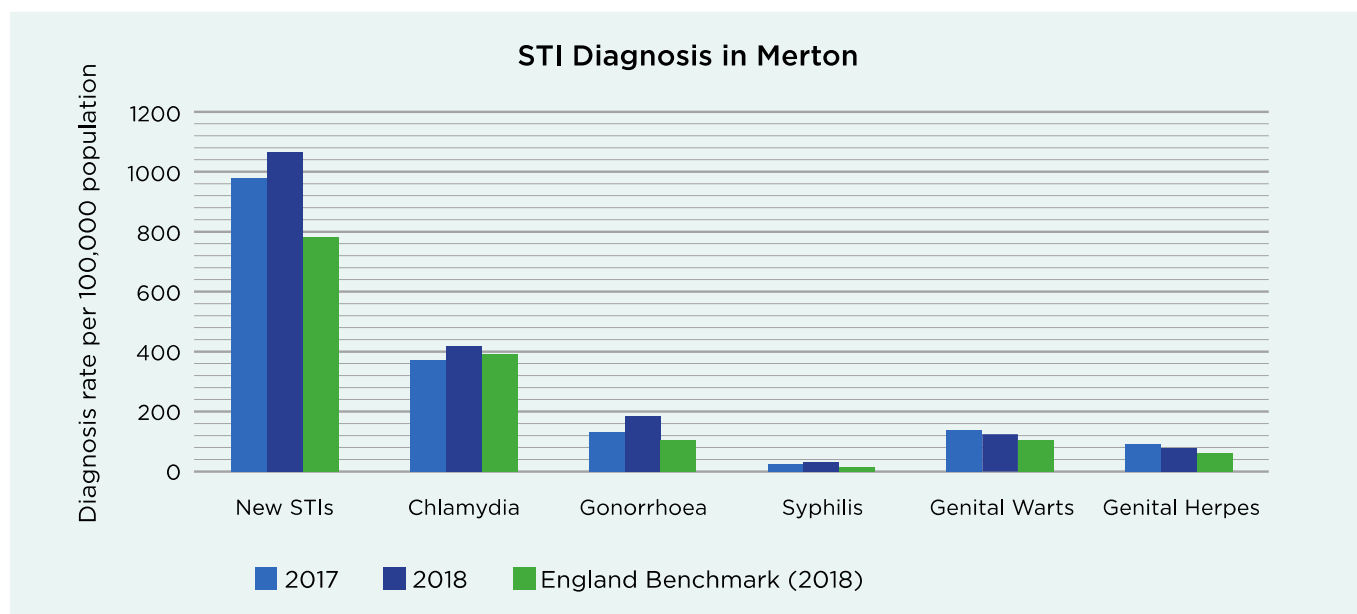
- Expansion of the Merton condom scheme
- Overwhelming support to improve RSE in schools and to expand sexual health information and treatment in pharmacies, GPs & online
- Good single point of access into ISH service but improve fast track for vulnerable
Continued focus on those vulnerable to poor sexual health

5. The Local Picture in Merton

Key Themes

Sexually Transmitted Infections (STIs)

In 2018, Merton had 24th highest rate of new STI diagnosis in England but a slightly lower rate than the average across London Boroughs.



Chlamydia is the most common STI in England. The Department of Health sets a target of achieving a Chlamydia detection rate of 2,300 per 100,000 in 15-24 year olds.

The Chlamydia detection rate in Merton increased between 2012 and 2018, which shows progress against this target. However, in 2018 Merton had a Chlamydia detection rate of 2,145 per 100,000 15-24 years olds, which is slightly below target. This was higher than the rate for England (1,999) but lower than the rate for London (2,612).

Gonorrhoea and syphilis are indicators of risky sexual behaviour and a recent national increase is particularly concerning due to the emergence of extensively drug-resistant gonorrhoea (XDR-NG). Nationally, the number of diagnoses of these STIs are higher in gay men than heterosexual men.

In Merton, diagnoses of gonorrhoea increased by over 40% between 2017 and 2018. In 2018, the rate of diagnosis of gonorrhoea was 178 per 100,000, which is higher than the England average (98 per 100,000) but lower than the London average (277 per 100,000).

The **syphilis** diagnosis rate per 100,000 in Merton more than doubled between 2012 and 2018. The rate of diagnosis in 2018 was 29.1 per 100,000, which is higher than the England average (12.5 per 100,000) but lower than the London average (38.2 per 100,000).

Genital warts and herpes prevalence has fallen locally and nationally in recent years, likely due to the protective effect of human papillomavirus infection (HPV) vaccination. In 2018, the rate of diagnosis of genital warts in Merton was 124.6 per 100,000, which is higher the England average (99.5 per 100,000) but lower than the London average (143.5 per 100,000).

HIV

Merton, along with other London Boroughs, has a high prevalence of HIV. In 2018, 558 people in Merton were known to be living with HIV, a prevalence rate 4.30 per 1000 population aged 15-59, which is higher than England (2.35) but lower than London (5.61). There has been a small increase in prevalence since 2011 and rates seen in East Merton are higher than those in the West, which reflects other health inequalities.

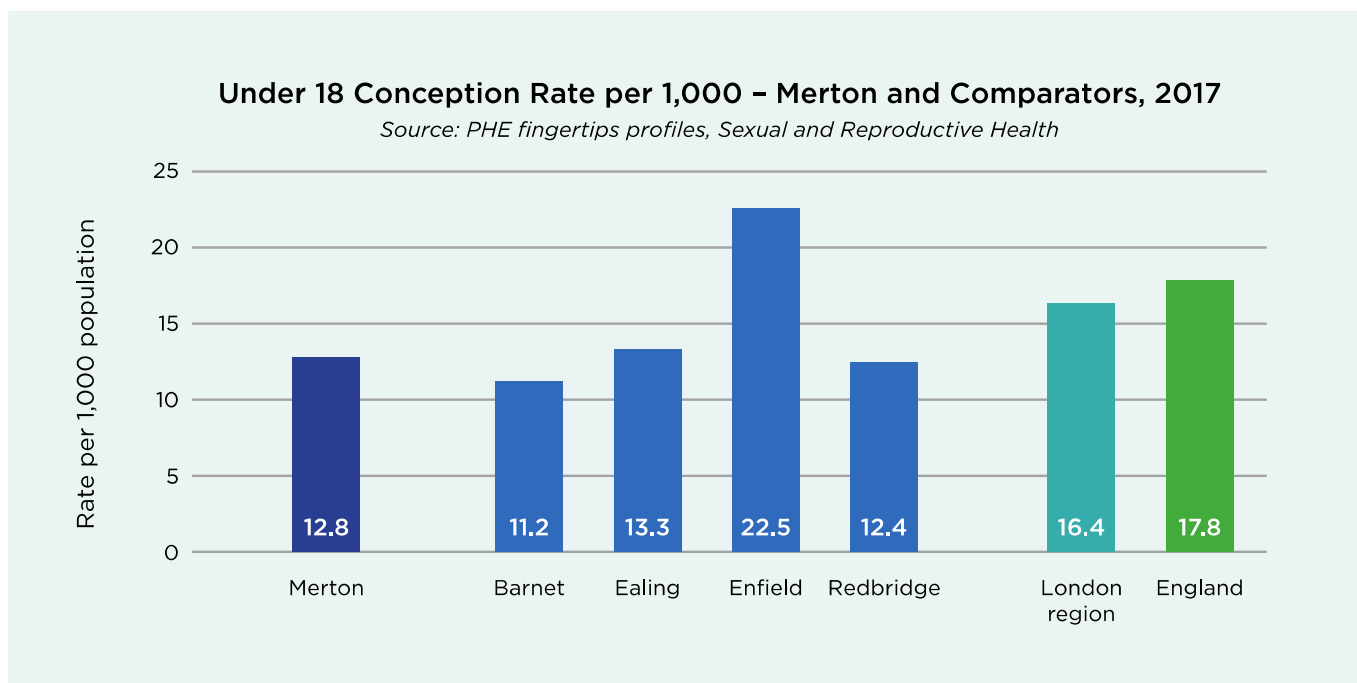
In 2018, the rate of new HIV diagnosis in Merton was 16.4 per 100,000 aged 15+, higher than England (8.8) but lower than London (20.9). This has fallen by 19% since 2011.

Between 2017 and 2019, 90.4% of those diagnosed with HIV in Merton started antiretroviral therapy (ART) promptly, a much higher proportion than the English average (79.1%).

Late diagnosis is one of the largest risk factors for morbidity and mortality of people with HIV. Between 2016 and 2018, 51.4% of HIV diagnoses in Merton were made at a late stage, which is higher than the London average (37.4%) and double the public health outcomes framework (PHOF) goal of less than 25%. In Merton, this proportion was higher in heterosexual men (73.3%) and women (63.2%) than MSM (35.3%)

Under 18 Conception

Between 1998 and 2017, Merton saw a 74.9% reduction in conception rate per 1000 females aged 15-17, which was one of the highest reductions in England. In 2017, the under 18 conception rate was 12.8 per 1000 women. This is lower than London and England averages but slightly higher than similar boroughs of Barnet and Redbridge.



Under 18 conception rates reflect relative deprivation trends in Merton, with higher rates in the East of the Borough.

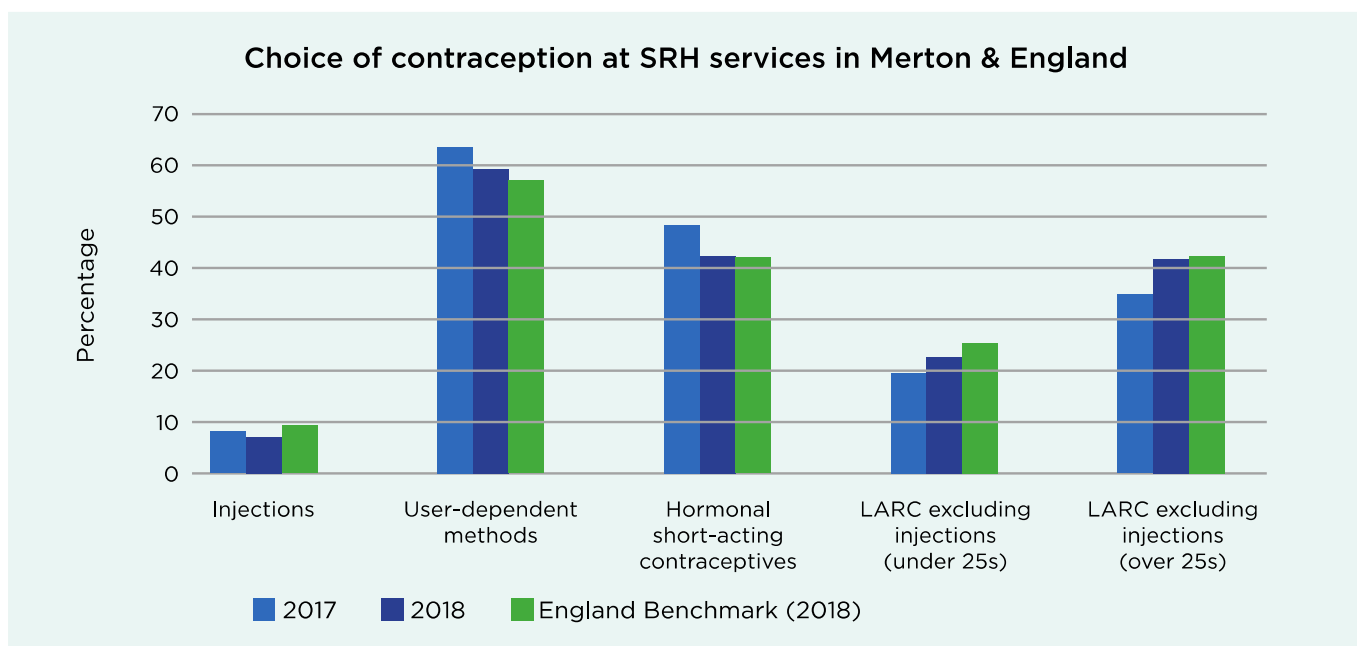
In 2017, 73.7% of all conceptions in under 18s led to termination which is higher than the England (52%) and the London (64.4%) figures.

Repeat terminations may be an indication of coercion or exploitation within a relationship. In 2018, 26.4% of abortions in Merton women under the age of 25 were repeat abortions. This is lower than average in England (26.8%) and London (30.1%). However, this has fluctuated since 2012, and was higher than the averages for both England and London in 2017 (32.3%).

Contraception

In 2018, Merton had higher rates than England and London for under 25's attending specialist contraceptive services.

Women who access contraception in Merton are most likely to choose user dependent methods such as oral contraception or condoms, or short acting contraceptives.



LARC methods are highly effective as they do not rely on daily compliance and are more cost effective than both condoms and oral contraceptives.

Between 2014 and 2017, the rate of LARC provision to females aged 15-44 in Merton was consistently lower than England and London averages. However, this rate increased in 2018, when LARCs (excluding injections) were provided to 44 females aged 15-44 years per 1,000 in Merton, which is greater than the London average (38.6) but still less than the England average (49.5).

LARC prescribing in GP practices in Merton is below the England average but consistent with the rate in London and has remained stable since 2015. This may indicate a difference between GP practices in London as compared to the rest of England where rates of uptake are higher.

Exploitation, Domestic Violence & Sexual Offences

Domestic violence is associated with termination (and repeat termination) of pregnancy. More joined up working is required between Merton's termination, sexual health and domestic violence services.

Merton's local Independent Domestic Violence Adviser (IDVA) service reports that sexual violence is regularly disclosed but is often not the primary reason for referral. Work is therefore required to increase reporting of sexual violence so that victims can be identified earlier.

Recorded rates of sexual offences in Merton increased by 34% between 2015 and 2019.

In the year 2017/18, Merton Victim Support dealt with 164 cases relating to sexual offences in victims aged over 16. The majority of the cases were sexual assaults or rapes with just over one in five cases flagged as domestic violence.

Population differences, vulnerable groups and inequalities

Children & Young People, Looked After Children

Poor sexual health disproportionately affects younger people (aged 24 and under) as they are more likely to be engaging in risky sexual behaviour.

In 2018, patients attending the Integrated Sexual Health (ISH) services in Merton were most likely to be between the ages of 25-34 years (36.6%), followed by 18-24 years (27.4%) and 35-44 years (18.1%). This is similar to national data and shows those age groups most likely to engage in risky behaviour are more likely to access services.

Among 1167 Merton secondary school aged pupils questioned as part of a school questionnaire, 63% felt able to talk to an adult about their sexual health, while 42% knew which services to go to if they had a concern. These proportions were lower in young people from the East of the Borough.

Nationally, sex education for looked after children (LAC) is poor and knowledge of local sexual health services limited. There is support within Merton for LAC nurses and school nurses to be able to provide contraception (including condoms) as a routine and integrated holistic service offer.

Black, Asian and Minority Ethnic Groups

In 2018, there was a higher proportion of Black patients attending the ISH services (17.1%) compared to the proportion who live in the borough (9%). Conversely, Asian patients are under-represented with 9% accessing ISH services while making up 20% of those living in the borough.

Consultation with the local Black & Asian Minority Ethnic Forum carried out in 2017 showed wide variations in knowledge and understanding of STIs and how they are transmitted, particularly HIV.

There is a need for continuous awareness raising across BAME communities, engagement with local voluntary organisations and faith groups on prevention messages, increased sexual health information in community and faith venues (e.g. libraries, churches resident associations) and translation of resources into the predominant languages in the borough.

LGBTQ+ & MSM

The sexual health needs of people who identify as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+) or men who have sex with men (MSM) are often greater than the general population.

In 2018, Merton patients attending the ISH service predominantly identified as heterosexual (91.9%) while 5% identified as homosexual and 1.9% as bisexual. This may indicate that services need to ensure they are meeting the needs of and attracting those from LGBTQ+ groups.

The proportion of lesbian, gay and bisexual people who experienced a hate crime in the last year because of their sexual orientation increased from 9% in 2013 to 16% per cent in 2017. However, in 2018, Merton had the fifth lowest percentage of hate crimes based on sexual orientation of all London boroughs, 9% of all hate crimes.

Disability

Young people with learning disabilities do not have good or equal access to sex and relationship education or information. The National Framework for Sexual Health Implementation recommends more accessible information and support for young people with learning disabilities and their parents/carers.

Merton Centre for Independent Living (2017) identified several themes and actions for those with learning and physical disabilities:

- Disability care plans should be updated to capture discussions around sexual health
- Parents and carers would welcome support to build their skills and confidence to discuss sexual health and wellbeing with those they care for
- Access to online sexual health testing and treatment needs to be improved and promote anonymity
- Sexual health clinics need to be more disability friendly
- Relationships and Sex Education (RSE) in schools should be appropriate for the needs of young people with disabilities

Homelessness & Rough Sleepers

Homeless people and rough sleepers are at increased risk of sexual exploitation and face greater risk of STIs, HIV and unwanted pregnancies.

In 2018/19 over 1,300 people in Merton, presented as homeless and over 10,000 were registered as requiring housing, while rough sleeping increased in Merton by 57% from the previous year.

There is a need to ensure that the sexual health needs of this very vulnerable group are identified and supported by improving the knowledge, support and skills of those working with homeless people to ensure they can offer advice and treatment and non-specialist interventions.

Sex workers

Sex workers are a group with particularly high need of sexual and reproductive health services. Between 2013 and 2017, 237 patients attending sexual health services in Merton identified as sex workers. Of these, 162 were women and 75 were men. Of the male patients, 35 identified as MSM.

Brothels are known to appear in Merton from time to time. It is important to ensure that sex workers working within these locations are enabled to access sexual health services and are free from exploitation, abuse and violence.

The health workforce

The sexual health workforce in Merton includes specialists in sexual health as well as non-specialists such as GPs, nurses, pharmacists, teachers, youth workers, and voluntary sector workers.

Of Merton professionals responding to the online survey, 75% said they felt very or fairly confident raising questions about sexual health. However, face-to-face consultation revealed low levels of confidence when raising sex and relationships discussions with clients, particularly in respect of:

- the issues facing those with disabilities and LGBTQ+ communities;
- supporting people living with HIV, particularly those who are aging;
- supporting people who disclose sexual abuse, violence and/or exploitation;
- sexual wellbeing, such as changing nature of relationships due to technological advances;
- understanding the relationship between religion, culture, belief and sexual health; and
- talking to parents about relationships and sex education

Our services

The commissioning of sexual health services in Merton is complex with responsibilities spread between Merton Local Authority, South West London Clinical Commissioning Group (SWLCCG) and NHS England. Services range from universal services to targeted interventions.

Integrated sexual health service (ISH)

The ISH service is a 'hub and spoke' model with the central hub located in Clapham Junction and the 'spoke' clinics in Merton located in Wimbledon and Mitcham. Clients contact the service via a single point of access phone number and are triaged accordingly.

Hub Clinic Services	Spoke Clinic Services
Testing for symptomatic patients	Testing for asymptomatic patients
STI treatment	Treatment for chlamydia and gonorrhoea
Complex contraception	Routine contraception
Psychosexual counselling	Advice & support
Walk in sessions for young people	Walk in sessions for young people
Specialist MSM clinic sessions	

Community pharmacies

Community pharmacies provide Emergency Hormonal Contraception (EHC), chlamydia screening, condoms and sexual health promotion and advice to Merton residents

Ten pharmacies are commissioned to offer free Emergency Hormonal Contraception (EHC) to young women aged 13-24 years, making access easier. Eighteen pharmacies also offer free chlamydia screening to 15-24 year olds and the condom distribution scheme (C Card).

Although 32% of 13-24 year olds in our community engagement were aware of the EHC service, awareness of other sexual health services offered by pharmacies was generally low and so further information on this could be provided.

Pharmacists are open to increasing sexual health options but are small businesses and would therefore require adequate remuneration. Residents were also in favour of expanding sexual health services through pharmacy provision as they are easily accessible and do not require making an appointment.

General practice

Sexual health services provided in general practice in Merton include contraception (including oral contraception, long acting reversible contraception (LARC) and emergency contraception) and chlamydia screening to 15-24 year olds.

Our engagement revealed that expansion of contraceptive and sexual health services within general practice was a priority. Respondents also felt that GPs needed additional training to provide more 'holistic' sexual health consultation.

GPs reported barriers to increasing provision of LARC due to the time needed to fit and ongoing training requirements for fitting LARC. GPs also identified that uptake of chlamydia screening is low and not a priority and would like greater access to chlamydia screening promotional material and more easily accessible online screening options.

ToP Providers

South West London CCG has commissioned an Any Qualified Provider (AQP) Framework for the provision of Termination of Pregnancy Services (ToPs).

The majority of terminations carried out in Merton are medical (74%) and Contraception is discussed with all clients attending for a termination. However, data from one of the main providers showed a low uptake of LARC (34%) between April 2017 to March 2018. STI testing is also offered to all patients but again uptake is low.

ToP Providers Services

- Support, advice and assessment appointment for any person wanting to discuss termination
- Free non-LARC contraceptives (pill and condoms), screening, treatment and partner notification (where required) for HIV, Chlamydia, Gonorrhoea and Syphilis infection
- Early medical abortions up to 9 weeks, with option to have up to 24 weeks if clinically appropriate
- Surgical abortions up to 24 weeks (depending on provider)
- Post abortion counselling
- LARC fitting offered at the same time as termination, except in the case of medical terminations where a follow up appointment is offered.

Sexual Health Online Services

A London-wide online service for self-managed STI testing allows patients to access sexual health information and screening online and reduce the need to attend clinics. Patients receive discreet self-testing kits after accessing an easy-to-use website which guides users through a risk-assessment to identify the most clinically appropriate tests for their individual needs. Over half of respondents to our online survey were not aware of the online service and GPs reported difficulties in accessing directions to the online website when promoting this service to clients. A greater web presence is therefore needed.

Merton works in partnership with the neighbouring boroughs in South West London to offer a health website (www.gettingiton.org) targeting young people aged 19 and under. The website offers advice, information and service details on sexual health and has seen a year on year increase in visits to the website. Between October 2018 and September 2019, Merton's services pages were viewed 34,168 times and its branding was well-recognised by the target group.

Relationships and Sex Education in schools

Relationships and sex education (RSE) is fundamental to ensuring children and young people are equipped to lead sexually healthy lives. Over 80% of Merton residents who responded to our on-line survey told us their top priority for a sexual health strategy would be improving RSE.

Merton schools were asked to identify the needs they had in relation to moving toward statutory RSE, which came into effect in September 2020. There was a 33% response rate to the survey with none of the schools indicating they felt 'very prepared' indicating further support is needed.

6. Key recommendations

The sexual health needs assessment and community engagement undertaken in Merton provided a clear indication that sexual health is still a priority. There is a clear mandate for partners across the health, social care and education sector to develop a collaborative and comprehensive approach to promoting good sexual relationships and tackling poor sexual health.

Key recommendations which have been identified in this review and are included in Merton's Sexual health Strategy are summarised below:

- Further support and training for schools to deliver mandatory Relationships and Sex Education (RSE)
- Provide training for parents & carers to increase their knowledge and skills and improve their confidence to talk to their children about relationships and sexual health
- Continue to roll out condom-card training and offer on-going support to those trained, but not actively registering or distributing condoms.
- Ensure professionals working in Merton are trained to identify sexual health need and are supported to have open discussions with their clients about sexual health.
- Improve the uptake of sexual health services by disability groups, incorporate sexual health pointers within care plans and offer sexual health promotion training to parents/carers.
- Ensure sexual health services are well publicised so people know what is on offer, how to access them and are reassured about confidentiality .
- Increase provision of sexual health services in GP practices, pharmacies and online, providing training where required
- Explore support for those who disclose past sexual abuse and ensure all workers undertake safeguarding training to raise awareness of others who may be at current risk of harm
- Explore needs sexual health needs of those who are aged 50+, including those who are aging with HIV
- Continue to understand the needs of those most at risk of poor sexual health and ensure services are in place to support and address needs
- Improve pathways between sexual health and other related services so referral is simple and reduces the steps the patient is required to take

7. More information

For further information on sexual health in Merton, please refer to the Merton Sexual Health Strategy on the Merton Council website.

For further specific queries on sexual health in Merton, please contact the public health team – Public.Health@merton.gov.uk