

**BRENT COUNCIL
SEXUAL AND REPRODUCTIVE
HEALTH
NEEDS ASSESSMENT**

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Abbreviations/ Glossary

Abbreviation	Definition
A&E	Accident and Emergency
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BBV	Blood Borne Viruses
CD4 count	Blood test that measures number of CD4 cells, a key indicator of immune function
EHC	Emergency Hormonal Contraception
GBMSM	Gay, bisexual and other men who have sex with men
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HSV	Herpes Simplex Viruses
ICB	Integrated Care Boards
IUDs	Intrauterine Methods
LARC	Long-Acting Reversible Contraception
LARC	Long-Acting Reversible Contraception
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer (or Questioning)
LGV	Lymphogranuloma Venereum
LNWH	London Northwest University Healthcare NHS Trust
MG or Mgen	Mycoplasma Genitalium
MSOA	Middle Lower Super Output Area
NAATs	Nucleic Acid Amplification Tests
NCSP	The National Chlamydia Screening Programme
NHS	National Health Service
NSGI	Non-Specific Genital Infections
OHID	Office for Health Improvements and Disparities
ONWL	Outer Northwest London
PCC	Patrick Clements Clinic
PCR	Polymerase Chain Reaction
PHOF	Public Health Outcomes Framework
PID	Pelvic Inflammatory Disease
PrEP	Pre-exposure Prophylaxis
SHAPE	Strategic Health Asset Planning and Evaluation
SPLASH	The Summary Profile of Local Authority Sexual Health
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TV	Trichomonas Vaginalis
UNAIDS	Joint United Nations Programme on HIV/AIDS

Executive Summary

Supporting sexual and reproductive health (SRH) and wellbeing of residents is a key priority for local authorities. All services should address inequalities in access, uptake and quality of care whilst being data driven to ensure they are both cost effective and tailored to local need. The Local Authority Sexual Health commissioning key priorities are to:

1. Promote healthy sexual behaviour and reduce risky behaviour
2. Reduce sexually transmitted infection (STI) rates with targeted interventions for at-risk groups
3. Reduce unintended pregnancies
4. Continue to reduce under-18 conceptions
5. Work towards eliminating late diagnosis and onward transmission of HIV

Brent Council aims to improve the sexual health of the whole resident population by developing a service that has the greatest impact on vulnerable groups, who disproportionately experience poor sexual health. As part of the overall aim, this needs assessment has reviewed data on sexual and reproductive health, has collaborated with London Sexual Health services to analyse user perception data and has completed local engagement with some high risk groups and healthcare professionals to understand perceptions about sexual and reproductive health, access barriers and user thoughts on how the service offer can be improved.

Analysis of existing data shows that new STI diagnoses in Brent follow a similar trend to London, with Brent having a marginally higher diagnosis rate. STI testing is crucial to improve STI diagnosis, early detection and treatment, and to reduce possible long-term consequences. In 2023, the STI testing positivity rate (excluding Chlamydia under 25) was 8.1% in Brent. This was slightly below London (8.5%) and higher than England (7.3%).

The five most diagnosed STIs in Brent are chlamydia, gonorrhoea, genital herpes, genital warts and syphilis, all totalling to 1,587 new STI diagnoses in 2023 (rate per 100,000). Chlamydia accounted for 41% of those and gonorrhoea for 20%. From 2012 to 2023, there has been an upward trend in diagnoses for chlamydia, gonorrhoea, and syphilis. For herpes and warts, the trend has been downwards.

The gender split for new diagnoses of STI was 65% male to 35% female in 2023. There is some variation by individual STI, with a higher proportion of females for genital herpes, and a higher proportion of males for chlamydia, gonorrhoea, syphilis and genital warts. Among gay and bisexual men, numbers of gonorrhoea, chlamydia and syphilis diagnoses have increased from 2018 to 2023, for. A high proportion of syphilis and gonorrhoea diagnoses are in gay and bisexual men (79% and 65% respectively in 2023).

The ethnic profile of the population diagnosed with STIs was compared with the Brent population census data. Asian ethnic backgrounds were underrepresented, which could be due to a lower incidence and/or lower testing rate. Further qualitative primary research is required to establish the reasons. The low rate of diagnosed STIs in Asian communities is not just a local issue. For specific STIs, white ethnic groups are overrepresented in syphilis and gonorrhoea. Black ethnic groups are overrepresented in chlamydia and genital herpes and Mixed ethnic groups in chlamydia, and genital warts. The ethnic profile of new HIV diagnoses broadly matches the Brent census population (except for underrepresentation of the Asian ethnic group).

The most deprived areas of Brent had the highest new STI diagnosis rate overall and for chlamydia, genital herpes, gonorrhoea and both HIV prevalence and new HIV diagnosis. However, there was not a clear association between deprivation and syphilis or genital warts diagnosis rates.

In addition to the overall inequality based on demographic data presented above, below are some key highlight findings for sexual and reproductive health service specific data for Brent:

- A chlamydia diagnostic rate per 100,000 of 2,365 in women aged 15-24 in 2023. There is a growing proportion of chlamydia diagnoses among the male gay/bisexual group (at circa 30% in the last two years, up from 15% in 2018).
- HIV late diagnosis in people first diagnosed with HIV in the UK is an indicator related to morbidity and short-term mortality. Between 2021-23, Brent was at 51%, considerably above London (41%). Late diagnosis rates are relatively high for heterosexual men, and heterosexual and bisexual women.
- For those diagnosed with HIV infection who are linked into specialist services, 99% are on effective treatment after one year which compares very favourably to London and England and is above the UNAIDS target of 90%. However, there are missed opportunities to access HIV testing and thereafter specialist services.
- Lower initiation and continuation of HIV PREP for Brent (71%), compared to London (78%) and England (73%).
- Brent human papillomavirus (HPV) vaccination coverage for both teenage boys and girls was considerably below London and England rates in 2023.
- At 53%, the cervical screening coverage in the 25–49-year-old group was considerably below London and England and the national target (80%) in 2023.
- Home testing has increased from almost zero in 2017 to 47% of sexual health service activity in 2023. Despite the growth and value in home-testing, qualitative research reveals concerns in how instructions and results are being communicated, as well as the full range of testing options for those who may not want to test at home.
- Clinics outside the borough perform more in-person tests than clinics inside the borough (30% vs 23% respectively).
- Under 18 conceptions have been on a downward trend for Brent, London and England over the last 2 decades. However, the rate of under 18 conceptions leading to abortion is higher in Brent than England.
- Total abortions per 1,000 declined between 2012 and 2021 but remain higher in Brent (24.8) than London (20.9) and England (19.2). The abortion rate in the over 25s is on an upward trend, with Brent above London and England. This could indicate a lack of appropriate, accessible contraception. Repeat abortions for under 25s in Brent shot up from 27.7% in 2020 to 34.6% for 2021, higher than London and England
- Total prescribed long-acting reversible contraception (LARC) excluding injections rate/1,000 in Brent followed a downward trend between 2014 to 2022, with a steeper decline in Brent compared to London and England. The latest 2022 rates per 1,000 show Brent at 27.4, London at 33.2 and England 44.1.
- Attendance at specialist contraceptive services have been on a downward trend since 2017 for both males and females, with a slight increase for females in the latest two years of data. The attendance rate per 1,000 for males in 2022 was 9.9 in Brent compared with 15.9 in London

The London-wide Sexual and Reproductive Health Needs Assessment¹ that was published in February 2025 highlights several key recommendations including aligning sexual and reproductive health service's values across London, focusing on prevention, providing inclusive services, and engaging with the most underserved and marginalised communities. Across London, services are to optimise clinic and online provision, strengthen referrals and pathways between settings and between local and subregional services, and improve accessibility and coordination.

The newly formed Brent Sexual and Reproductive Programme Board, after having reviewed the findings of both the London-wide and the Brent needs assessments, have agreed on the following priorities in order to translate the documents into a shared direction of travel:

- Work across the system to ensure services are equitable, based on user's views and involve service users in design, and meet the needs of those who are more vulnerable and at risk specifically young people, gay, bisexual and other men who have sex with men (GBMSM), people with learning and or physical disabilities, Black communities, migrants and others with varying needs.
- Evaluate service user and resident views of their SRH needs and service access and undertake more in-depth local analyses on the reasons for high abortion rates and low HPV vaccination rates.
- Build on the successful collaborative working across London Councils, through the London Sexual Health Programme, including co-commissioning of the SHL E-service expanding the online offer to include PrEP to allow local Face to Face services to focus on those with more complex needs.
- Strengthen collaborative working between local government and the NHS to ensure that primary care, SRH, abortion, urology and gynaecology services work collectively to improve access and outcomes.
- Continue to raise awareness of SRH issues with the public and amongst professionals.
- Sustain support for London's HIV Fast Track Cities Initiative by implementing the National HIV Plan, including the piloting on HIV testing in A& E and increased awareness in primary care.
- Improve access to local services so that residents are able to access care including HIV prevention and treatment within borough.
- Continue collaborative working with LNWH and partners to continue to implement the National syphilis action plan and the forthcoming National SRH action plans.
- Given the low HPV vaccination coverage for both teenage boys and girls in Brent, the Sexual Health programme board will support a system response to increase HPV vaccination.

¹ London Sexual & Reproductive Health Needs Assessment 2024, London Sexual Health Programme

Introduction

This needs assessment summarises patterns and trends in sexually transmitted infections (STIs) and reproductive health. It uses data from across London and England to show where Brent is an outlier, identify service gaps, highlight differential levels of sexual health need that reflect the impact of wider determinants of health, and where a service response and focus may be needed. The report aims to support tailored sexual health services to mitigate some of the challenges in Brent according to the local population needs.

Policy and Regulations

Local government has a statutory obligation under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to provide or make arrangements for the provision of sexual health services in its area. This includes specialist contraception services and the prevention, treatment, testing and notification (for partners) of STIs². As such, Brent council are responsible for commissioning the sexual and reproductive health services, with costs met from their ring-fenced public health grant. The 2023 'Integrated Sexual Health Services'³ national specification is a guide for local authorities in recommended provision of services required to meet sexual health needs. This specification ensures providing users with access to 'confidential, non-judgemental services including sexually transmitted infections (STIs) and blood borne viruses (BBV) testing (including HIV), treatment and management; HIV prevention including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)'.

In March 2023 the Office of Health Improvement and Disparities published the Integrated Sexual Health Service Specification. The update followed the pandemic with the intention of informing the development of local service provision. Included in the specification are detailed objectives, guidelines and quality outcome indicators⁴. For the quality outcome indicators, the Public Health Outcomes Framework (PHOF) has been developed. The sexual and reproductive health profiles cover key STIs, HIV, teenage pregnancy, abortion, and contraception⁵.

There are government publications for specific STIs. The National Chlamydia Screening Programme (NCSP) published an updated policy paper in June 2021. There was a change in focus on reducing reproductive harm of untreated infection in young women and that screening should focus on women aged 15-24 years old (in addition to reducing time for testing and treatment, improved partner notification and re-testing). A target was set of 3250/100 k for the detection rate for 15–24-year-old females⁶.

For HIV a policy was published in 2021; Towards Zero, the HIV Action Plan for England 2022 to 2025. This included UNAIDS targets of 95:95:95 by 2025 for people living with HIV being diagnosed (95%),

² [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#), accessed October 2024

³ Office for Health Improvement & Disparities (2023) Integrated Sexual Health Services: A suggested national service specification

⁴ [Integrated sexual health service specification](#), accessed October 2024

⁵ [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

⁶ [Changes to the National Chlamydia Screening Programme \(NCSP\) - GOV.UK](#), accessed October 2024

of those diagnosed being on treatment (95%) and of those on treatment having an undetectable viral load (95%)^{7, 8}.

A summary of HIV, sexual and reproductive health services that outlines commissioning responsibilities is outlined by the UK Health Security Agency and clarifies roles among Local Authorities, Integrated Care Boards (ICBs) and NHS. In detail⁹:

Local authorities commission:

- Comprehensive sexual health services including specialist contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- STI testing and treatment, chlamydia screening and HIV testing
- specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies
- delivery of HIV pre-exposure prophylaxis (PrEP)

ICBs commission:

- most abortion services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes
- adult specialist services for people living with HIV (from April 2025)

NHS England currently commissions:

- contraception provided as an additional service under the GP contract
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres
- cervical screening
- specialist fetal medicine services

Sexual Health & Sexually Transmitted Infections (STIs)

The World Health Organisation 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 infirmity¹⁰' and that it is '**fundamental** to the overall **health and well-being** of individuals, couples and families and to the **social economic development** of communities and countries.' 'A Framework for Sexual Health Improvement in England' (2013) emphasises that sexual health encompasses the 'provision of advice and services related to contraception, relationships, sexually transmitted infections (STIs) (including HIV), and abortion¹¹'. This needs assessment covers STIs and sexual health service provision in Brent.

⁷ [Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025 - GOV.UK](#), accessed October 2024

⁸ [2025 AIDS TARGETS - UNAIDS](#), accessed October 2024

⁹ [Commissioning local HIV sexual and reproductive health services - GOV.UK](#), accessed February 2025

¹⁰ [Sexual and Reproductive Health and Research \(SRH\)](#), World Health Organisation, accessed November 2024

¹¹ [A Framework for Sexual Health Improvement in England](#), UK Government (2013), accessed November 2024

STIs are either bacterial and/or blood borne infections that are spread predominantly by unprotected sexual contact. Some of these infections can also be transmitted during pregnancy, childbirth and breastfeeding and through infected blood or blood products.

STIs have a profound impact on health. If untreated, they can lead to serious consequences including neurological and cardiovascular disease, infertility, ectopic pregnancy, pelvic inflammatory disease, stillbirths, neonatal infections, and increased risk of Human Immunodeficiency Virus (HIV) and cervical cancer. They are also associated with stigma, domestic violence, and lower quality of life.

The majority of STIs have no symptoms. When they are present, common symptoms of STIs are vaginal or urethral discharge, genital ulcers and lower abdominal pain¹².

A major public health concern is the rapidly increasing prevalence of STIs. Early diagnosis and treatment are key to reducing the risks of complications and future infection rates. However, the large proportion of asymptomatic cases and stigma around STIs contributes to an increased risk of delayed diagnosis and treatment. This needs assessment focuses on the following STIs: a) chlamydia, b) gonorrhoea, c) syphilis, d) genital herpes, e) genital warts, f) HIV, and g) Other STIs (such as *Trichomonas Vaginalis*).

Chlamydia

Chlamydia, or chlamydia trachomatis, is the most commonly diagnosed bacterial STI in the UK¹³. Chlamydia predominates in younger people and the NHS recommendation is for regular (once a year) tests for under 25-year-olds if condoms have not been used with new or casual partners. Chlamydia is often asymptomatic, with this being the case with at least 70% of women and 50% of men.

In 2021 the primary aim of the national chlamydia screening programme (NCSP) changed in order to focus on reducing the health harm caused by untreated infection and with a focus on young women and other young people with a womb or ovaries.

Due to the asymptomatic nature of chlamydia, increases in the number of infections detected and treated in young women is interpreted as an indication of improved chlamydia control. Most testing for chlamydia is done with a urine or swab test and a positive case can usually be treated with antibiotics.

Gonorrhoea¹⁴

Gonorrhoea is the second most prevalent bacterial STI in the UK. It is becoming increasingly resistant to antibiotic regimens with high rates of resistance to tetracycline, penicillin and quinolone in recent years. Gonorrhoea can facilitate the transmission of HIV and may coexist with other STIs, especially chlamydia.

Gonorrhoea infections are asymptomatic in 50% of females and 10% of males. Testing for gonorrhoea can include a swab to remove a sample or a urine test for men¹⁵. There are several diagnostic options such as Nucleic Acid Amplification Tests (NAATS), microscopy and culture.

¹² [Sexually transmitted infections \(STIs\) \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)-key-facts), accessed August 2024

¹³ Melville C. (2015), *Sexual and Reproductive Health at a Glance*, Wiley-Blackwell

¹⁴ Melville C. (2015), *Sexual and Reproductive Health at a Glance*, Wiley-Blackwell

¹⁵ [Gonorrhoea - Diagnosis - NHS](https://www.nhs.uk/conditions/gonorrhoea/), accessed September 2024

Syphilis¹⁶

Syphilis is caused by infection with the spirochete bacterium *Treponema Pallidum*. Transmission is by direct contact with an infectious lesion. This transmission can be sexual, via infected blood or needle sharing or vertical transmission.

Testing should always include serology, and dark ground microscopy and PCR can also take place where appropriate. Treatment will usually include penicillin.

Genital Herpes¹⁷

Genital herpes is a lifelong viral infection that has periods of latency and reactivations. The infection is caused by the herpes simplex viruses (HSV) and there are two types: HSV-1 and HSV-2. HSV-1 is often acquired in childhood and exhibits as cold sores. Post childhood HSV-1 is usually acquired in the genital or oral areas. HSV-2 is usually associated with sexual transmission and genital infection.

There are a number of methods of diagnosis including virus detection and typing (specimens collected), Herpes serology (testing for type specific antibodies), and dark ground microscopy. The management of first episode genital herpes includes saline bathing and antiviral drugs. For recurrent episodes management strategies include supportive therapy and antiviral therapy.

Genital Warts¹⁸

Anogenital human papilloma virus is also known as anogenital warts, condylomata acuminata or genital warts. Genital warts are the most frequent sexually transmitted viral infection and is caused by the human papilloma virus (HPV). The peak age for incidence is 25-34 years for men and 20-24 years in women.

Transmission is mainly through sexual contact and HPV is highly contagious with a transmission rate of 60%. More than 90% of infected individuals will have no visible lesions. For the management of visible warts, removal tends to be cosmetic rather than an eradication of HPV as spontaneous resolution is likely. The HPV vaccine has been offered to 12- to 13-year-old boys (since 2019) and girls (since 2008) to protect against genital warts and some cancers¹⁹.

HIV^{20,21}

Human Immunodeficiency Virus (HIV) was first detected in 1983. HIV is incurable but is treatable, and prompt diagnosis and treatment improve outcomes. The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS) and this may take 2 to 15 years to develop. Not all HIV cases will progress to AIDS, with early diagnosis and treatment resulting in normal life expectancy.

The virus is found in the blood and body fluids and most transmission is acquired sexually (but also through sharing injecting equipment, transfusion of infected blood and vertical transmission). There are numerous diagnosis and screening tests available including rapid point of care testing, which involves a finger prick or mouth swab and provides results in minutes. In the UK, home testing kits are also available.

The management of HIV is complex and will usually involve antiretroviral treatment (ART). This is a combination of antiretroviral medicines to slow the rate of HIV replication. When the viral load in

¹⁶ Melville C. (2015), *Sexual and Reproductive Health at a Glance*, Wiley-Blackwell

¹⁷ Melville C. (2015), *Sexual and Reproductive Health at a Glance*, Wiley-Blackwell

¹⁸ Melville C. (2015), *Sexual and Reproductive Health at a Glance*, Wiley-Blackwell

¹⁹ [Genital warts - NHS](#), accessed September 2024

²⁰ Melville C. (2015), *Sexual and Reproductive Health at a Glance*, Wiley-Blackwell

²¹ [HIV - Risk, Tests & Treatments](#), accessed September 2024

the blood gets extremely low, this is termed an undetectable viral load and having this for 6 months or more means it is not possible to pass on the virus during sex. The NHS refer to this as ‘treatment as prevention’²². PrEP, or pre-exposure prophylaxis, is an option for those who are HIV negative but at high risk (i.e. partner of person with HIV) and is available as a tablet.

Contraception

The provision of specialist contraception services is a statutory obligation for Brent Council. There are five main groups of reversible contraception^{23,24}; intra-uterine methods (IUDs), injectables, implants and short-acting hormonal methods (combined oestrogen and progestogen pills, patches and rings) and progestogen only pills. Male and female sterilisation should be regarded as permanent. Examples of barrier methods are male (external) condoms and female (internal) condoms. The creation of a physical barrier may reduce STI transmission. Diaphragms are not currently in use due to lack of marketed spermicide in UK.

Long-acting methods (IUDs and implants) provide the best protection against pregnancy and are the most cost effective. An increase in the provision of Long-Acting Reversible Contraception (LARC) is used as an indicator of wider access to the range of possible contraceptive methods which should also lead to a reduction in rates of unintended pregnancy²⁵.

Groups at-risk of STIs

The highest risk to contracting an STI is behavioural, namely having unprotected sex, having multiple partners, having anonymous sex partners or having sex under the influence of drugs or alcohol as it can lower inhibitions and result in greater sexual risk taking²⁶. Certain groups are more at risk of STIs and so may require more regular testing and more information on sexual health.

- Gay, bisexual and other men who have sex with men can be at higher risk of contracting STIs, especially HIV, gonorrhoea and syphilis²⁷.
- Young people including adolescents²⁸ and further education and university students are a high-risk group. Young women aged 15-24 are at higher risk of harm if they contract chlamydia.
- Commercial sex workers have an increased risk of contracting an STI.
- People with ongoing connections to the UK from specific countries with higher rates of STIs, and migrants^{29, 30, 31}

²² [HIV and AIDS - Prevention - NHS](#), accessed September 2024

²³ Melville C. (2015), *Sexual and Reproductive Health at a Glance*, Wiley-Blackwell

²⁴ [Contraception Methods | Birth Control Options](#), accessed November 2024

²⁵ [Sexual and reproductive health profiles: statistical commentary, March 2025 - GOV.UK](#), accessed March 2025

²⁶ [How to Prevent STIs | STI | CDC](#), accessed December 2024

²⁷ [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)), accessed November 2024

²⁸ [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)), accessed November 2024

²⁹ [What Works? Prevention and Control of Sexually Transmitted Infections and Blood-Borne Viruses in Migrants from Sub-Saharan Africa, Northeast Asia and Southeast Asia Living in High-Income Countries: A Systematic Review - PMC](#), accessed April 2025

³⁰ [Sexually transmitted infections and migration in Uganda: a population-based study - PubMed](#), accessed April 2025

³¹ [Sexually transmitted infections \(STIs\): migrant health guide - GOV.UK](#), accessed April 2025

- Deprivation is also a consideration; there are higher levels of diagnosis of some STIs in the most deprived areas.
- Ethnic and racial disparities in STIs and other sexual health outcomes in the UK are well recognised, but the drivers of these disparities are not fully understood^{32, 33}.

Brent Population overview

This section provides a brief overview of the population of Brent. The borough is very diverse and matches some of the risk groups, in particular its high numbers of young adult residents and students, high numbers of ethnically diverse communities either born in the UK or outside and being ranked as the fourth most deprived borough in London. Although demographic factors alone don't constitute risk, the population profile and intersectionality of segments highlight the potential risk. In triangulation with the inequalities and barriers section, an understanding of the Brent population should underpin the sexual and reproductive health service delivery.

On census day in 2021, the population of Brent was estimated to be 339,800. This makes Brent the 5th largest London borough in terms of population size. The Brent population has grown by 28,600 since the last census in 2011, a rise of 9%. This compares with an increase of 8% across London and 6% across England & Wales.

The Brent population is 49% male and 51% female. Brent has a younger age profile when compared with England & Wales, characterised by more adults aged 20-44 and fewer older residents. However, in line with wider trends, the population is ageing; 29% of residents are now aged 50 or over, up from 25% in 2011.³⁴

Of the respondents that chose to answer the census sexual orientation question, 96.4% identified as straight or heterosexual and 3.6% identified as LGBTQ+. Brent's LGBTQ+ population has a younger age profile when compared to the population generally; 4.6% of the residents aged 16-24 identified as LGBTQ+ compared with 0.6% of those aged 75 and over. Men were more likely than women to identify as LGBTQ+ (3.6% vs. 2.8%)³⁵.

Brent has one of the most ethnically diverse populations in the country³⁶. One in three are from Asian/Asian British groups. Almost one in five (18%) are from Black/Black British groups, with Somali residents making up the highest proportion of these, followed by the Nigerian and Ghanaian populations. Around 5% of residents are from mixed/multiple ethnic groups and the remaining 10% are from other groups (including the Arab population). Just over one in three (35%) of residents are from White ethnic groups, including 16% from 'Other White' groups including Eastern and Western European (e.g. Romanian) residents.

Over half (56%) of the borough's population were born in countries outside the UK – the highest rate across all local authority areas in England & Wales, and considerably above the London average (41%)³⁷. Around 18% of residents were born in Asian countries, 16% in European Union countries

³² [Drivers of ethnic disparities in sexual health in the UK - The Lancet Public Health](#), accessed February 2025

³³ [Examining the role of socioeconomic deprivation in ethnic differences in sexually transmitted infection diagnosis rates in England: evidence from surveillance data - PMC](#), accessed February 2025

³⁴ [2021 Census first release - Brent Summary](#), accessed August 2024

³⁵ [LGBTQ+ population in Brent - 2021 Census topic report - revised](#), accessed August 2024

³⁶ [2021 Census - Ethnicity topic report \(brent.gov.uk\)](#), accessed August 2024

³⁷ [2021 Census - Country of birth topic report \(brent.gov.uk\)](#), accessed August 2024

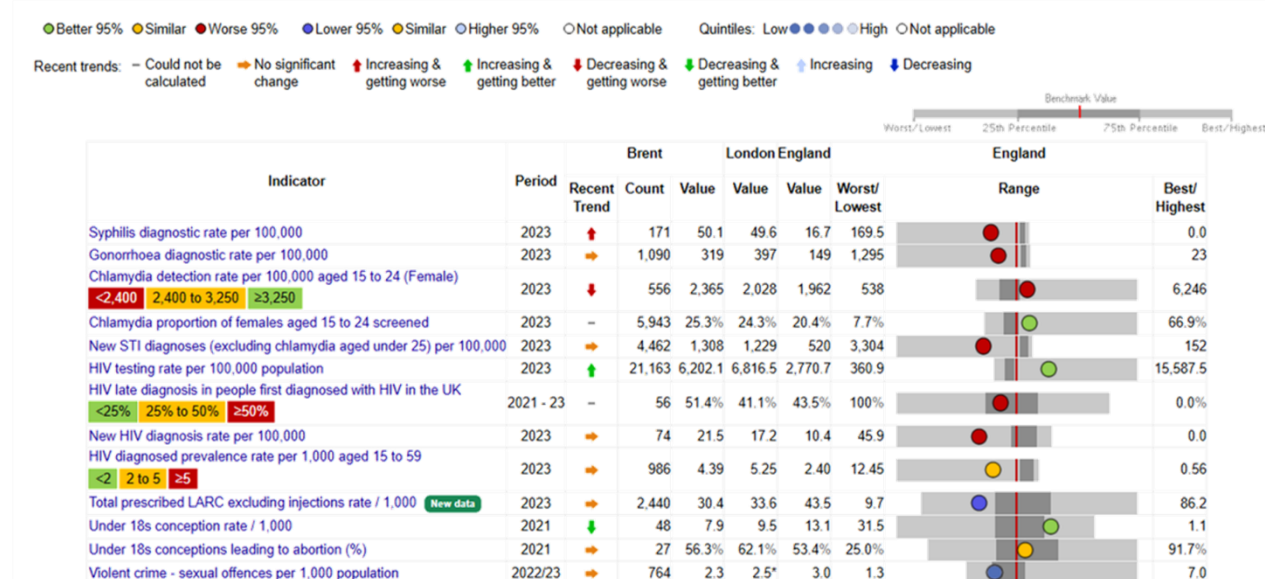
(16%), and 10% in African countries, the 5th largest nationally. India, Romania and Poland are the three main countries of origin for Brent residents born outside the UK.

For a detailed overview of Brent population and key insights on wider determinants of health, please visit [Brent Joint Strategic Needs Assessment \(JSNA\) 2023](#) | [Brent Open Data](#).

Sexual Health Outcomes

Figure 1 provides a summary of the key sexual and reproductive health indicators in Brent compared to national averages and London³⁸. Subsequent sections provide more detail on each indicator.

Figure 1 - Sexual & Reproductive Health Indicators in Brent compared to London and England



Source: Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles

Overall STI Rates

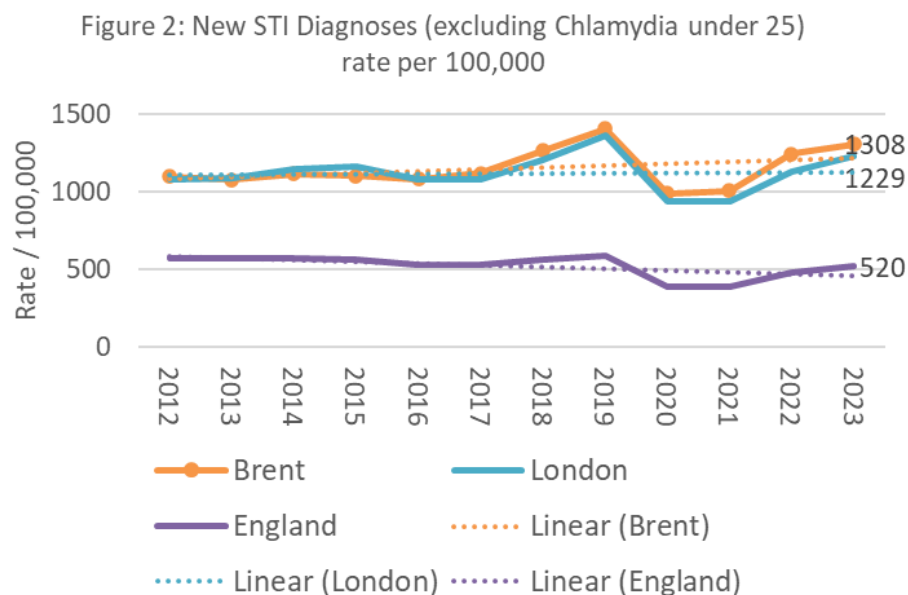
A key indicator is new STI diagnoses per year. For new STI diagnoses (excluding Chlamydia under 25), the rates per 100,000 for Brent (1,308) and London (1,229) are well above England. Brent and London follow a similar trend over time, with Brent slightly higher (Figure 2). The new STI diagnoses rate per 100,000 (including Chlamydia), follows a very similar trend; in 2023 there were 1,594 new STIs per 100,000 in Brent, with this representing a 5.4% increase on the previous year³⁹. In London there were 1,448 new STI diagnosis per 100,000. The impact of the pandemic is clear on all graphs (Appendix Outcomes-1).

STI testing is important for the early detection, treatment and transmission of STIs and for reducing any possible long-term consequences. The STI testing rate (excluding Chlamydia under 25) per 100,000 for Brent was 8,296 in 2023. Brent, London, and England all follow a similar upward trend

³⁸ [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#) Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles, accessed August 2024

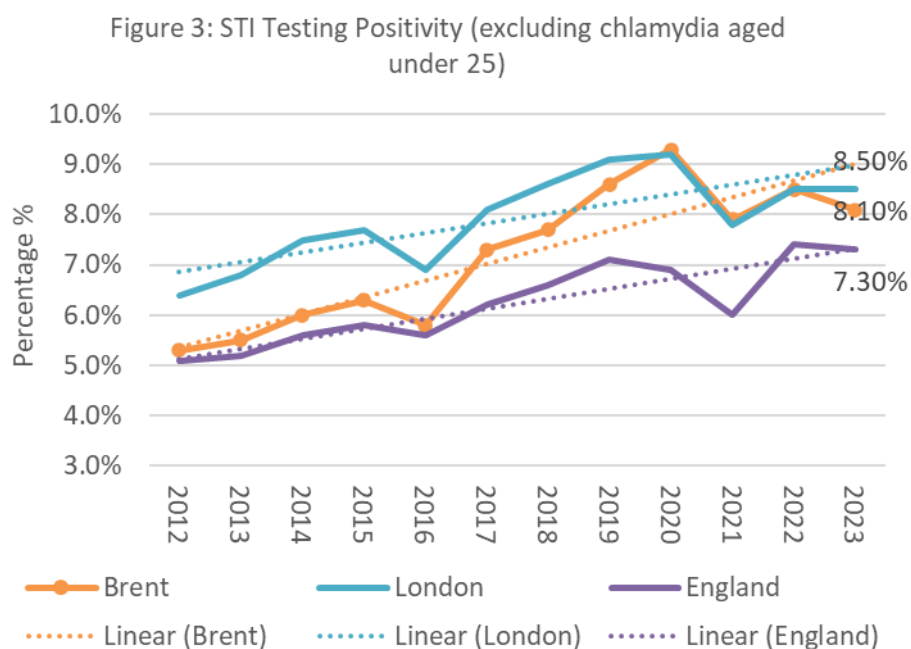
³⁹ New STI diagnoses are reported as two different rates, namely including and excluding chlamydia under 25, as there is a dedicated National Chlamydia Screening Programme (NCSP) targeting this age group with the aim to proactively diagnose people aged 15 to 24 years (especially girls/young women) via active screening. The two different indicators help to review all new STI diagnoses overall as well as without any possible distortions caused by the implementation of the National Chlamydia Screening Programme (NCSP).

over time, with rates for both Brent and London having returned to pre-pandemic levels (Appendix Outcomes -2).



Source: Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles






The STI testing positivity rate (excluding chlamydia aged under 25) for Brent in 2023 was 8.1% (Figure 3). This was slightly below London (8.5%) and higher than England (7.3%). There is an upward trend for all. Historically Brent was below London levels, but rates are now closer to those seen for London.



Source: Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles.

The five most commonly diagnosed STIs in Brent are chlamydia, gonorrhoea, genital herpes, genital warts and syphilis, and these make up the majority of new STI diagnoses in 2023⁴⁰ (Appendix Outcomes-3). For chlamydia, gonorrhoea and syphilis, long term trends are upwards and for the latter two STIs rates are now higher than pre-pandemic levels. Genital warts have a downward trend, likely due to the HPV vaccine. Figure 4 summarises the trends based on short term trend (year on year) and long-term trends from 2012 to 2023 (Appendix Outcomes- 4,5). These trends are described in more detail for each STI in later sections.

Figure 4 - STI Trends Brent

STI Name	Trend Vs Previous Year (2023 vs 2022) % change (based rate / 100000)	Long Term Trend (2012 to 2023) Trend Line (Graphs)
Chlamydia	+7.4%	
Gonorrhoea	+5.6%	
Herpes	+7.4%	
Warts	+4.8%	
Syphilis	-3.8%	

The gender split of new STIs in Brent was 65% male to 35% female in 2023⁴¹ (Appendix Outcomes-6). There is some variation by individual STI, with a higher proportion of females for genital herpes, and a higher proportion of males for chlamydia, gonorrhoea, syphilis and genital warts. In 15-24-year-olds, females outnumber males in new STI diagnoses. For the older age groups (25-64 years), males exceeded females (Appendix Outcomes-7).

Ethnic and socioeconomic inequalities in STIs

The ethnic profile of the population with newly diagnosed STIs (overall and for specific STIs) was compared with the Brent population on census day (March 2021), (Figure 5). Where there is a higher than five percentage points difference, this is highlighted in darker colour to highlight overrepresentation of a specific STI within a specific ethnic group. Similarly, a lower than five percentage points difference, highlighted in lighter colour, aims to highlight an underrepresentation of the specific ethnic group. For all new STIs and for each specific STI, people from Asian ethnic backgrounds are underrepresented. This could be due to a lower positivity rate for STIs within that segment, a reluctance or cultural barriers for this segment to get tested, poor understanding of the risks of contracting an STI, or poor user experience of sexual health services⁴². It is also possible that

⁴⁰ UK Health Security Agency; Annual and Quarterly Trends of STIs

⁴¹ UK Health Security Agency, Totals Annual and Quarterly Trends of STIs

⁴² Dhairyawan R, Shah A, Bailey J, et al., "Factors associated with bacterial sexually transmitted infections among people of South Asian ethnicity in England", Sex Transm Infect, 2024;100:17–24.

people from south Asian communities seek sexual health advice and testing outside of specialist sexual health services (e.g. from the GP) and this is therefore not captured in the GUMCAD⁴³ data presented here.

People from white ethnic groups are overrepresented in all new STIs, gonorrhoea and syphilis. People from Black ethnic groups are overrepresented in all new STIs, chlamydia and genital herpes. Mixed ethnic groups are overrepresented in all new STIs, chlamydia, and genital warts. Data on new HIV diagnosis is shown under different ethnic categories (Figure 6). The Indian/ Pakistani/ Bangladeshi Asian subgroup is underrepresented compared with the census population. There are no other differences larger than 5%, hence broadly similar.

	% of Brent Population	Figure 5: % of diagnosed population					
Ethnic Group	Census	All new STIs	Chlamydia	Gonorrhoea	Syphilis	Genital Herpes	Genital Warts
Asian	33.3	12.6	11	14	14.9	14.2	14.2
Black	16.9	25.9	31	20.4	13.1	27.8	21.7
Mixed	4	9.6	10.8	8.2	8.9	8.8	9.6
White	36.4	42.6	38.8	48.4	54.8	39.3	39.1
Other	9.3	5.7	5.6	4.9	3.6	5.1	12.1
N/A		3.5	2.9	4.1	4.8	4.7	3.2

Source: UK Health Security Agency, Selected STI Diagnosis, Brent; Census data, Brent

Figure 6 New HIV Diagnosis	Black African	Black Caribbean	Black Other	Chinese	Indian/ Pakistani/ Bangladeshi	Mixed	White
% of Brent Population	8.4	6.7	1.8	8.1	25.2	13.4	36.4
% of diagnosed population	12.6	2.4	3.7	8.1	11	14.2	37.8

Source: UK Health Security Agency, Selected STI Diagnosis, Brent; Census data, Brent

The highest proportion of STI diagnosis by country of birth comes from people born in the United Kingdom for all STIs other than Syphilis, where most people diagnosed were born in Brazil. In general, UK and Brazil were consistently the top two countries of birth, followed by some variation with mostly other European countries (Figure 7). A more detailed breakdown of STI diagnosis by country of birth is shown in Appendix Outcomes 8 to 14.

⁴³ GUMCAD data relates to the UK Health Security Agency (UKHSA) HIV and STI data exchange. Previously known as the Genitourinary Medicine Clinic Activity Dataset (GUMCAD), now known as the GUMCAD STI surveillance system.

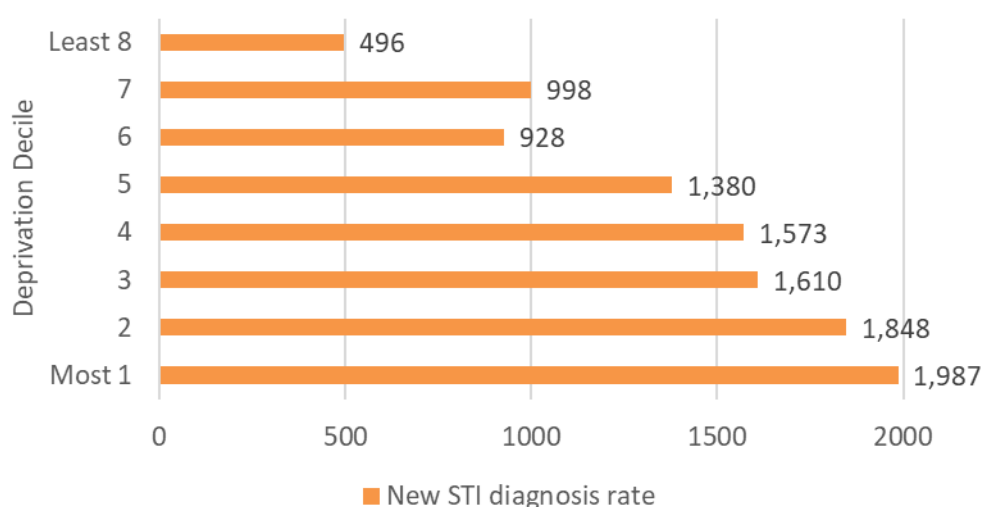
Figure 7: STI Diagnosis by Country of Birth, Top 2 countries

STI	Chlamydia		Gonorrhoea		Syphilis		Herpes		Genital Warts	
Country	N	%	N	%	N	%	N	%	N	%
UK	1001	59.2	549	50.6	31	18.5	137	46.4	113	40.2
Brazil	101	6	76	7%	41	24.4	26	8.8	14	5

Source: UK Health Security Agency, Selected STI Diagnosis, Brent

In 2022, the most deprived areas (based on the Index of Multiple Deprivation) had the highest overall new STI diagnosis rates (per 100,000), and the least deprived areas had lower rates (Figure 8).

Figure 8 - New STI Diagnosis Rate By Deprivation Decile - Brent

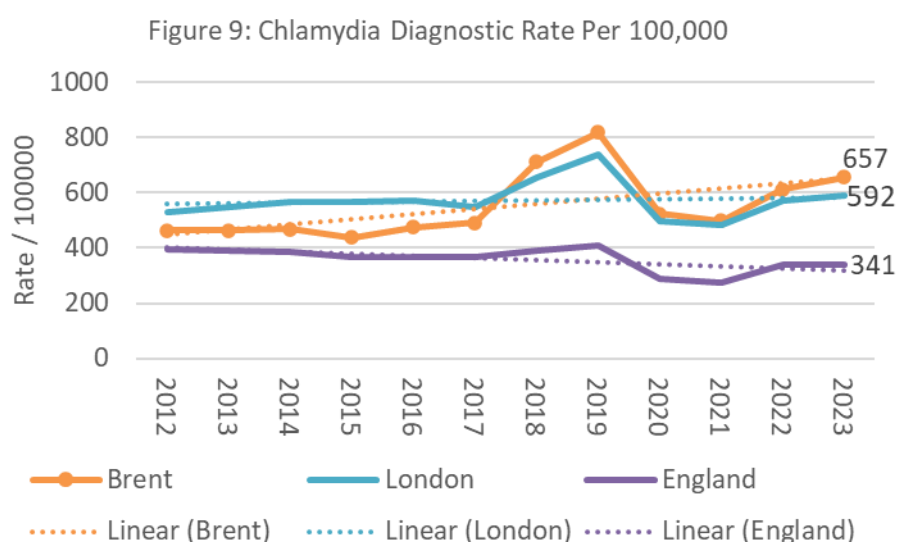


Source: UK Health Security Agency (UKHSA)

This association between higher deprivation and higher new STI diagnosis rate was also seen for chlamydia, genital herpes, and gonorrhoea. HIV prevalence and new HIV diagnosis rates were also highest for the most deprived and lowest for the least deprived parts of Brent. However, there was not a clear association between deprivation and either syphilis diagnosis or genital warts diagnosis rates.

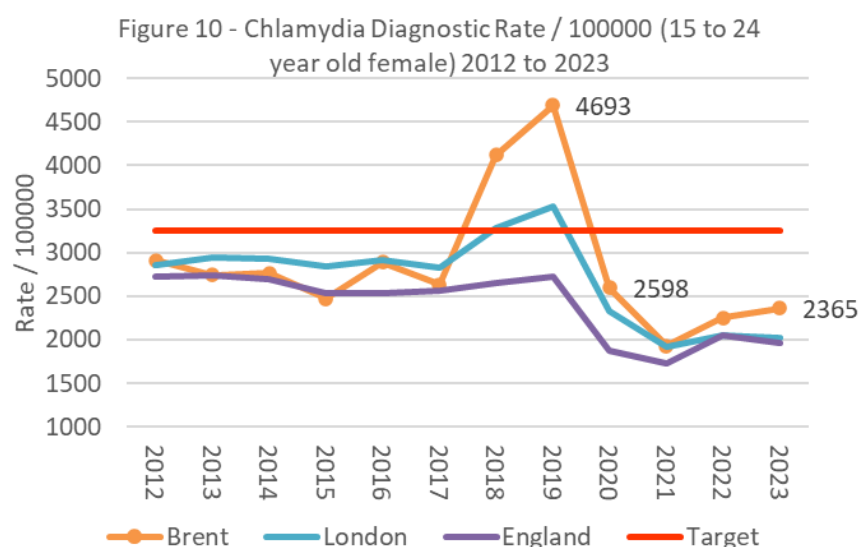
Chlamydia

Chlamydia is the most diagnosed STI for Brent, with over twice the number of new diagnoses compared with other STIs. The Chlamydia diagnostic rate per 100,000 (all ages) was 657 in 2023 for Brent, higher than London (592) and England (341). Despite the pandemic drop-off, the long-term trends for Brent show an upward trend (Figure 9).



Source: Source: UK Health Security Agency (UKHSA) – fingertips published data

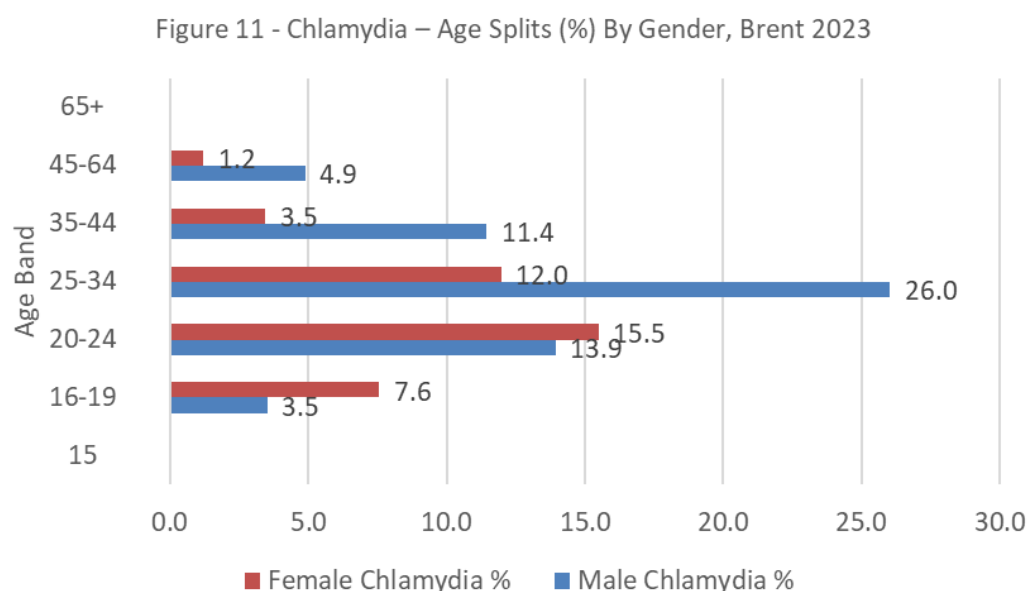
The chlamydia diagnostic rate per 100,000 for 15- to 24-year-old females was also higher in Brent (2,364.9 per 100,000), above the London (2,027.8) and England (1,961.7) detection rates (Figure 10, Appendix Outcomes 15). In 2023, 25.3% of female 15-24- year-olds were screened for chlamydia in Brent, similar to London levels and above England (20.4%).



Source: : UK Health Security Agency (UKHSA) – fingertips published data

The chlamydia diagnostic rate per 100,000 for males 15 to 24 years old is lower than for females (Brent 1,736, London 1,397) England (1,042). The diagnostic rate per 100,000 for chlamydia for over 25's in Brent was 543 in 2023, much lower than the female and male rates for 15- to 24-year-olds in Brent (Appendix Outcomes 16). Gender differences in chlamydia diagnoses have increased since 2019; in 2023, 57% of diagnoses were in males versus 43% in females (Appendix Outcomes 17). In

2023, 26% of chlamydia diagnoses were in males aged 25-34 years and 15.5% were in females aged 20-24 years. These two segments comprise the highest proportions of chlamydia diagnoses (Figure 11).



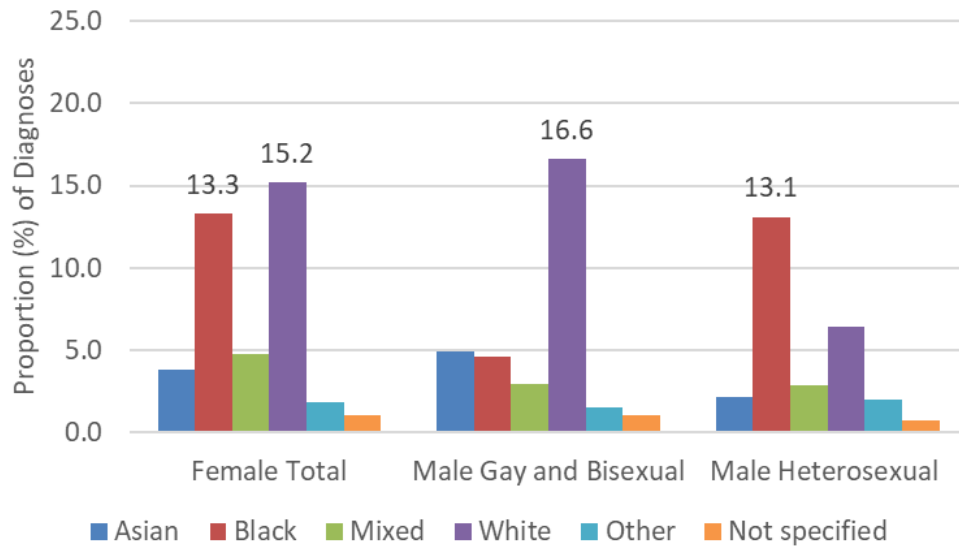
Source: UK Health Security Agency, Selected STI Diagnosis – Brent

The majority of new chlamydia diagnoses are in people who are heterosexual although chlamydia has recently increased in the gay/ lesbian community. For the period 2018 to 2023, the heterosexual proportion declined (from 82.9% in 2018 to 62.4% in 2023). Among people who are heterosexual, there are more diagnoses in females than males; among people who are gay/lesbian, there are more diagnoses in males (Appendix Outcomes 18).

People from Black ethnic groups are overrepresented in the population with newly diagnosed chlamydia (Figure 5 above). Within the female segment⁴⁴, a higher proportion of chlamydia diagnoses are seen in Black ethnic groups and white ethnic groups (13.3% and 15.2% respectively in 2023). Within the male gay and bisexual segment, the highest proportion of diagnoses are seen in white ethnic groups. At 16.6%, this was over three times the size of the next largest ethnic group. Within the male heterosexual segment, the highest proportion of diagnoses are seen in Black ethnic groups. Diagnoses in Asian ethnic groups were relatively small in all the segments (Figure 12).

⁴⁴ The female segment has been grouped into one, as numbers are too small to allow for further break-downs

Figure 12 - Chlamydia Brent - Proportion (%) Of Diagnoses By Ethnicity & Sexual Orientation 2023

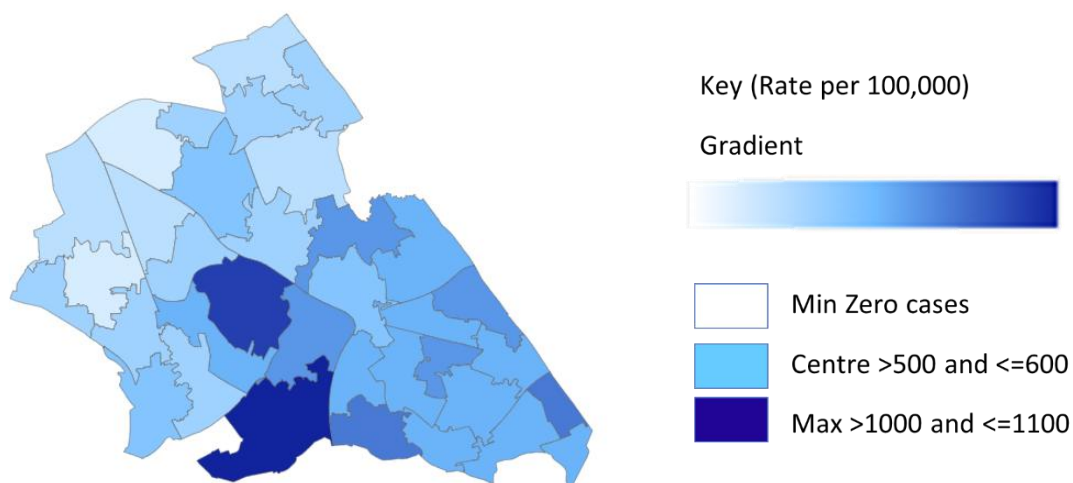


Source: UK Health Security Agency, Selected STI Diagnosis, Brent

Chlamydia diagnosis rates were higher in the most deprived parts of Brent. As shown from Figure 13, the highest diagnosis rate for residents was in Stonebridge, an area of high deprivation, followed by areas around Wembley Park and Tokyngton.

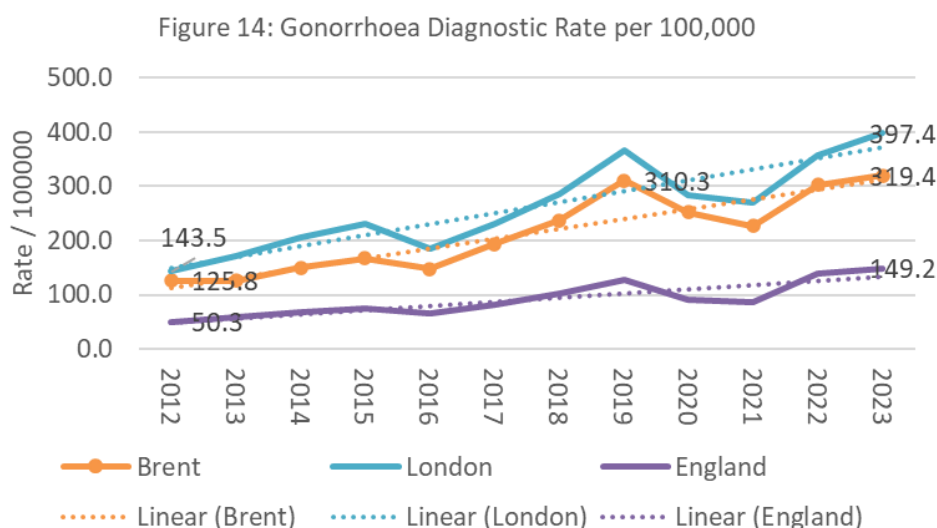
Figure 13 – Chlamydia Diagnosis (Rate per 100,000) MSOA 2022

Source: UK Health Security Agency, GUMCAD, CTAD



Gonorrhoea

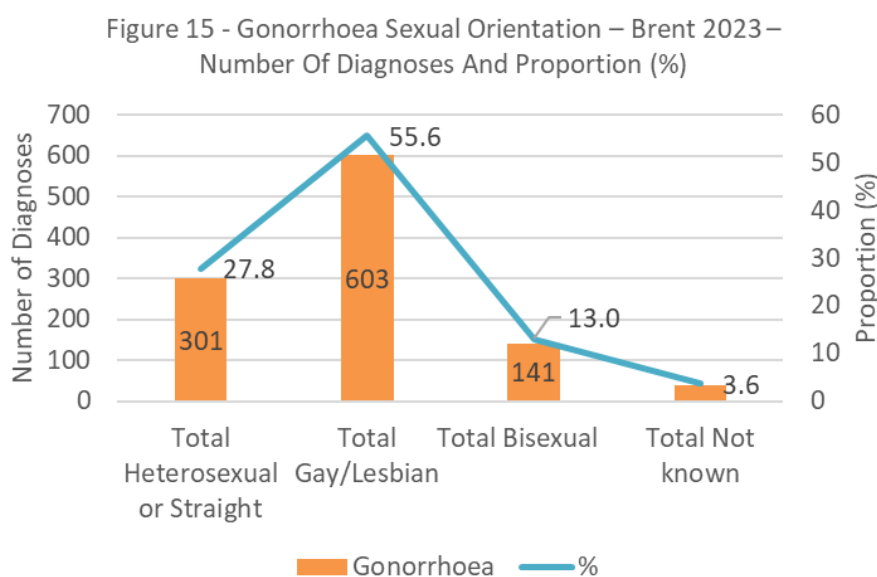
There has been a long-term trend of increasing gonorrhoea diagnostic rates for Brent, London, and England. Both London and Brent noted higher rates than England. Brent is consistently below London, but with an almost identical pattern (Figure 14, Appendix Outcomes 19).



Source: UK Health Security Agency (UKHSA) - fingertips published data

The proportion of gonorrhoea diagnoses seen in males is consistently higher than in females (Appendix Outcomes 20). The highest proportion of diagnoses are seen in the 25-34 age group (44.3%), followed by the 20-24 and 35-44 age groups (21.5% and 20% respectively) (Appendix Outcomes 21). Gonorrhoea is an STI mostly presenting in the gay/ lesbian group (55.6%), compared to heterosexual (27.8%), and bisexual (13%) (Figure 15, Appendix Outcomes 22).

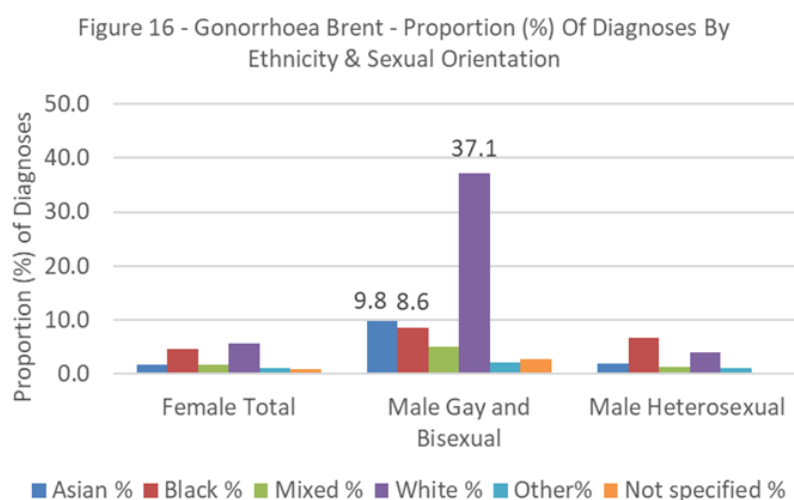
Figure 15: Gonorrhoea Sexual Orientation, Brent 2023, Number of diagnoses and proportion (%)



Source: UK Health Security Agency, Selected STI Diagnosis – Brent

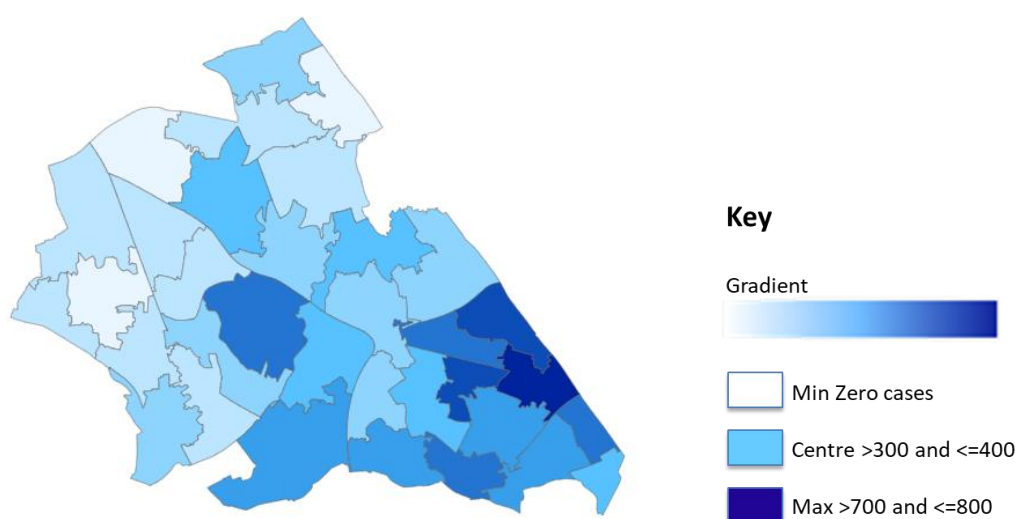
For the period 2018 to 2023 the proportion presenting in people who are heterosexual has fallen from 49% to 28%, whilst the gay/ lesbian and bisexual proportions have increased from 50% to 69% (Appendix Outcomes 23). 65.8% of gonorrhoea diagnoses are in gay and bisexual males.

As shown earlier in the document, people from white ethnic groups are overrepresented in the population diagnosed with gonorrhoea (48.4%) compared with the census population (36.4%). This figure has increased from 42% in 2018 in white ethnic groups and decreased in Black ethnic groups (from 35% in 2018 to 20% in 2023) (Appendix Outcomes 24). Looking at the intersection of gender, sexual orientation and ethnicity, Figure 16 shows that most of the new gonorrhoea diagnosis (65.8%) were within the male gay and bisexual segment and within this, the white ethnic group was by far the largest segment, with 37% in 2023⁴⁵.



Source: UK Health Security Agency, Selected STI Diagnosis, Brent; Census data, Brent

Figure 17– Gonorrhoea Diagnosis (Rate per 100,000) MSOA 2022



Source: UK Health Security Agency, GUMCAD, CTAD

As shown earlier in the document, gonorrhoea diagnosis rates were lower in the least deprived areas and higher in the more deprived areas, although the most deprived area did not have the highest

⁴⁵ The female segment has been grouped into one as numbers were too small to allow for further break-down.

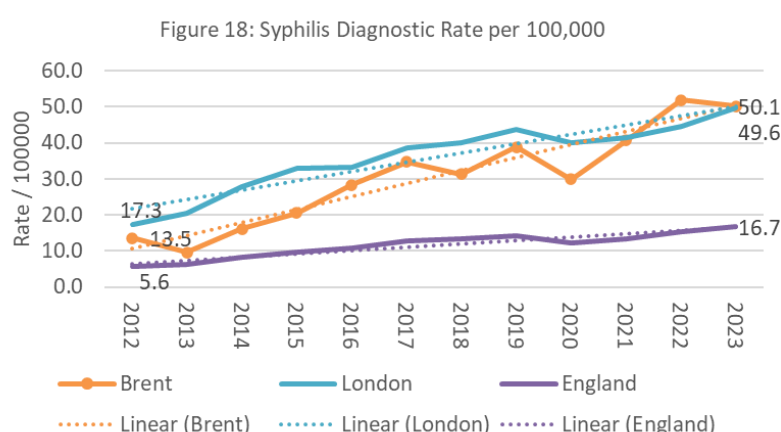
rate (Figure 5 above). The highest rate (between 700 and 800 per 100,000) is found in Brondesbury Park. Rates in Cricklewood & Mapesbury and Willesden Green were also relatively high (Figure 17).

Given the rising prevalence of Gonorrhoea across UK and London, on 21st May 2025, the NHS announced a joint NHS and local government roll out of a world-first vaccine programme for gonorrhoea, helping to overcome antibiotic resistant strains. Eligible patients, including gay and bisexual men who have a recent history of multiple sexual partners or an STI, will start to be offered the vaccine through local authority-commissioned sexual health services from early August⁴⁶.

Syphilis

Syphilis has relatively small numbers when compared to other STIs, however, the growth rate for syphilis is strongly upwards and so warrants close attention. Both Brent (50.1) and London (49.6) rates per 100,000 were well above the England rate (16.7). The rate in Brent exceeded the rate in London for the first time in 2022 (Figure 18). Although the 2023 rate is marginally lower than in 2022, the long-term trend and forecast is upwards with the Office for Health Improvement and Disparities (OHID) describing it as ‘increasing and getting worse’ (Appendix Outcomes 25).

There is an ongoing outbreak of Syphilis in London in GBMSM, and a slow increase in heterosexual populations. Brent has excellent rates of Syphilis testing in Antenatal Services (>99%), a key activity in preventing congenital syphilis.



Source: UK Health Security Agency (UKHSA) – fingertips published data

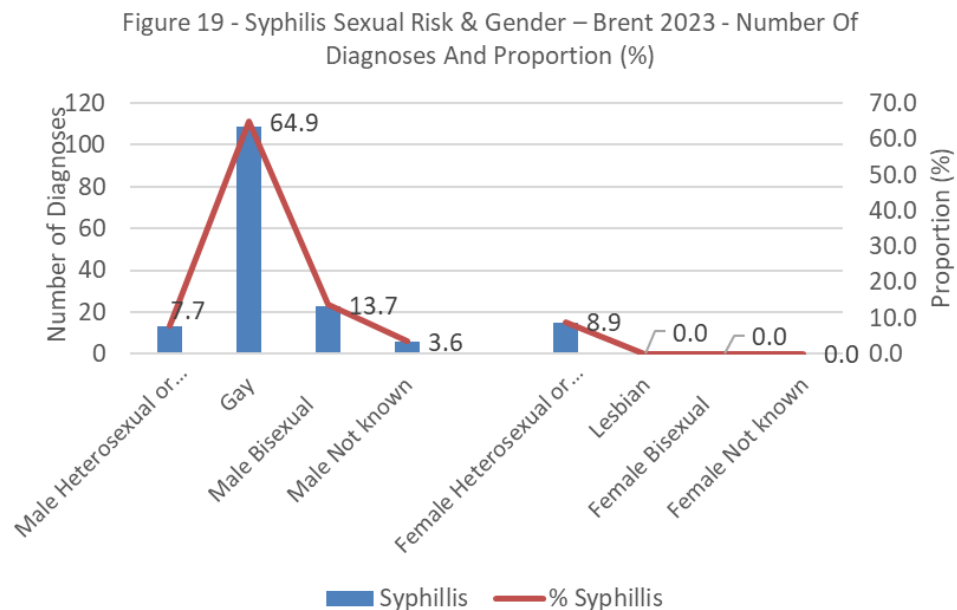
Gender splits for syphilis have remained relatively constant over time, with substantially more males (90% of the cases in 2023) than females (10% in the same year) (Appendix Outcomes 26). Almost 50% of new syphilis infections occur in the over 35s age segment (Appendix Outcomes 27).

Syphilis is predominantly seen in the male gay/ bisexual segment (comprising 78.6% of all cases⁴⁷), followed by 16.7% of heterosexual men and women in 2023 (Figure 19). Between 2018 to 2023 these proportions have remained relatively similar. Within the male gay and bisexual segment, 44% of

⁴⁶ [NHS England » NHS and local government to roll out world-first vaccine programme to prevent gonorrhoea](#), accessed 29 May 2025

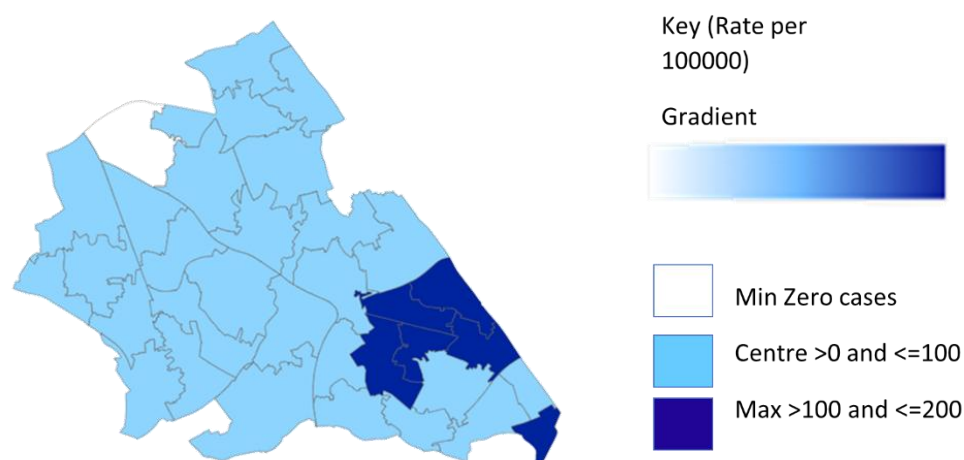
⁴⁷ Some numbers in the graph above have been suppressed due to small numbers.

syphilis diagnoses in 2023 are from white ethnic groups⁴⁸. In summary, syphilis is mostly diagnosed within the slightly older, White, Gay/ Bisexual intersection. Higher levels of syphilis diagnosis were identified in Kilburn, Brondesbury Park, Cricklewood & Mapesbury, and Willesden Green (Figure 20).



Source: UK Health Security Agency, Selected STI Diagnosis – Brent

Figure 20 – Syphilis Diagnosis (Rate per 100,000) MSOA 2022

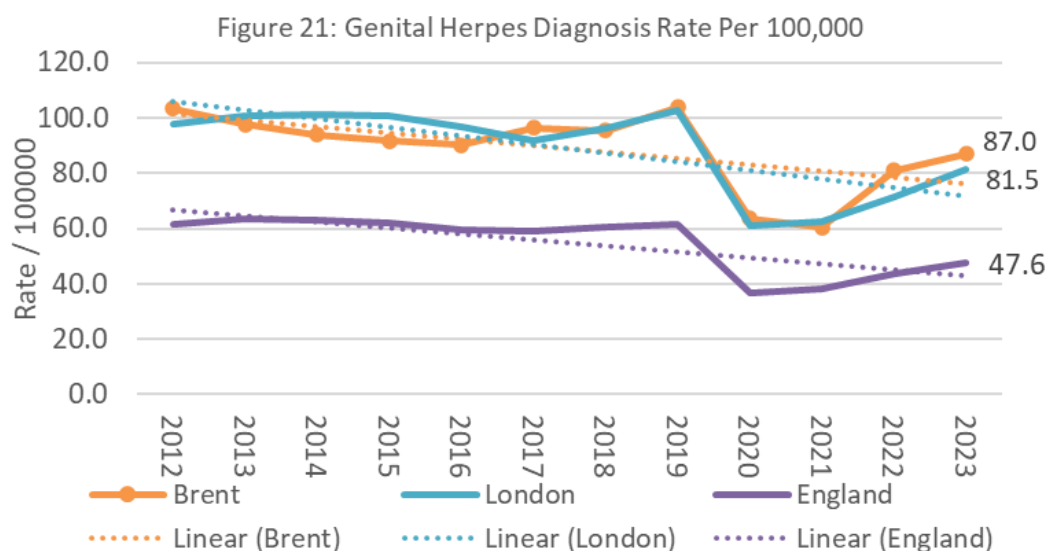


Source: UK Health Security Agency, GUMCAD, CTAD

Genital Herpes

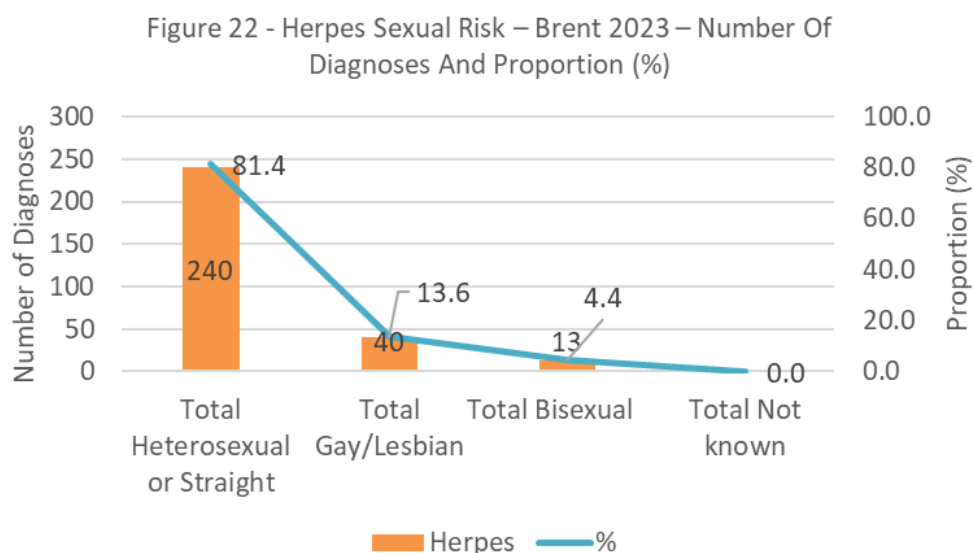
Up till 2023, there has been a gradual downward trend over the long term for new genital herpes diagnoses, described by OHID as 'decreasing and getting better'. Brent and London follow a very similar trend although both are well above England rates. Although the long-term trend is decreasing, the short-term year on year growth was up by 6 percentage points for Brent (Figure 21).

⁴⁸ Both male and female heterosexual segment numbers have been suppressed due to small numbers, so it is not possible to show in the graph.



Source: UK Health Security Agency (UKHSA) - fingertips published data

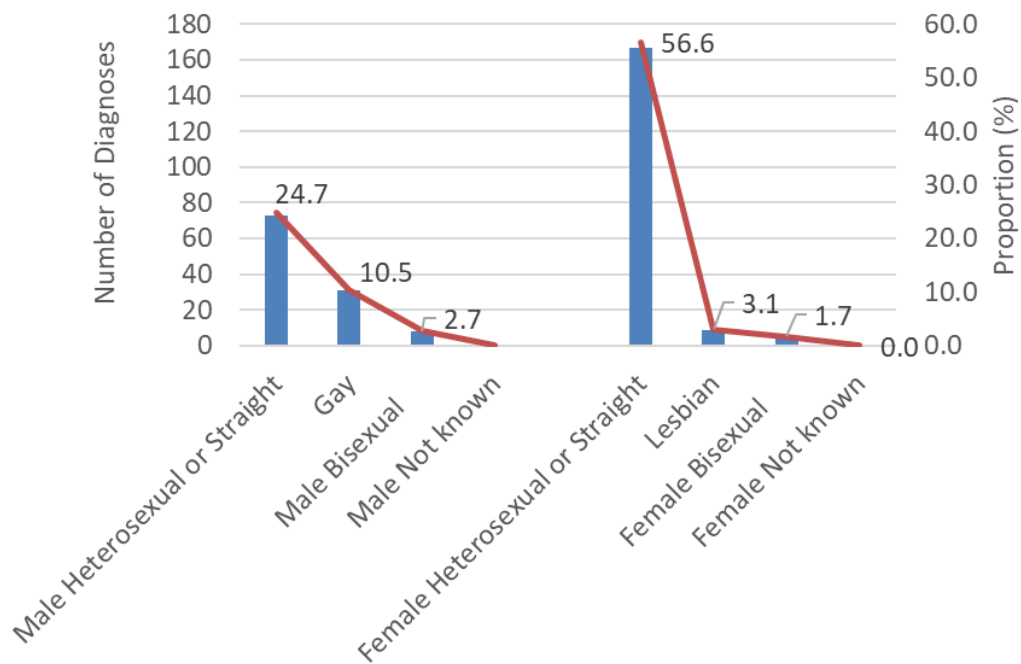
Gender splits for genital herpes have remained relatively constant over time, with a higher proportion seen in females (62%) than males (38%) in 2023 (Appendix Outcomes 28). 41.4% of genital herpes diagnoses are in 25-34 year olds, 22% in 20-24 year olds, and smaller proportions in other age segments. Almost three quarters of new diagnoses were less than 35 years old in 2023 (Appendix Outcomes 29). A higher proportion of genital herpes diagnoses are in females at every age (Appendix Outcomes 30). In 2023, 81.4% of genital herpes diagnoses are in people who are heterosexual, 13.6% in people who are gay or lesbian, and a further 4.4% in people who are bisexual (Figure 22).



Source: UK Health Security Agency, Selected STI Diagnosis – Brent

In 2023, a higher proportion of genital herpes diagnoses were in the female heterosexual segment (56.6%) compared with the male heterosexual segment (24.7%) (Figure 23).

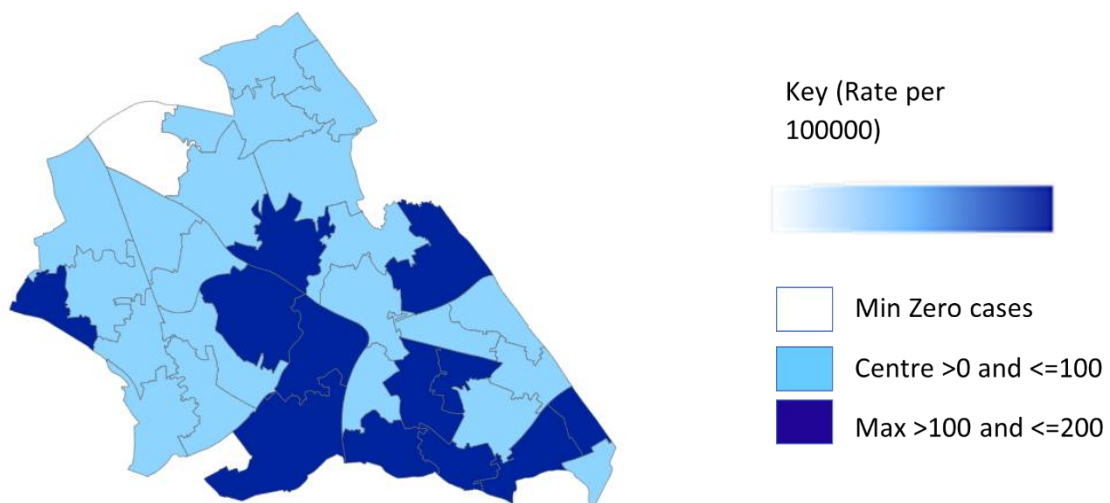
Figure 23 - Herpes Sexual Risk & Gender – Brent 2023 - Number Of Diagnoses And Proportion (%)



Source: UK Health Security Agency, Selected STI Diagnosis – Brent

Genital herpes diagnosis rates are higher in the more deprived parts of Brent. Higher diagnosis rates in 2022 were seen in Sudbury, Barnhill, Tokyngton, Wembley Park, Stonebridge, Harlesden & Kensal Green, Queens Park, Kilburn, Willesden Green, Dollis Hill compared with other parts of Brent (Figure 24).

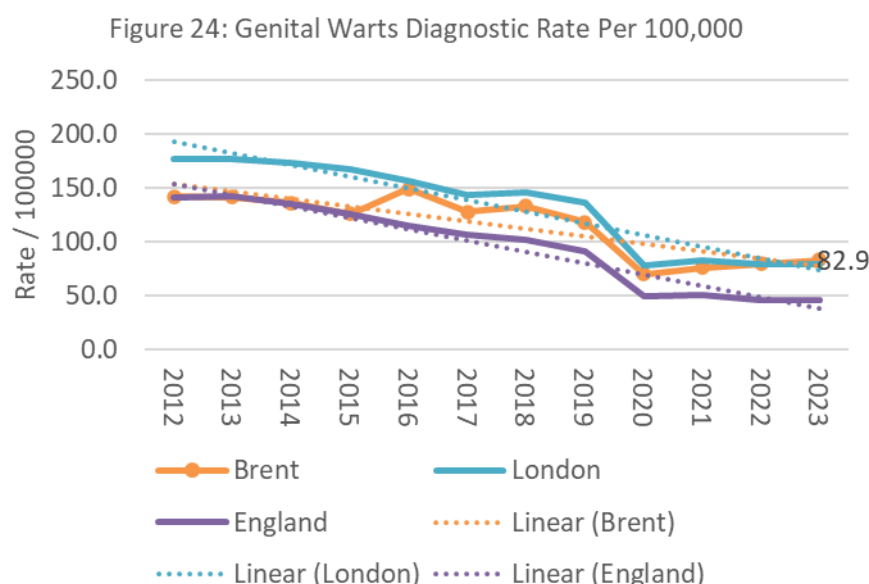
Figure 23 – Genital Herpes Diagnosis (Rate per 100,000) MSOA 2022



Source: UK Health Security Agency, GUMCAD, CTAD

Genital Warts

The rate per 100,000 for genital warts was 82.9 in Brent in 2023, almost identical to London and above England. Overall, there has been a downward trend since 2012, although rates have plateaued in the last few years (Figure 24 and Appendix Outcomes- 31).



Source: UK Health Security Agency (UKHSA) – fingertips published data

A higher proportion of genital wart diagnoses are in men (average 2017-2023, 62%) compared with women (38%) (Appendix Outcomes-32).

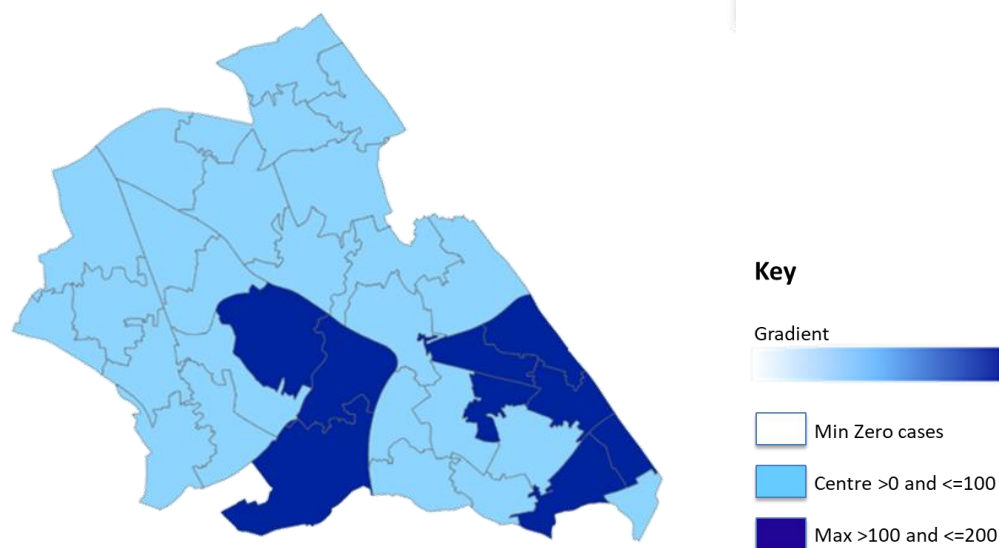
The largest proportion of genital warts is seen in the 25-34 age bracket (48%), followed by the 35-44 age bracket (22.8%) and 20-24 age bracket (16.4%). There were more males than females in each of these segments (Appendix Outcomes- 33). The only age segment where there were more females than males was the 16-19 age bracket.

There are more diagnosed with genital warts in the heterosexual segment (77.2% in 2023), followed by a further 21% in the gay, lesbian or bisexual segment (Appendix Outcomes-34 to 36).

People from white ethnic backgrounds made up the highest proportion of people diagnosed with genital warts in all years, but this has dropped from 50% in 2018 to 39% in 2023. The white segment is followed by people from Black ethnic backgrounds (Figure 5 earlier). Looking at the intersection of ethnicity and sexual orientation, the white female and male heterosexual segments are more prevalent (Appendix Outcomes- 37).

Higher prevalence was seen south of the borough in Wembley Park, Tokyngton, St Raphaels and down to Stonebridge. Then in the southeast of borough the second area covered areas from Dudden Hill to Queens Park (Figure 25).

Figure 25 – Genital Warts Diagnosis (Rate per 100,000, MSOA)



Source: UK Health Security Agency, GUMCAD, CTAD

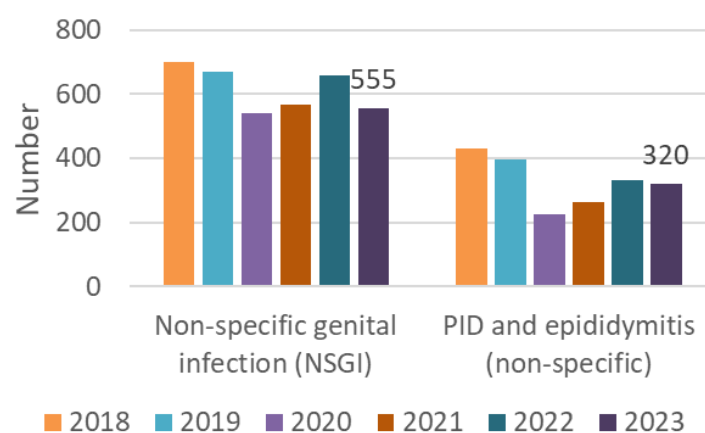
Other STIs

In addition to the most common STIs that have been presented, there are non-specific STIs and some smaller STIs that need to be monitored, including hepatitis.

Non-Specific STIs

The largest numbers relate to non-specific STIs, firstly non-specific genital infection (NSGI) and PID (Pelvic Inflammatory Disease) (Figure 26). Non-specific genital infections are where chlamydia and gonorrhoea tests are negative, but inflammation or infection exists. PID (Pelvic Inflammatory Disease) and epididymitis comprises a spectrum of inflammatory disorders from the lower genital tract⁴⁹.

Figure 26 - Non-Specific STI's Impacting On Brent 2018 to 2023



Source: UK Health Security Agency, Numbers of all diagnoses and services, Brent

⁴⁹ Melville C. (2015), Sexual and Reproductive Health at a Glance, Wiley-Blackwell

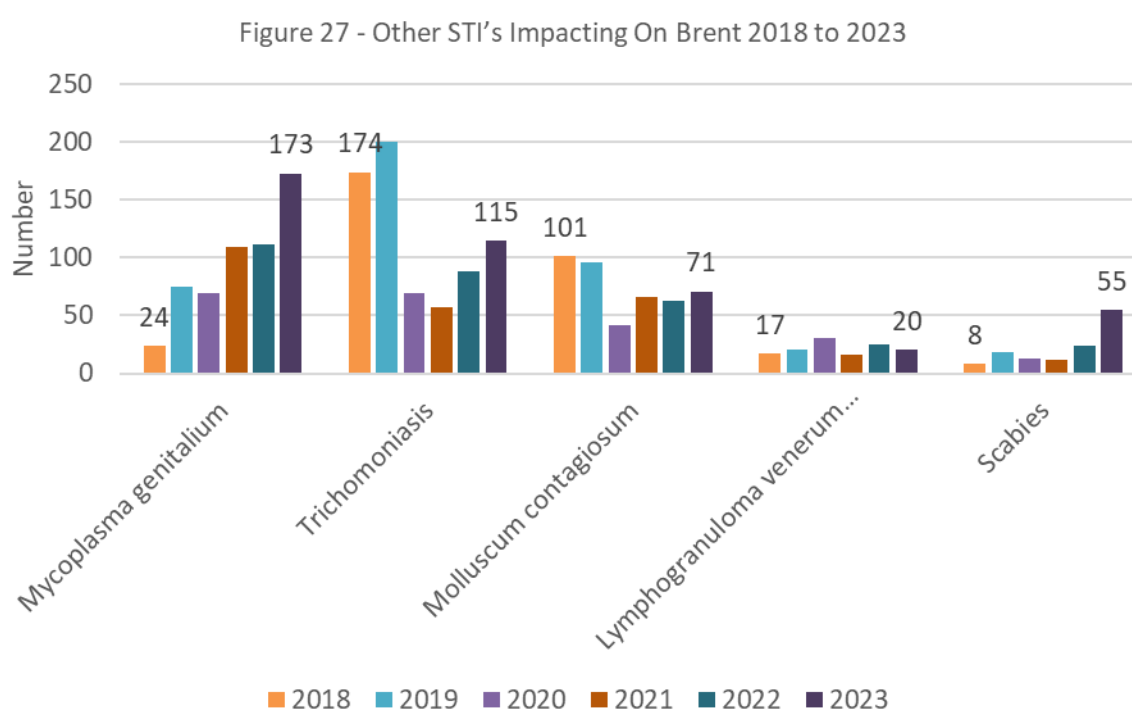
New diagnosis of NSGI impacted mainly males, whilst PID and Epididymitis (non-specific) was split on average 71% female and 29% males across the 6-year period in Brent.

In terms of gender and sexual orientation, NSGI impacted mainly heterosexual men, with 72% of new diagnoses in 2023 in this segment. The proportion seen in gay and bisexual men has grown progressively from 10% in 2018 to 25% in 2023. PID and Epididymitis (non-specific) mainly impacts on heterosexual females (63% of new diagnoses are in this segment) and lesbian or bisexual women (9%) in 2023.

Other Smaller New STI Diagnosis

Some smaller STIs in Brent require consideration due to their increase in 2023 (Figure 27).

Mycoplasma genitalium also known as MG or Mgen, is a sexually transmitted bacterium that infects the urinary and genital tracts, or the rectum⁵⁰. Trichomoniasis is an STI caused by a parasite called Trichomonas vaginalis (TV)⁵¹. Molluscum contagiosum is an infection that causes spots on the skin; it is usually harmless and rarely needs treatment⁵². Lymphogranuloma venereum (LGV) is a type of chlamydia bacteria that attacks the lymph nodes. LGV is very rarely seen in heterosexual men and women in the UK⁵³. Human scabies is caused by an infestation of the skin by the human itch mite usually spread by direct contact with a person who has scabies.



Source: UK Health Security Agency, Numbers of all diagnoses and services, Brent

⁵⁰ [Home | Terrence Higgins Trust](#), accessed November 2024

⁵¹ Melville C. (2015), Sexual and Reproductive Health at a Glance, Wiley-Blackwell

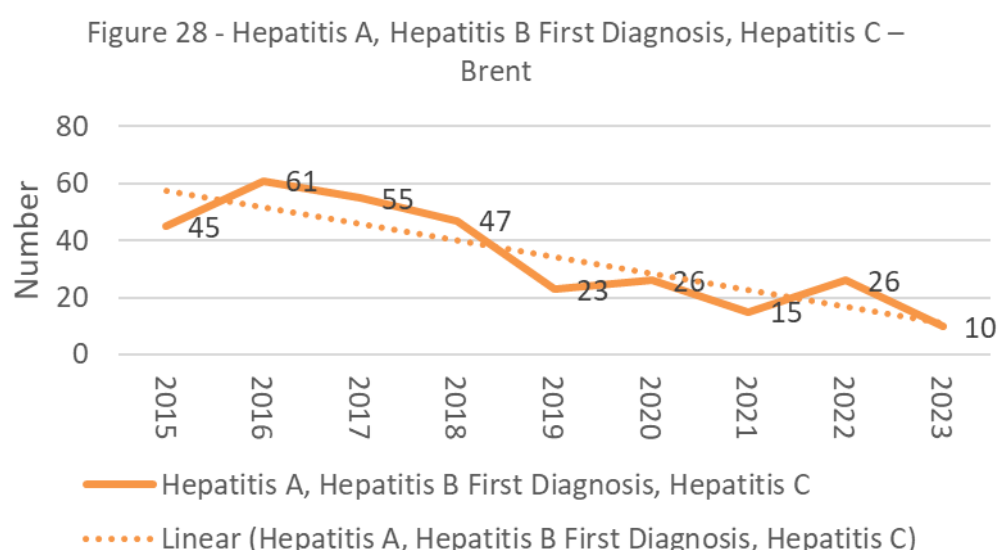
⁵² [Molluscum contagiosum - NHS](#), accessed November 2024

⁵³ [Lymphogranuloma venereum \(LGV\) | NHS inform](#), accessed November 2024

The gender split for mycoplasma genitalium was approximately 70% male to 30% female for new diagnoses. Mycoplasma genitalium has seen an increase in the male gay and bisexual segment over the period 2018 to 2022, whilst the proportion in the heterosexual male segment fell from 54% in 2018 to 32% in 2022. The 2023 data however countered this trend.

New LGV diagnoses were predominately seen in males, especially the gay and bisexual male segment (85% of new diagnoses in 2023). New scabies diagnoses were also seen more commonly in males, predominantly heterosexual males (53% of new diagnoses in 2023), whilst gay and bisexual men and females accounted for 31% and 14% of new diagnoses. Trichomoniasis predominately impacted heterosexual females. Molluscum contagiosum was approximately split two thirds' males to one third female in terms of new diagnosis by gender and impacted both heterosexual men and women (58% and 27% respectively in 2023).

Hepatitis A, Hepatitis B First Diagnosis and Hepatitis C numbers have declined progressively from 61 cases in 2016 to 10 in 2023 (Figure 28). The most common form of Hepatitis was Hepatitis B first diagnosis and this was predominantly seen in males (62% males and 38% females in 2023) and in heterosexuals (both male and female). Hepatitis C comprises 15% of overall Hepatitis diagnoses and most people acquire hepatitis C through injecting drug use.



Source: UK Health Security Agency, Numbers of all diagnoses and services, Brent

HIV

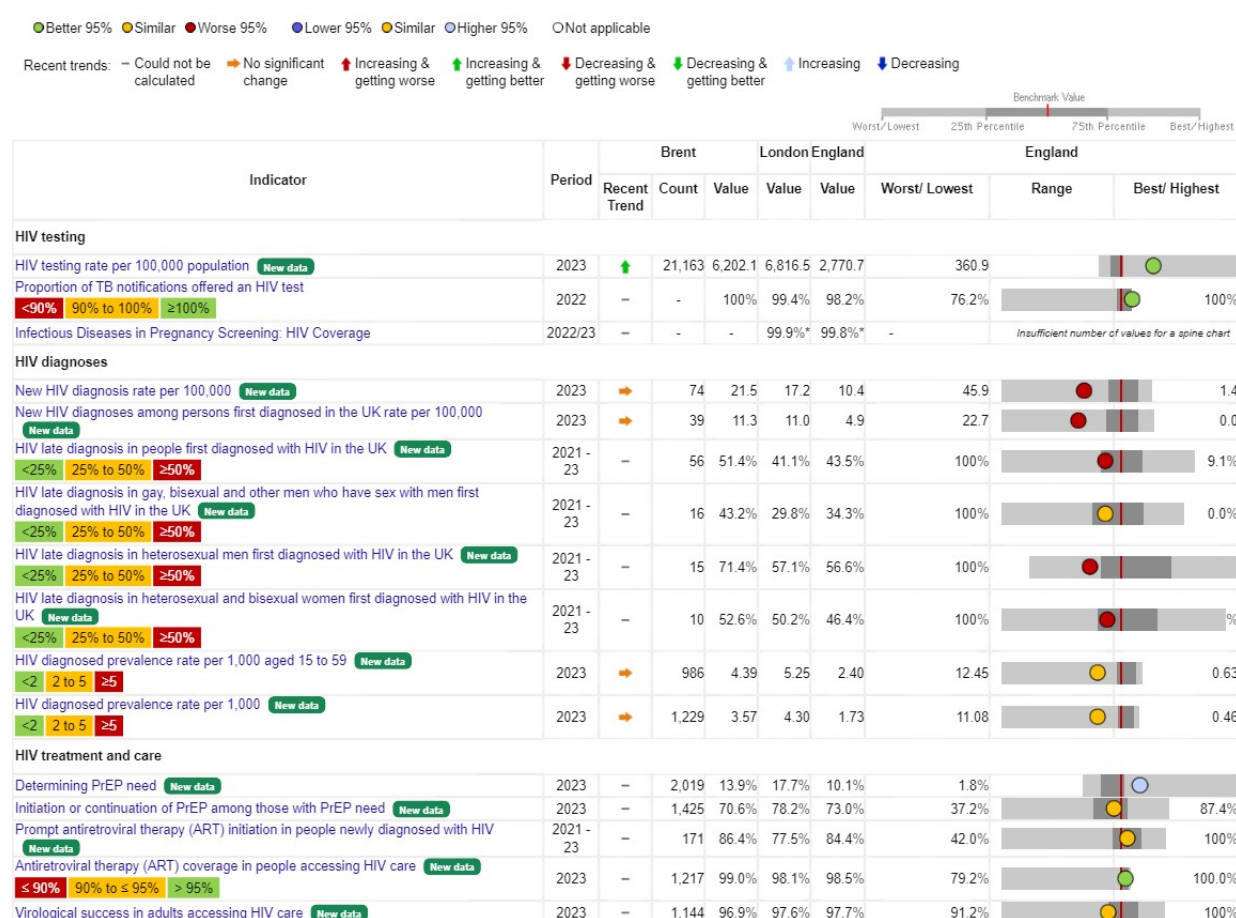
Figure 29 (overleaf) outlines the HIV public health profiles and represents the latest published data by OHID, comparing Brent against London and England. The Brent result is shown as a circle and those coloured in red signal possible under-performing indicators. The table shows that Brent is on track in terms of overall testing rates, the proportion of tuberculosis (TB) cases offered an HIV test, and antiretroviral therapy (ART) coverage in people accessing HIV care.

There are two indicators that could signal under-diagnosis in Brent, namely, new HIV diagnosis rate per 100,000, and new HIV diagnoses among persons first diagnosed in the UK (taken to be a more reliable indicator than the former). There are three indicators that signal concern over late diagnosis,

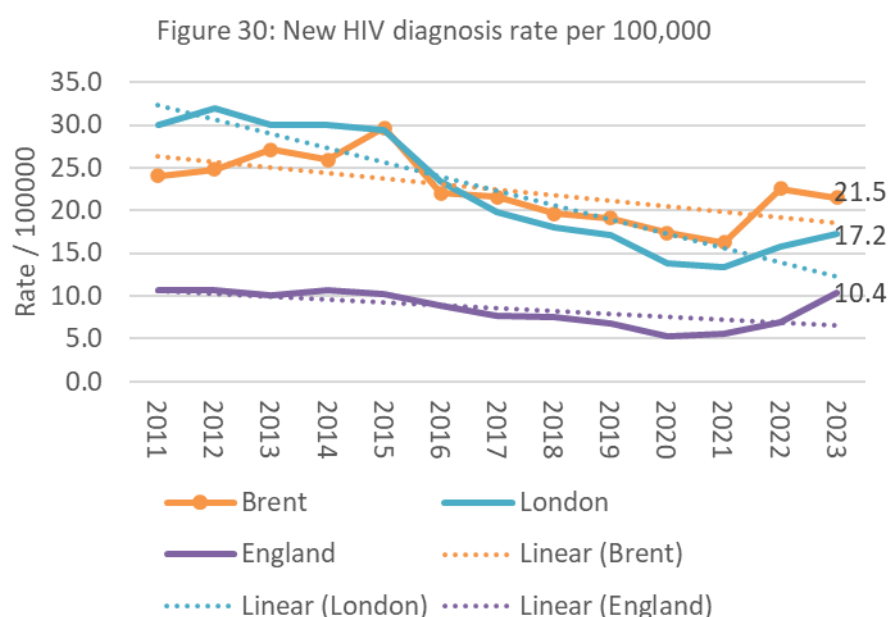
namely, late HIV diagnoses in persons first diagnosed in the UK, late HIV diagnoses in heterosexual men first diagnosed in the UK, and late diagnoses in heterosexual and bisexual women diagnosed in the UK. More work needs to be in place for earlier diagnosis for heterosexual men who are then more likely to transmit HIV to heterosexual or bisexual women. Further research is needed to understand whether the latter group are offered PrEP and do not take it up or are not offered at all.

The HIV diagnosed prevalence rate per 1,000 aged 15 to 59 has remained relatively constant over the last 10 years (Appendix Outcomes 38). The rate of new HIV diagnosis per 100,000 was 21.5 for Brent in 2023 and this was above London (17.2) and considerably above England (10.4) (Figure 30). Although higher, it is still below benchmark value (Figure 29). Brent is now ranked as the borough with the 10th highest new HIV diagnosis rate per 100,000 (Appendix Outcomes 39).

Figure 29- Public Health Profiles HIV

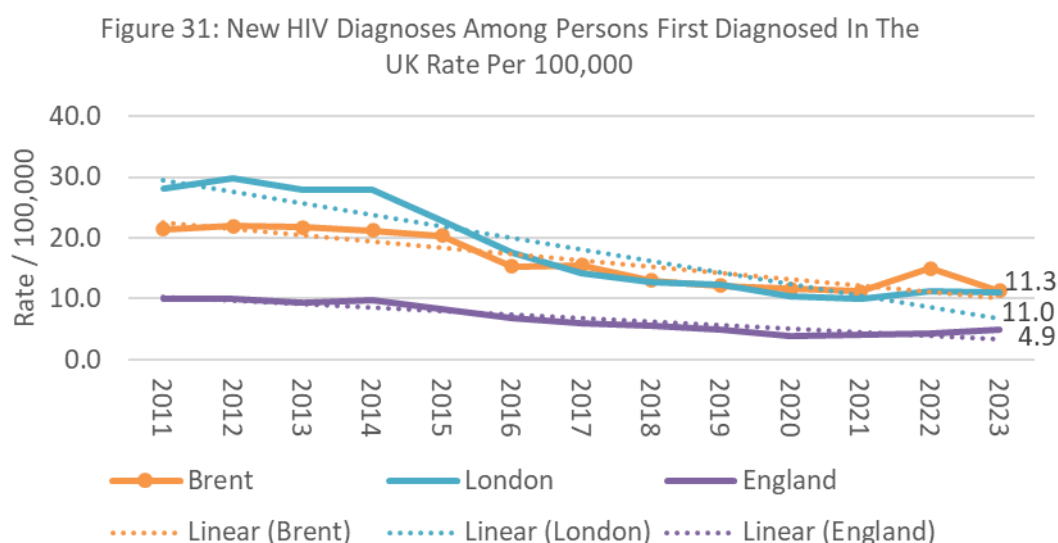


Source: Public health profiles - OHID (phe.org.uk)



Source: UK Health Security Agency (UKHSA)

A more accurate measure of HIV transmission is the New HIV Diagnosis among persons first diagnosed in the UK which covers new diagnosis with HIV in the UK regardless of country of first HIV test⁵⁴. Brent and London were well above England rates, although all areas are on a downward trend (Figure 31).



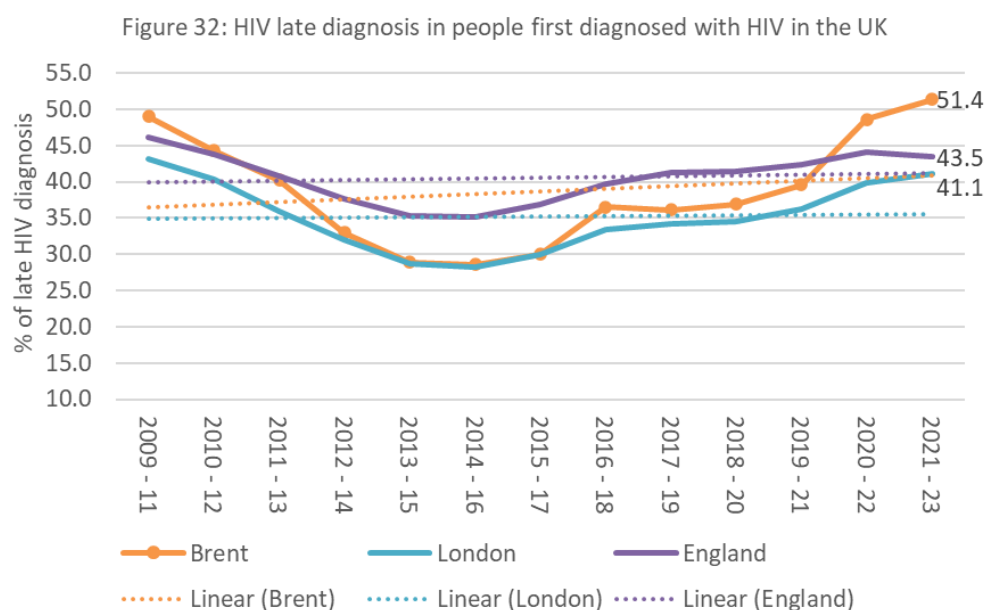
Source: UK Health Security Agency (UKHSA)

Late diagnosis is an important predictor of HIV related morbidity and short-term mortality and is impacted by the success of local HIV testing efforts⁵⁵. In 2023, this was 51.4% in Brent, 41.1% in London, and 43.5% in England (Figure 32). The OHID target is for this indicator to be below 50% but the level in Brent is now above this. As shown earlier, a higher proportion of people with late diagnosis are heterosexual men. This is the case for Brent, as well as London and England. The group

⁵⁴ [SPLASH Brent 2024-07-10](#), accessed July 2024.

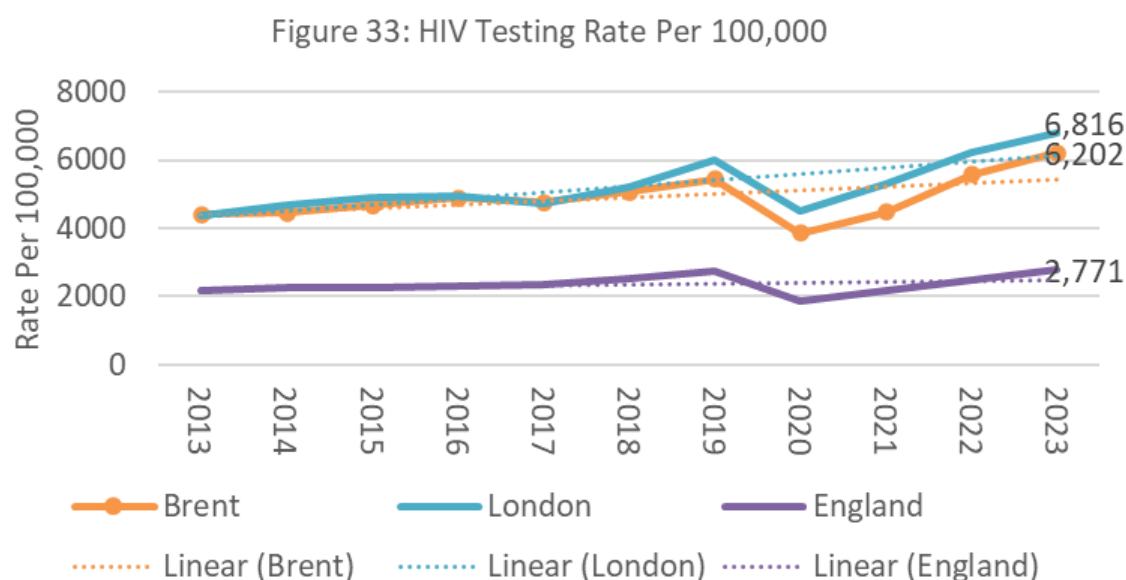
⁵⁵ Late diagnosis is defined as being a CD4 count <350 cells/mm³ within 91 days of first HIV diagnosis in the UK

with the second highest proportion of late diagnosis is heterosexual and bisexual women (Appendix Outcomes 40)⁵⁶.



Source: UK Health Security Agency (UKHSA) – Fingertips published data

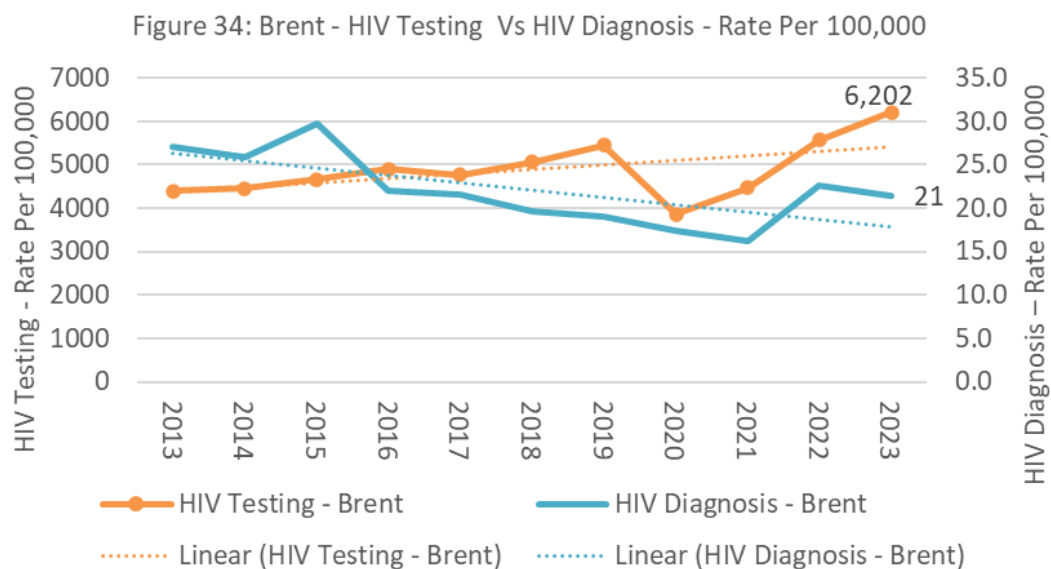
HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates and reduces the risk of onward transmission through aiding early diagnoses and treatment. Testing and diagnosis rates are closely linked, and the testing rate indicator serves as a valuable complement to the 'HIV diagnosis rate per 100,000' indicator. Brent and London follow a similar trend and are well above England rates per 100,000. There was an upward trend for all and testing levels for Brent and London now exceed pre-pandemic levels (Figure 33).



Source: UK Health Security Agency, UKHSA, Fingertips published data

⁵⁶ Figure 29 and Appendix Outcomes 40; Brent total is edging above 50%. The Brent gay, bisexual men, MSM was below the 50%, but there was a big jump in 2021-23 to 43.2% from the previous period. For heterosexual men as well as heterosexual and bisexual women this was above 50%. Actual numbers are relatively small.

A comparison of HIV Testing and Diagnosis per 100,000 rate provides context on volumes tested against diagnosed. In 2023, in Brent, there were 6,202 tests (per 100,000) to give an HIV diagnosis of 21 (per 100,000). The testing trend is upwards, whilst the diagnosis trend is downwards (Figure 34).



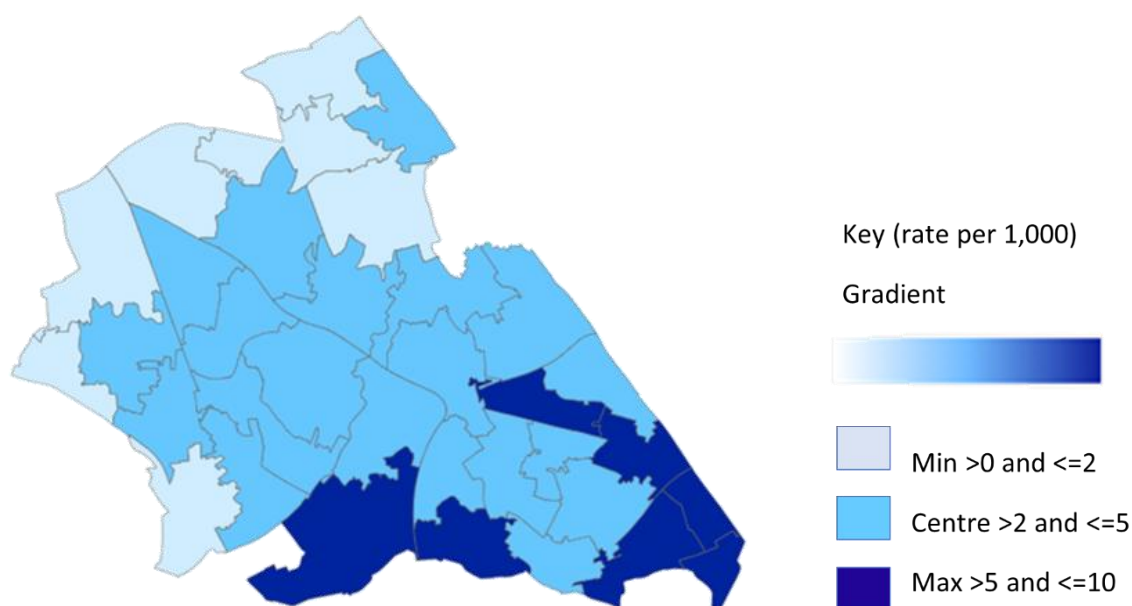
Source: UK Health Security Agency, UKHSA, Fingertips published data

Between 2018 to 2023, (excluding 2021⁵⁷), the average split of new HIV diagnosis by gender was 77.8% males and 22.3% females (Appendix Outcomes 41). Breaking this down further into gender and sexual orientation, the average for 2018 to 2023 was 50.1% male gay and bisexual; 23.4% male heterosexual and 22.7% female (Appendix Outcomes 42).

For both HIV prevalence and new HIV diagnosis, rates were highest for the most deprived and lowest for the least deprived parts of Brent (Appendix Outcomes 43). In 2022, the highest prevalence was in Stonebridge, Harlesden & Kensal Green, Queens Park, Kilburn, Brondesbury Park and Willesden Green (Figure 35).

⁵⁷ 2021 data was distorted by the 'not specified' selection and so has been excluded

Figure 37– HIV Diagnosis (Rate per 1,000), per MSOA

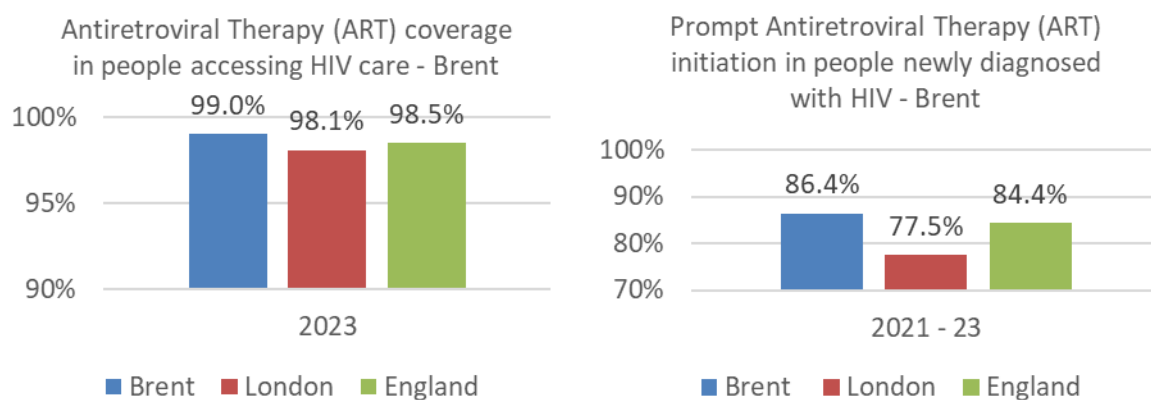


Data sources: HARS, ONS population estimates for 2020; UKHSA

HIV Treatment & Care

The treatment and care for HIV includes ART (antiretroviral treatment) and PrEP (pre-exposure prophylaxis). In 2023, 99% of those accessing HIV care in Brent were prescribed ART, above both England and London rates. 2021-23 data for Brent indicated that 86.4% of those newly diagnosed with HIV started ART within 3 months of their diagnosis. This was above both London and England (with 77.5% and 84.4% respectively) (Figure 38). London North West University Healthcare NHS Trust, Imperial College Healthcare NHS Trust and Chelsea & Westminster Hospital have been collaborating on prioritising rapid access to Specialist Care for newly diagnosed in NW London, to take a whole sector approach and pool resources.

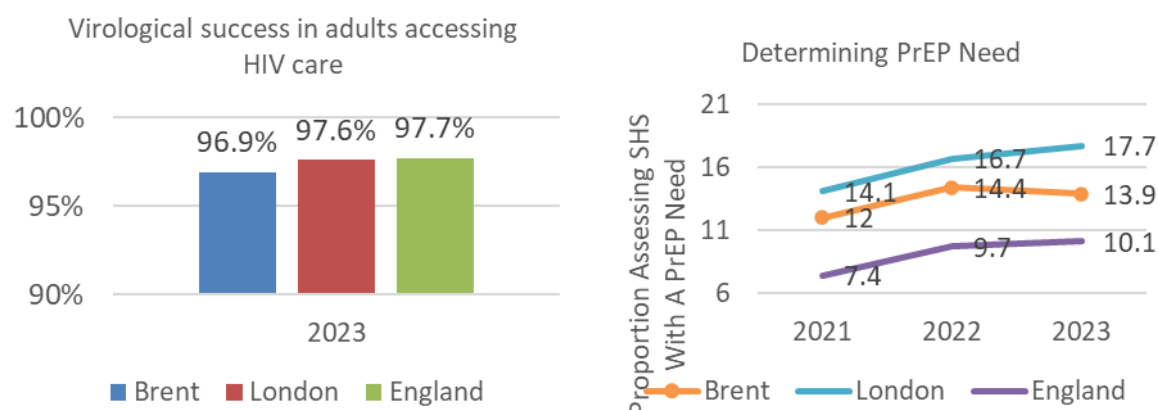
Figure 38 – ART Coverage in People Accessing HIV Care & ART Initiation in People Newly Diagnosed with HIV



Source: UK Health Security Agency (UKHSA)

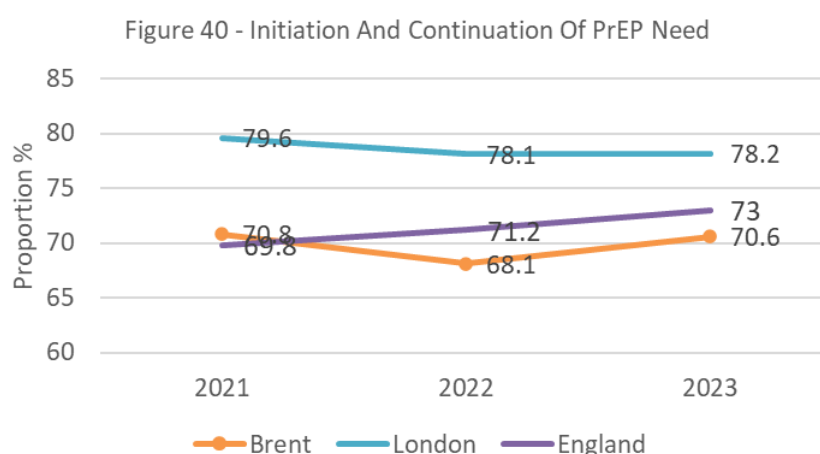
The percentage of adults in Brent accessing HIV care in 2023 who were virally suppressed⁵⁸ was 96.9%, slightly below London at 97.6% and England at 97.7%. In 2023, 13.9% of HIV negative people accessing specialist sexual health services in Brent were flagged as having a PrEP need and this was slightly down from 14.4% in 2022. Brent rates in both years were below the London rates and above England rates (Figure 39).

Figure 39 – Virological Success In Adults Accessing HIV Care and determining PrEP need



Source: UK Health Security Agency (UKHSA)

In addition to determining PrEP need, another indicator assesses the proportion of individuals who start or continue PrEP (with lower proportions indicating that more people with a need are leaving the service without PrEP⁵⁹). Figure 40 shows that Brent levels are lower than London and England. The population accessing PrEP at London North West University Hospital (LNWH) includes a high proportion of those from minority ethnic and migrant communities, those with English as an additional language, and women whose care needs are more complex. An online PrEP offer would create more capacity in face-to-face services for those who need that support.



Source: UK Health Security Agency (UKHSA)

⁵⁸ Prompt ART initiation in people newly diagnosed along with 'Proportion with undetectable viral load (%)', supports the wider monitoring of UNAIDS 90:90:90 target; 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression. These targets will increase to 95:95:95 by 2025. (Source: OHID Fingertips, Prompt ART Initiation In People Newly Diagnosed With HIV, definitions).

⁵⁹ Fingertips, Initiation and continuation of PrEP need, definitions

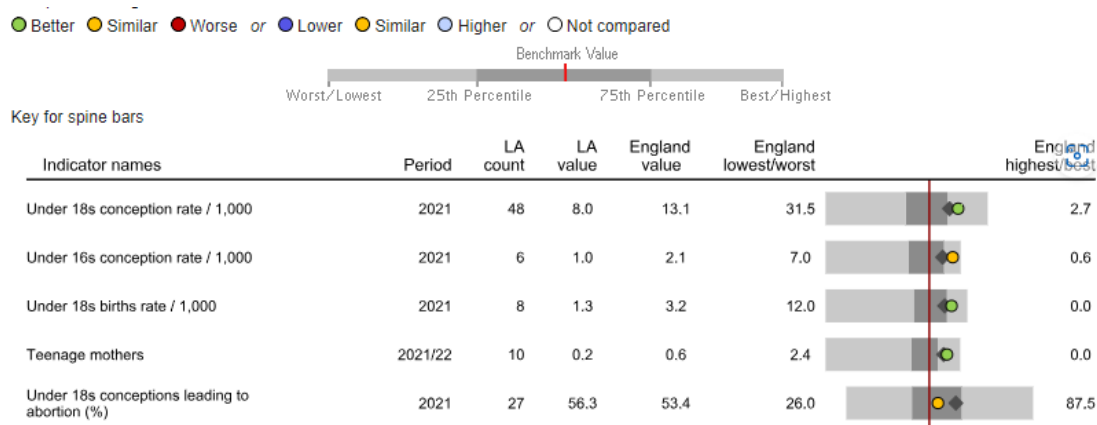
Reproductive Health

This section covers abortions, conceptions and contraception for Brent compared to London and England as a whole.

Conception

Under 18 conceptions are a public health concern and a concern for child poverty. Teenage pregnancy is a cause and consequence of low educational attainment, and teenage mothers are at higher risk of living in poverty and of not being in education, employment or training⁶⁰. Figure 41 shows that for the under 16s and under 18s conception rate per 1,000, Brent is doing better than England. Over the last two decades, both the under 18 conception and under 16 conception rates have been on a downward trend for Brent, London and England. This links to the introduction of the Teenage Pregnancy Strategy in 1999⁶¹ (Appendix Outcomes 44, 45).

Figure 41- Under 18 Conception Health Indicators in Brent compared to London and England



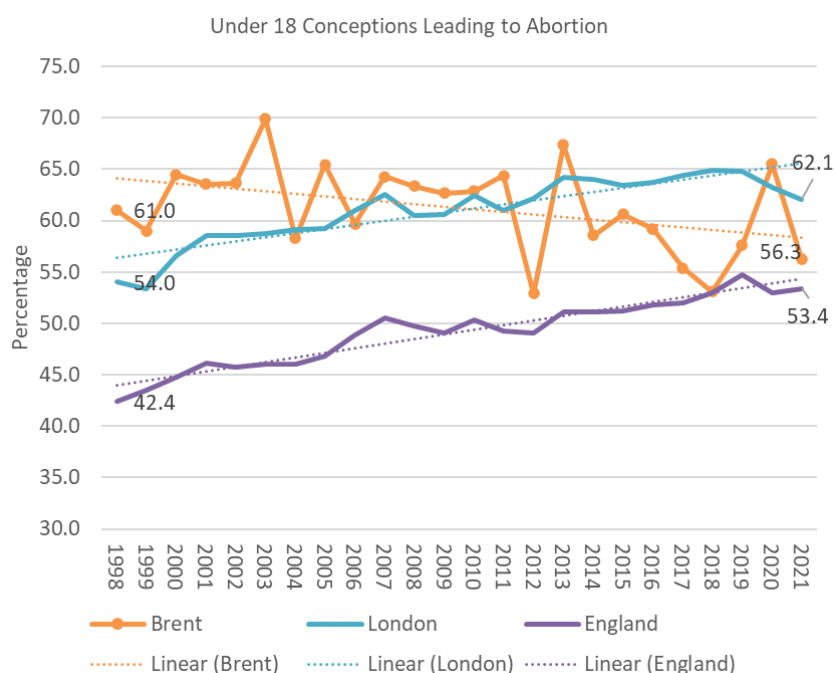
Source: Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles

For under 18 conceptions leading to abortion, there was more variability in the Brent trend than London and England, with England (53.4%) below Brent (56.3%) and London (62.1%). The Brent long term trend was downwards, whilst London and England had a slightly upward long-term trend (Figure 42).

⁶⁰ [SPLASH Brent 2024-07-10](#), accessed July 2024

⁶¹ [SPLASH Brent 2024-07-10](#), accessed July 2024

Figure 42 –Under 18 Conceptions Leading To Abortion % – Brent, London, England

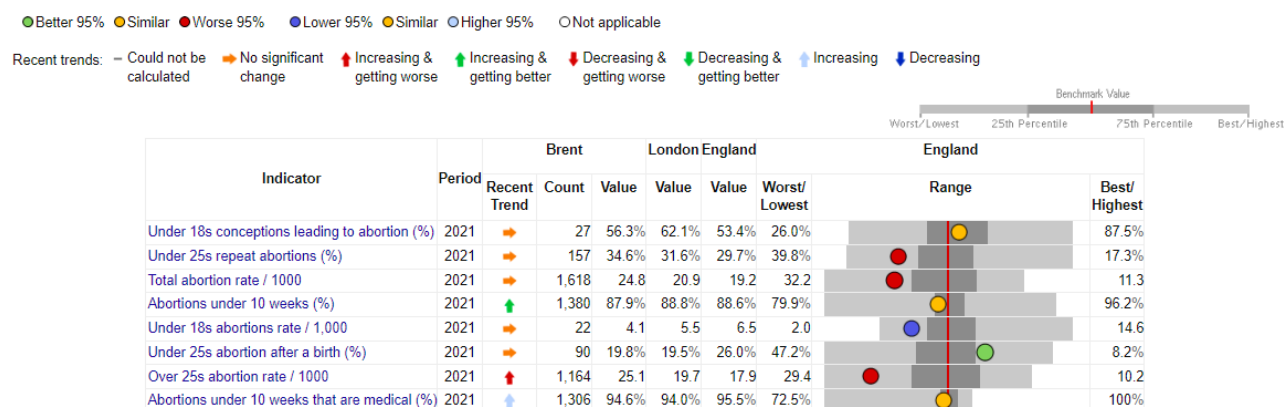


Source: UK Health Security Agency (UKHSA), fingertips published data

Abortion

According to the SPLASH report⁶², the total abortion rate, under 25 years repeat abortion rate, under 25s abortions after a birth and over 25 abortion rates may be indicators of lack of access to good quality contraception services and advice and may also indicate problems with individual use of contraception methods. Figure 43 below suggests that Brent was under-performing on three of these measures in 2021, namely, under 25s repeat abortions, total abortion rate per 1,000 and over 25s abortion rate per 1,000.

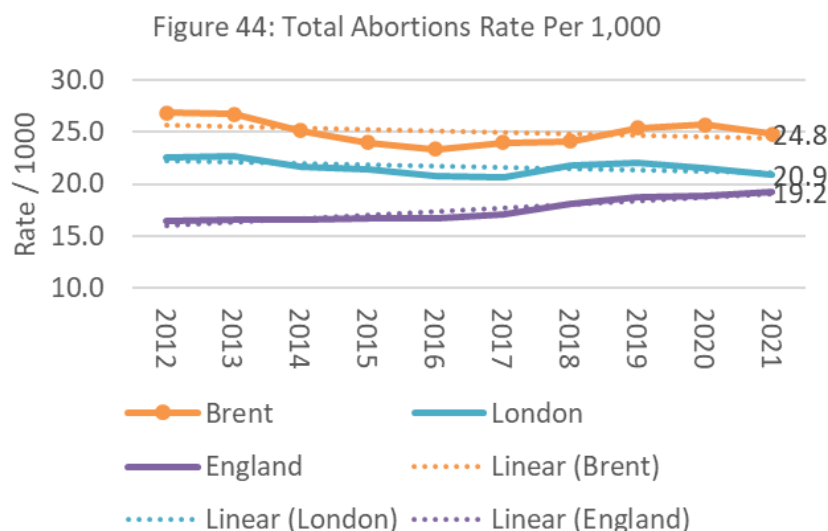
Figure 43 – Abortion Health Indicators in Brent compared to London and England Averages



Source: Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles

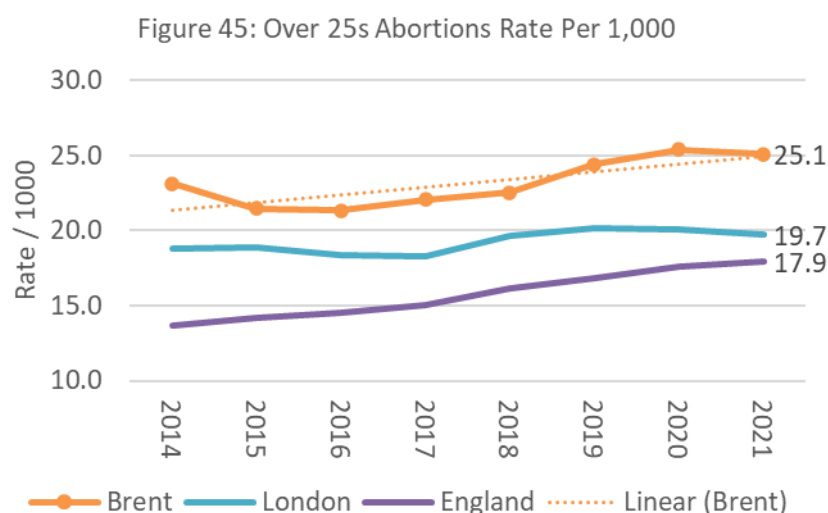
⁶² [SPLASH Brent 2024-07-10](#), accessed July 2024

There was a total of 1,618 abortions in Brent in 2021, with a rate of 24.8 per 1,000 females aged 15 to 44 years. This was higher than both London (20.9) and England (19.2) and has been consistently higher (Figure 44). There was a similar pattern for other indicators, except for under 25s abortion after a birth, where Brent was lower than England (19.8% vs 26%) and under 18s abortions rate per 1,000, where Brent was also lower (4.1 vs 6.5).



Source: UK Health Security Agency (UKHSA), fingertips published data

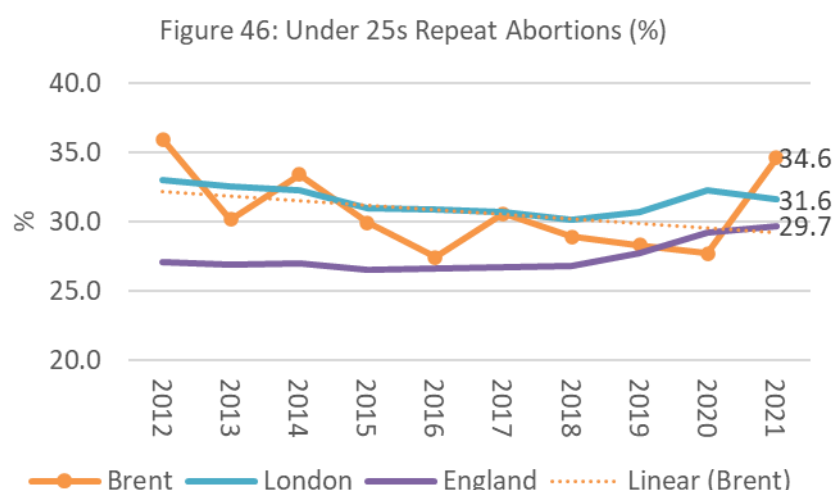
Brent abortion rates were ranked 6th highest out of all London Local Authorities in 2021. The over 25s abortion rate is showing an upward trend and the per 1,000 rate for Brent (25.1) is above London (19.7) and England (17.9). As outlined in Figure 43 above, this is an underperforming measure for Brent (Figure 45).



Source: UK Health Security Agency (UKHSA), fingertips published data

Brent is doing better for the under 18s abortion rate (Brent at 4.1, London at 5.5 and England at 6.5 per 1,000). The trend over time is downward in Brent, London and England (Appendix Outcomes 46).

Repeat abortions for under 25s in Brent shot up from 27.7% in 2020 to 34.6% for 2021, higher than London and England⁶³ (Figure 46). For under 25 abortions after a birth, Brent was generally below London across the period 2012 to 2021 and almost the same as London in 2021 (Brent 19.8% and London 19.5%). Both Brent and London were below England (26%) and there was a downward trend over time for all.

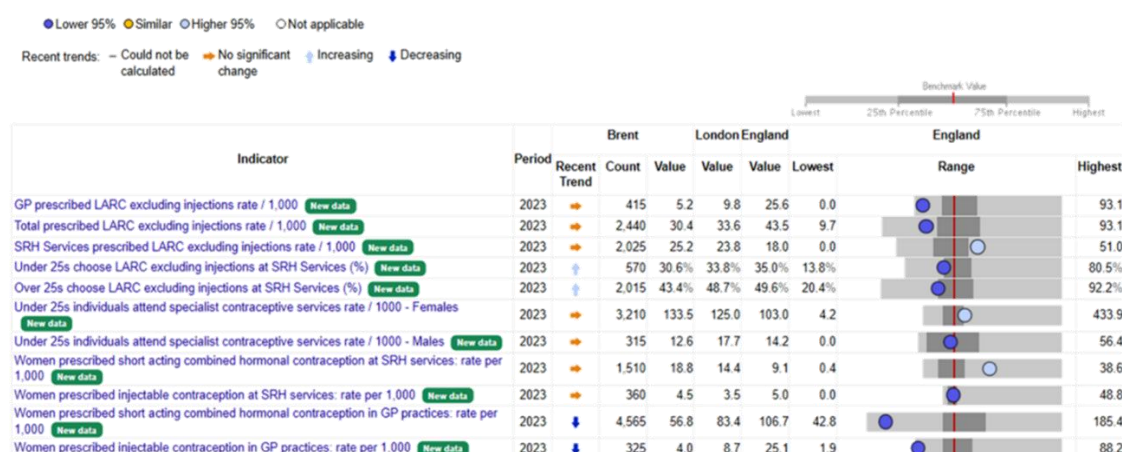


Source: UK Health Security Agency (UKHSA)

Contraception

Contraception is important to help reduce unwanted pregnancies. Effective, accessible contraception services result in lower rates of teenage conceptions⁶⁴. There are various free contraception options available via the NHS and sexual and reproductive health services⁶⁵. According to OHID (Figure 47), most contraception indicators for Brent are lower than England. The exceptions to this are sexual and reproductive health services prescribed LARC (excluding injections), under 25s individuals attending specialist contraceptive services, and women prescribed short acting combined hormonal contraception at sexual and reproductive health services.

Figure 47 - Contraception Health Indicators in Brent compared to London and England Averages



Source: Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles

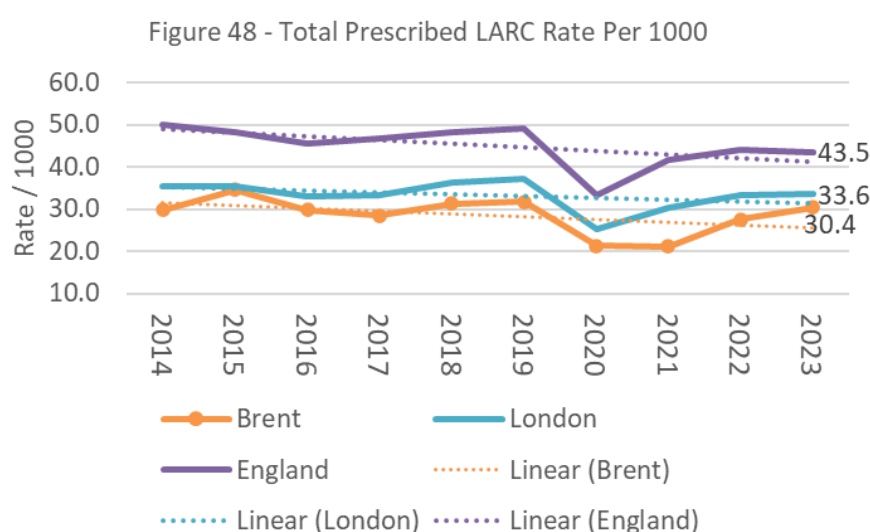
⁶³ This measure is highlighted in PHOF as underperforming, this however could reflect variability rather than an underperformance and more data is required.

⁶⁴ [SPLASH Brent 2024-07-10](#), accessed July 2024

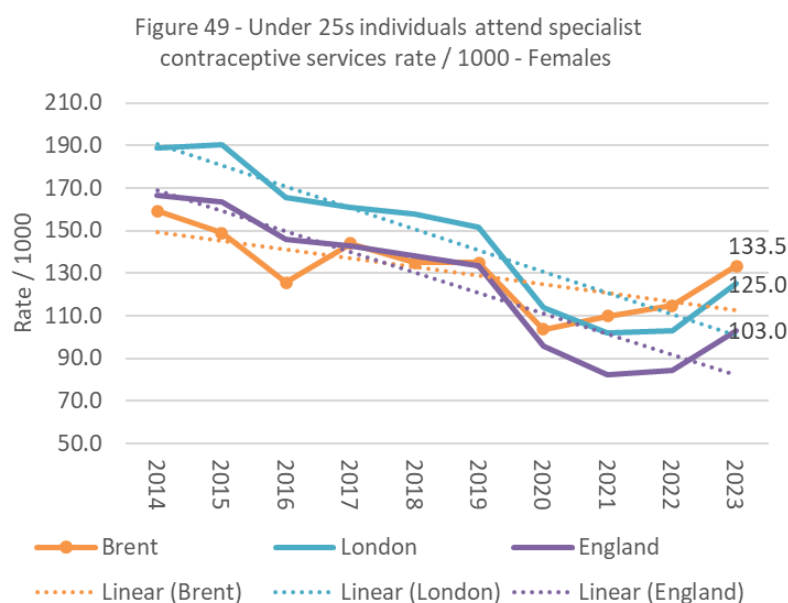
⁶⁵ [SPLASH Brent 2024-07-10](#), accessed July 2024

For total prescribed LARC excluding injections, Brent was below London and England rates, with a downward trend for all areas over the period 2014 to 2023. Brent followed a similar pattern to London, with a drop off during pandemic and levels were still not back to pre-pandemic levels in 2023. Brent was ranked 23rd out of all London Local Authorities in 2023, below the London average of 33.6 per 1,000 (Figure 48).

Attendance indicators provide a measure of young people's access to specialist contraceptive services⁶⁶. For female attendance, there was a downward trend for all areas from 2014 to 2023. At the start of the period Brent was below London and England. In contrast, in the last 3 years, Brent has been above both London and England with 133.5, 125 and 103 per 1,000 respectively (Figure 49). Male attendance is lower than for females, with Brent at 12.6 per 1,000 in 2023, compared to 17.7 for London. There is a downward trend for both genders (Figure 50).



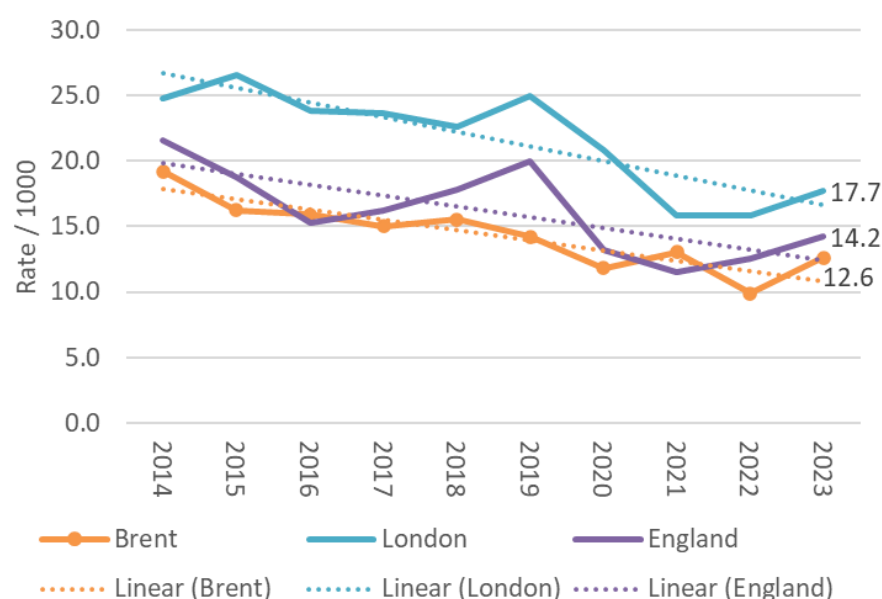
Source: UK Health Security Agency (UKHSA)



Source: UK Health Security Agency (UKHSA)

⁶⁶ [SPLASH Brent 2024-07-10](#), accessed July 2024

Figure 50 - Under 25s individuals attend specialist contraceptive services rate / 1000 - Males



Source: UK Health Security Agency (UKHSA)

Data on conception, abortion and contraception, although informative, do not provide the full picture due to fragmentation of data sets and no data nationally for contraceptive provision in Maternity Units prior to discharge, by abortion services, pharmacists or on-line services, especially with a view to highlight pregnancies within 12 months of delivery.

London North West University Healthcare NHS Trust (LNWH) has been awarded funding to provide post-delivery contraception. This provides an opportunity to expand the services and ensure outcomes for pregnancies within 12 months of delivery are further improved.

Other Sexual Health Issues

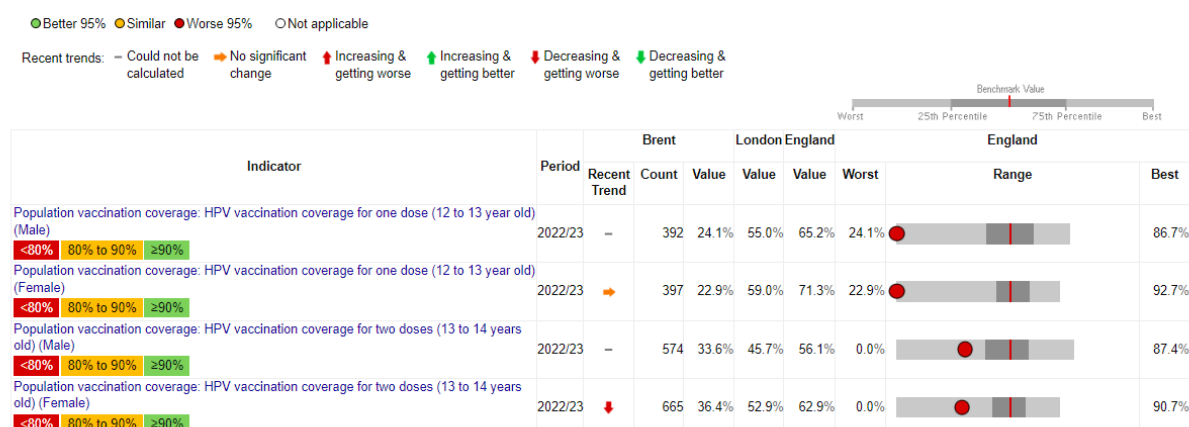
This section covers other sexual health issues that require consideration for Brent, namely, HPV vaccination, cervical screening, and sexual offences.

Human Papillomavirus Virus (HPV)

Many types of the Human Papillomavirus Virus (HPV) affect the mouth, throat and genital area. It can get transmitted by skin-to-skin contact of the genital area, penetrative or oral sex. HPV can cause genital warts and high-risk types of HPV increase the risk of some cancers⁶⁷. The HPV vaccine protects against HPV and is usually administered to children between the ages of 12 to 14 years old. OHID data (Figure 51) show that Brent is significantly below the England average on all male and female vaccination coverage.

⁶⁷ [Human papillomavirus \(HPV\) - NHS \(www.nhs.uk\)](https://www.nhs.uk), accessed August 2024

Figure 51 – HPV Vaccination Coverage In Brent compared to London and England Averages

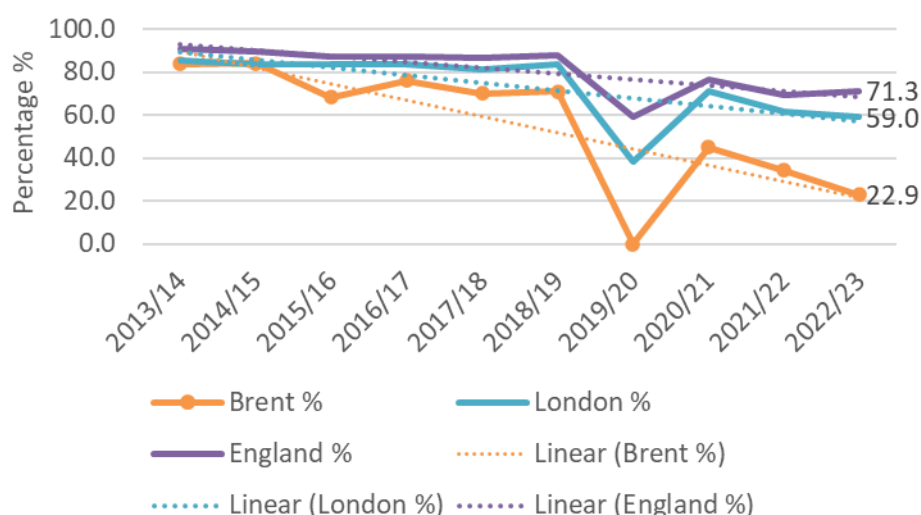


Source: Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles

For HPV vaccination coverage for females in the 12-13 age bracket, Brent, London and England experienced a similar downward trend, with a coverage drop off since the pandemic. Brent experienced a steeper decline over the last decade. In 2022/23 coverage in Brent was 22.9%, lower than London (59.0%) and England (71.3%) (Figure 52), with Brent having the lowest coverage of all London Local Authorities in 2022/23 (Appendix Outcomes 47).

A similar trend was apparent for the HPV vaccination coverage for females 13 to 14 years old and boys 12 to 13 years old and 13 to 14 years old. In all cohorts, coverage in Brent was below London and England averages and, in the case of 12- to 13-year-old boys, Brent again ranked lowest of all London Local Authorities.

Figure 52: HPV Vaccination Coverage For One Dose (12-13 yr old) Female, Brent Proportion %



Source: UK Health Security Agency (UKHSA)

Cervical Screening

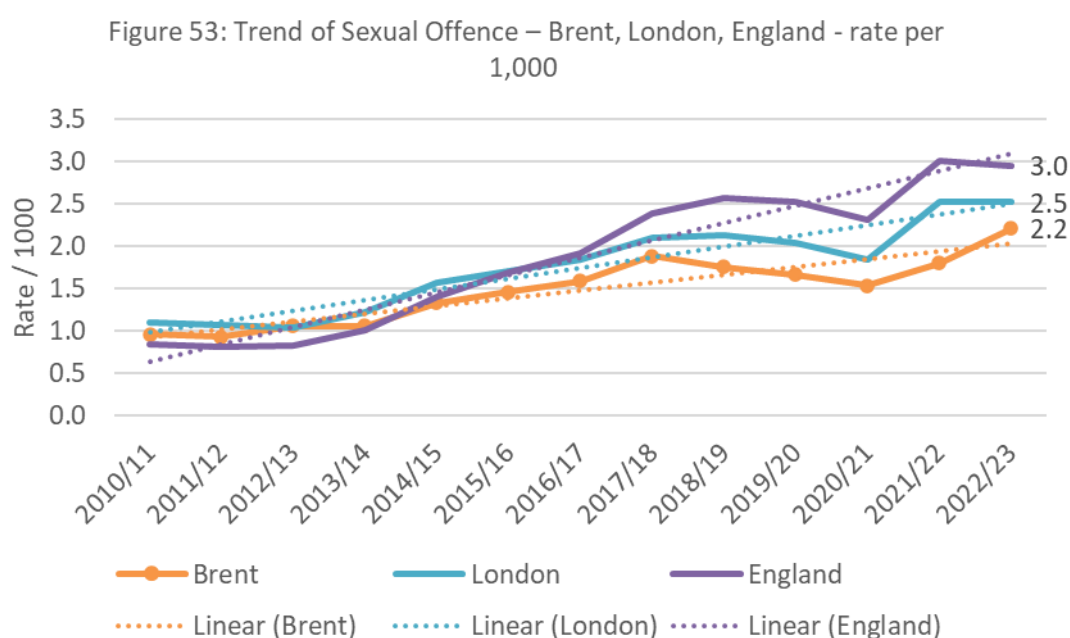
Cervical screening is a test to check the health of the cervix, help detect HPV and prevent cervical cancer. It is offered to women and people with a cervix aged 25 to 64⁶⁸ in England, with a national target of 80% coverage.

There was a downward trend for 25-49-year-olds and 50-64-year-olds both were well below target. For the 25- to 49-year-olds, Brent was at 52.8% in 2023, below London (58%) and England (65.8%). For the 50- to 64-year-olds, Brent was considerably below England and similar to London, with all areas below target (Appendix Outcomes 48, 49).

Recorded sexual offences

People who are victims of a sexual assault are at high risk of acquiring a sexually transmitted infection. Literature shows that reported rates of gonorrhoea and syphilis in adult victims range from 6% to 12% and from 0% to 3%, respectively. The risk of acquiring other STIs cannot be quantified, although the risk of infection with *Chlamydia trachomatis* appears highest. In abused children, gonococcal and chlamydial infections are the most frequent findings. In both adults and children, post-assault infections with viral agents of STIs, including herpes simplex viruses, hepatitis B virus, and human immunodeficiency virus, have been described⁶⁹. Other publications discuss the increased rates for some infections like trichomoniasis and bacterial vaginosis and although routine testing for STIs may not be performed in many cases, prophylactic treatment is often recommended⁷⁰.

The trend for sexual offences has increased for all areas but the rate in Brent remains below rates in both London and England. In 2022/23 Brent was 2.2, London 2.5 and England 3.0 (rate per 1,000) (Figure 53).



Source: UK Health Security Agency (UKHSA)

⁶⁸ [Human papillomavirus \(HPV\) - NHS \(www.nhs.uk\)](https://www.nhs.uk), accessed August 2024

⁶⁹ [Sexual assault and sexually transmitted diseases: detection and management in adults and children - PubMed](#), accessed January 2025

⁷⁰ [Sexual Assault Infectious Disease Prophylaxis - StatPearls - NCBI Bookshelf](#), accessed January 2025

Current Service Provision

Aims of the service

Brent Sexual and Reproductive health services aim to improve the sexual health of the population, particularly those most at risk of adverse outcomes, and to prevent transmission of STIs. They aim to reduce late diagnosis of HIV and reduce unplanned pregnancies. They aim to promote access to effective contraception, increase self-management, and improve quality of care and the client experience. They provide these services free of charge, open access (without the need for referral and without restriction on age or place of residence), and confidentially. Open access can enable anonymity whilst also ensuring rapid access to treatment, preventing complications, onward transmission of disease or unplanned pregnancy. Some people may choose to travel to services away from their area of residence, perhaps for convenience or for anonymity. Standards of confidentiality over and above other health services are important in addressing stigma associated with poor sexual health and to encourage people to come forward for testing and treatment. Individuals do not need to give their personal details in order to access services.

Brent, Ealing and Harrow collaborated as the Outer North West London (ONWL) Sub Regional group of the London Sexual Health Transformation Programme. Over the last few years, ONWL set out to coordinate services across these three boroughs and to link with pan London services. One aim has been to reduce in-clinic capacity and to divert service users to the Pan London e-Service or primary care.

The organisation of STI services in Brent

In 2022, London Northwest Healthcare Trust (LNWHT) contract was originally for 5 years and then extended by 4 years as part of the tri borough Outer North West London arrangement to deliver sexual health services in Brent. This contract covers two sexual health clinics.

1. Patrick Clements Clinic at Central Middlesex Hospital. This clinic is for all and is separated into the following main streams: a) Sexual Health (testing, treatment and information on STDs), b) contraception and c) HIV. Walk-in services are available daily at PCC for those aged 25 years and under.⁷¹
2. The Community HUB Clinic. The clinic offers community support for people affected by HIV in Brent, testing and treatment, and free condoms among others.⁷²

Outreach services are also provided for Brent residents.

1. Terrance Higgins Trust and Spectra. These are community venues-based services providing HIV testing service, sexual health advice, free condoms, referrals to GUM clinics and Sexual Health London services and also sexual health training.
2. Brooks Young people's service. LNWT subcontracts this charity provider to help provide education for young people. They provide support and training in relationship and sexual education for schools. Schools can access resources, training, advice or bespoke support to audit, plan, implement and evaluate relationship and sexual education.

⁷¹ Contact details: tel: 020 8453 2221, email: lnwh-tr.PCCGENERAL@nhs.net . Lines open Monday, Tuesday and Thursday: 8.45am to 5pm, Wednesday: 10.30am to 5pm and Friday: 8.45am to 4.45pm.

⁷² Contact details: tel: 07900 134 941, Monday to Friday, 9am to 5pm; appointment only.

Outcomes indicators show low uptake on LARC provision through Primary Care. Possible reasons for low uptake of this service provided by GP practices include:

- A number of GPs that are trained and experienced in delivering LARCs are retiring/have retired or left the profession.
- GP practices have a high demand and are short staffed so may not have the ability to take time out of clinical work for training in LARC fitting and provision

Pharmacy

London North West University Healthcare NHS Trust (LNWH) sub-contracts community pharmacies to provide Emergency Hormonal Contraception (EHC), and condom cards.

At the time of publication, there were seven (7) pharmacies within Brent providing emergency hormonal contraception free at the point of use, namely Greenfield Pharmacy, Hyperchem Pharmacy, Peace Pharmacy, Queens Park Pharmacy, and 3 WellCare Pharmacies (Figure 55). Currently these pharmacies are clustered, leaving some parts of the borough with no pharmacy in close proximity providing free EHC. Although the number of pharmacies providing free NHS EHC is not big, one is open 24/7 and overall, the number of doses of EHC issued is increasing significantly year on year (Figure 56).

Figure 55: Brent community pharmacies commissioned to deliver Free NHS EHC

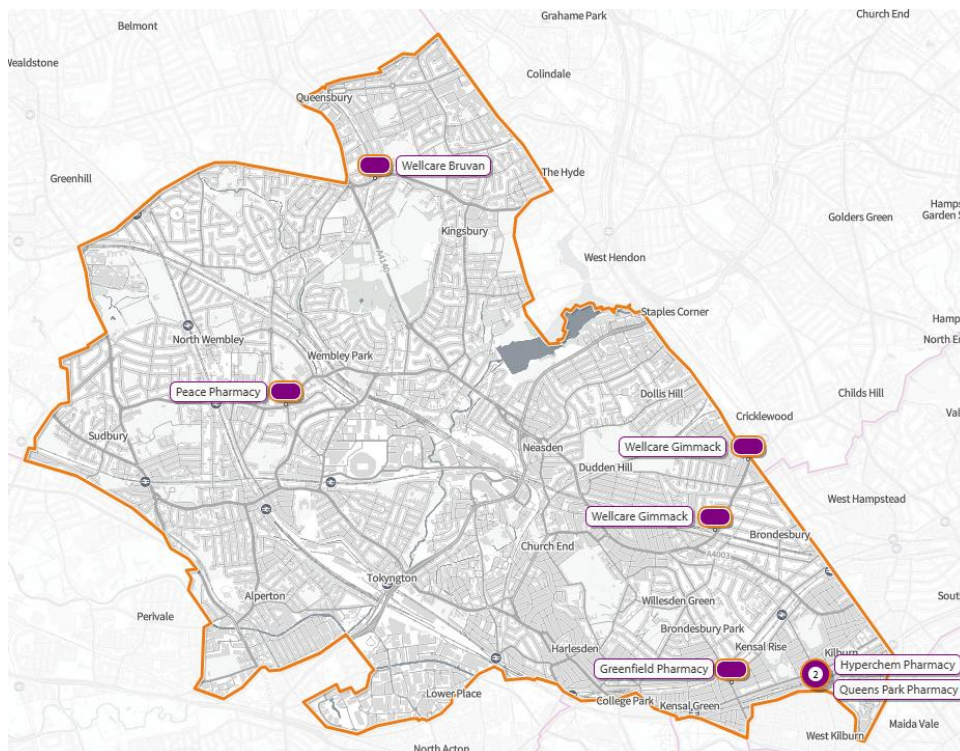
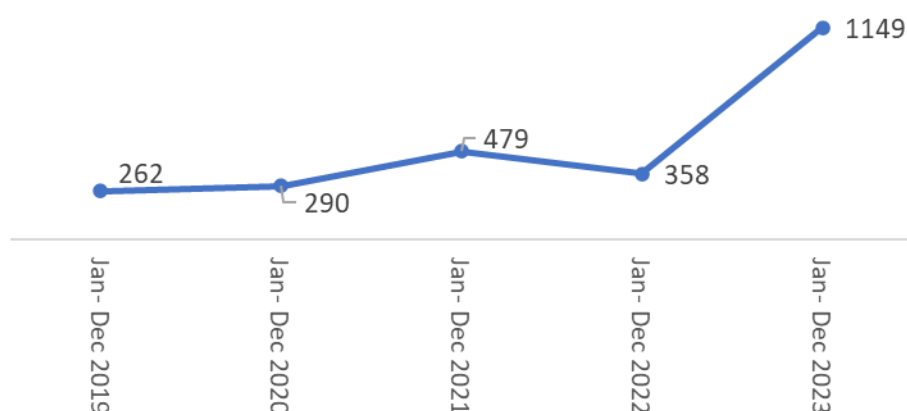


Figure 56: Doses of EHC since inception of LNWH Pharmacy Scheme for Brent



In England, as of April 2025, the government announced plans to make the emergency contraceptive pill free at pharmacies, aiming to narrow the inequality gap where access varies widely⁷⁶. It is scheduled to come into effect in October 2025 and it will enable women across England to get the pill for free at pharmacies, along with current free access at GPs and sexual health clinics. Along with improving access by providing free emergency contraceptive pill, the pharmacist can check for potential contraindications or discuss options with the patient. Lastly, London is one area that is piloting online consultations for emergency contraception⁷⁷.

London North West University Healthcare NHS Trust (LNWH) will continue to deliver the Emergency Hormonal Contraception (EHC) and condom cards described above, for as long as required, to ensure the transition to the national scheme does not adversely affect the offer in Brent.

Brent Services activity

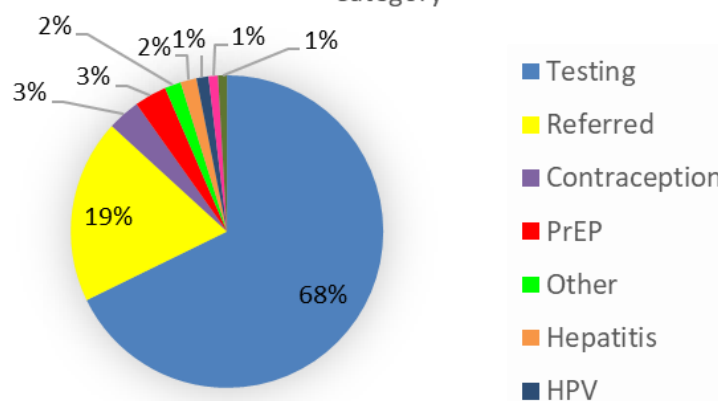
Testing activity accounted for 68% of all activity or 106,300 service activities in 2023 and referrals accounted for 19%. This mostly relates to referrals from the home testing and sampling service, which has increased from 0% in 2017 to 19% in 2023.

Contraception services exclude condom provision. PrEP relates to the uptake and prescription of PrEP, whilst HPV and hepatitis are vaccine services. Patient group refers to particular segments, the main one being sexual and reproductive health patients not accessing STI care. Finally, partner relates to partner notification in the event of an STI diagnosis (Figure 57, 58 and appendices service delivery 1 and 2 for the historical numbers of activities and percentages from 2017 to 2023). These show the continued prevalence of testing activity and the growth in referrals due to the emergence of online testing. Both testing activity and referrals have increased progressively over time.

⁷⁶ [Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](https://www.gov.uk/government/consultations/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026)

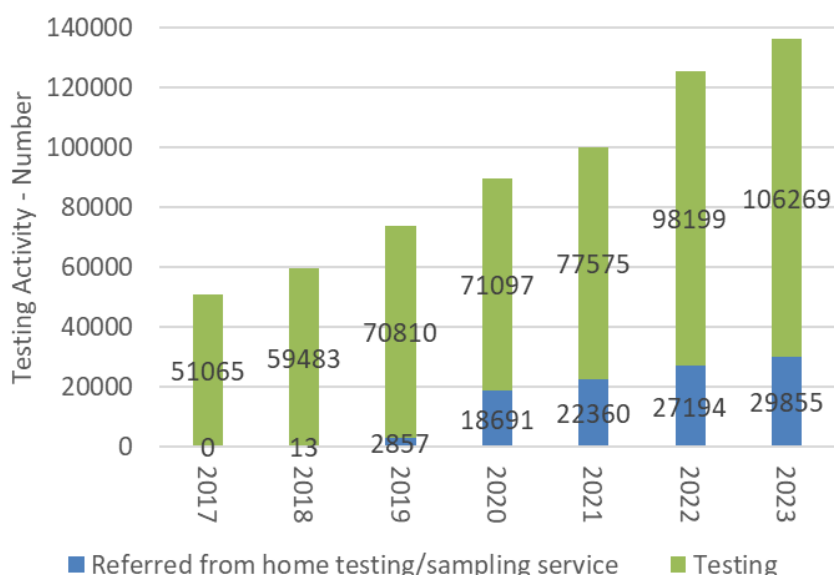
⁷⁷ [Emergency contraceptive pill • SHL.UK](https://www.shl.uk/emergency-contraceptive-pill)

Figure 57: Brent Services 2023, Broad Service Category



Source: UK Health Security Agency, Numbers of all diagnoses and services, Brent

Figure 58 - Brent Testing Activity – 2017 to 2023

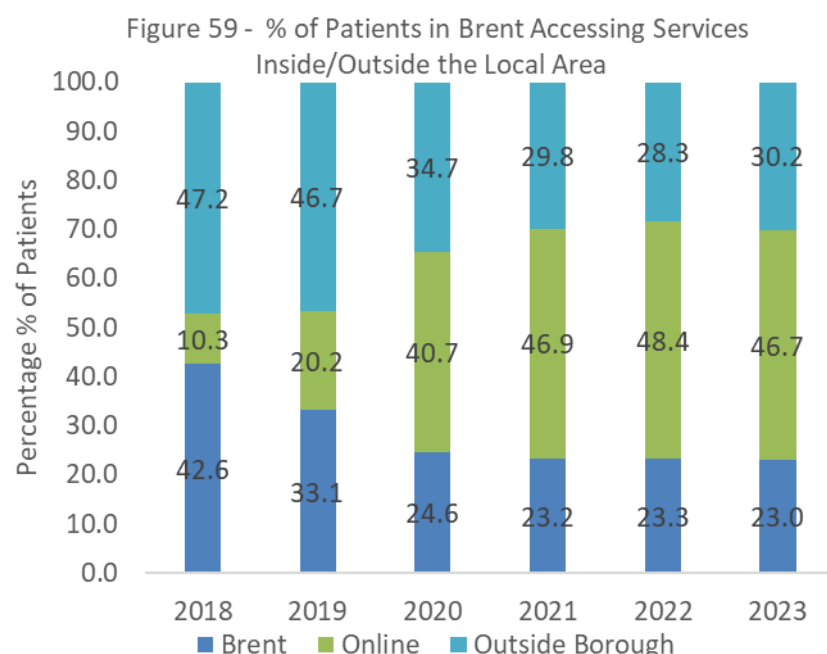


Source: UK Health Security Agency, Numbers of all diagnoses and services, Brent

Brent has been promoting local options to inform residents of the offer. Despite this, some Brent residents use sexual health services in other locations and similarly other Londoners use Brent services. In 2023, 23% of patients visited services inside the borough (this includes both GUM and non-GUM services), 46.7% use online access services and the remaining 30.2% of patients chose services outside. In 2018 the splits were 42.6% inside the local area, 10.3% online and 47.2% outside (Figure 59).

The increase in STI online testing is an achievement to celebrate. The significant uptake of online testing has both encouraged more asymptomatic testing as well as allowed for those with symptoms but less complex needs to test more efficiently. This has allowed face to face services to respond to rising levels of need and has delivered significant cost avoidance for commissioners. User satisfaction with the online offer is very high.

Although the online offer has reduced the proportion of local residents accessing services outside the borough, the location of services and transport links where South East Brent is geographically closer to and has easier transport links to clinics in Paddington and North Brent is geographically closer to with easier transport links to Harrow as well as residents accessing services closer to their place of work has meant that a significant number of residents access services out of borough.



Source: UK Health Security Agency, Patient Consultations, Brent

Despite the success of online testing discussions with healthcare professionals reveal concerns about reduced access to services by teenagers. This is a complex issue to be resolved within limited resources. Professionals recognise the need to permit more flexible access for the under 20s with further promotion of online testing as this can provide an entry to services and allow access to services which would not be otherwise possible. However online services are limited in their contraceptive offer and may not be suitable for those with non-clinical complexity. There is an ongoing need to balance an online and face to face offer for teenagers.

Understanding testing location is important both for commissioning but also to highlight testing behaviour and how this can be improved. Overall, chlamydia and gonorrhoea are mostly tested online and at Central Middlesex Hospital. For syphilis, herpes and genital warts though, testing is mostly done face to face. Although again, Central Middlesex Hospital is the main testing location, a higher proportion also tests out of the tri borough Outer North West London service provision.

In detail, 42% of Chlamydia services were online in 2023; this is a significant growth prompted by the pandemic (Appendix Service Delivery- 3 and 4). The Central Middlesex hospital which is on the border between Brent and Ealing was the second largest service provider at 22% and the Jefferiss Wing and the GUM clinic in Dean Street were the next largest providers at 9% each. The top 4 service providers accounted for over 80% of the new chlamydia diagnoses in 2023.

Gonorrhoea testing is now also frequently done online (27% in 2023 for Brent). The Central Middlesex Hospital and the GUM clinic in Dean Street were the second and third largest service providers both at 19%. The Jefferiss Wing Centre for sexual health was the fourth largest at 14% and

the top 4 service providers accounted for 78% of the new gonorrhoea diagnoses in 2023 (Appendix Service Delivery- 5).

For syphilis, after Central Middlesex Hospital (42%), the GUM clinic in Dean Street was the second largest service provider at 18% and the Jefferiss Wing Centre for sexual health was third with 11% (located in St Mary's hospital near Paddington). The top 4 service providers accounted for 79% of all syphilis service providers in 2023. There is no online provision for syphilis (Appendix Service Delivery- 6).

For herpes, after Central Middlesex Hospital (47%) the Jefferiss Wing Centre for sexual health was second largest provider with 15%. The top 4 service providers accounted for 81% of all herpes service providers in 2023 (Appendix Service Delivery- 7).

For genital warts, following Central Middlesex Hospital (42%), the Jefferiss Wing Centre for sexual health was second largest provider with 24%. The third was 10 Hammersmith Boardway with 6% of service provision and the fourth was the Caryl Thomas Clinic, again at 6%. The top 4 service providers accounted for 78% of all genital warts services in 2023 (Appendix Service Delivery- 8).

Service Users Perceptions of Brent Services

*"Patrick Clements is a saving grace."
- Peer support group member to drug and alcohol service users in Brent*

Brent Council Public Health conducted in-depth interviews with Patrick Clements professionals to understand service provision and perceptions. The clinic receives positive feedback from patients. The staff are reported to be extremely dedicated and place great importance in putting patients at ease, building relationships, and sharing their specialist knowledge. The team see a vast mix of people – many who have been coming for a long time and with whom they have maintained long-standing and trusted relationships. As a service, it is generally agreed that Patrick Clements is welcoming and well set-up to receive patients. However, the clinic struggles with raising its own profile and raising awareness of the services they provide. Though they are set up at Central Middlesex Hospital, staff raised concerns that even colleagues in other hospital departments did not know that there was a sexual health service based there, let alone Brent residents.

*"When I go to university in Wembley, I do not know where the clinic is. There is nothing advertised on campus or anything. I've never heard it spoken about on campus."
- Student*

*"We've been open for decades! But nobody knows about us. Even staff don't know what we are here."
- Patrick Clements Staff Member*

*"People tend to find out through their GP that we're here, but people in the hospital might not know. We have people coming here through urgent care for emergency contraception, because they don't know we're here!"
- Patrick Clements Staff Member*

*"You've got more reassurance if someone else is doing it, but you might feel embarrassed and want to just do it yourself. I'd probably prefer to do it myself."
- Student*

Qualitative interviews and focus groups on home-testing and Sexual Health London (SHL.uk) revealed there is value in home-testing options, but concerns remain in how instructions and results are being communicated, and whether we are communicating the full range of options available to people who may not want to test at home. Both users and health professionals had concerns that tests could be done incorrectly without professional help and that much more could be done to make instructions clearer. Some also raised concern that at-home testing often means finding out the results on your own and without professional support, which can be daunting.

“We don’t know if people are doing it properly or if they understand what they are doing. Many people don’t know there is a window period and that that affects test results. At least, if they can include the information in a leaflet or something...I’ve tried ordering a SHL kit myself, and it doesn’t say anything.”

- Patrick Clements staff member

“How are we managing the most anxious? Do we tell them that they can go to a clinic if they don’t want to test at home? What are we doing to answer the questions people might have?”

- Patrick Clements staff member

“I think it’s more dangerous to do it at home. That’s how I found out about my HIV. It was scary because I was just on my own, with no one to talk to. My head went a bit crazy. If I had done it at the hospital, then I would have had the support that I need.”

- Peer support group member to drug and alcohol service users in Brent

“At-home testing is good in some respects, but if you do not speak the language, it becomes easier to make a mistake. And playing around with blood is not ok...”

- Brent Council’s Public Health Community Support Officer

“One of the biggest challenges is getting people to complete the pathway of testing. And the bloods, from a user experience, are the worst thing. This is what we have to do about communication – it’s all to do with the blood flow in your body at that moment. If you know how it works and when best to do it, it’s not hard.”

- SHL.uk Commissioner

A Sexual Health survey was conducted with Londoners in 2024 by City of London Sexual Health Service (SHS) to understand perceptions of clinical and online sexual health services (www.shl.uk)⁷⁸.

Respondents were asked to state their level of satisfaction on four aspects of sexual health services. Brent scored higher than London on ease of access, with 88% and 83% respectively either agreeing or strongly agreeing that access was easy. A higher proportion of users across London agreed or strongly agreed that they felt respected compared with Brent (92% and 88% respectively) (Figure 60).

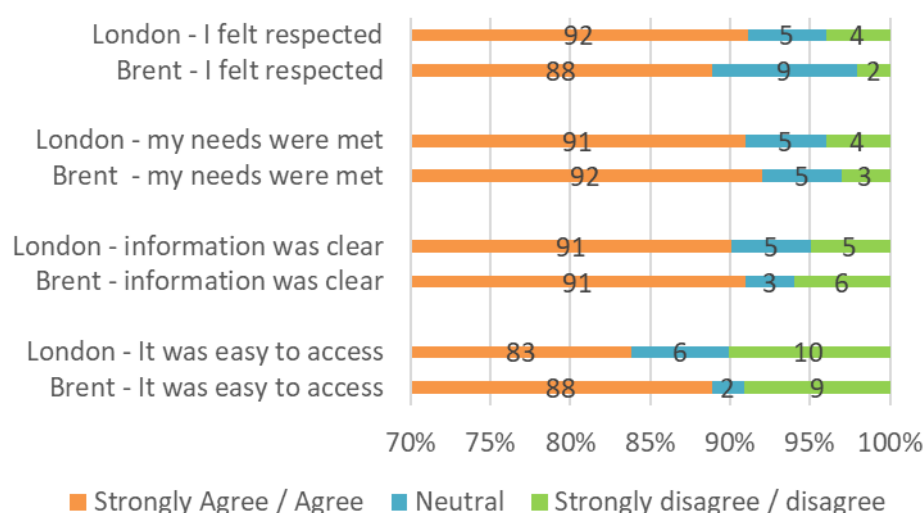
An open-ended question on suggestions to improve SH services was also included in this survey. Together with the above, this highlights areas of focus for Brent including access, staff people skills,

⁷⁸ There were more responses for the in clinic offer (in clinic, 65% used in the past 12 months and a further 18% used more than 12 months ago; this is against 36% in the last 12 months for online and 9.9% using more than 12 months ago). Brent Council numbers for online usage from Brent residents were too small and have not been included. The overall London online results however provide interesting insight, especially in terms of 94% using the service for SH testing in the main (testing no symptoms 69%, SH testing symptoms 19% or chlamydia testing 6%). When we refer to Brent data, this is based on respondents selecting Brent as their local authority as part of the survey, NOT based on sexual health services usage locally, in the borough. Respondents could have accessed any clinic in London.

facilities, and other issues (Appendix Service Delivery- 10). On access, comments related to overall service accessibility, appointments, more clinics and extension of opening times to include evening and weekend options, and re-introduction of walk-in options that hasn't returned since the COVID-19 pandemic. On people-centred skills, comments related to improvements on phone service, like not having to wait a long time before you can speak to someone, a more personable approach and cultural aspects.

Responses to the open-ended question from people across London (Appendix Service Delivery- 11) also focussed on access and appointment issues and people-skills related and process related improvements (long waiting times, more appointments and more clinics, longer opening hours, walk-ins and weekend opening, wanting it to be easier to book). Other improvements suggested were mainly around information, education, communication, issues of confidentiality, stigma, and facilities.

Figure 60: Brent & London Perceptions of SH Services



Service Inequalities, Gaps and Barriers

To further our understanding on service inequalities, gaps and barriers, public health conducted interviews and focus groups with healthcare and public health staff as well as representatives of some of the high-risk groups. The findings echo some of the service outcomes and user perception findings. It has to be noted that although those findings represent the user views, the wider NWL sexual and reproductive health services are not unaware of the barriers and challenges outlined below. The wider NWL sexual and reproductive health services need to be acknowledged for their dedicated and continuous work towards bridging those gaps, despite sometimes the conflicting objectives.

Staffing and recruitment issues

“Our teams are under-resourced, very small and under pressure. We have big remits and the days are long.”

- **Patrick Clements Staff Member**

One of the biggest issues flagged by the team at Patrick Clements was the need for more clinical staff. Though no staff member believed services at Patrick Clements were oversubscribed, they recognised that without greater clinical capacity, they would be unable to offer services to some of the community's most vulnerable. Despite all residents interviewed agreeing on the importance of walk-in availability for sexual health, Patrick Clements are unable to officially offer this due to staff constraints.

“We need more cash as we can't serve the communities without more staff, even as we are trying to do better outreach...We close at 5pm, and we haven't fully re-opened walk-in...we don't have staff working at the times people most need. And it's hard for recruitment too as we can't offer overtime.”

- **Patrick Clements Staff Member**

“There is a standard of how many patients should be seen, but patients are becoming far more complex and need a lot more time – and we can't be prescriptive and say 'patients should be seen in 20/30 minutes', because sometimes, they will need longer...but we are not reimbursed for the time we might have to spend with complicated patients.”

- **Patrick Clements Staff Member**

The challenge for recruiting more members of staff also extends beyond budgeting constraints and reflects two wider problems: the lack of nurses who specialise in sexual health, and the cost of living in London.

“We are a specialist service so you can't just go and get a band 5 nurse and train them up just because we are short of nurses. Here, we are so specialist that it will take a year or two to get the nurse to a level when they can see independently. And what we found is that we've invested lots of time in training nurses, and then they can't afford to live in London, and they move out.”

- **Patrick Clements Staff Member**

Location and Infrastructure

“It's probably not so easy for a woman or a young person to pop by here”

- **Patrick Clements Staff Member**

In general, the location of Patrick Clements as the main provider for sexual health services may not be the most suitable or the easiest to get to for most Brent residents. Across interviews, it was repeatedly recognised that many people did not know the service existed, and that the clinic even lacked clear signage within the hospital itself.

Many also raised concern that the service may not be as accessible as it could be – particularly to single mothers who may not be able to travel that far to get tested or leave their children for long enough to undergo procedures for contraception. A suggestion was made to open a creche within the hospital to allow more flexibility for mothers.

“We have lots of single parents coming in with young children who can’t get the procedures they need. They can’t come to get the coil put in, because they can’t get childcare...so they end up having to take emergency contraception again and again.”

- Patrick Clements Staff Member

“Some mums cannot travel that far for an appointment at Patrick Clements when they have young children they need to pick up from school”

- Brent Council’s Public Health Community Support Officer

Furthermore, the lack of suitable technical infrastructure frustrated both patients and staff members. While service users were generally frustrated with the difficulty of booking appointments and getting through to speak to staff, staff members simultaneously found that long waiting times led to patients taking their frustration on them, driven by an unfair perception that long waiting times meant the team were not working as hard as they should be.

Stigma

“Don’t underestimate the amount of stigma that exists in society”

- Patrick Clements Staff Member

Indicative of the stigma that many feel exists around sexual health, all interviewees agreed that it was rarely an easy conversation to have with anyone, and most felt some level of discomfort when the topic came up. Many relate this difficulty in being able to talk about sexual health to the fact that they were never really taught about it and so it has remained ‘taboo’ to talk about it. There was little disagreement that formal sex education tends to be poor, with many noting that teaching about sex itself is often skipped over. Interviews with residents and health professionals alike show that the gap in basic information sharing on sex and sexual health often leaves people learning by themselves and susceptible to misconceptions and pressure.

“I don’t think my school taught me anything about, like, the proper act of sex”

- Peer support group member to drug and alcohol service users in Brent

“You hear people talk about sexual acts, but you don’t hear them talk about sexual health...”

- Student

“I mean, I remember in like high school or something, I think we had like one lesson on it”

- Student

“Everyone is taught about the physiology and anatomy. But they are not actually told about sex and consent, contraception, and all that.”

- Patrick Clements Staff Member

“For me, I knew about STDs, but you never really think that it will happen to you. I just didn’t really take any steps to protect myself until I actually got an STD. I didn’t expect that to happen, and then it did – and it was like a big warning.

- Student

Stigma also results in an environment where people feel scared asking for help. Issues arising from sex tend to feel more embarrassing than other health issues. Associations with any issues arising from sex can feel negative, and can deter patients from even acknowledging a problem or dealing with it – possibly putting themselves and others at greater risk.

"I was in the waiting room and I recognised this girl from school and we kind of looked at each other and we're like 'that's a bit awkward, isn't it.'"

- **Student**

"I'll go alone, for sure. I think it's that element of embarrassment. I don't want anyone to say oh you know 'he's got this' or 'he's got that.'"

- **Student**

"It's just scary to talk about. I've had signs of a few sexual health issues, but I didn't think that it would be a big issue. I mean, it cleared up anyways. But yeah, I didn't reach out to the doctor because I was embarrassed. I didn't want to speak about it because of how my friends would have viewed it at the time as well. The second time the pain got so serious I had to go. I didn't know what was going to happen to me."

- **Student**

"I think people have a perception on it – like you're dirty, or, you know, you must be sleeping around or whatever for that to happen to you. I feel it's just like a negative perception of it which would probably stop people from feeling comfortable to go to these places and get checked out."

- **Peer support group member to drug and alcohol service users in Brent**

Stigma is also a key reason why some people prefer to travel to clinics further away from home, including out of the borough, and why people would prefer to deal with any issues as privately as they can.

"Too many people know me around here."

- **Peer support group member to drug and alcohol service users in Brent**

"The general 'fudgery' around people not knowing we are an STI service dissipates stigma, because anyone can be in the hospital for any reason."

- **Patrick Clements Staff Member**

For some communities, anonymity and discretion are essential elements of sexual health services. This is especially the case among communities whose cultural beliefs do not condone same-sex relationships. The online service, Sexual Health London, were only able to capture an emerging high risk group of South Asian men sleeping with men through their partnership with Grindr, the world's largest social network app for LGBTQ+ communities. They noticed that men ordering kits through the social media app were largely from South Asian communities, differing from the usual profile of gay men ordering through SHL.uk, who tended to be from White British backgrounds. They also found that when the South Asian men were then registering through SHL.uk for the kit, they would register their sexual orientation as 'heterosexual.'

Some gay and bisexual men experience homophobia within their ethnic communities and may also experience racism within gay spaces, which potentially reduces the effectiveness of health promotion within these spaces. Trusted, confidential and discreet services allows for individuals from these communities to access much-needed support, while offering health providers unique insight into trends that are more difficult to follow – and the chance to better prevent and tackle sexually-transmitted diseases.

"HIV is still heavily stigmatised. Many of the people we see don't want to give their names, they don't want anyone to know they are here. If we put up a sign up saying that

this is the 'HIV' service, they would rather not take any treatment than be seen anywhere within the vicinity of the place."

- **Patrick Clements Staff Member**

"They will travel here because nobody knows them. This is a place they can blend in - where they can be on the 'down-low'. As a consequence, we have an insight into what minority communities think of sexual health. This is a daily convo we are having with people."

- **Patrick Clements Staff Member**

For some interviewees, another barrier was the clinic space itself. Many agreed that the location and design of these places were often off-putting, reflecting the negative connotations associated with the need to visit a sexual health clinic. Please note that the comments below do not necessarily reflect current experiences or experiences of sexual health clinics in Brent.

"It looked like an old building with overgrown plants, and you had to go through the iron gates and it was like eurgh. It didn't look welcoming. God forbid that anything untoward happens because you would feel as if you were dirty you know?"

- **Peer support group member to drug and alcohol service users in Brent**

"It's a bit depressing when you go in, the environment is not very nice"

- **Student**

Challenging stigma is not only relevant at a societal level, but also at the professional level. Some of the most common complaints revolve around a bad experience with a health professional - leaving patients feeling judged and unsupported in some of their lowest moments.

"They could improve by better feedback, especially when someone has life changing results, you're meant to be supportive and give all the knowledge and support and comfort".

- **Sexual Health London Online Survey**

"I needed a coil removed for cancer diagnosis and I was met with a rude individual at the end of the phone"

- **Sexual Health London Online Survey**

On the other hand, positive individual reactions which build the foundations for trust are often the primary reason people will listen to the advice of professionals and feel comfortable sharing sensitive information that can be life-saving.

"Overall they have sessions there where you can actually speak to somebody if you have any worries or queries with regards to something that may have happened to you sexually. They will take the time out to sit with you and go through that information with you and advise you"

- **Peer support group member to drug and alcohol service users in Brent**

"I think here, it's quite a warm and friendly environment, so we do get patients who are quite open. And those who don't want to talk on the first occasion, they tend to make reappearances in attendance. Some may have had a bad experience at another service so it takes more time to build a rapport with the patient."

- **Patrick Clements Staff Member**

Language and culture

Another big challenge for sexual health services, particularly in Brent, is the range of languages and cultures they come across among the patients they see. This has an impact on staff's ability to see patients efficiently and effectively, as appointments will take longer for those who cannot speak English, and interpreters may struggle to deliver sensitive news in the appropriate way. Many misconceptions around sexual issues also tend to be closely tied to cultural beliefs, which can slow down treatment processes.

"Some people don't believe that STIs are real or that HIV is real. We have lots of patients who don't believe that they have it, and taking the treatment becomes an issue. But they are being sent here because they are going to their GPs feeling unwell and testing positive."

- **Patrick Clements Staff Member**

"There is a lot of influence from men in some of these cultures and we do have women who say they don't want their partners to know [they are going on contraception], but they actually tend to be more empowered women..."

- **Patrick Clements Staff Member**

Lack of appropriate outreach

Beyond a desire to raise awareness that a sexual health service exists for Brent residents at Patrick Clements, it was also acknowledged that not enough was being done in the communities to reach the people who would benefit most from information on sexual health - and in a way that best resonated with them. In large part, people find it more difficult to ask open questions on sex and sexual health. This often means they try to look online for answers, in the hope of privately finding the right information. It is worth noting that this can include looking for practical information like the closest sexual health clinic - which may not always be the one the council would prefer residents to go to. High quality online resources that provide information and tackle misinformation are needed for certain groups of people.

"I feel like with students, there should be a lot more awareness and stuff because it's kind of a prime place where it can happen. I know a few times people have come into our university accommodation and they've just been in a room and then if you pass, they try to get you to come in and have a little talk and they do on-site testing stuff. But I think they came in once, and they're in the psych backroom and no one really knows. Like that's not enough – not proactive enough."

- **Student**

"You don't want to make it really cringe where people think it's childish. I've seen those cartoons – they're just like childish"

- **Student**

"The only way to break the stigma is to get young people talking about it and keeping it real. Because I think when they get confident in talking about it then they're just able to relate more and able to express how they feel towards it. But when you just put an advertisement campaign or you just put a little poster, it's not effective because you're not actually getting people to actually share their views about it."

- **Student**

"If we could invest more staff to do the outreach in schools, universities etcetera, it would make the patient experience better – because they'd know our faces, they'd know who

they're coming to see, they'd know these are the nurses that work at the clinic. There's more trust there.

- **Patrick Clements Staff Member**

Knowledge and awareness

"It doesn't help that sex education is not fantastic in this country"

- **Patrick Clements Staff Member**

All staff raised some concern about the level of public knowledge around 'sexual health' topics and how a lack of common education can lead people susceptible to misinformation. The most common topics that the team at Patrick Clements find themselves having to demystify and clarify include:

- **Severity of sexually transmitted diseases**
 - o *"We need to do better about herpes. It is the one thing that people come in and they have such shame.... But people are blasé about chlamydia. With that, they don't care enough."*
- **How sexually transmitted diseases are cured or passed on**
 - o *"People come here thinking they're going to have HIV from kissing, people coming here thinking they have all sorts of stuff even though they haven't had sex. I had a patient thinking they could cure their BV by pouring on baking soda."*
 - o *"Some people believe they can be healed of HIV through spirituality or by praying or fasting..."*
 - o *"We get a lot of people coming to us saying 'if he pulls out, or if it's oral, I won't get an STI'"*
- **Impact of contraceptive methods**
 - o *"There is a general hormone aversion across the board."*
 - o *"The biggest misconception is fertility. There isn't a day that goes by that I'm not asked 'will my fertility return?'"*
 - o *"People think 'if I have a termination, I'm never going to be able to get pregnant again'"*

Zoom in on: Contraception

"It's very difficult to understand the high numbers of teenage pregnancy because we have free contraception here..."

- **Patrick Clements Staff Member**

It was evident across all conversations that more could be done to raise awareness on contraception – both to raise awareness of different methods available and promote prevention, but also to challenge misinformation by addressing people's concerns. Attitudes towards contraception varied across different groups interviewed – older participants generally recounted not really thinking about using contraception at all while our younger female participant was more likely to consider whether the impact of using contraception on her body was worth it.

"By the time they're here, they've had four or five babies. I often have gynae calling me saying 'please, we need to help her to stop having babies, she doesn't understand.' When they're here, it's easier, because they understand [the options]. But the journey here is very difficult because they don't know. We don't have information in their languages. We do use interpreters very competently but it's not the same."

- **Patrick Clements Staff Member**

"I'm not saying I never [used contraception], but I was very blasé"

- **Peer support group member to drug and alcohol service users in Brent**

"It never really entered my mind. It was just spur of the moment"
- **Peer support group member to drug and alcohol service users in Brent**

"I've been on the pill for 6-7 years, and I'm thinking what would I be like if I wasn't on it? And starting to think I want to come off it. But then I've got a partner so I'm like it's a bit risky...but to me, it's like – is it worth the change in your mood and your hormones and stuff? Or should I just use something else that doesn't?"
- **Student**

Health professionals were concerned about the low numbers of uptake for contraception, especially considering high numbers of abortion and teen pregnancies in Brent. However, this also appears to be linked to the role of GPs and the confusion surrounding their remit, as well as their capacity to help. It was noted across many interviews, that GPs in Brent are not currently providing enough services for Long-Acting Reversible Contraception (LARC) and that it was very difficult for Sexual Health services to pick it all up. In addition, the fragmented nature of how service delivery is funded can mean that patients (often female patients) must attend several appointments and examinations, the reasons for which may or not make sense to them.

*"If you're a woman and you come to my clinic, I can give you an IUD for contraception. But if you are bleeding heavily and you are not having sex, I can't give you an IUD. And if you want a smear, I can't do a smear for you. So you go back to your GP, who says 'ok, I will do your smear, but I can't fit an IUD.' So then, you're referred to gynaecology that has a year waiting-time. **This woman has opened her legs three times, this is not fair.** And imagine, culturally, this is difficult is for her. The language is difficult. Commissioners know about this – they might not know the practicalities of it, but they know that each of these procedures or interventions are paid differently. And that's why, we can't do all of them."*
- **Patrick Clements Staff Member**

"We are getting to the point of near system collapse. General practice is just withdrawing entirely from the provision of contraception in London to women. And it's going from bad to worse. The rate at which women can get the coil from their GP in Brent is four times lower than the rate at which GPs in England do it. And it's specific to the coil. That's something councils pay for, but they've never done it much – and they're doing it less and less. If you look at short-acting contraception, like the pill – it's nearly halved [number of pills GPs in Brent are giving out]"
- **SHL.uk Commissioner**

Zoom in on: Chem sex

"When you are drinking or drugged, your sexual drive is higher"

Our focus group with Brent's drug and alcohol peer support service also gave us a unique insight into the concept of 'chem sex.' There were comments on the link between substance use and heightened sex drive, as well as the use of substances to help with pressures to perform sexually. There was also some recognition that this was of particularly issue among men who sleep with men.

"If you're taking drugs to heighten your sexual abilities, you're forcing something. You make yourself do it. If you just want to be continuously having sex, then you take your drugs just to maintain that high, which is when it gets dangerous, because it's too much. You feel like going all night, so you take some more and some more until you do"

Recommendations

Sound sexual and reproductive health is a fundamental right for all adults and an important factor for the overall wellbeing of individuals. Local authorities commission services that promote healthy sexual behaviour and reduce risky behaviour, whilst recognising the disproportionate experience and inequalities in sexual health. Services work to reduce STI rates through targeted interventions for high-risk groups, reduce unintended pregnancies and under-18 conceptions and work towards eliminating late diagnosis and onward HIV transmission.

Over the last years, Brent has celebrated the successes of:

- Recovering activity to pre-Covid levels by maintaining and increasing access to clinical services
- Improving patient pathways and efficiency for PrEP, reducing the need to attend clinics for repeat prescriptions.
- Increasing routine contraceptive activity locally via the Sexual Health London services and community clinic
- Increasing uptake of PrEP, including among black African communities, migrant communities, women and sex workers.
- Chemsex Pilots
- Increase in online contraceptive and asymptomatic screening, reduction in asymptomatic screening in clinic

And has worked towards the following challenges:

- London-wide approach to review of tariffs to ensure they reflect current costs of delivering interventions, in particular taking account of cumulative impact of recent NHS pay awards.
- Maintaining a consistent methodology across London for setting baselines, taking account of changing patterns of service use post-Covid.
- Continuing in-clinic and outreach testing and treatment for populations who either don't have access or chose not to use online tests.
- Reduced provision of contraceptive in Primary Care services

Analysis of existing data shows that new STI diagnoses rates are higher than London and well above England. The STI testing positivity rate is also higher than England, though lower than London. Chlamydia accounted for 41% of new diagnoses and gonorrhoea for 20%. From 2012 to 2023, there has been an upward trend in diagnoses for chlamydia, gonorrhoea, and syphilis. Initiatives to tackle these three STIs will contribute to lowering overall rates. For herpes and warts, the trend has been downwards, suggesting that activities over the past decade have had some success.

A higher proportion of new diagnoses of chlamydia, gonorrhoea, syphilis and genital warts are in males. Among gay and bisexual men, numbers of chlamydia, gonorrhoea, and syphilis have increased from 2018 to 2023. Adaptations and additions to services that improve access and uptake for men should be considered.

The most deprived areas of Brent had the highest new STI diagnosis rate overall and for chlamydia, genital herpes, gonorrhoea and both HIV prevalence and new HIV diagnosis. Increased service capacity and access and greater prevention efforts in the most deprived areas is needed to tackle these inequalities. Of note, prevention through HPV vaccination is considerably below London and England rates.

Although Brent's overall HIV testing rate is improving, HIV late diagnosis in people first diagnosed with HIV in the UK is at 51%, considerably above London (41%). Late diagnosis rates are in line with London for gay men, suggesting that awareness and access is adequate for this demographic, but late diagnosis is relatively high for heterosexual men and heterosexual and bisexual women. While Brent has high levels of initiation and ongoing prescribing to treat HIV, initiation and continuation of PrEP are lower compared with London and England. Further work is needed to raise awareness and encourage uptake of PrEP.

Home testing has increased from almost zero in 2017 to almost 50% of sexual health service activity in 2023. Where people attend a clinic in person, this is more commonly outside rather than inside the borough (30% vs 23% respectively).

In terms of reproductive health, although the under 18 conceptions have been on a downward trend and total abortions have declined over the past decade for Brent, there remain concerns about high rates of under 18 conceptions leading to abortion, repeat abortions for under 25s and abortions in the over 25s. Low and declining uptake of LARC and attendance at specialist contraceptive services is likely contribute to those patterns, although GP provision is decreased for all public health enhanced services.

Engagement with key healthcare professionals and representatives from high-risk groups showed that there are quite a few challenges, sometimes conflicts, that need to be mitigated in order to improve access, support and prevention for sexual and reproductive health. Key points that were highlighted from the primary qualitative fieldwork that the Brent Public Health team undertook show that whilst overall services are well regarded among service users once in contact, challenges and access barriers revolve around staffing and recruitment, location and infrastructure of clinics, service access in terms of opening times and walk-in service, wider stigma around sexual health and treatment, language, cultural issues, overall perceptions, knowledge and understanding of sexual health and outreach.

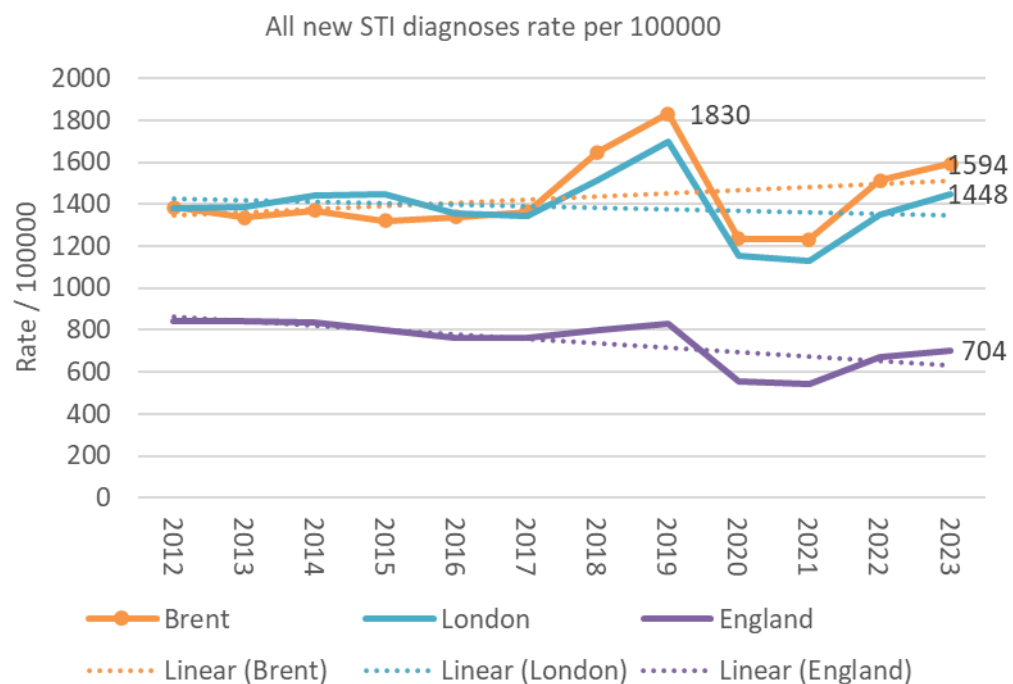
The newly formed Sexual and Reproductive Programme Board, after having reviewed the findings of both the London-wide and the Brent needs assessment have agreed on the following priorities in order to translate the documents into a shared direction of travel:

- Work across the system to ensure services are equitable, based on user's views and involve service users in design, and meet the needs of those who are more vulnerable and at risk specifically young people, gay, bisexual and other men who have sex with men (GBMSM), people with learning and or physical disabilities, Black communities, migrants and others with varying needs.
- Evaluate service user and resident views of their SRH needs and service access and undertake more in-depth local analyses on the reasons for high abortion rates and low HPV vaccination rates.
- Build on the successful collaborative working across London Councils, through the London Sexual Health Programme, including co-commissioning of the SHL E-service expanding the online offer to include PrEP to allow local Face to Face services to focus on those with more complex needs.
- Strengthen collaborative working between local government and the NHS to ensure that primary care, SRH, abortion, urology and gynaecology services work collectively to improve access and outcomes.
- Continue to raise awareness of SRH issues with the public and amongst professionals.

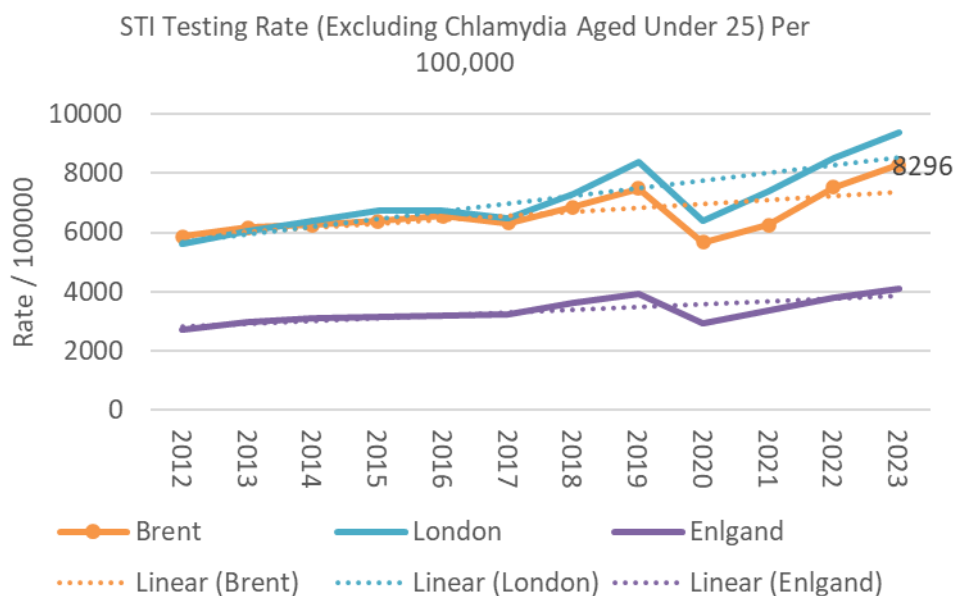
- Sustain support for London's HIV Fast Track Cities Initiative by implementing the National HIV Plan, including the piloting on HIV testing in A& E and increased awareness in primary care.
- Improve access to local services so that residents are able to access care including HIV prevention and treatment within borough.
- Continue collaborative working with LNWH and partners to continue to implement the National syphilis action plan and the forthcoming National SRH action plans.
- Given the low HPV vaccination coverage for both teenage boys and girls in Brent, the Sexual Health programme board will support a system response to increase HPV vaccination.

Appendix- Sexual and Reproductive Health Outcomes

Outcomes 1- **Source:** Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles)



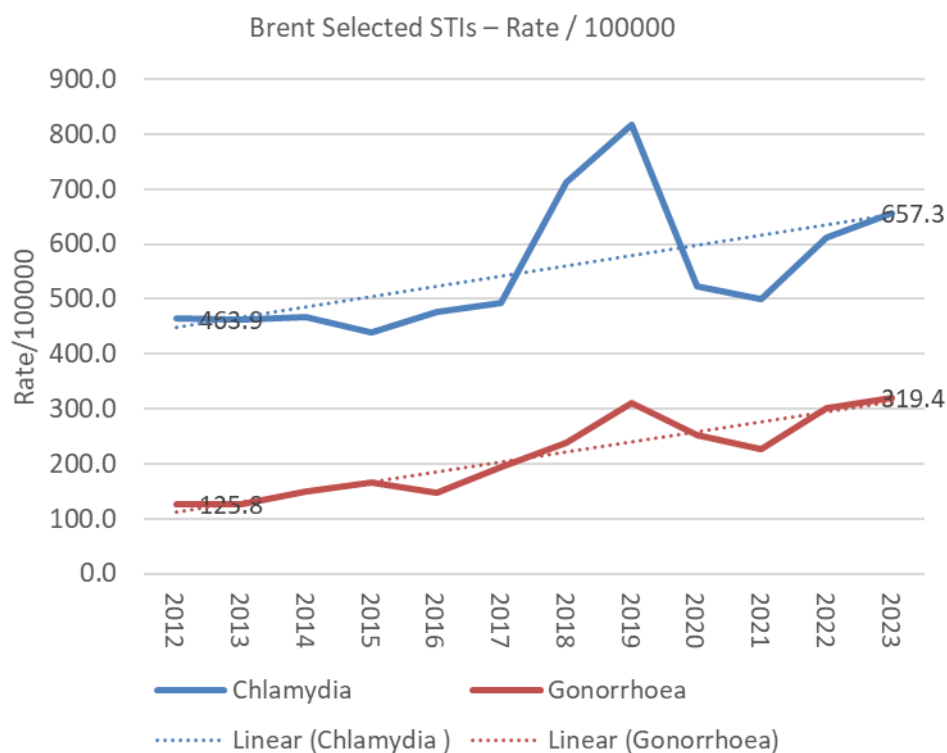
Outcomes- 2: **Source:** Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles.



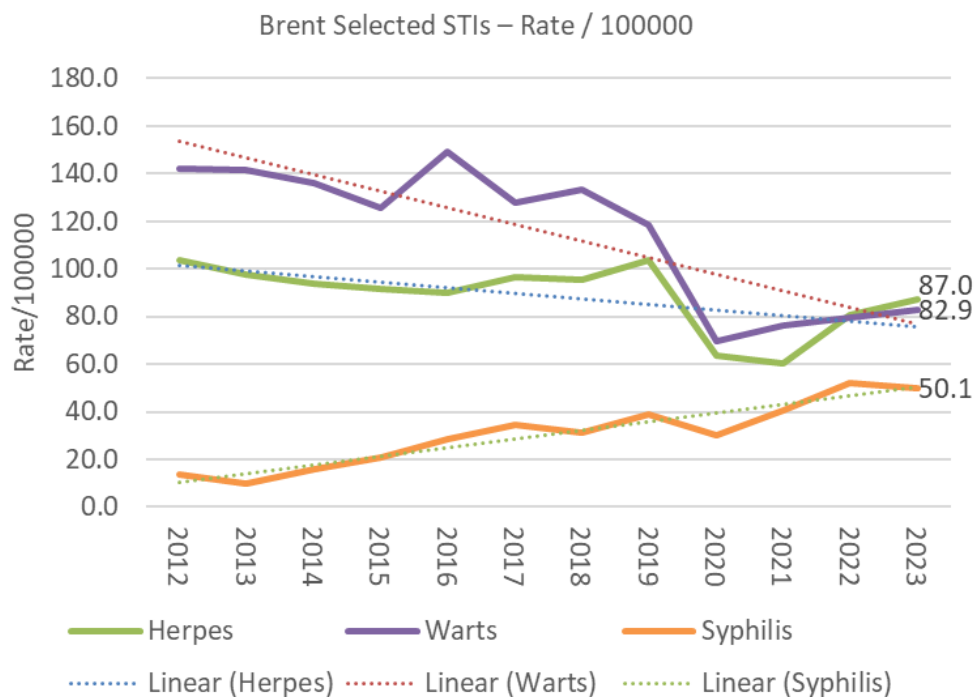
Outcomes 3- Commonly Diagnosed STIs in Brent (rate / 100,000); (source - UK Health Security Agency; fingertips published data).

Rate / 100 k	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Chlamydia	464	464	468	439	476	492	713	818	523	499	612	657
Gonorrhoea	126	126	150	167	148	193	237	310	252	226	302	319
Herpes	103	98	94	92	90	96	95	104	64	60	81	87
Warts	142	142	136	126	149	128	133	118	70	76	80	83
Syphilis	14	10	16	21	28	35	31	39	30	41	52	50
New STI Total	1385	1336	1370	1321	1340	1363	1648	1830	1235	1232	1513	1594

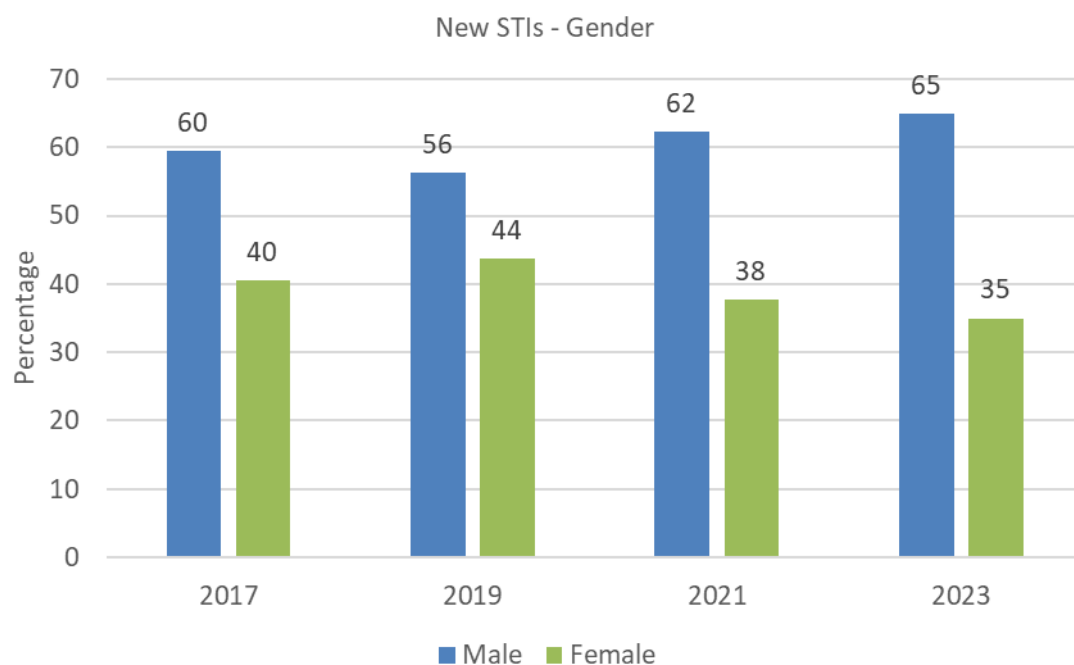
Outcomes- 4- Chlamydia and Gonorrhoea 2012 to 2022 (Rate / 100,000) Brent . (Source - UK Health Security Agency; fingertips published data – Brent)



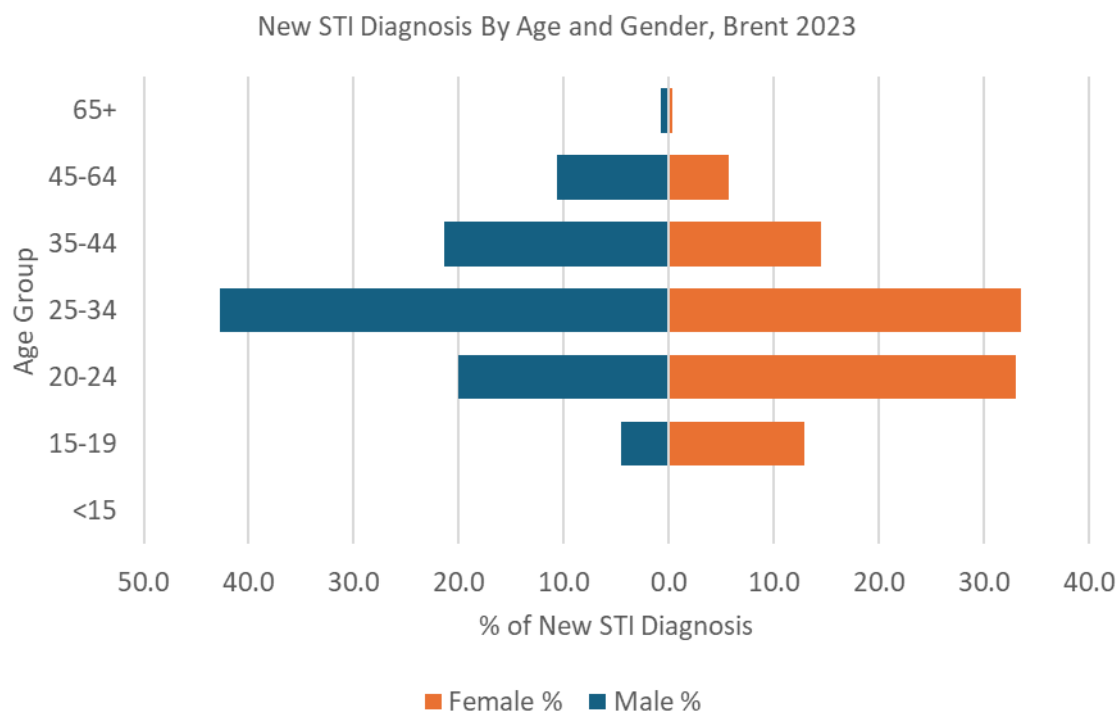
Outcomes- 5: Herpes, Syphilis, Warts 2012 to 2023 (Rate/100,000) Brent. (Source - UK Health Security Agency; fingertips published data – Brent)



Outcomes- 6- New STIs Gender Brent (Source = UK Health Security Agency, Totals Annual and Quarterly Trends of STIs – Brent)



Outcomes 7- New STI Diagnosis By Age Group and Gender, Brent (Source - UK Health Security Agency; Numbers and Rates of STI Diagnoses – Brent).

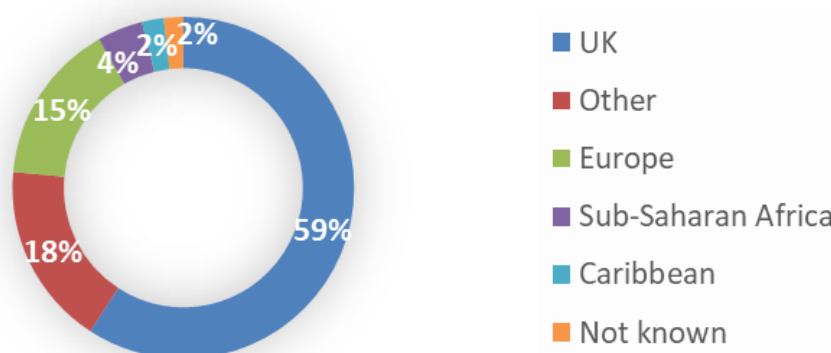


Outcomes 8- Chlamydia Diagnosis By Country Of Birth, Brent 2023. (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)

Rank	World Region	Country	Chlamydia N	Chlamydia %
1	UK	United Kingdom	1001	59.2
2	Other	Brazil	101	6.0
3	Europe	Romania	38	2.2
4	Europe	Italy	35	2.1
5	Europe	Portugal	34	2.0
6	Europe	Poland	33	2.0
7	Caribbean	Jamaica	28	1.7
8	Other	Philippines (the)	27	1.6
9	Other	India	23	1.4
10	Europe	Spain	18	1.1
	All Other	All Other	354	20.9
	Overall Total	Overall Total	1692	100

Outcomes 9- Chlamydia Diagnosis By Area of World, Brent 2023 (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)

Chlamydia Brent Split By World Area 2023



Outcomes 10 – Gonorrhoea Diagnosis By Country Of Birth, Brent 2023. (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)

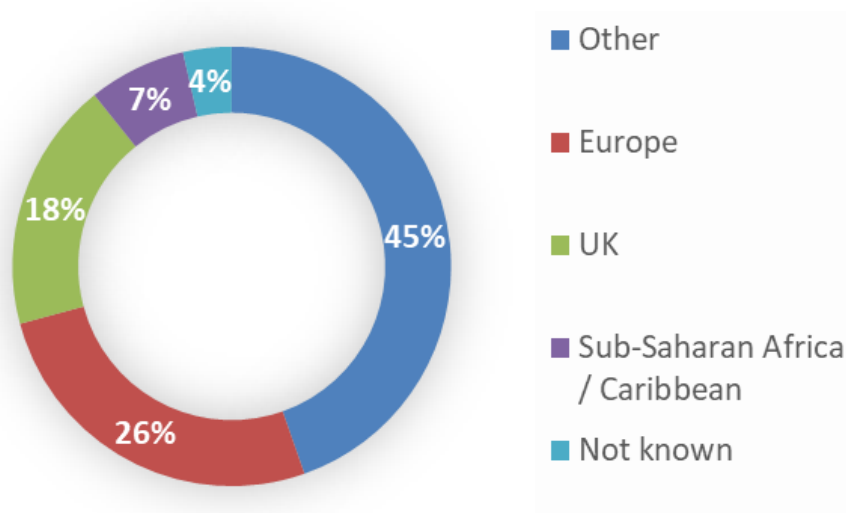
Rank	World Region	Country	Gonorrhoea N	Gonorrhoea %
1	UK	United Kingdom	549	50.6
2	Other	Brazil	76	7.0
3	Europe	Romania	34	3.1
4	Europe	Italy	33	3.0
5	Europe	Spain	26	2.4
6	Other	Philippines (the)	23	2.1
7	Other	India	20	1.8
8	Europe	France	18	1.7
9	Europe	Portugal	18	1.7
10	Other	China	17	1.6
11	Europe	Poland	16	1.5
12	Europe	Greece	11	1.0
	All Other	All Other	243	22.4
	Overall Total	Overall Total	1084	100.0

Outcomes 11- Syphilis Diagnosis By Country Of Birth, Brent 2023. (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)

Rank	World Region	Country	Syphilis N	Syphilis %
1	Other	Brazil	41	24.4
2	UK	United Kingdom	31	18.5
3	Europe	France	8	4.8
4	Europe	Romania	8	4.8
5	Other	India	8	4.8
6	Other	Philippines (the)	7	4.2
7	Europe	Italy	6	3.6
8	Europe	Portugal	6	3.6
	All Other	All Other	53	31.6
	Overall Total	Overall Total	168	100.0

Outcomes 12- Syphilis Diagnosis By Area of World, Brent 2023 (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)

Brent Split By World Area 2023



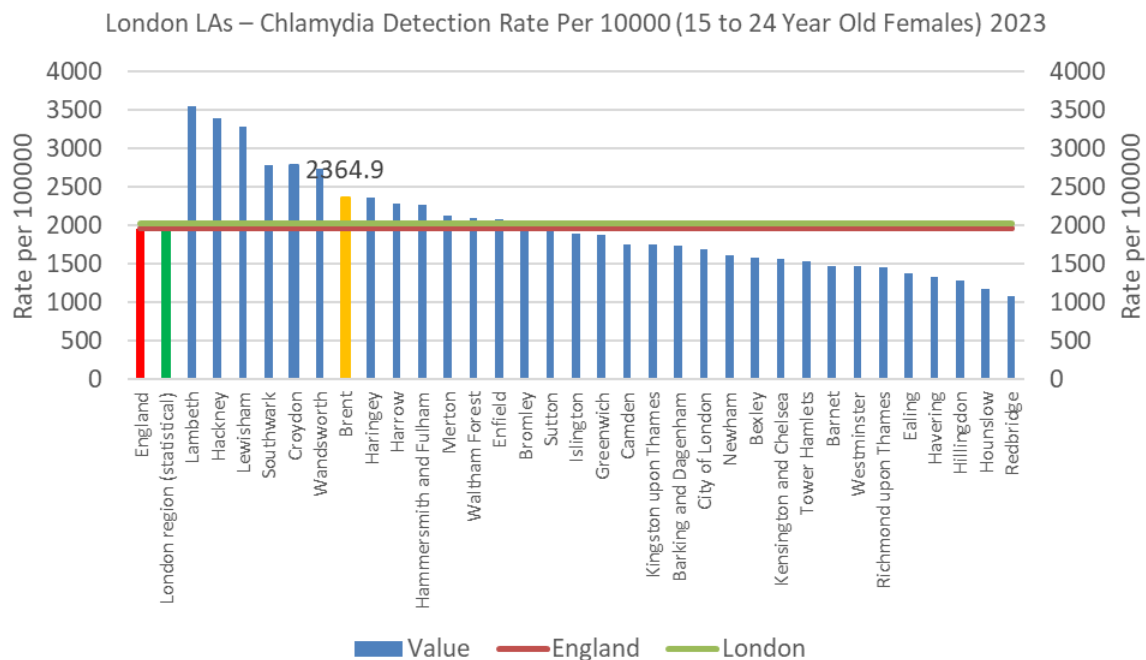
Outcomes 13 – Genital Herpes Diagnosis By Country Of Birth, Brent 2023. (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)

Rank	World Region	Country	Herpes N	Herpes %
1	UK	United Kingdom	137	46.4
2	Other	Brazil	26	8.8
3	Other	India	11	3.7
4	Europe	Italy	7	2.4
5	Europe	Spain	7	2.4
6	Europe	Romania	6	2.0
7	Caribbean	Jamaica	6	2.0
8	Europe	Portugal	5	1.7
9	Other	Philippines (the)	5	1.7
	All Other	All Other	85	28.9
	Overall Total	Overall Total	295	100

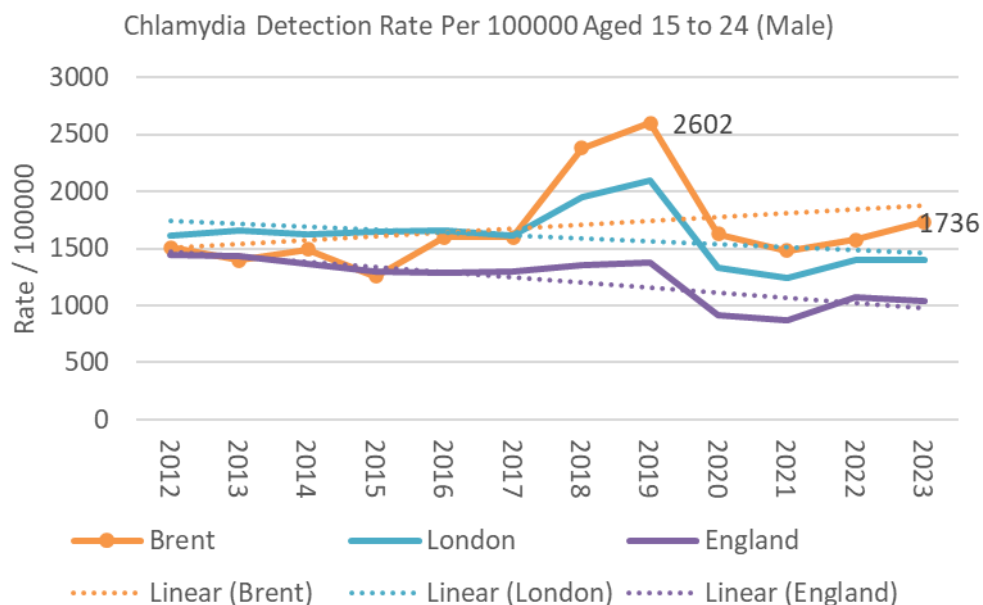
Outcomes 14 – Genital Warts Diagnosis By Country Of Birth, Brent 2023. (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)

Rank	World Region	Country	Warts	Warts %
1	UK	United Kingdom	113	40.2
2	Other	Brazil	14	5.0
3	Europe	Italy	13	4.6
4	Europe	Romania	12	4.3
5	Other	India	12	4.3
6	Other	Iran (Islamic Republic of)	11	3.9
7	Sub-Saharan Africa	Somalia	6	2.1
	All Other	All Other	100	35.6
	Overall Total	Overall Total	281	100

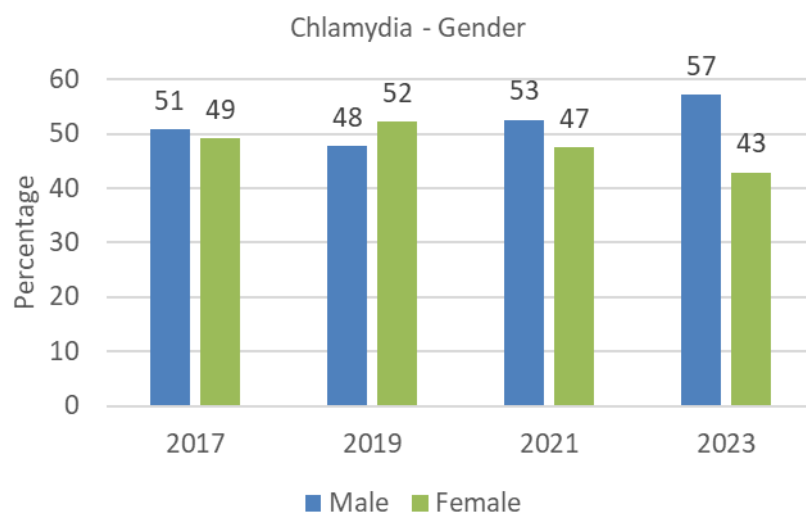
Outcomes 15- Chlamydia diagnostic rate per 100000 (15 to 24 year old female) - source: UK Health Security Agency (UKHSA) – fingertips published data.



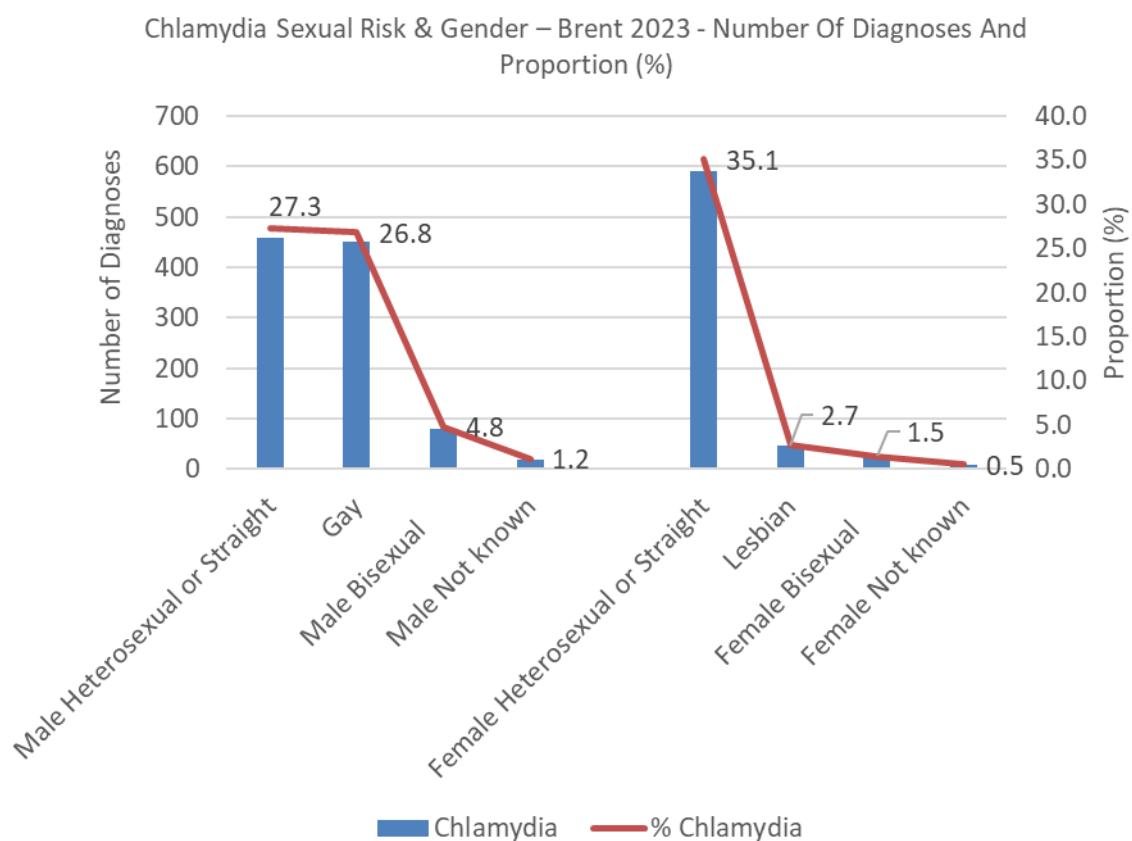
Outcomes 16- Chlamydia Detection Rate Per 100000 Aged 15 To 24 (Male)



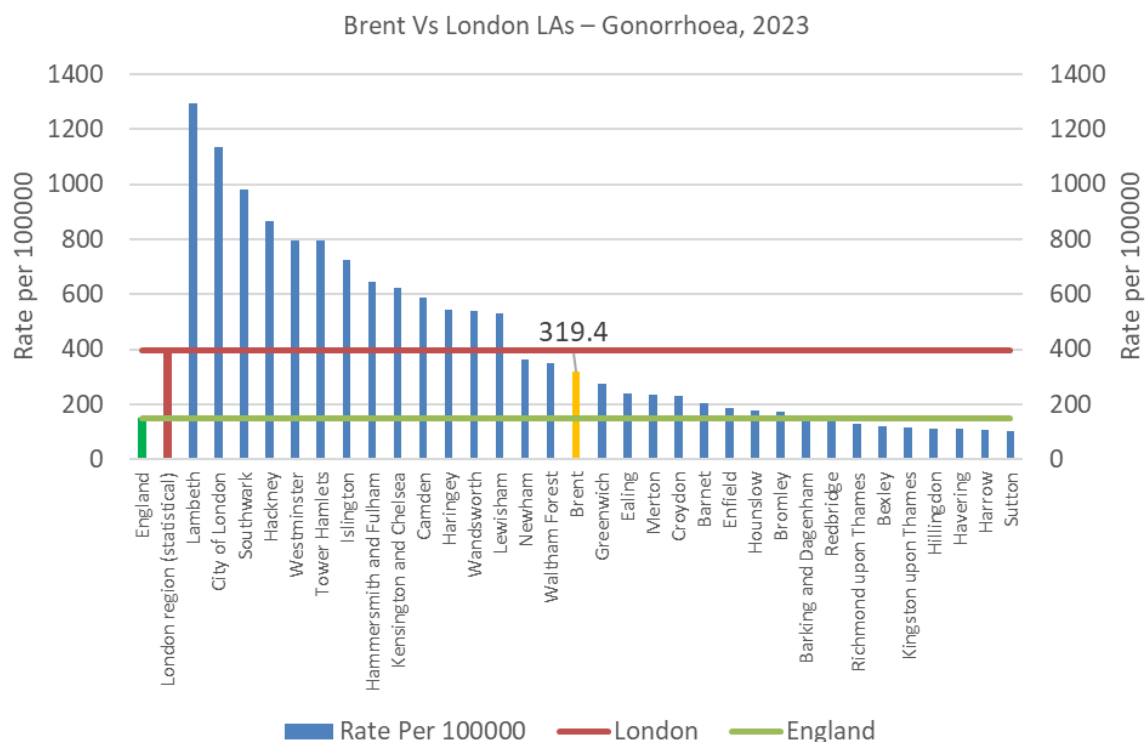
Outcomes 17- Chlamydia Gender For Brent (Source - UK Health Security Agency, Annual and Quarterly Trends of STIs – Brent)



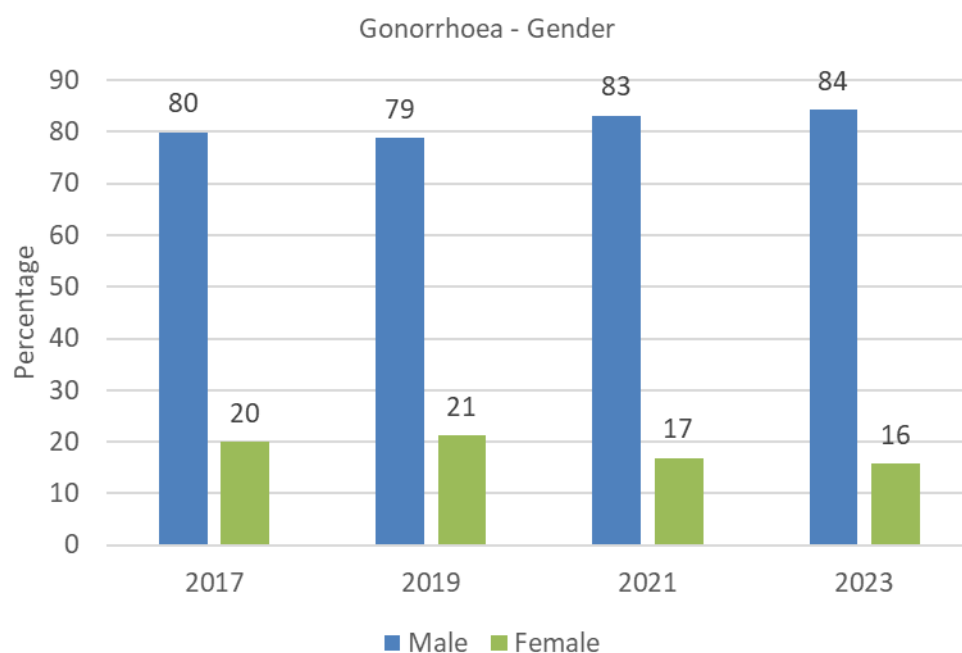
Outcomes 18- Chlamydia Sexual Orientation & Gender, Brent 2023 (Source - UK Health Security Agency, Selected STI Diagnosis – Brent)



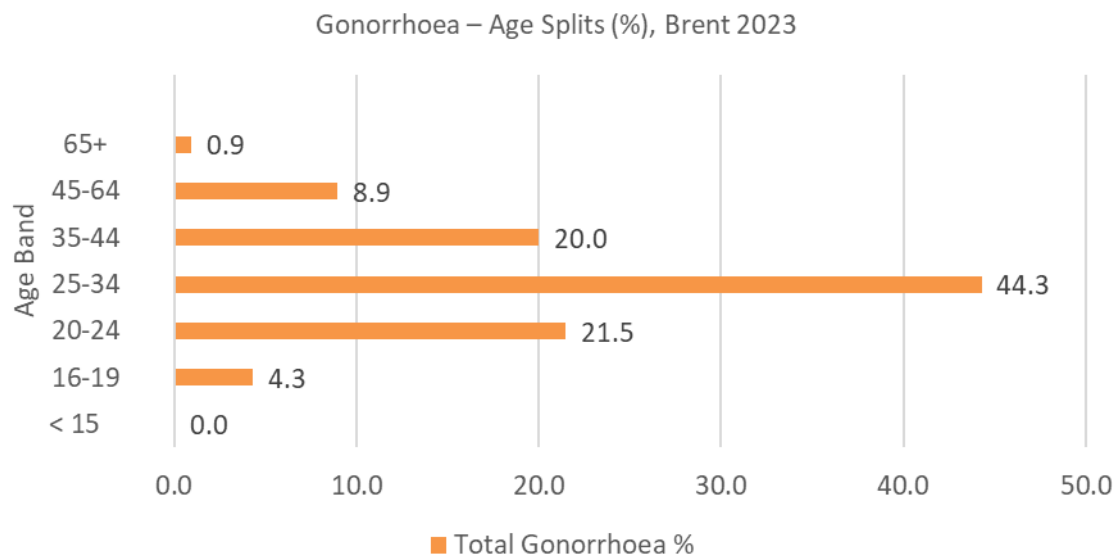
Outcomes 19- Gonorrhoea Diagnostic Rate Per 100,000, London Authority Comparison, 2023
(source: UK Health Security Agency (UKHSA) – fingertips published data).



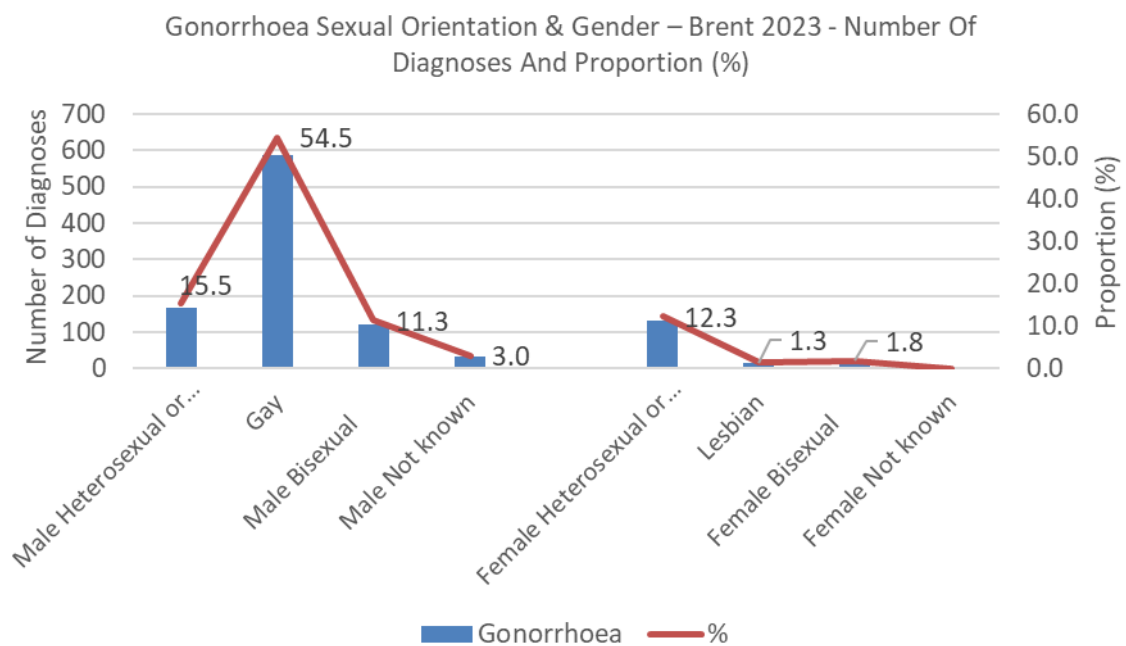
Outcome 20- Gender Splits Gonorrhoea, Brent (Source - UK Health Security Agency, Annual and Quarterly Trends of STIs – Brent)



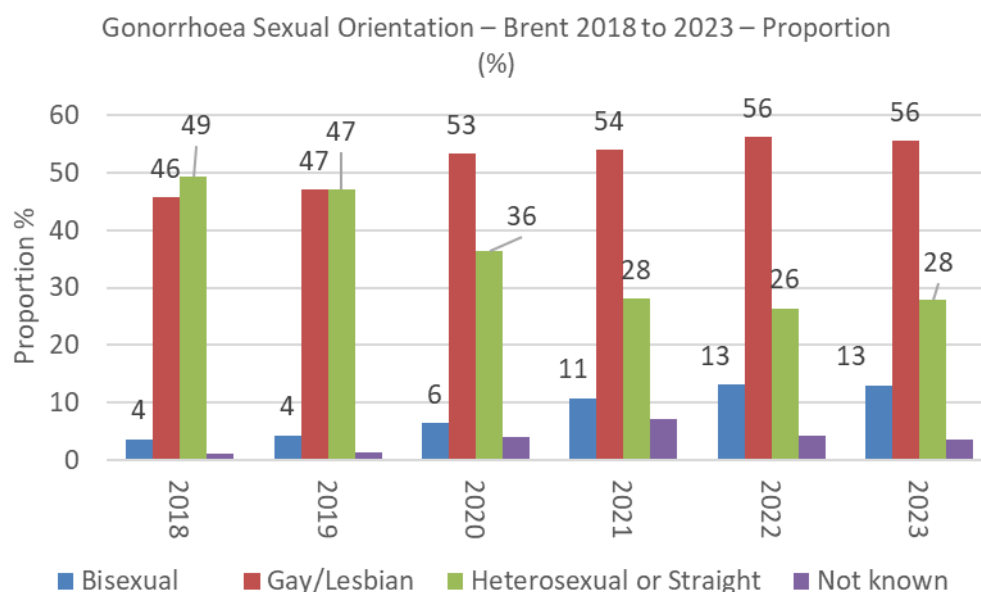
Outcomes 21- Age Splits Gonorrhoea, Brent (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)



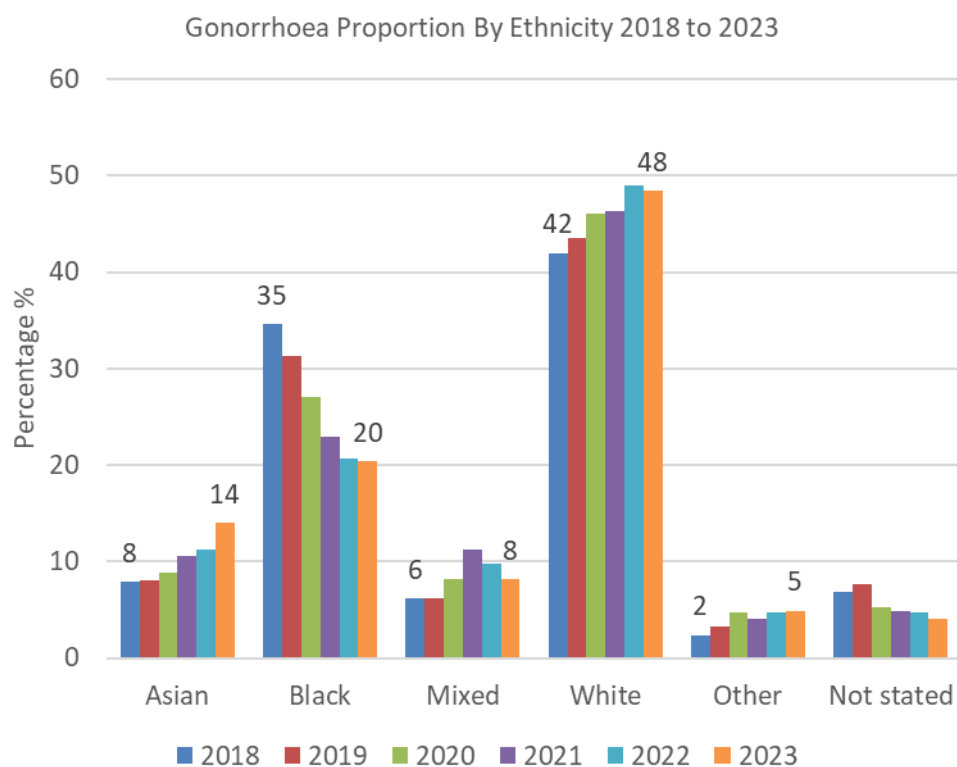
Outcomes 22- Gonorrhoea Sexual Orientation, Brent 2023 (Source - UK Health Security Agency, Selected STI Diagnosis – Brent)



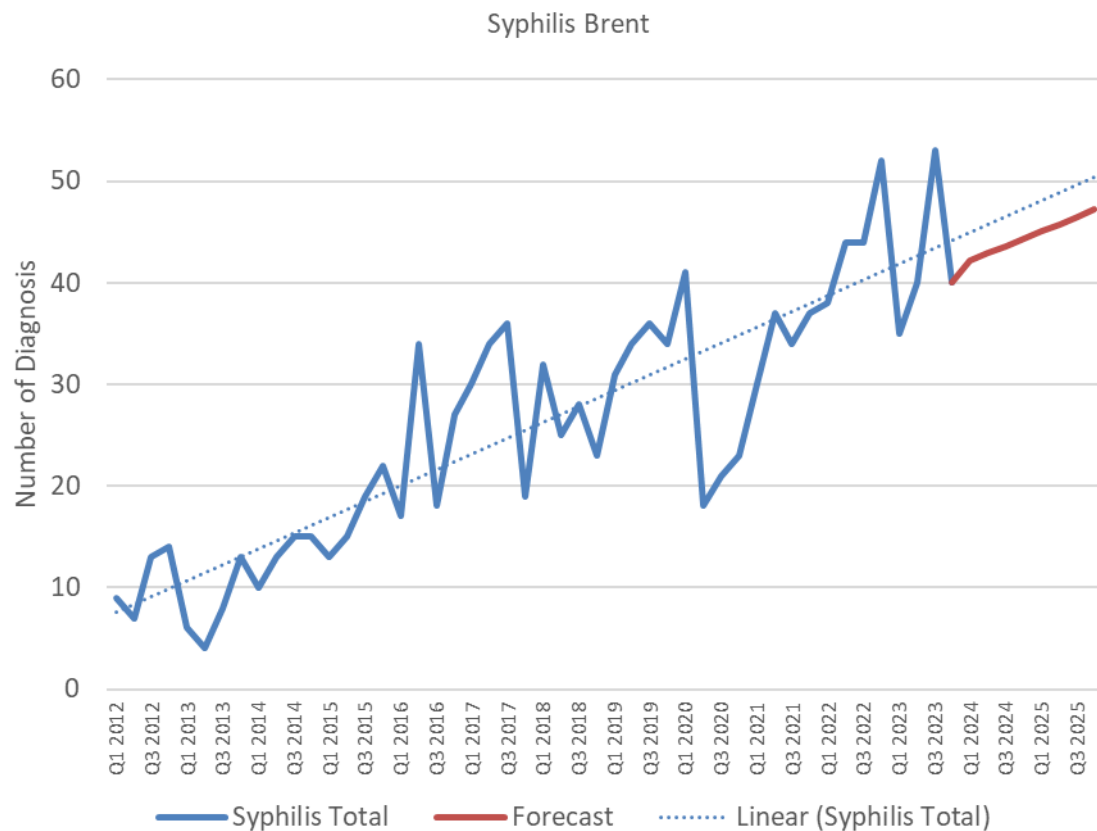
Outcomes 23 – Gonorrhoea Sexual Orientation, Brent 2018 to 2023 (Source - UK Health Security Agency, Selected STI Diagnosis – Brent)



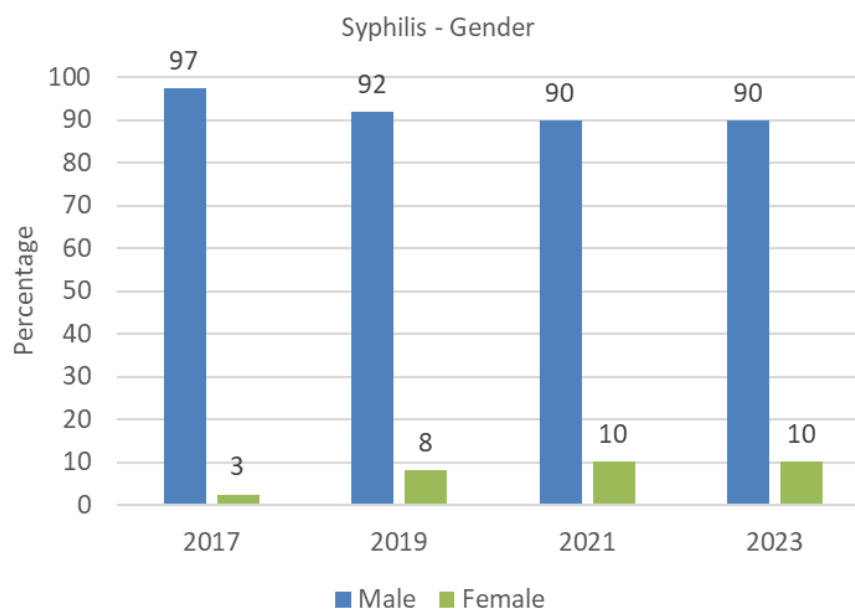
Outcomes 24 - Proportion Of Diagnosis By Ethnicity For Gonorrhoea In Brent 2018 to 2023 (Source - UK Health Security Agency, Selected STI Diagnosis, Brent; Census data, Brent)



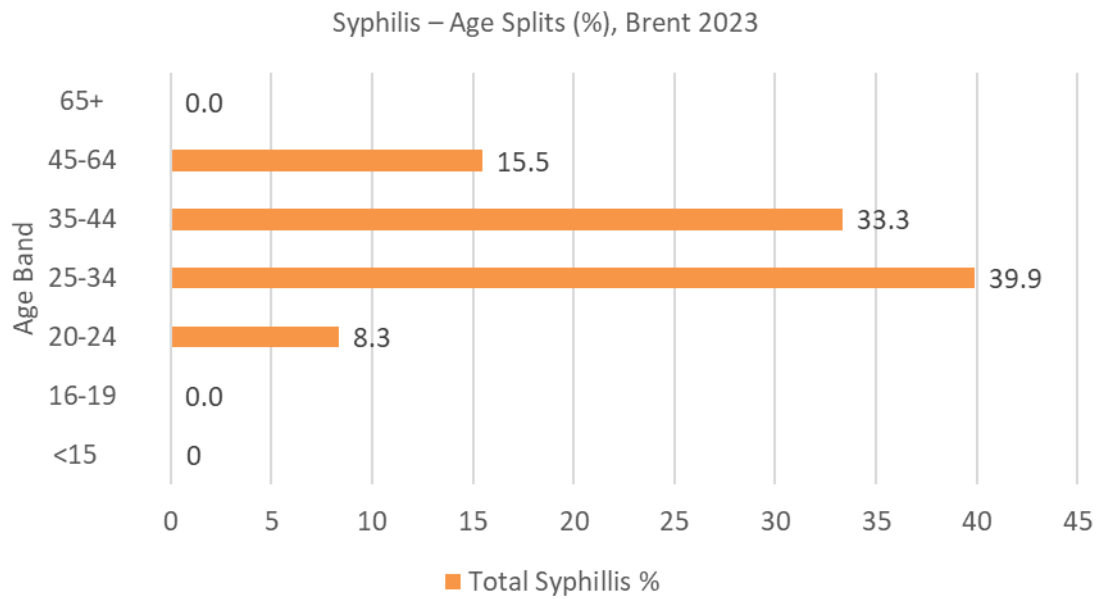
Outcomes 25– Brent Syphilis Forecast (Source - UK Health Security Agency, Brent Totals Annual and Quarterly Trends of STIs)



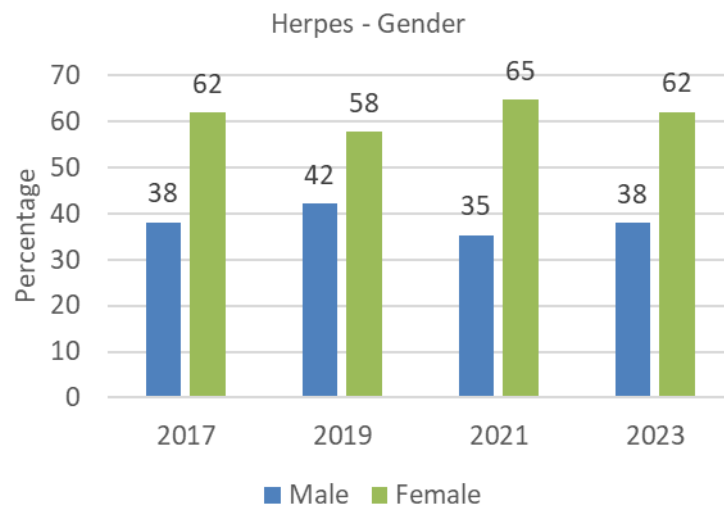
Outcomes 26- Gender Splits Syphilis, Brent (Source - UK Health Security Agency, Annual and Quarterly Trends of STIs – Brent)



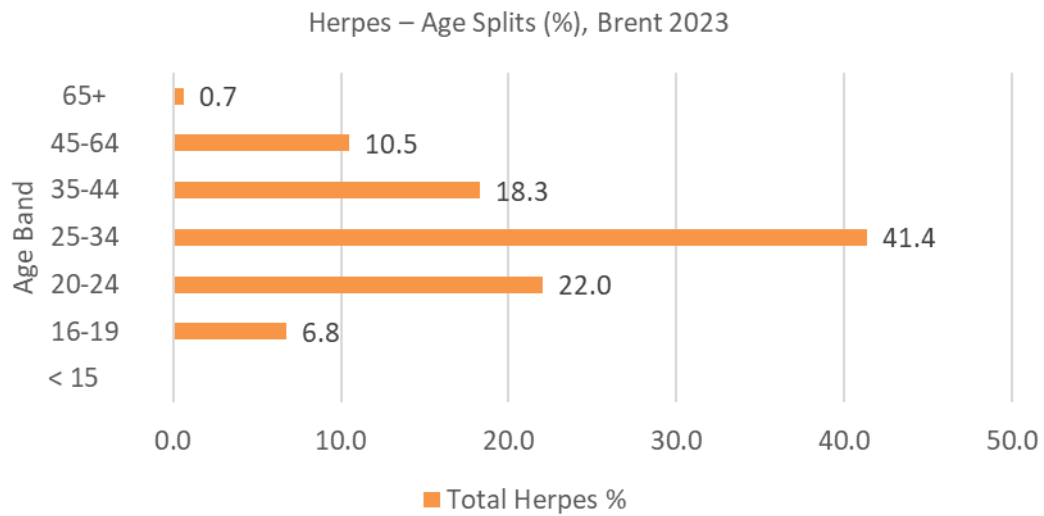
Outcomes 27- Age Splits Syphilis, Brent (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)



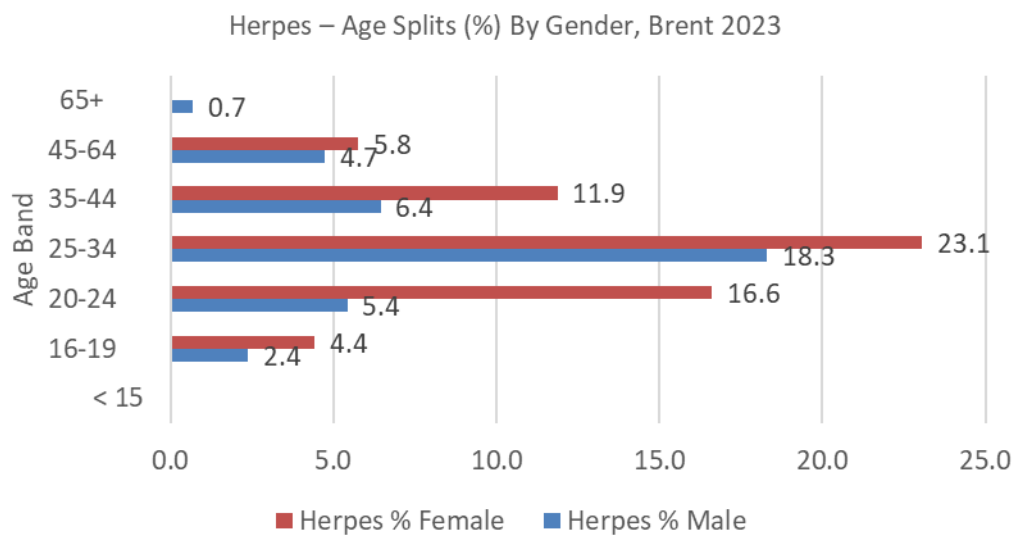
Outcomes 28- Gender Splits Herpes, Brent (Source - UK Health Security Agency, Annual and Quarterly Trends of STIs – Brent)



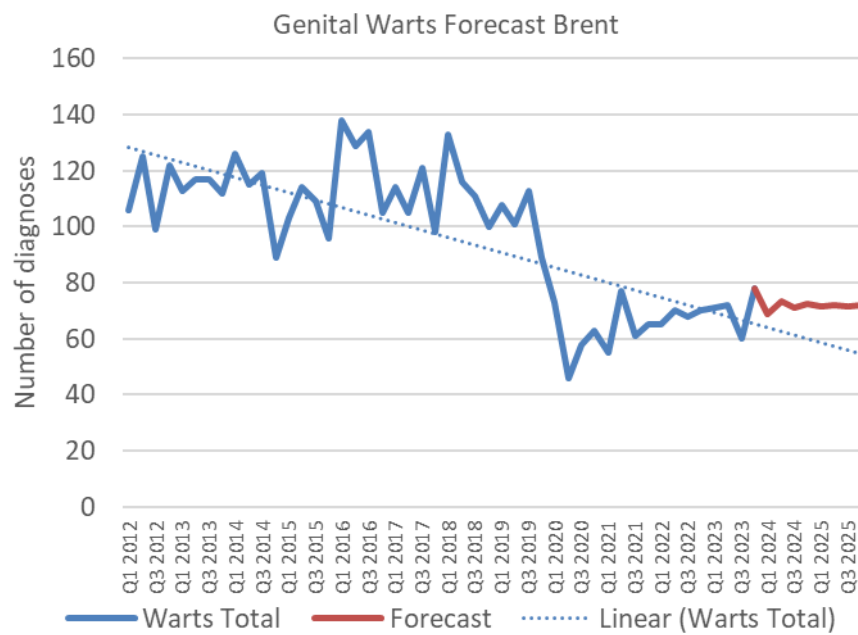
Outcomes 29- Age Splits Herpes, Brent (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)



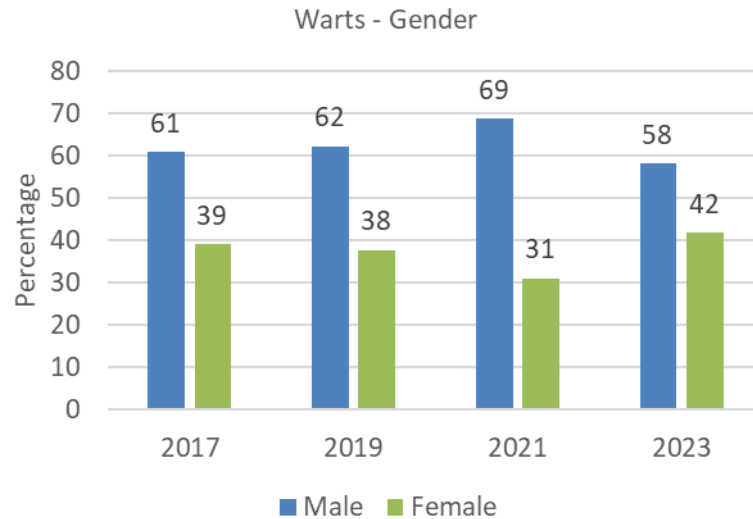
Outcomes 30- Age And Gender Splits, Brent (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)



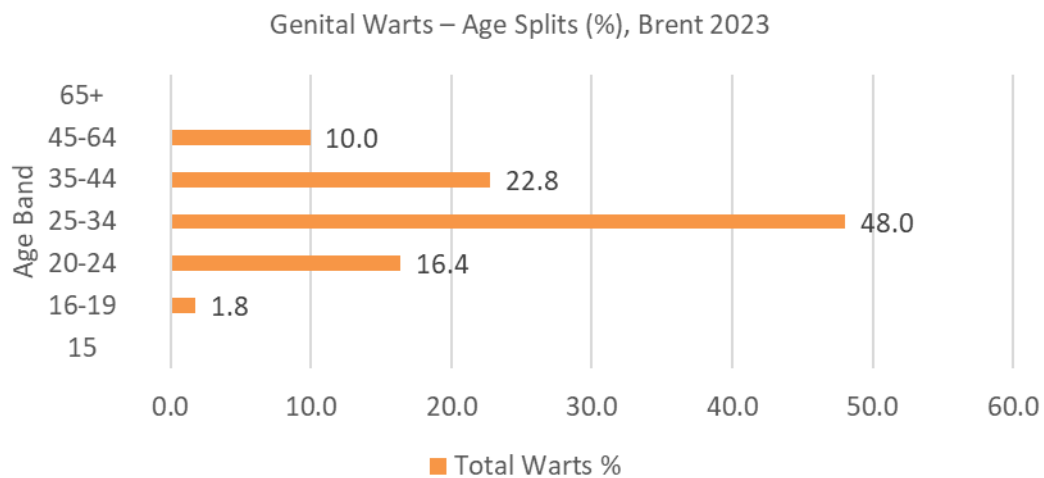
Outcomes 31 – Forecast Genital Warts (Source, UK Health Security Agency, Brent Totals; Annual and Quarterly Trends of STIs – Brent)



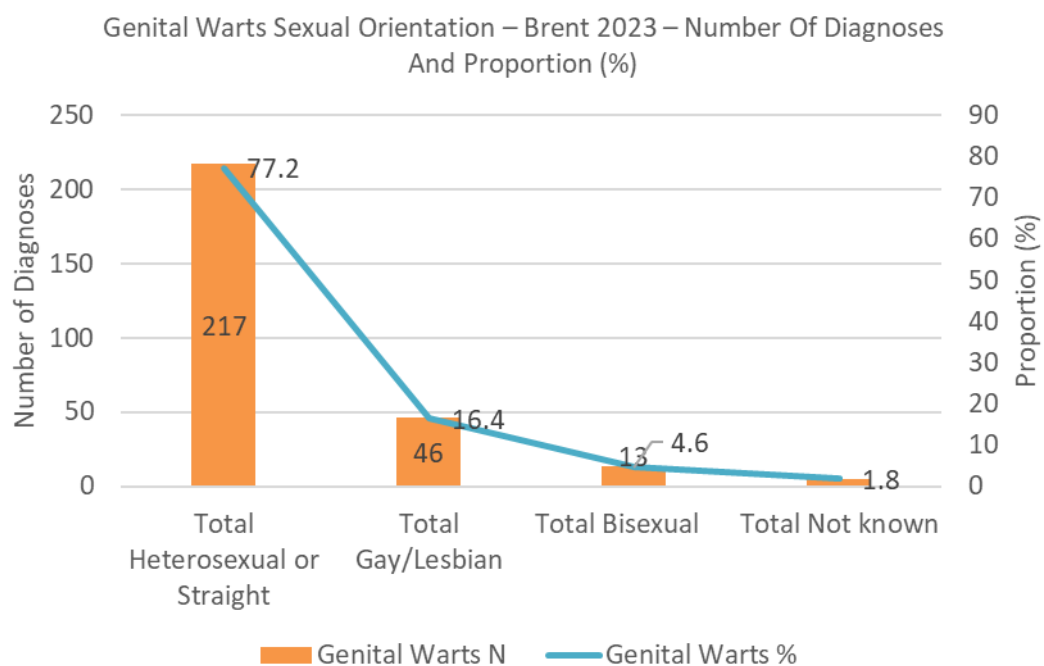
Outcomes 32 – Gender Splits Genital Warts, Brent (Source - UK Health Security Agency, Annual and Quarterly Trends of STIs – Brent)



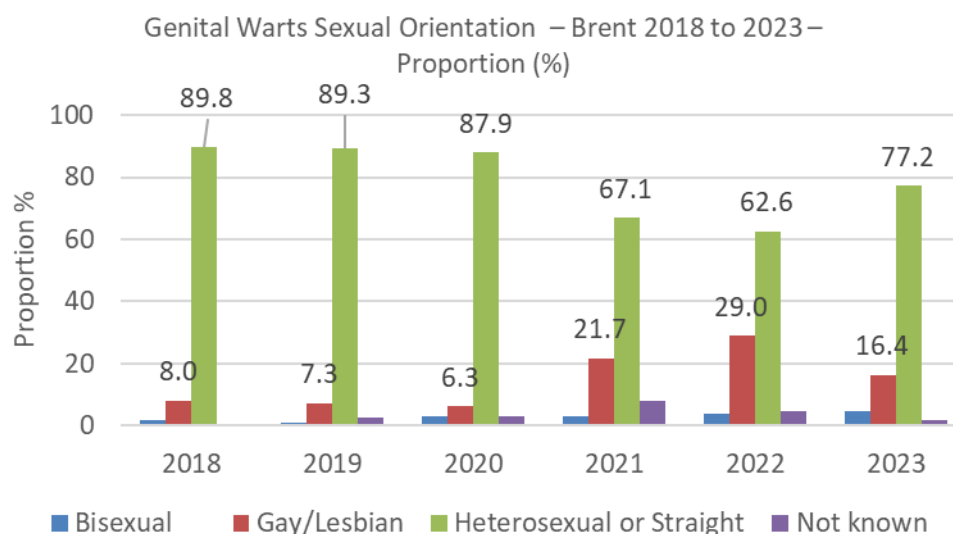
Outcomes 33 - Age Splits Genital Warts, Brent (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)



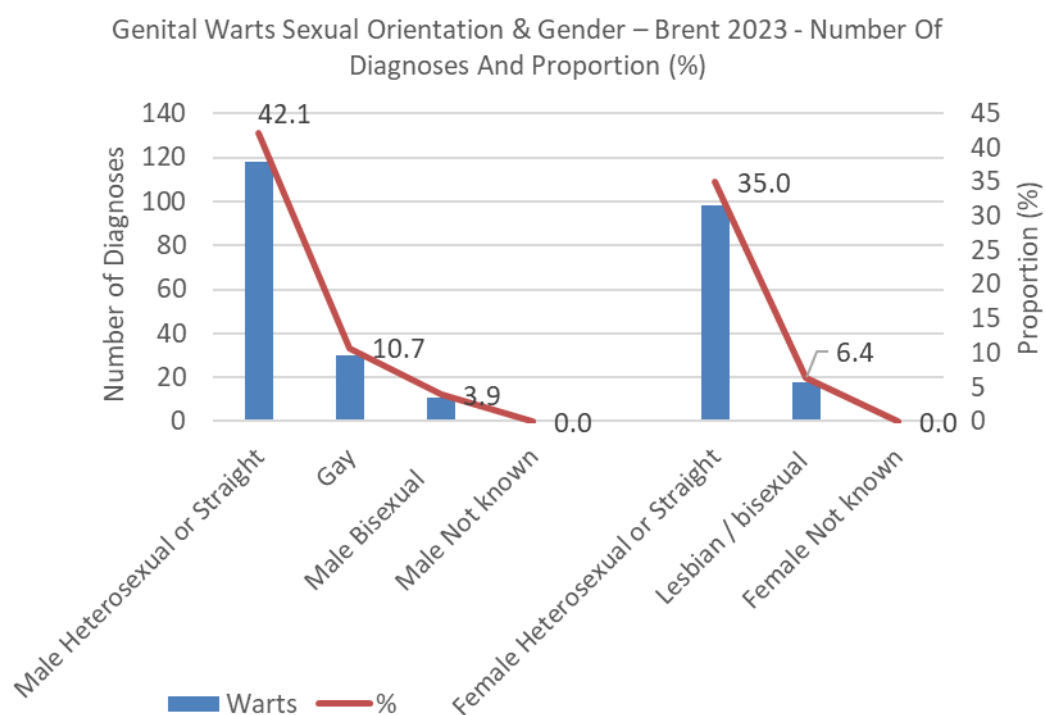
Outcomes 34 – Genital Warts Sexual Orientation, Brent 2023 (Source - UK Health Security Agency, Selected STI Diagnosis – Brent)



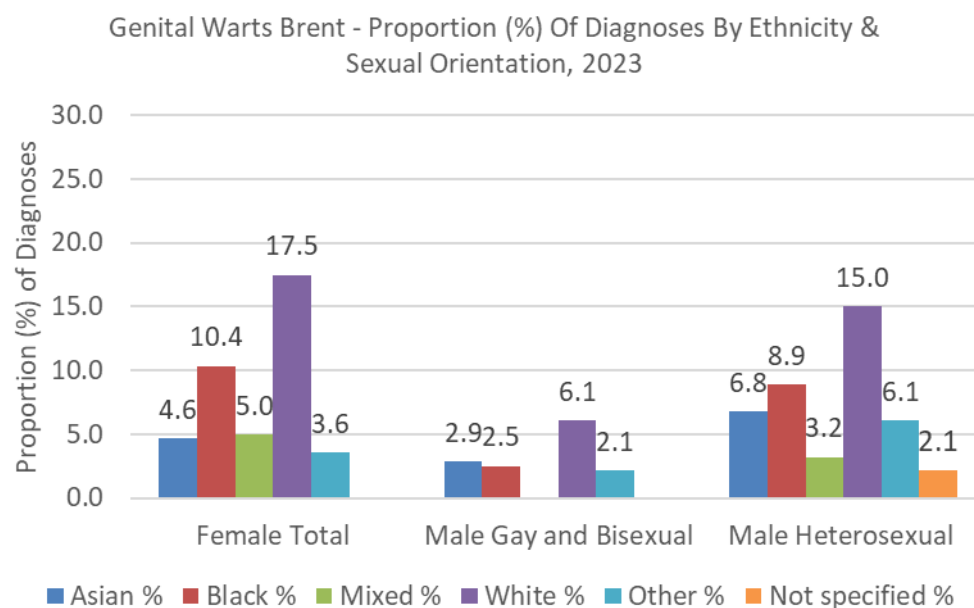
Outcomes 35 – Genital Warts Sexual Orientation, Brent 2018 to 2023 (Source - UK Health Security Agency, Selected STI Diagnosis – Brent)



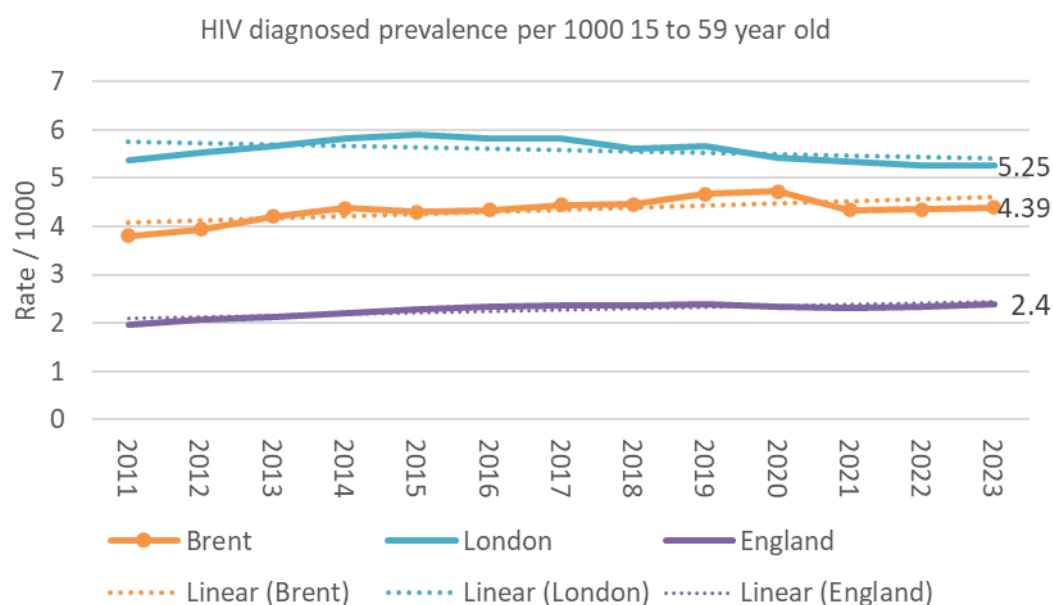
Outcomes 36 – Genital Warts Sexual Orientation & Gender, Brent 2023 (Source - UK Health Security Agency, Selected STI Diagnosis – Brent)



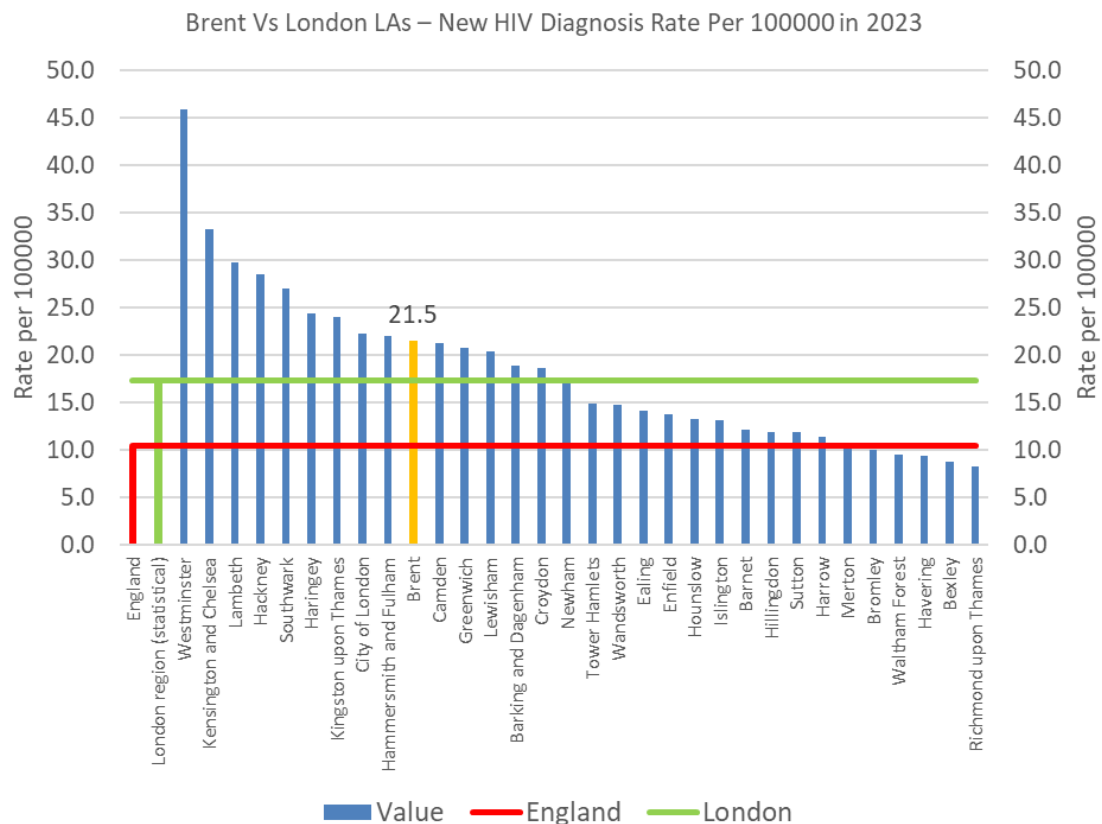
Outcomes 37 – Ethnicity And Sexual Orientation For Genital Warts In Brent 2023 (Source - UK Health Security Agency, Selected STI Diagnosis, Brent; Census data, Brent)



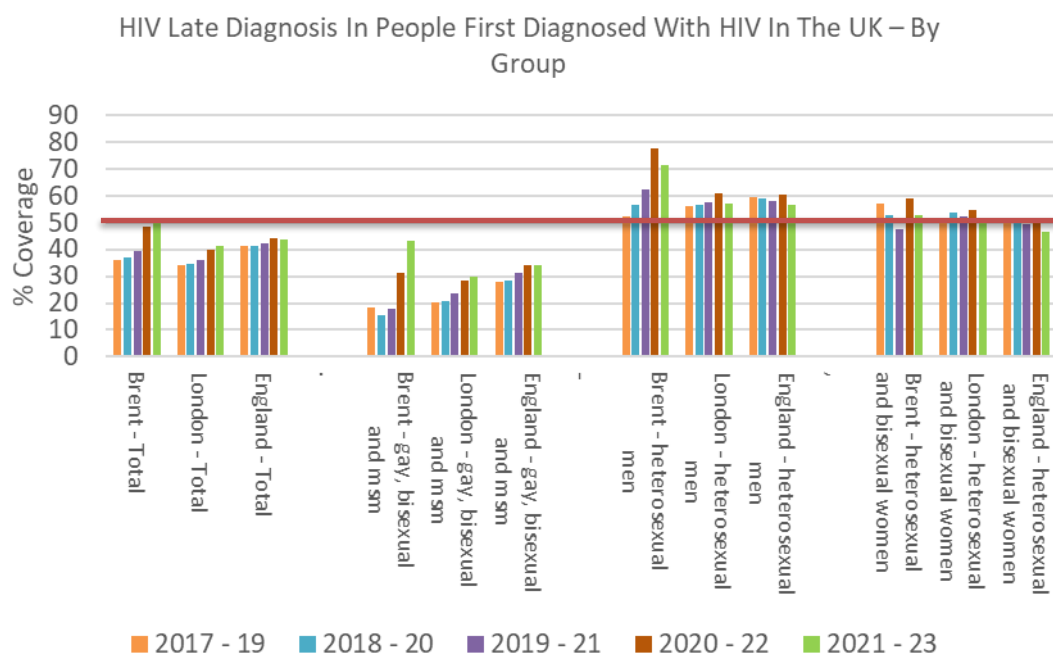
Outcomes 38 – Diagnosed HIV Prevalence Per 1,000 Age 15 to 59, Brent, London, England; Source - UK Health Security Agency (UKHSA) – fingertips published data



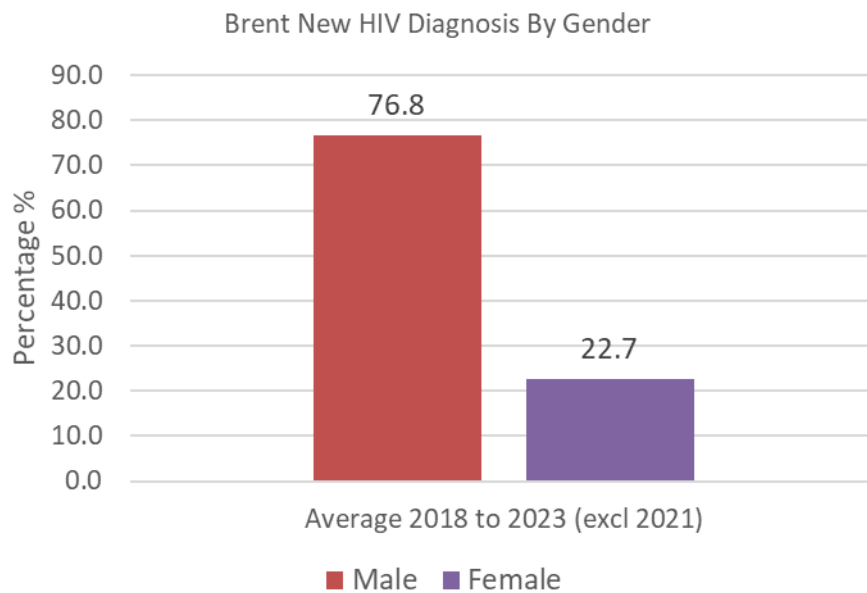
Outcomes 39 – New HIV Diagnosis, Rate Per 100,000, London LA's, 2023. Source - UK Health Security Agency (UKHSA) – fingertips published data



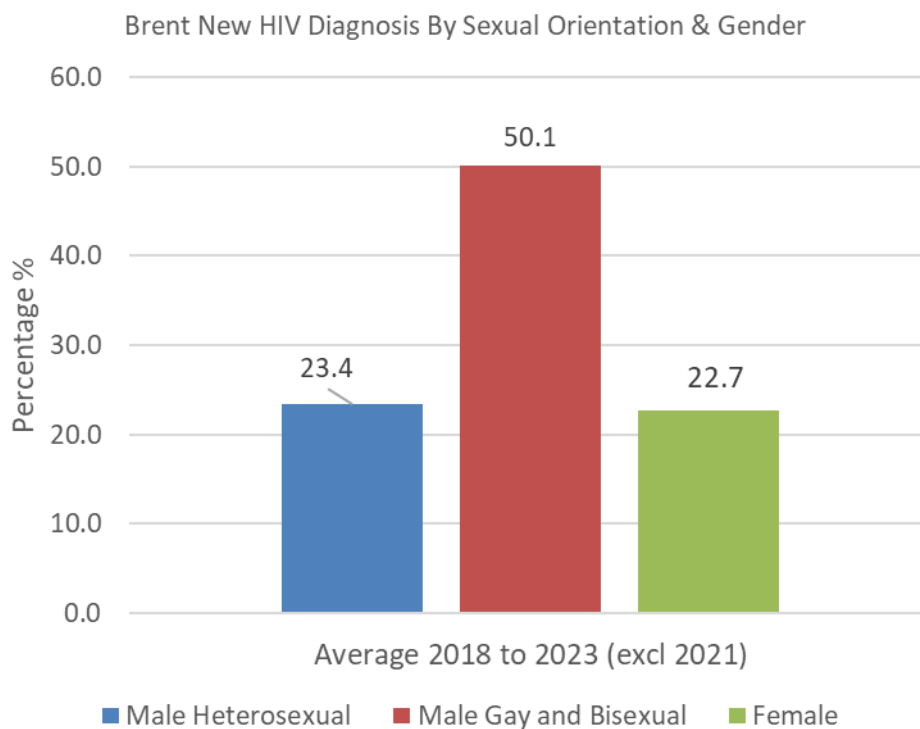
Outcomes 40 – HIV Late Diagnosis In People First Diagnosed With HIV In The UK By Group - Source - UK Health Security Agency (UKHSA) – fingertips published data



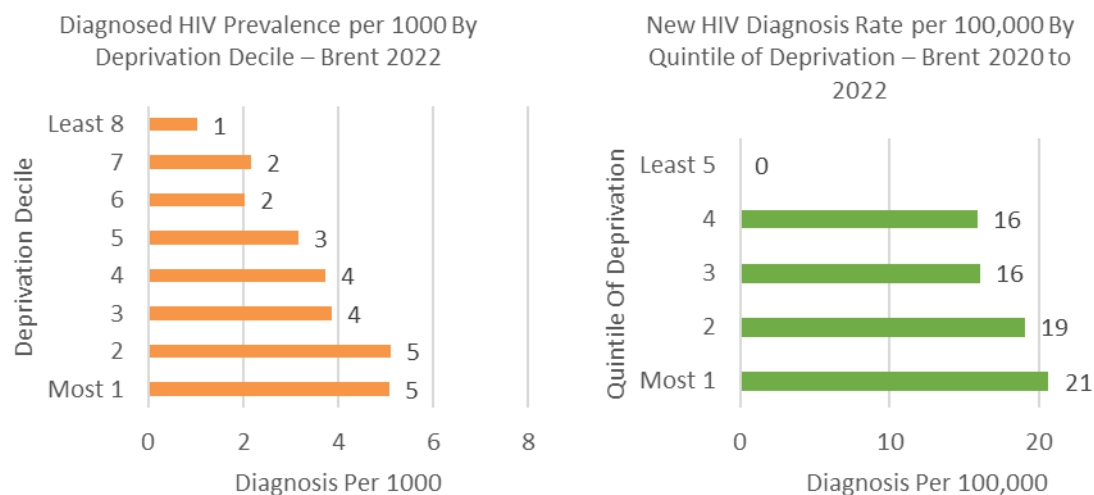
Outcomes 41 – Gender Splits New HIV Diagnosis, Brent (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)



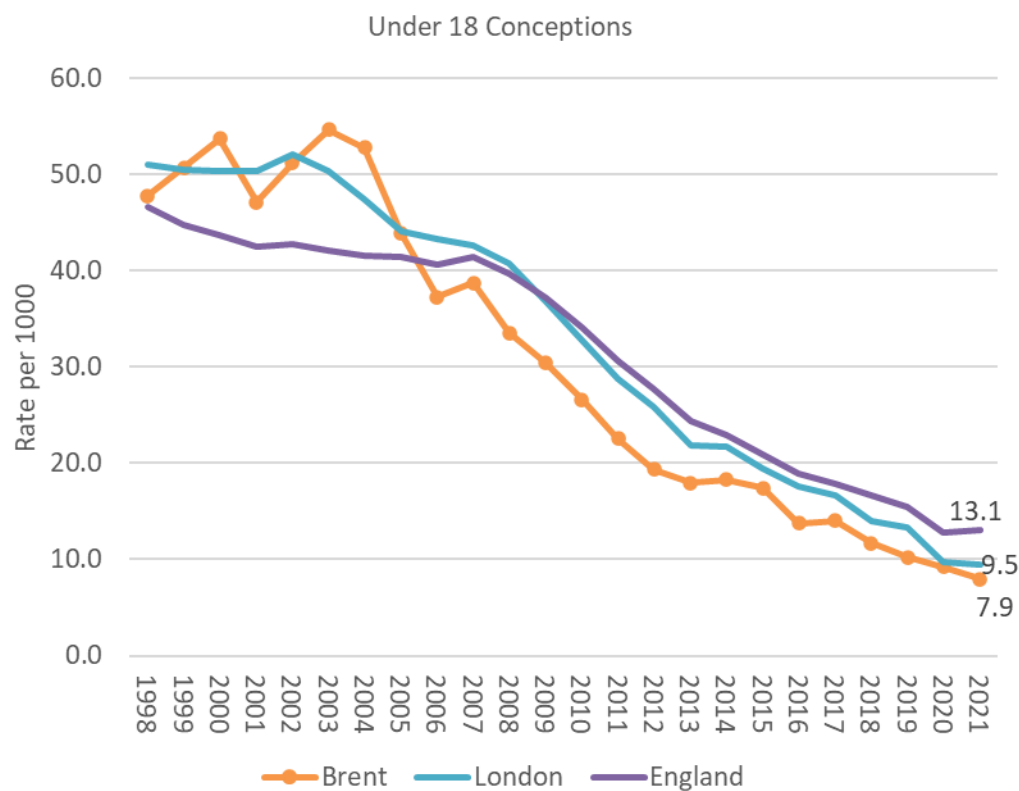
Outcomes 42 – Sexual Orientation & Gender Splits New HIV Diagnosis, Brent (Source - UK Health Security Agency, Selected STI Diagnosis, Brent)



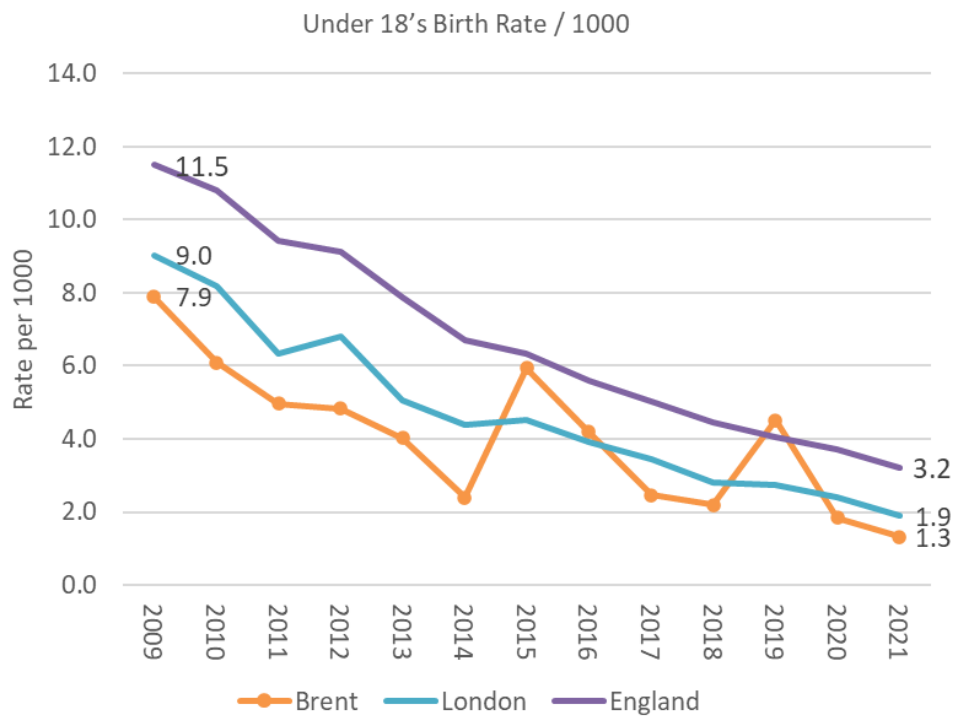
Outcomes 43 – Deprivation Diagnosed HIV Prevalence Per 1000 (2022) and Deprivation New HIV Diagnosis Rate Per 100,000 2020 to 2022- Data sources: HARS (numerator); ONS mid-year population estimates by LSOA for 2020 (denominator), UK Health Security Agency and HANDD (numerator); ONS mid-year population estimates by LSOA for 2020 (denominator), UK Health Security Agency



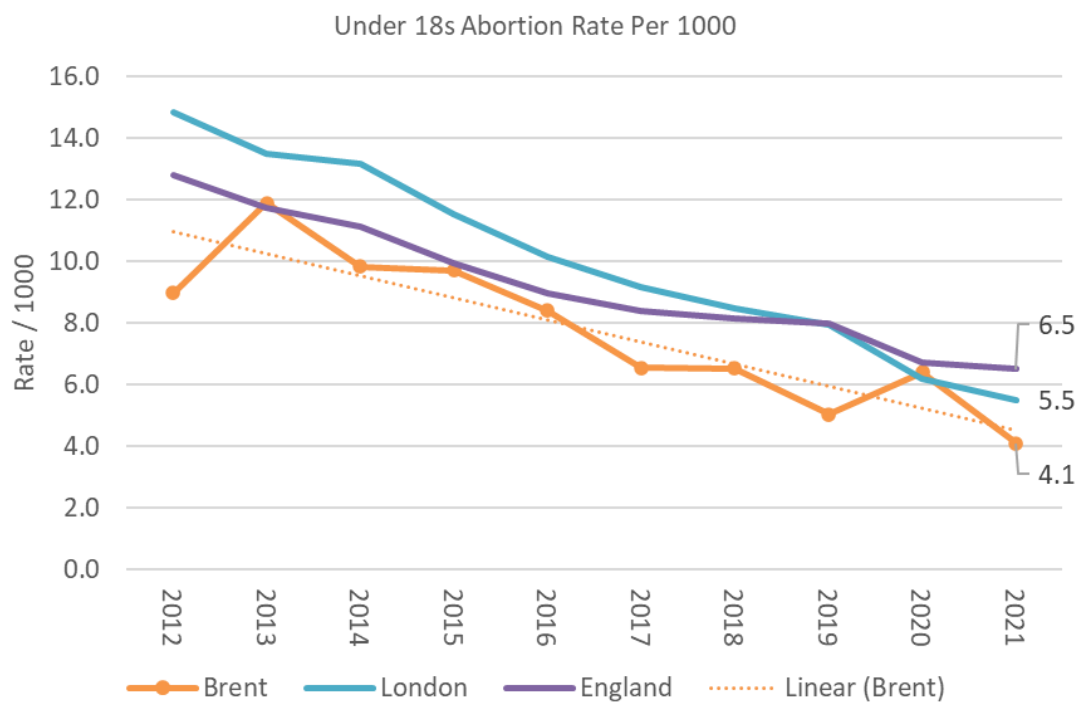
Outcomes 44 – Under 18 Conceptions (Rate Per 1000) – Brent, London, England; Source - UK Health Security Agency (UKHSA) – fingertips published data



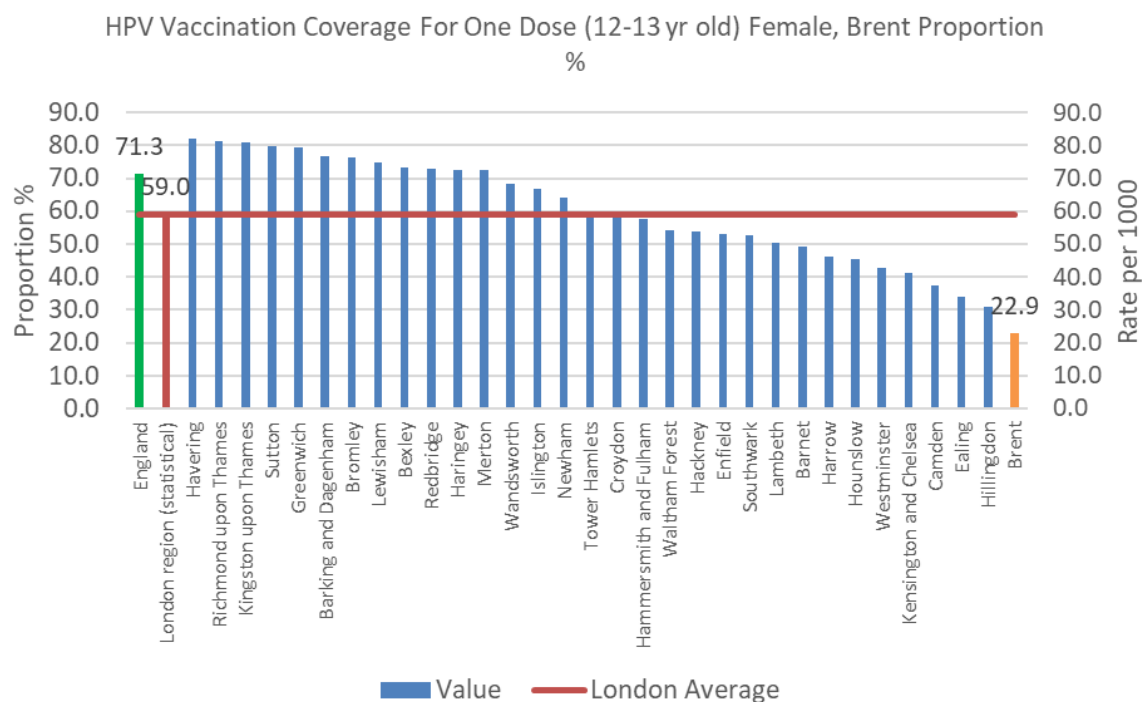
Outcomes 45 – Under 18 Birth Rate Per 1000 – Brent, London, England; Source - UK Health Security Agency (UKHSA) – fingertips published data.



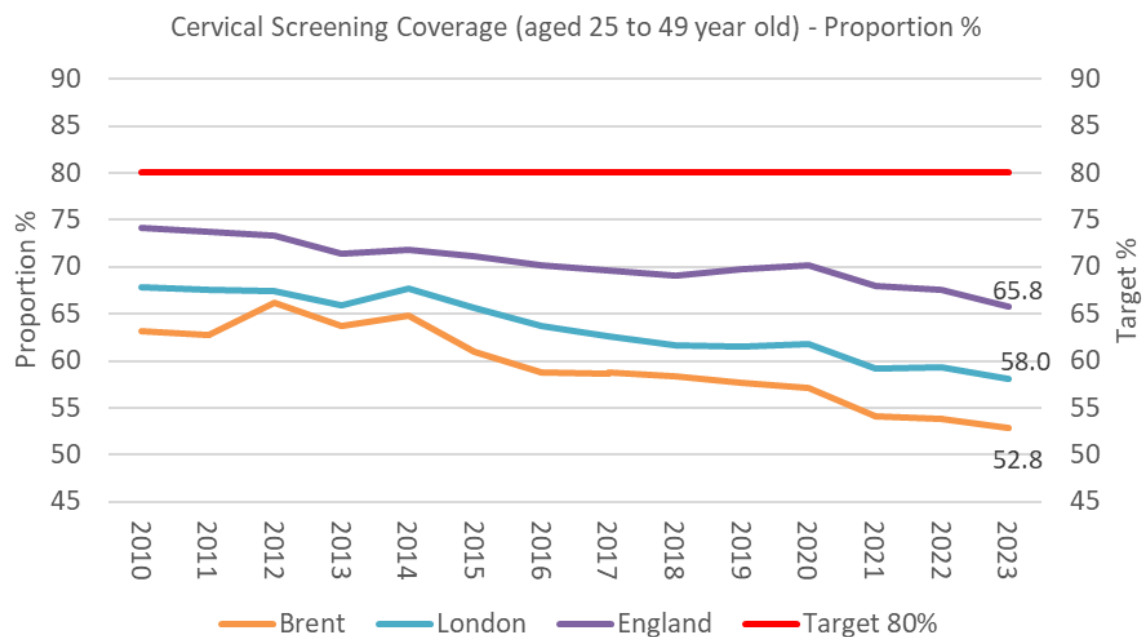
Outcomes 46 – Under 18 Abortions UK Rate Per 1000– Brent, London, England; Source - UK Health Security Agency (UKHSA) – fingertips published data



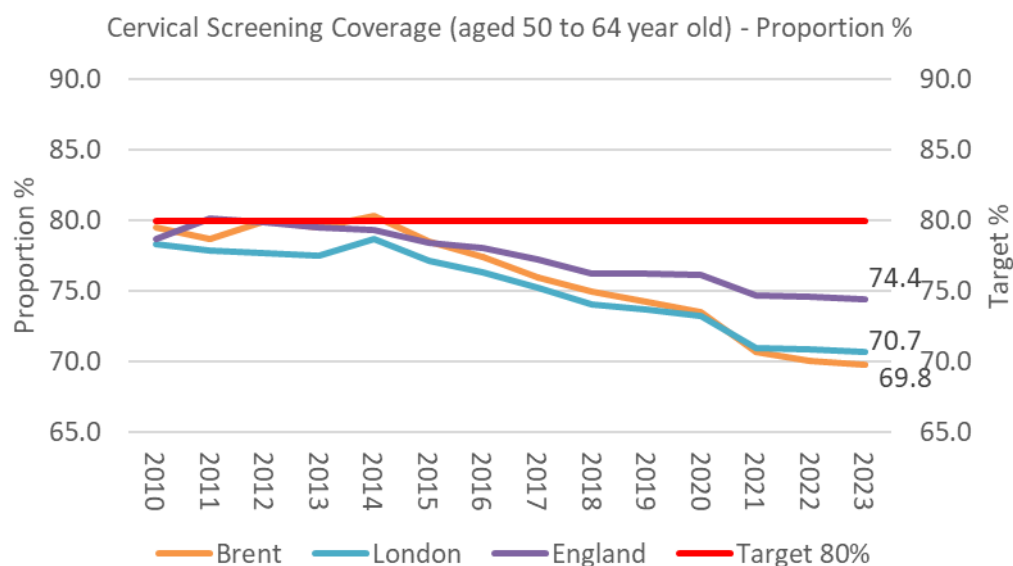
Outcomes 47 – HPV Vaccination Coverage % Females 12 To 13 Years Old London LA Comparison 2022 - UK Health Security Agency (UKHSA) – fingertips published data.



Outcomes 48 – Cervical Screening Coverage (aged 25 to 49 Year Old) – Brent, London, England; Source - UK Health Security Agency (UKHSA) – fingertips published data.

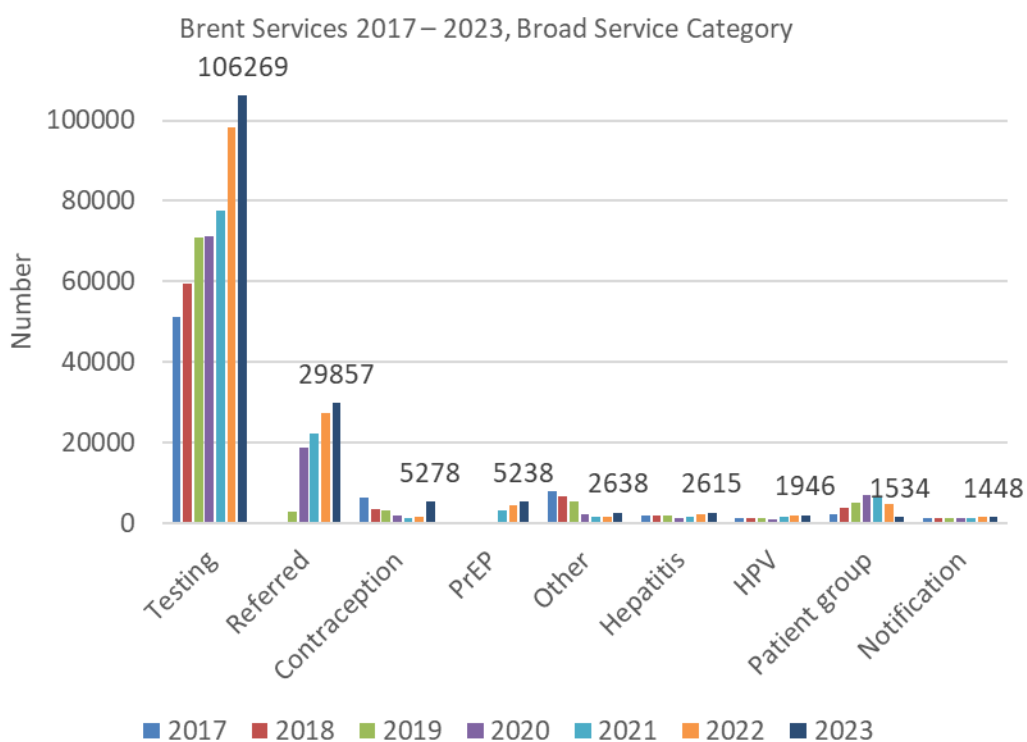


Outcomes 49 – Cervical Screening Coverage (aged 50 to 64 Year Old) – Brent, London, England;
Source - UK Health Security Agency (UKHSA) – fingertips published data.

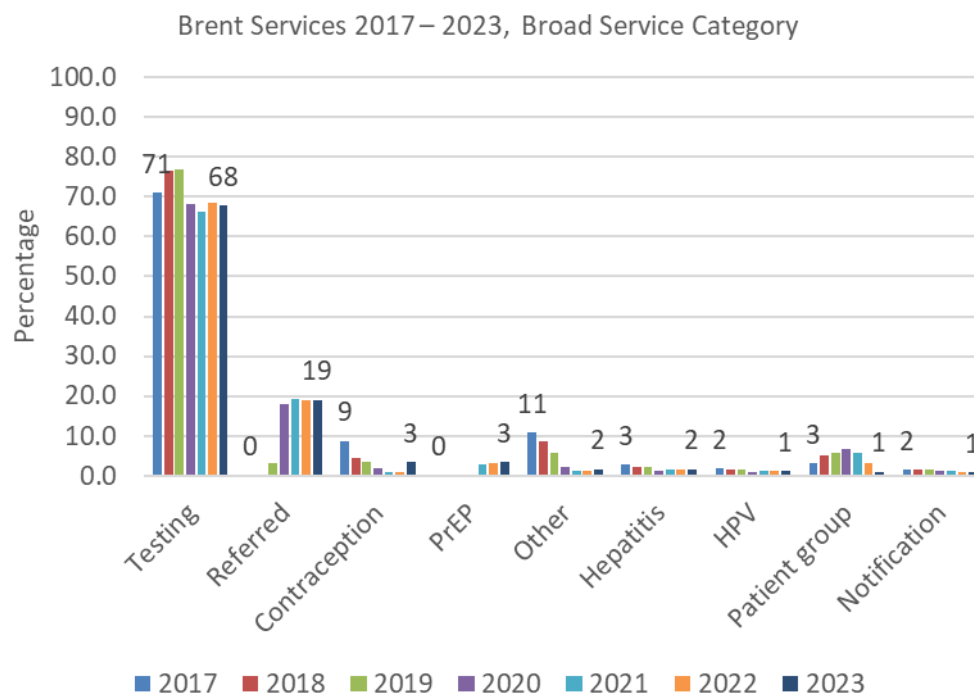


Appendix- Service delivery

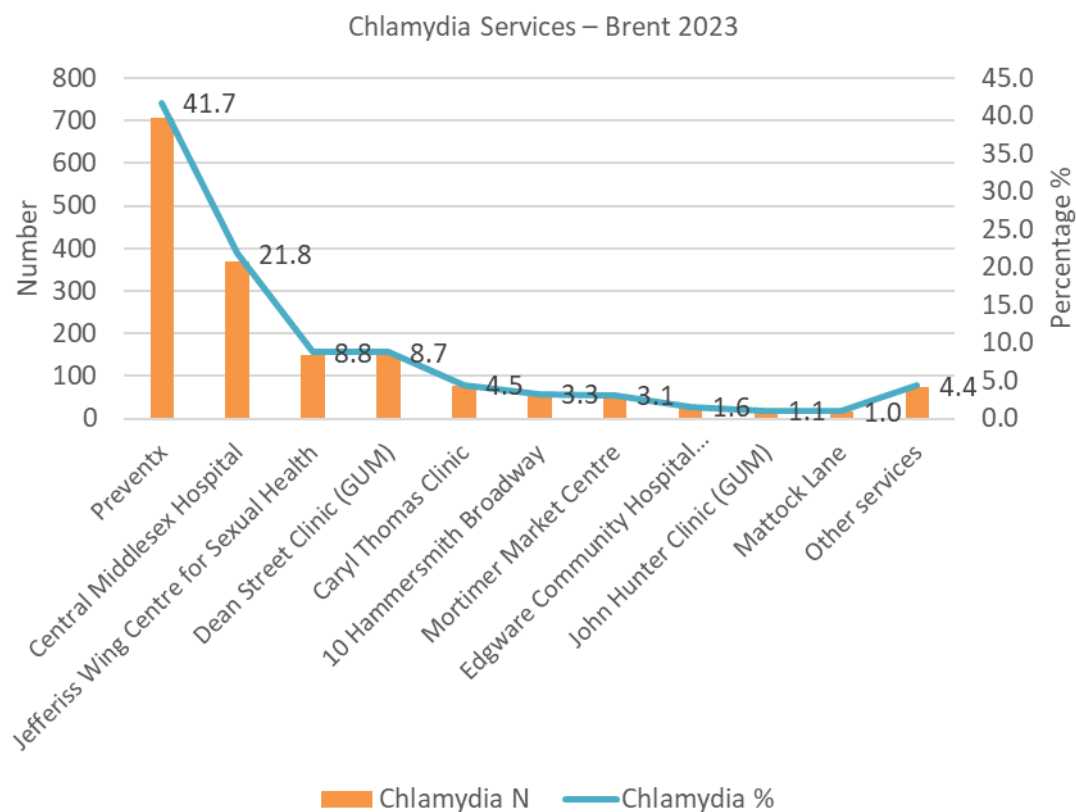
Service Delivery 1 – Brent SH Services, Numbers Broad Service Category (Source, UK Health Security Agency Numbers of all diagnoses and services – Brent)



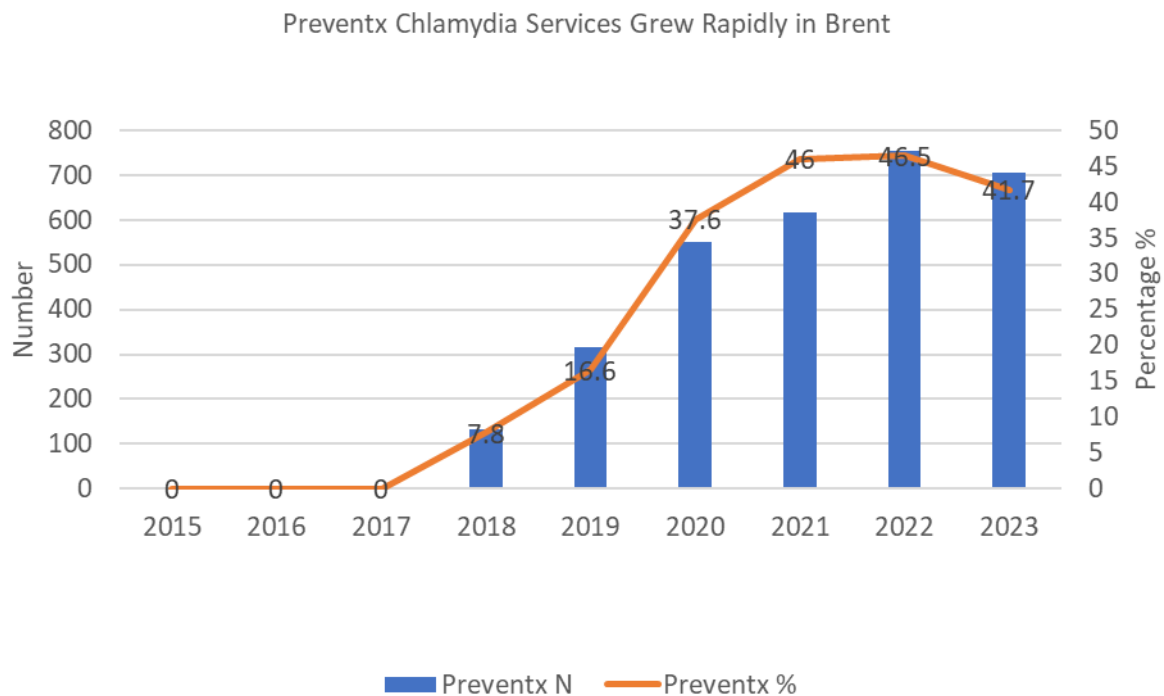
Service Delivery 2 – Brent SH Services, Percentage Broad Service Category (Source, UK Health Security Agency Numbers of all diagnoses and services – Brent)



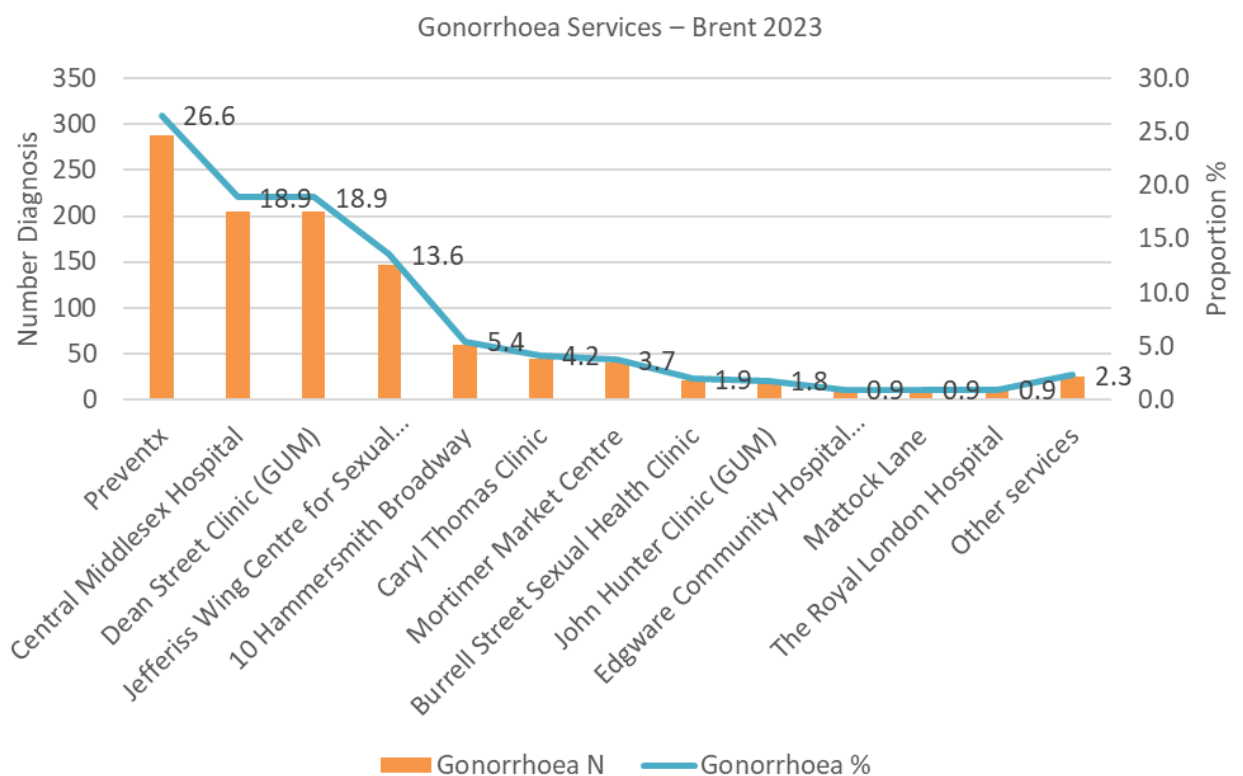
Service Delivery 3 – Chlamydia Services, Brent (Source UK Health Security Agency, Selected STI Diagnosis)



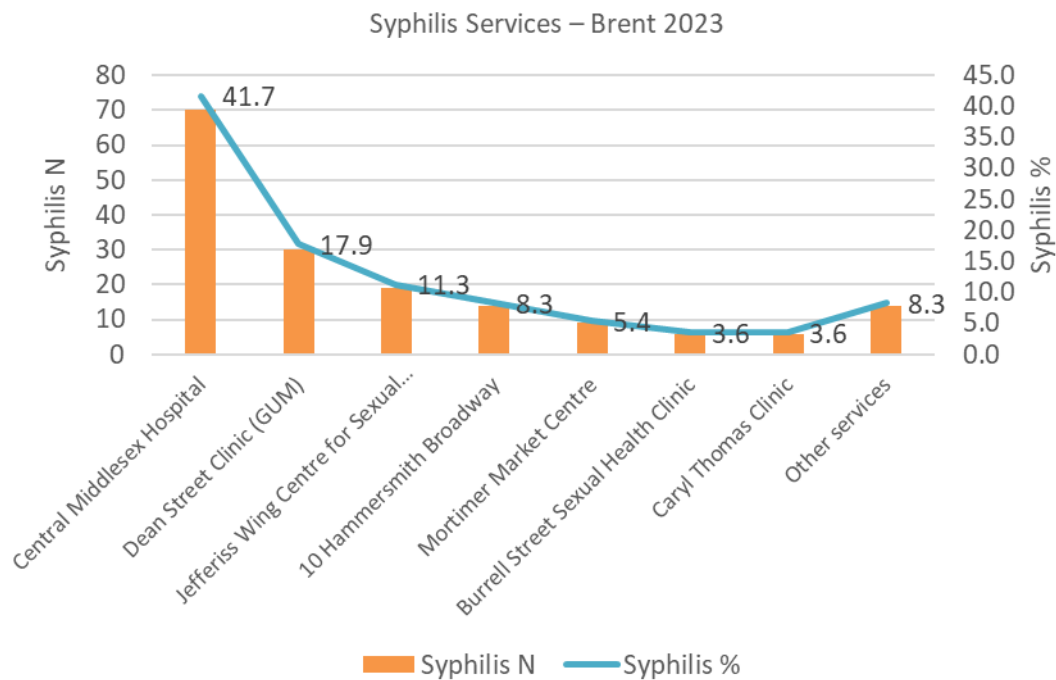
Service Delivery 4- Preventx Chlamydia Services Over Time (Source UK Health Security Agency, Selected STI Diagnosis, Brent)



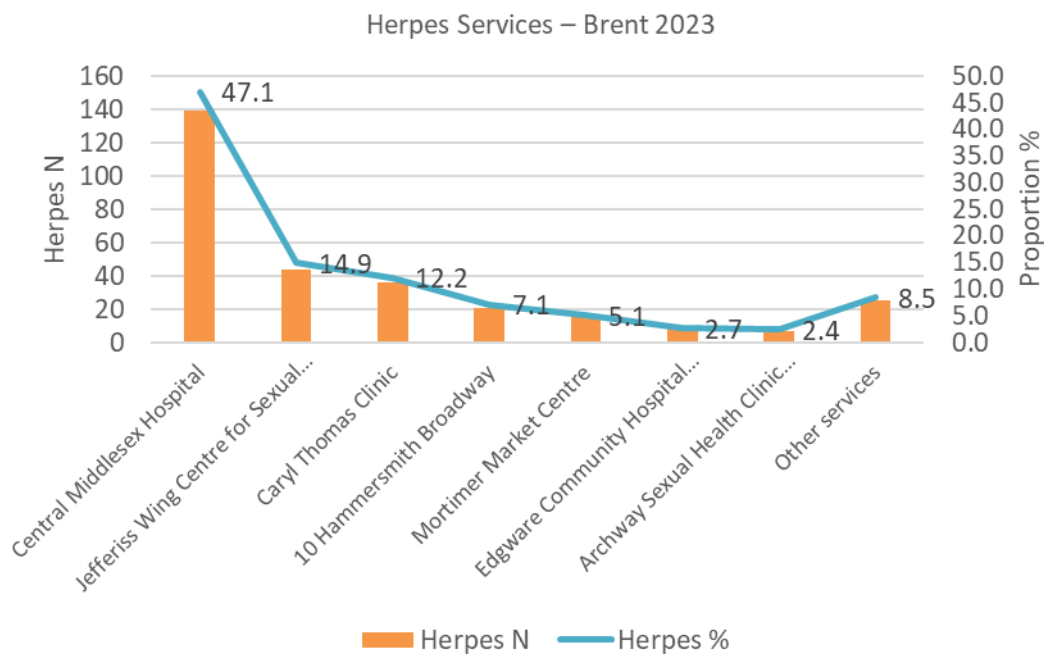
Service Delivery 5- Gonorrhoea Services, Brent (Source UK Health Security Agency, Selected STI Diagnosis)



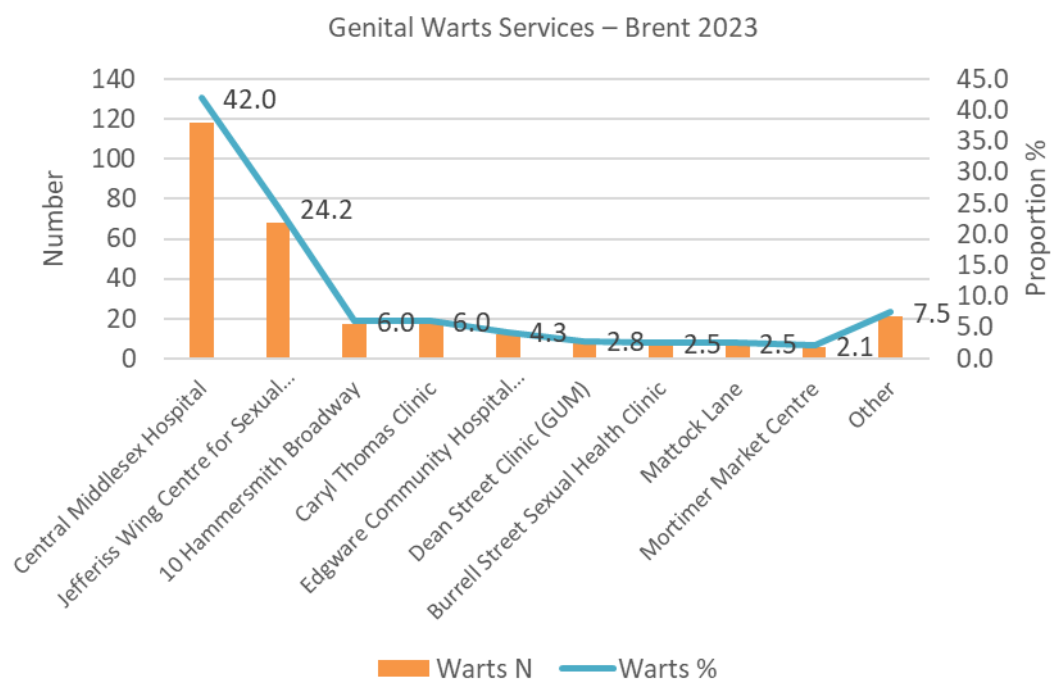
Service Delivery 6– Syphilis Services, Brent (Source UK Health Security Agency, Selected STI Diagnosis)



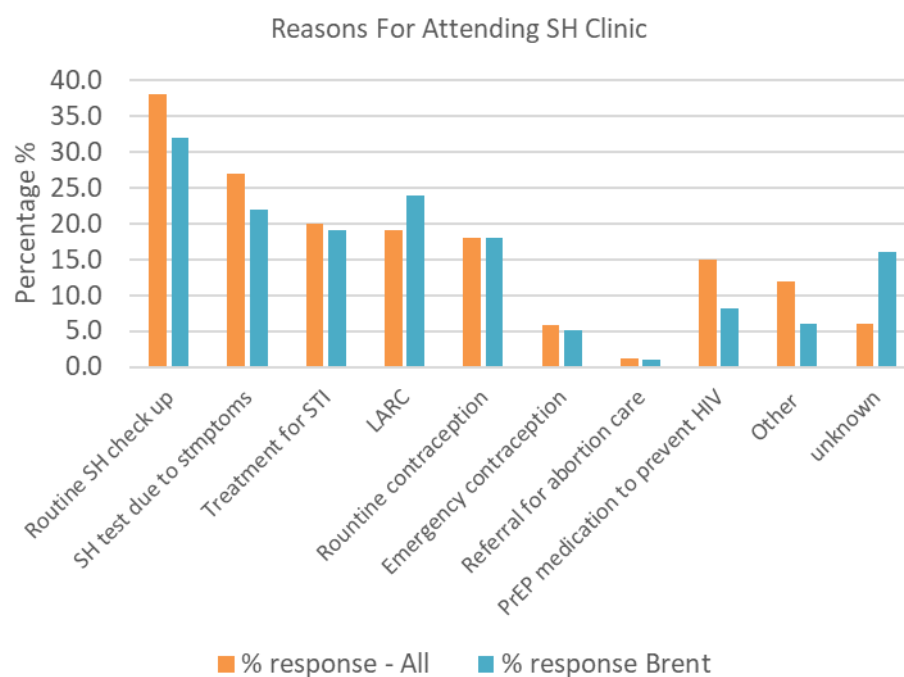
Service Delivery 7– Genital Herpes Services, Brent (Source UK Health Security Agency, Selected STI Diagnosis)



Service Delivery 8– Genital Warts Services. (Source - UK Health Security Agency, Selected STI Diagnosis, Brent).

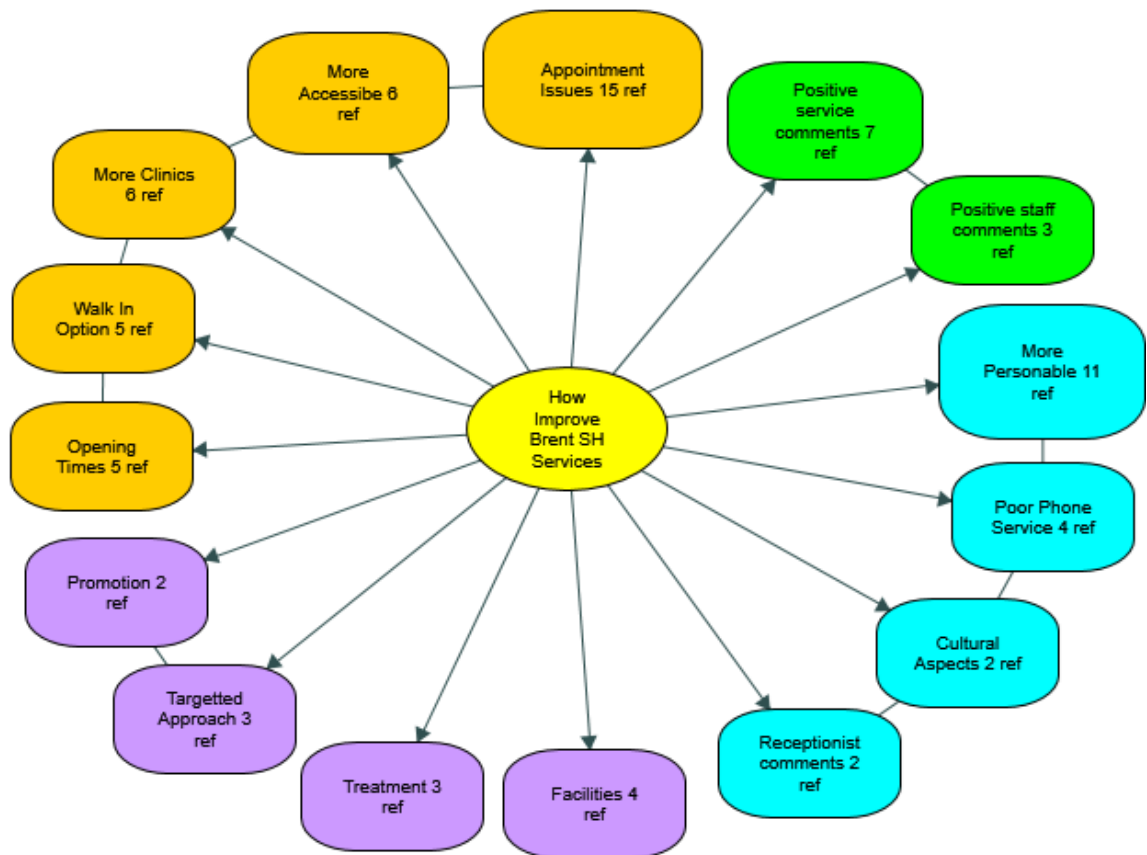


Service Delivery 9– SHS survey- Reasons for attending a SH clinic.



Service Delivery 10 – How To Improve Brent Services (Source Text analysis of open-ended comments from across London SH survey – Your Views Matter)

Key - Access; Positives; People; Other



Service Delivery 11– How To Improve London Services (Source Text analysis of open-ended comments from across London SH survey – Your Views Matter)

Improvement comments around the following: **Access**; **Positives**; **People Related**; **Process Related** and **Other**

