

Sadiq Khan

Mayor of London

(Sent via email to mayor@london.gov.uk)

London Assembly

City Hall

The Queen's Walk

London, SE1 2AA

20 July 2016

Dear Sadiq

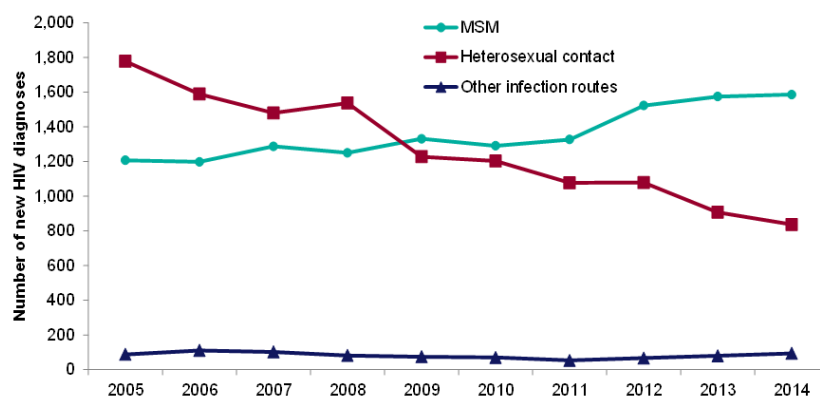
HIV prevention in London

The London Assembly Health Committee has recently held a public meeting into HIV prevention in London. We are writing to draw your attention to a number of specific issues relating to the challenges for HIV prevention in London. The committee welcomes your commitment to championing HIV prevention in London, and we hope our findings will be of use as you develop plans to fulfil your manifesto pledges in this important area.

HIV remains an important public health issue for the capital. London has high rates of HIV compared to the rest of the UK, with over 2,500 new diagnoses last year. There are around 41,000 people living with diagnosed and undiagnosed HIV in London. With advances in HIV treatment and improved life expectancy for people with HIV this figure will continue to rise, with significant implications for both treatment costs and the risk of onward transmission. This is why it is vital that London adopts and maintains a proactive, city-wide approach to HIV prevention and management.

HIV disproportionately affects particular groups within London's communities, notably men who have sex with men (MSM) and people from black African communities. We were concerned to learn that the number of cases among MSM is continuing to rise, despite ongoing efforts to target health interventions for this group. We would also particularly like to draw your attention to the needs of other demographic groups, including trans women, where there is high prevalence.

Figure 4: New HIV diagnoses by probable exposure category (adjusted for missing information), London residents, 2005-2014



Source: Public Health England

Raising awareness is key

The most recent survey by the National Aids Trust shows that Londoners tend to show lower levels of awareness and understanding of HIV, and lower levels of support for people living with HIV, than elsewhere in the country. Lack of awareness increases transmission risk, but also contributes directly to continued stigmatisation of people living with HIV, and prevents people from finding out their HIV status.

More than one in ten of people living with HIV in London are thought to be unaware of their HIV status. The lack of prompt diagnosis not only affects the health of the individual, but also increases the risk of further onward transmission. In 2014, 37 per cent of people diagnosed with HIV in London were diagnosed late. And, across England, late diagnosis is twice as likely in heterosexual men as it is in MSM.

There is a clear public health imperative to get as many people tested as possible. To achieve this, it is vital that more is done to normalise HIV testing as part of routine health checks and we strongly urge you to put City Hall at the heart of efforts to realise this. As HIV campaigners and public health specialists told us, you – as Mayor – have a unique opportunity to reach out to diverse communities and reduce stigma around HIV.

Home testing

We were encouraged to hear that the Terrence Higgins Trust (THT) is beginning a pilot to offer free home testing to 4,500 people at high risk of HIV. Home testing provides a reliable and convenient way for people who are unable or unwilling to access testing through their GP or a sexual health clinic to find out their HIV status. We urge you to monitor this pilot closely and to liaise with THT to determine how home testing could be promoted and provided for more people across London.

We need both local and pan-London prevention efforts

We call on you to work with the boroughs to secure the long-term future of the pan-London HIV prevention programme (LHPP). As it stands, the programme is due to end in March 2017 and we understand that the boroughs are now beginning discussions on the future of this work. We believe it is vital that a co-ordinated pan-London approach to HIV prevention is retained, for a number of reasons:

- 1) London's local authorities are already experiencing intense funding pressures, and there is little evidence to suggest that the situation will improve in coming years. There are already indications that HIV support services are being eroded due to financial pressures. The proposed removal of the local authority public health budget ring fence in 2018 may lead to further downgrading of sexual health services across London as councils seek to make additional savings. This would clearly be a backward step for HIV prevention in London.
- 2) The programme represents one of the very few examples of how joint public health commissioning works across London. To lose this programme would therefore represent not only a loss of effective services but also a valuable and hard-fought mechanism for co-operation and collaboration between local authority public health teams. We believe that as Mayor, you should be championing programmes and initiatives which encourage and enable greater joined-up working across borough boundaries.

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- 3) London's population is highly diverse and highly mobile. The way in which people are choosing to engage with health services is changing to reflect this – for example, people may need to access services near where they work, rather than where they live. A strategic pan-London approach can help ensure that high quality services remain available across the city to all those who need them, and that service provision reflects the reality of how people live their lives.

It is clear that there is no one size fits all approach to improving HIV prevention in London. There are differing needs within and between the communities most affected by HIV. A pan-London approach should complement, rather than replace, a local approach which is based on the best available needs assessments at borough level. But services working with MSM in particular have highlighted the changing nature of how and where the LGBT community congregates. Understanding the specific needs of this community – and sub-communities within it – will therefore help local authorities to commission the most appropriate services.

Chemsex

We heard that patterns of sexual behaviour among some MSM were changing due to the rise of chemsex. Drug and alcohol support services are now reporting seeing higher levels of people using specific chemsex related drugs which are contributing to increasingly risky behaviour. This includes unprotected sex with multiple partners and injecting drug use (which in itself also increases the risk of HIV transmission). Lambeth, Southwark and Lewisham have collaborated on a study to understand chemsex in their local areas and the implications for sexual health in their populations. But it is not clear to what extent sexual health services across London are geared up to deal with this emerging issue for MSM. We hope that, in championing HIV prevention in London, you will make use of this important study and encourage other local authorities to review changing patterns of behaviour within communities so that they can tailor services appropriately.

We should educate and empower people to make informed choices about their own sexual health

The best HIV prevention services are those that do not focus just on HIV. The choices that people make and the behaviours they engage in are often linked to other issues, such as mental health and wellbeing, or drug and alcohol dependency. It is important that services take a holistic, non-judgemental and person-centred approach to sexual health. Fear and stigma will continue to act as barriers to people engaging with HIV prevention activity if they do not receive tailored, culturally appropriate and accessible information about their choices, and the consequences of their choices. We believe that you, as Mayor, can provide real leadership in this area by encouraging informed conversations about HIV and sexual health. We therefore urge you to look at ways in which HIV education and prevention activity can be incorporated into your wider health and community engagement work, through existing mayoral programmes such as Healthy London Schools and the London Workplace Charter, and through the work of the London Health Board.

We remain concerned that, without a clear focus on this issue from the Mayor, sexual health services will become increasingly marginalised by commissioners. Investing in HIV prevention will bring clear benefits in terms of reducing treatment costs to the NHS as well as improving the health of Londoners. We therefore look forward to hearing more about your plans to champion HIV prevention and to working with you on this important issue.

In particular, we encourage you to:

- Publicly endorse the London HIV Prevention Programme's Do it London campaign.
- Work with the campaign to augment messaging that particularly targets heterosexual people to encourage them to get tested.
- Hold an annual sexual health testing event at City Hall to ensure that this issue remains in the public eye.
- Work with TfL, Public Health England and HIV charities to maximise the use of the transport network to encourage testing uptake and promote positive messages around HIV prevention.
- Consider appointing one or more community HIV and sexual health ambassadors to support greater community engagement on this issue.

We would be grateful to receive a response to the points raised by 1 September. Please copy this to Lucy Brant, Scrutiny Manager, via lucy.brant@london.gov.uk

Yours sincerely

A handwritten signature in black ink, appearing to read 'Onkar Sahota', written in a cursive style.

Dr Onkar Sahota AM
Chair of the Health Committee