THE ALL PARTY PARLIAMENTARY GROUP
on
Sexual and Reproductive Health

MINUTES

Tuesday 18th October 2016, 6:15pm- 7:45pm, Committee Room 1, House of Lords

Meeting theme: **Closing the gap: Improving the sexual health outcomes of Black, Asian and Minority Ethnic Communities**

Chairs: Baroness Barker and Natika H Halil, Chief Executive, FPA

Speakers:

Dr Anne Connolly, Chair, Women's Health Primary Care Forum

Marion Wadibia, Chief Executive, NAZ

Priscilla Nkwenti, Chief Executive, Black Health Agency

Dr Charlotte Cohen, Consultant in Sexual Health and HIV Medicine, 10 Hammersmith Broadway

Parliamentary attendees for the AGM: Baroness Barker, Baroness May Blood, Ann Clwyd MP, Viscount Janric Craigavon, Baroness Jenny Tonge

Other attendees: Abena Ahenkorah (London North West Healthcare NHS Trust), Dr Soe Aung (North Middlesex University Hospital Trust), Melissa Barnett (BP Political Consulting), Bekki Burbidge (FPA), Sue Burchill (Brook), Josina Calliste (UCL), Dr Elizabeth Carlin (BASHH), Jan Clarke (BASHH), James Cole (Restless Development), Susan Cole (National AIDs Trust), Emma Connolly (The Challenge), Kristen de Graff (FPA), Jenny Dhingra (Sexpression), Grace Dugdale (Freelance), Dr David Evans (University of Greenwich), Kathy French (Freelance), Ella Fuller (BP Political Consulting), Cheryl Gower (National AIDs Trust), Alastair Hudson (People Living with HIV Stigma Index), Alison Hadley (University of Bedfordshire) Zahra Jamal (NAZ), Dr Asha Kasliwal (FSRH), Sue Knight (Brook), Christabel Kunda (NAZ), Ruth Lowbury (MEDFASH), Fiona Mapp (UCL), Dr John McSorley (BASHH), Amber Milne (Pasante), Dr Hamish Mohammed (Public Health England), Sama Nkwenti (AIFS), Dr Chloe Orkin (BHIVA), Jo Oxlade (Brook), Christine Robinson (The Lister Hospital, London), Laura Russell (FPA), Nigel Scott (Herpes Viruses Association & Shingles Support

Supported by FPA, the Faculty of Sexual and Reproductive Healthcare and the British Association for Sexual Health and HIV

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Society), Zoe Stewart (FPA), Colin Valler (MSD), Harry Walker (FSRH), Dr Sonali Wayal (UCL), Melvina Woode-Owusu (UCL)

Apologies: Baroness Joyce Gould, Diana Johnson MP, Rubbena Aurangzeb-Tariq (Deafax)

AGM

Baroness Barker began by thanking parliamentary members and noting that the AGM was quorate.

Election of officers

Parliamentary members approved the following officers:

Officers		
Role	**Name**	**Party**
Chair & Registered Contact	Diana Johnson	Labour
Co-Chair	Baroness Gould of Potternewton	Labour
Co-Chair	Ann Clwyd	Labour
Vice Chair	Sir Peter Bottomley	Conservative
Vice Chair	Baroness Flather	Crossbench
Vice Chair	Baroness Tonge	Independent Liberal Democrat
Vice Chair	Emily Thornberry	Labour
Treasurer	Baroness Blood	Labour

Income and expenditure statement

Baroness Tonge asked for more details about the value of benefits in kind from the Family Planning Association (FPA). **Laura Russell** (FPA) explained that the contribution from the Faculty of Sexual and Reproductive Healthcare (FSRH) and British Association of Sexual Health and HIV (BASHH), combined with the benefits in kind from FPA pay for a member of staff, based at FPA, to act as the APPG's secretariat.

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Parliamentary members approved the income and expenditure statement (available to view on www.fpa.org.uk/all-party-groups-sexual-health/appg-uk)

Introductions

Natika H Halil opened the meeting and welcomed everyone.

She introduced each of the speakers, and called on participants to consider how the sexual health outcomes gap between Black, Asian and Minority Ethnic (BAME) communities and the general population can be addressed.

Opening statements

Dr Anne Connolly began her presentation by outlining about her experience of working as a specialist GP in a practice designed for patients who would not seek care elsewhere. Her patients include migrants and sex workers from a variety of backgrounds. In Bradford City, she noted that around 75% of the population is South Asian, 15% Eastern European and 10% white.

She then spoke about the broad category 'BAME', saying that multiple groups with very different needs fall under this single label. She gave examples, saying that a highly educated Latvian women employed in skilled work will have very different requirements to a Roma woman who has never had formal education and frequently moves around the country. She said that approaches need to consider different cultural contexts, rather than a 'one size fits all' approach.

Dr Anne Connolly then described the problems that the Health and Social Care Act 2012 has had on contraception services in her area. She said that fragmentation has reduced the number of clinical family planning services, which were most often used by women who do not attend GP practices for contraceptive care. She said that health visitors are reporting that, due to the cost of travel or the difficult of arranging childcare, fewer women are accessing contraception. She added that reductions in funding for interpreters have also contributed to declining levels of access.

Fundamentally, she argued that there is not a problem in Bradford with the quality of services. Instead, the problem is with access, which has been reduced by concentrating smaller family planning clinics into larger, integrated services. However, there are opportunities to jointly commission, and with input from vulnerable communities these can be designed to reflect the needs of the local community.

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She concluded by saying that, in Bradford, communities aren't hard to reach – they are just seldom heard.

Marion Wadibia began her presentation with two case studies. The first described the experience of a Black African lesbian woman, who was the victim of corrective rape instigated by her family after she developed a relationship with a girl at school. She was coerced into marrying a man and experienced intimate partner violence. Her asylum claim in the UK was rejected, on the basis that her marriage demonstrated that she was not being truthful about her sexuality.

The second case was of a Brazilian man who had a history of mental health problems. He had recently been diagnosed with HIV and described himself as being 'reluctantly involved' in chemsex. He wanted to move house but could not afford private rents and was socially isolated. He was also involved in a transactional sexual relationship with his drug dealer.

Marion Wadibia explained that these examples demonstrate the breadth of issues that NAZ deals with as a sexual health charity. She then went on to describe sexual health inequalities, noting that although HIV infections among BAME communities have fallen over the last 10 years this is not a result of effective HIV prevention efforts

BAME communities are disproportionately affected by STIs and this has changed very little over the last decade. In 2015 rates of chlamydia were 3 times higher and trichomoniasis rates 10 times higher in black populations compared to the general population. Black women are also more likely to have more than one abortion; 47% of women who had more than one abortion are Black British, 37% were White and 34% Asian.

Marion Wadibia then described how the gap can be closed. She spoke about the importance of a focused, strategic approach as well as operational leadership and representation from people from minority ethnic groups in service design. She placed emphasis on the value of partnership working between social, public and corporate sectors. Finally, she used the example of the Teenage Pregnancy Strategy as an effective model for a joined-up plan to span government departments, which could focus on specific outcomes for minority ethnic groups over the next 10 years.

Priscilla Nkwenti began by agreeing with **Dr Anne Connolly**'s comments about the problem of using the label BAME, as it does not recognise the fact that each community experiences different barriers to access. She then gave an overview of the Black Health Agency's (BHA) work in Greater Manchester, Yorkshire and the West Midlands with communities including Black African women living with HIV, South Asian women, and Eastern European Roma communities.

She spoke about the challenges each group faces. From her experience, she said that Black African women living with HIV struggle to navigate sexual intimacy in sero-discordant relationships. She also spoke about the poor mental health often experienced by people living with long term chronic conditions and the lack of access to mental health services.

For Black Caribbean living in the West Midlands, teenage pregnancy rates remain disproportionately high. This is because of poor access to information, low self-esteem and poor sex and relationships education (SRE). She then spoke about class differences among South Asian women in Manchester (who tend to be highly educated) and in areas such as Oldham and Rochdale, were incomes tend to be lower. She said that there is a need for community development to encourage screening and uptake of contraceptive services.

Priscilla Nkwenti then covered BHA's programmes with Roma women, who often have no formal education. In these communities, having many children often leads to higher status. She said that Roma women need to be engaged and consulted in order to ensure that services suit them. As older women are often a source of information, peer support schemes have proven successful as a way of improving women's understanding of their options.

Fundamentally, it is important that services are culturally appropriate, with change led through peer support and the utilisation of community assets. Where possible, organisations should recruit staff and volunteers from at risk communities. She agreed with **Marion Wadibia**'s points about opportunities for private sector partnerships and integrated commissioning.

Dr Charlotte Cohen spoke about sexual health inequalities specifically among Latin American communities. She spoke about her Spanish-speaking HIV service in Hammersmith, where demand is continuing to grow.

She said that there are challenges in identifying Latin American communities, as many come to the UK with EU passports, through Spain in particular. Using census data to identify the community is a challenge, both because Latin Americans often live in houses of multiple occupancy and as they frequently describe themselves as 'White Other'. She said that definition by country of birth would help to define the cohort.

Although it is hard to know, it is estimated that there were around 250,000 Latin Americans living in the UK in 2013, with most in Inner London. They make up the 8th largest group of non-UK born residents in the Capital, with 22,000 coming to London with an EU passport. In 2013, 1,300 Latin Americans in the UK were living with diagnosed HIV, 1,050 of whom lived in London.

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One of the key challenges is the language barrier. **Dr Charlotte Cohen** said that, of the people who attend her clinic, the vast majority speak little to no English and cannot engage with healthcare. This results in some patients being charged exorbitant costs at private clinics. Other barriers to access include homophobia, stigma and post-traumatic stress, as many have witnessed homicides in their country of origin. 20% have never been to a GP and registration remains difficult.

Data from Public Health England shows that HIV prevalence is much higher in Latin American communities compared to the general population in the UK. **Dr Charlotte Cohen** advised that this may be due to higher testing rates and better returns on data from clinics. Rates of STI diagnosis are also rising over time.

Concluding, she said that there is a need to consider the role of specialised voluntary sector agencies (such as NAZ), which can enable essential peer support for vulnerable populations and help to develop robust referral pathways into mainstream care with primary, secondary and tertiary healthcare providers.

Natika H Halil opened the floor to questions.

Q&A

Commissioning

Alison Hadley (University of Bedfordshire) asked for clarification around commissioning for people who are not UK citizens.

Dr Anne Connolly explained that anyone who has refugee status is entitled to free care, as do those making an asylum claim. However, if a claim is rejected, that individual will then have to pay for hospital services, but can still access free primary and emergency care. There is currently concern over maternity care, and that confusion means that some migrants do not realise that they would not be charged for contraceptive care.

Baroness Barker mentioned the APPG on HIV/AIDs recent report into the impact of the Health and Social Care Act 2012 (which has not yet been released). She said that, although much of the report highlights flaws in the system, it also shows that it is possible to have better integration of services. She also advised the APPG's audience to follow Greater Manchester's experience in order to understand the potential opportunities and challenges of devolution.

Later in the meeting, **Dr Asha Kasliwal** (FSRH) asked about the commissioning of cervical screening, an increasing number of clinics no longer offer this service.

Dr Anne Connolly agreed that this is a significant problem. She said that she has seen a 70% reduction in colposcopy uptake among South Asian women in Bradford and a 40% reduction among Eastern Europeans, due to declining accessibility caused by fewer clinics offering this service.

Peer support and language barriers

Jan Clarke (BASHH) asked participants about the links between sexual health services and psychological support. She said that peer support is effective at encouraging people into care and asked how this can be protected and maintained.

Marion Wadibia said that, when local authorities are cost-cutting, peer support often gets decommissioned as it can be hard for voluntary sector organisations to demonstrate its value.

Dr John McSorley (BASHH) spoke about the importance of language and the difficulty it causes for patients who are no longer able to access interpretation services. He added that peer support allows messages to come directly from community members, enabling BAME people to talk about their problems openly.

Dr Charlotte Cohen said that many Latin American people would rather see a clinician able to speak Spanish, as a third party interpreter makes them feel too uncomfortable to disclose issues related to their sexual health. **Marion Wadibia** added that, although authenticity of voice is important when discussing sexual health with BAME communities, there are still a small number of leaders from communities willing to speak about it. **Priscilla Nkwenti** said that established BAME communities have come a long way and that there is greater willingness to talk about these issues, but that it is becoming harder to maintain without further investment in community outreach.

Social media

Jenny Dhingra (Sexpression) asked for some examples of effective outreach that has used social media.

Priscilla Nkwenti said that a group of BAME young people from Greater Manchester have designed their own web forum, to discuss a variety of issues (including sexual health).

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Marion Wadibia said that NAZ have worked with BAME MSM to develop an online platformcalled ManOn to share information on lifestyle and health. Another project, 1000women, includes social media and narratives to help improve the mental and sexual health of BAME women.

Mainstreaming services

Dr Elizabeth Carlin (BASHH) said that there is a specific antenatal service in Nottingham for women living with HIV. She asked if it would be possible for patients to use mainstream services and how long this might take, if appropriate peer support was put in place.

Dr Charlotte Cohen said that, in her clinic, it depends on patients' level of English. She said that, when patients struggle to communicate with healthcare professionals, it prevents them from accessing mainstream services including primary care.

Dr Soe Aung (North Middlesex University Hospital Trust) spoke about second and third generation BAME people, saying that they may not wish to attend BAME-specific services.

Marion Wadibia agreed, saying that each group needs services that are tailored to their needs.

Concluding remarks

Baroness Barker concluded that we need to be more sophisticated about difference. She said that this is something which is beginning to emerge within the LGBT community, where it is being recognised that there are a variety of challenges that do not affect everyone in the same way.

Fundamentally, she said that there is a need to reach women who are unable to exercise choice over their reproductive health. She said that devolution deals may provide opportunities to develop services that can reach out to BAME communities.

Natika H Halil thanked the speakers and said that she looked forward to sharing details of the discussion with the APPG's Co-Chair **Baroness Gould**, who sent her apologies.

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