

Press release: Regulator uncovers 'serious abuse of charity' at Islamic Global Trust

The Charity Commission has removed the trustees of Islamic Global Trust, after finding no evidence that it carried out any charitable activity and not being able to locate the trustees. The charity has also been removed from the register.

The Commission initiated a [statutory inquiry](#) after a local authority alerted it to concerns that the charity had incorrectly claimed business rates relief on property it rented, but where no charitable activity was being carried out.

Islamic Global Trust was set up to help people in need and advance education in the UK and Pakistan, but the inquiry's wider investigation found no evidence to support funds being spent on this cause.

Commission analysis of the charity's financial records, including annual returns and bank statements, revealed inconsistencies as well as evidence that charitable funds were misapplied.

Payments included monthly gym membership, £6,100 to a digital TV channel where one of the trustees was a director, £14,600 to two debt collection agencies, and payments to Companies House, despite the charity not being registered with that agency.

There were also unattributed payments of £10,000 from the charity's account, and bank charges incurred where cheques could not be honoured due to insufficient funds.

The report also finds that the trustees failed to submit their charity's annual accounts and returns in line with the law.

During the inquiry the trustees changed, and despite numerous efforts to locate the new trustees they could not be found. Two of the former trustees, in post at the outset of the inquiry, were also not locatable.

As the trustees could not be traced they were removed as trustees. The charity was taken off the register.

Amy Spiller, Head of Investigations Team at the Charity Commission said:

Charities hold special status in society and the public rightly have high expectations of those responsible for them. Trustees should be careful custodians of charity, acting in the public

interest to further the charitable mission and purpose of their organisation.

The trustees of Islamic Global Trust failed in their duties. They used charitable funds for their own agendas, without regard for their charitable cause and the purposes for which money was donated. This was an abuse of charity and public trust.

A full report of the inquiry is available on [GOV.UK](https://gov.uk).

Ends.

Press release: Legal services and LawTech bolstered with £2 million of government funding

Just over £2 million has been committed by the government to help embrace the opportunities of LawTech, drive innovation and help the UK legal sector grow.

Press release: Legal services and LawTech bolstered with £2 million of government funding

- government provides just over £2 million to support new and emerging technologies in the legal sector
- legal services contribute around £25 billion to the UK economy and £4 billion in exports per year

The UK is the second largest legal services market in the world, worth around £25 billion to the economy with more than 300,000 people employed in the sector, and a leading global legal centre.

Entrepreneurs, academics, and legal services providers are starting to develop new technology to modernise the sector and improve the UK's productivity, and the government is committed to supporting this activity and encouraging law firms to utilise emerging technology even further.

Justice Secretary David Gauke, said

Technology promises to be a key component in the success of our legal services sector and this funding will help support emerging LawTech in the UK and wider economic growth.

We are home to some of the best law firms in the world, globally renowned courts and a wealth of legal talent. Through the effective use of technology, we can help the sector advance and continue to lead globally.

More than 200 international firms, from more than 40 jurisdictions, have chosen to base themselves here and English and Welsh law is the most commonly used in international business and dispute resolution.

Notes to editors

LawTech

LawTech refers to new legal technologies which aim to support, supplement or replace traditional methods for the delivery of legal services. In 2018 the LawTech sector was valued at \$15.9 billion globally.

LawTech Delivery Panel

Announced by the Lord Chancellor in July 2018, the LawTech Delivery Panel is industry-led and government supported. The Panel promotes and champions the use of technology in the UK's legal sector, by identifying both barriers to and catalysts for growth and adoption. The Panel aims to provide direction to the legal sector, help foster innovation and create an environment in which new technology and the UK's fledgling LawTech community can thrive.

The Panel brings together industry, government, academia, judiciary, regulators and the legal technology community to address challenges and seize opportunities related to regulation, investment and funding, education and skills, legal framework and UK jurisdiction, commercial disputes resolution and ethics.

[Further information on the work of the Panel](#) can be found on the Law Society website.

[Press release: People urged to practise safer sex after rise in STIs](#)

in England

New data from Public Health England show there were around 448,000 cases of sexually transmitted infections diagnosed in 2018, an increase of 5% from 2017.

Press release: People urged to practise safer sex after rise in STIs in England

A new report by Public Health England (PHE) shows numbers of new STI diagnoses in 2018 increased by 5% in comparison to 2017 (from 424,724 to 447,694). The number of consultations at sexual health services, both in clinic settings and online, increased by 7% between 2017 and 2018 (from 3,337,677 to 3,561,548). The rise in STIs is likely to be due to people not using condoms correctly and consistently with new and casual partners, and an increase in testing improving detection of the most common STIs.

Dr Gwenda Hughes, Head of STI Surveillance at PHE, said:

The rise in sexually transmitted infections is concerning. STIs can pose serious consequences to health – both your own and that of current and future sexual partners. No matter what age you are, or what type of relationship you are in, it's important to look after your sexual health. If you have sex with a new or casual partner, make sure you use condoms and get regularly tested.

Importantly, in 2018, gonorrhoea diagnoses rose by 26% from 2017 (from 44,812 in 2017 to 56,259). Gay, bisexual and other men who have sex with men (herein known as MSM) are at higher risk and over-represented, with almost half of cases diagnosed in this group. This trend is concerning given the emergence of extensively-drug resistant gonorrhoea. PHE actively monitors and investigates the spread of antibiotic resistance in gonorrhoea and potential treatment failures to help reduce the spread of resistance.

Cases of syphilis also increased and have more than doubled over the past decade (from 2,847 in 2009 to 7,541 in 2018). PHE has worked with stakeholders to develop a [syphilis action plan](#) to tackle this rise, which is most notable amongst MSM, who accounted for 75% of cases in 2018. The main aims of this action plan include increasing testing frequency of high-risk MSM; improving partner notification; and maintaining high rates of antenatal

screening.

Chlamydia remained the most commonly diagnosed STI, accounting for almost half of new STI diagnoses (218,095). Chlamydia most commonly affects 15 to 24 year olds, who account for 60% (131,269) of new diagnoses – an increase of 2% since 2017. This is in line with the National Chlamydia Screening programme's aim to increase detection and reduce prevalence of chlamydia by proactively offering screening to young people.

The report highlights that the HPV vaccination programme has led to a marked decline in genital warts diagnosis, which are caused by some strains of HPV that the vaccine protects against. The rate of genital warts diagnoses among girls aged 15 to 17 years, most of whom would have been offered the quadrivalent HPV vaccine aged 12 to 13 years old, was 92% lower in 2018 compared to 2014. A decline of 82% was seen in same aged heterosexual boys over this time period, which suggests substantial herd protection.

Across all STIs, the highest rates of diagnoses continue to be seen in 15 to 24 year olds, MSM, and black minority ethnic groups. This is likely due, in part, to higher rates of partner change and/or more concurrent sexual partnerships without consistent condom use. Among a minority of MSM, chemsex may facilitate these risk behaviours. The rates of STIs are far lower in older age groups but are increasing, with the largest proportional increase in gonorrhoea and chlamydia seen in people over 65.

Often, individuals with STIs may not realise they have one because these infections are often symptomless. This means people can easily contract an STI or pass one on without knowing it and should take up the offer of STI screening, regardless of whether they show symptoms if they have had sex with a new or casual partner without using a condom.

Those at risk of STIs can access services through sexual health clinics. Many clinics offer online testing, which means people can order tests using clinics' websites, take them in the privacy of their own home, send kits off to a laboratory for testing and receive results either via text, phone call or post. PHE recommends regular HIV and STI testing for those with new or casual partners. Local STI services can be found online via [NHS.UK](https://www.nhs.uk).

Important statistics

In 2018, there were 447,694 diagnoses of sexually transmitted infections (STIs) made at sexual health services in England, a 5% increase since 2017. Of these, the most commonly diagnosed STIs were chlamydia (218,095; 49% of all new STI diagnoses), first episode genital warts (57,318; 13%), gonorrhoea (56,259; 13%), and genital herpes (33,867; 8%).

The number of consultations at sexual health services, both in clinic settings and online, increased by 7% between 2017 and 2018 (from 3,337,677 to 3,561,548).

The total number of sexual health screens (tests for chlamydia, gonorrhoea, syphilis, and HIV) increased over this time period (22%; from 1,603,744 in

2014 to 1,955,108 in 2018).

The increase in the total number of new STIs was due to a large increase in gonorrhoea (26%; from 44,812 to 56,259) and more moderate increases in chlamydia (6%; from 205,365 to 218,095), syphilis (primary, secondary and early latent stages: 5%; from 7,149 to 7,541), and first episode genital herpes (3%; from 32,828 to 33,867) diagnoses. There were 7,541 diagnoses of syphilis reported in 2018, a 5% increase since 2017.

Between 2017 and 2018 increases in STIs were reported in heterosexual women (2%; from 138,398 to 141,440), heterosexual men (1%; from 134,160 to 134,897), women who have sex with women (WSW: 16%; from 571 to 661), and MSM (17%; from 55,357 to 64,831).

In people over 65, gonorrhoea increased by 42% (from 236 to 336) and chlamydia increased by 24% (from 416 to 517); however, the population diagnosis rates of these STIs remain far lower than those of people under the age of 35 years.

There were 193 diagnoses of first episode genital warts in 15 to 17 year old girls in 2018, a 56% decrease relative to 2017, and 100 diagnoses of first episode genital warts in same aged heterosexual boys, a 46% decrease relative to 2017.

Through the National Chlamydia Screening Programme, 1,304,113 chlamydia tests were carried out among young people aged 15 to 24 years, a 1% decline since 2017 and a 22% decline since 2014. Due to an increase in the proportion testing positive, this resulted in 131,269 chlamydia diagnoses in this age group, an increase of 2% since 2017.

Syphilis action plan

'Addressing the increase in syphilis in England: [PHE Action Plan](#)' has been published today, Tuesday 4 June 2019. There is a need to strengthen public health measures to reduce transmission of syphilis. National clinical guidelines recommend frequent testing in high-risk MSM, but surveillance data suggests this is not uniformly carried out. There are also concerns about poor knowledge and awareness of syphilis among MSM.

A wide range of measures to control transmission already exists, but the continued increase in cases suggests that these are either not being applied consistently or that new, additional measures should be considered.

The actions specified in the plan are aimed at clinicians, public health specialists, specialty societies and commissioners of specialist sexual health services and focus on the main affected populations.

A successful response to the current increase in syphilis incidence is dependent upon action that optimises 4 prevention pillars fundamental to syphilis control and prevention:

1. Increase testing frequency of high-risk MSM and testing of syphilis

cases after treatment

2. Deliver partner notification to BASHH standard
3. Maintain high antenatal screening coverage and vigilance for syphilis throughout antenatal care
4. Sustain targeted health promotion.

Background

Read the [full report and breakdown of data.](#)

STIs can be successfully prevented by:

- using male or female condoms every time you have vaginal and anal sex
- using a condom to cover the penis if you have oral sex
- not sharing sex toys, or washing them and covering them with a new condom before anyone else uses them

Find out more about the signs and symptoms of [STIs on NHS.UK.](#)

An increasing proportion of tests are provided through eSexual Health Services (eSHSs) which enable access to testing for those who are unable or who prefer not to attend a clinic in person. For example, 14% of chlamydia diagnoses among 15 to 24 year olds in 2018 were made through eSHSs and this number is expected to grow in subsequent years.

To support sexual health services and work to reduce STI transmission in communities PHE:

- developed a syphilis action plan to address the increase in cases
- launched a sexual health campaign called [Protect Against STIs](#), which targets 16 to 24 year olds to promote condom usage as they experience the highest STI diagnosis rates
- provide local authorities with data on local service activity – including clinical attendance, testing rates, and epidemiology (whether STIs are increasing or decreasing at a low level) – and an epidemiology report at the end of each year providing key information for commissioners
- respond to outbreaks, incidents and epidemics to help reduce the spread of infections as part of our public health function
- provide advice and support the development of national guidelines, for example through the advisory group for the [NICE guideline for STI control](#)