



## Health and Wellbeing Board

**Date:** FRIDAY, 2 FEBRUARY 2024  
**Time:** 11.00 am  
**Venue:** COMMITTEE ROOMS - 2ND FLOOR WEST WING, GUILDHALL

6. **CITY & HACKNEY SEXUAL AND REPRODUCTIVE HEALTH STRATEGY, ACTION PLAN AND CONSULTATION REPORT**

**For Decision**  
(Pages 3 - 14)

Appendix 4 – Draft City& Hackney Sexual and Reproductive Health Action Plan

Item received too late for circulation in conjunction with the Agenda.

**Ian Thomas CBE**  
**Town Clerk and Chief Executive**

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Draft City & Hackney Sexual & Reproductive Health Action Plan

January 2024

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<b>Sexual and reproductive health are fundamental human rights and cut across all domains of health. Responsibility for improving outcomes rest with all members of the partnership</b>												
<b>1.1 Coordination</b>												
Overseeing implementation												
Overall coordination of partnership work to support implementation will rest with the Sexual Health lead at the City and Hackney Public Health team, with leadership from the Deputy Director of Public Health.												
<b>1.2 North East London (NEL) partnership working</b>												
Support the development and finalisation of NEL Strategy and action plan and formal adoption by the ICP												
<b>1.3 (Re)Commissioning</b>												
Review current services and service models and compare against best practice and develop a commissioning strategy for 2024 onwards for sexual health services												
Explore the potential for joint commissioning of fertility, ToP and SARS with NHS partners (this may not entail financial responsibility but partnership working and strengthening of referral mechanisms and pathways)												
<b>1.4 Data and needs assessment</b>												
Prepare and publish annual update to the sexual health needs assessment, in collaboration with the Public Health Intelligence Team (PHIT)												
Sexual health dashboard development together with the Public Health Intelligence Team (PHIT)												













Outcome	Aims	Nr	How/what is in place or needs to be in place	Strategic Lead (name)	Delivery Lead	Partner(s)	Partner lead(s)	Milestones (aim for a date)	Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Theme 3: STI prevention and treatment</b>														
<i>Young people</i>														
<b>A) Young people have access to accurate, inclusive and appropriate information and education on sexual health (information and education)</b>	1 - All primary and secondary schools provide relationship and sex education that complies with the <a href="#">statutory guidance</a> and meets the needs of children and young people	3A1	See 1A1	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People	C&H PH - CYP team	Hackney Education and Schools, Col. Community and Children's Services (CCS), Young Hackney Health and Wellbeing team								
	2 - Dedicated young people's services such as youth hubs and the 'super youth hub' offer safe spaces for sexual health information and advice and inreach of clinical services	3A2	See 1B3: (super) youth hubs have sexual health inreach service provision. The YP condom distribution scheme is active. Different strategies will be required for different age groups of YP.	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People	C&H PH - CYP team	Hackney Children's Social Care And Education, Young Hackney Health and Wellbeing team (YH HWB including CDS). CAMHS?, HSHS								
	3 - Young people are engaged in designing or improving pathways, services, promotional materials and/or campaigns to ensure relevance and suitability (coproduction)	3A3	See 1C2	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People	Young Hackney Health and Wellbeing Team	Healthwatch (public reps, system influencers), Population Health Hub								
	4 - Provision is made for engagement on sexual health with residences and hostels that accommodate care leavers, youth justice and other young people in supported accommodation circumstances	3A4	See 1A5, 1C4, theme 5	Carolyn Sharpe, Public Health, lead Consultant on children and Young People	C&H PH - CYP team	Youth Justice, Children & Social Care, Young Hackney, HSHS, Health Planning Team, the Greenhouse surgery								
<b>B) Young people know where to source free condoms and STI tests and have no barriers to access and uptake (prevention)</b>	1 - The Young Hackney free condom distribution scheme is embedded and promoted within a wide range of outlets and recognised by young people	3B1	Visibility via the online resource that is to be developed and the YH website. Outreach and engagement.	Chris Lovitt, Deputy Director of Public Health	YH HWB	Young Hackney, Youth Hubs, pharmacies								
	2 - Pharmacies provide low barrier access to a range of SRH services including condoms, EHC, Chlamydia screening/treatment and Gonorrhoea screening, as well as routine oral contraception (under development) and are trained to make safeguarding referrals where appropriate	3B2	See 1B4. Include PrEP in year 2.	CP NEL/LPC		Community Pharmacy NEL (CP NEL/LPC), National Chlamydia Screening Programme (NCSP) Coordinator, Young Hackney Condom Distribution Scheme (YH CDS)								
	3 - SHL is promoted, especially among groups that have shown lower uptake of their testing offer	3B3	Data showing preferences for accessing STI testing (by age, ethnicity, sexual orientation etc.) is used effectively to increase testing uptake. Include SHL in the Digital and communications strategy	LSHP/SHL		SHL								
	4 - Young people are engaged in designing or improving pathways, services, promotional materials and/or campaigns to ensure relevance and suitability (coproduction)	3B4	See 3A3, 1C2	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People	Young Hackney Health and Wellbeing Team	Healthwatch (public reps, system influencers), Population Health Hub								
<b>C) Young people have access to appropriate and young people friendly sexual health treatment services (treatment)</b>	1 - HSHS clinics are welcoming to young people and offer no appointment, face-to-face walk-in services	3C1	See 1B1	Homerton Sexual Health Services	HSHS lead Consultant									
	2 - Chlamydia treatment can be accessed at selected community pharmacies and SHL	3C2	YH website (pharmacy and other services map), SHL online, and the online resource that is to be developed.	CP NEL/LPC	C&H PH team, sexual health lead	CP NEL/LPC, HSHS NCSP lead, SHL								
	3 - Dedicated young people's services such as youth hubs and/or the 'super youth hub' offer safe spaces for sexual health advice and treatment through inreach sexual health clinics	3C3	See 1B3: (super) youth hubs have sexual health inreach service provision. YP condom distribution scheme is active. Different strategies will be required for different age groups of YP.	Carolyn Sharpe, Public Health, lead Consultant on children and Young People	C&H PH - CYP team	Hackney Children's Social Care And Education, Young Hackney Health and Wellbeing team (YH HWB including CDS). CAMHS?, HSHS								
<b>D) STI testing is available through multiple pathways so people with different preferences can access them on their own terms and without barriers (testing)</b>	1 - SHL testing is promoted as primary source of STI testing (asymptomatic, uncomplicated, regular testing, including for PrEP)	3D1	- Develop and implement a service promotion campaign - monitor uptake to ensure data showing preferences for accessing STI testing (by age, ethnicity, sexual orientation ect) is used effectively to increase testing uptake	SHL		SHL								

Outcome	Aims	Nr	How/what is in place or needs to be in place	Strategic Lead (name)	Delivery Lead	Partner(s)	Partner lead(s)	Milestones (aim for a date)	Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
	2 - Access to in-person STI testing is improved for those who do not use online services, including in pharmacies and GPs. Face to face appointments /walk in testing services at sexual health clinics are available for under 16s, those who prefer this (e.g. due to difficulty to self test), those who can not access online services, those who are symptomatic, or who have other complexities.	3D2	Data showing preferences for accessing STI testing (by age, ethnicity, sexual orientation etc.) is used effectively to increase testing uptake. Maintain walk-in services, out of hours clinics, young people friendly services. Effective use of triage within services to ensure more vulnerable users (e.g. young people, DV survivors, sex workers etc. ) continue to have very low threshold access to services.	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	GP Confed, CP NEL, HSHS NCSF Coordinator								
	3 - Smart STI testing kits (for collection) are available at (selected) community pharmacies with high uptake of sexual health services	3D3	Identify key pharmacies to undertake pilot. Work with CP NEL & HSHS to design pathways.	SHL	C&H PH - sexual health	SHL, CP NEL/LPC								
<b>E) Better understanding of drivers of risky sexual behaviour in different population groups</b>	1 - Reduction in STI rates in specific populations e.g. GBMSM, black communities	3 E1	Advocate for NEL/London wide research to engage with specific groups with high infection rates to understand sexual choices and behaviours with co-produced behaviour change campaign and/or adapted services and pathways, including testing engagement (e.g. focused STI prevention efforts for trans people, particularly for chlamydia, gonorrhoea, and syphilis. Chlamydia, gonorrhoea, and HIV	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	CVS (e.g. LoveTank), HSHS, PH teams, Population Health Hub								
	2 - Explore ways to reduce STI rates and encourage uptake of STI testing among heterosexual males, especially those from ethnic groups that have lower testing uptake.	3 E2	Advocate for NEL/London wide research to understand ways to encourage greater uptake of testing amongst heterosexual males.	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	CVS (CAN, SWIM), Population Health Hub, HSHS								
<b>F) Functioning and efficient partner notification systems are in place with all testing pathways</b>	1- Increase effectiveness and outcomes of partner notification (PN)	3F1	Review current PN against BASHH standards on partner notification to ensure that sexual partners of individuals with a confirmed STI are made aware and offered testing and treatment where appropriate. Advocate for NEL/London wide approach to PN to increase identification of at risk partners and sexual networks. Explore opportunities for new approaches to PN using online resources and digital innovation.	HSHS		all providers of sexual health treatment services/HSHS, SHL, GP Confed								
<b>G) STI reinfection rates in young people and adults are reduced</b>	1- Improve prevention outcomes from partner notification	3G1	Treatment of primary infection is used as an opportunity to provide sexual health advice and signposting to services and free condoms, and an opportunity to discuss PrEP, when relevant.	HSHS		GP Confed								
	2- Reduce reinfection rates	3G2	Assess and improve engagement with those who are reinfected within 6-12 months by better signposting to the care pathway, free condom provision, PrEP, sex and relationship education. Monitor reinfection rates to ascertain who is most at risk of reinfections	HSHS		GP Confed								
	3- Active engagement with communities with highest rates of STIs	3G3	Ensure and continue active outreach through CVS commissioned services and LHPP to ensure reach into different local communities and facilitate accessibility of condoms and PrEP	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	CAN, PE, London HIV Prevention Programme (LHPP)								
	4- Respond to changing sexual behaviours amongst residents	3G4	Ensure the sexual health needs of older people (40+) are included in awareness campaigns and reduce age related discrimination e.g. STIs and increase awareness of importance of testing	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	Community Champions								
<b>H) Vaccination coverage has improved</b>	1 - Residents are protected from vaccine preventable diseases	3H1	Ensure sexual health vaccine preventable diseases included in C&H immunisation strategy. Increase testing rates and vaccination coverage of HPV, Hep A, B, Mpox in vulnerable and high-risk populations, including secondary school aged young people and clinic attendees.	C&H PH team - Carolyn Sharpe		HSHS, Education (Hackney and CoL)								

Outcome	Aims	Nr	How/what is in place or needs to be in place	Strategic Lead (name)	Delivery Lead	Partner(s)	Partner lead(s)	Milestones (aim for a date)	Indicators	Year 1	Year 2	Year 3	Year 4	Year 5	
<b>Theme 4: Living well with HIV and zero new HIV infections</b>															
<b>A: People living with HIV no longer experience stigma and discrimination</b>	1 - City and Hackney sign up to the HIV confident charter and implement training throughout statutory and voluntary organisations to end stigma and discrimination	4A1	HIV confident charter is brought to City and Hackney HWB boards with implementation plan	Chris Lovitt, Deputy Director of Public Health					Fast Track Cities, Positive East						
	2 - Encourage sign up to the HIV ambassadors programme to ensure the voice of people living with HIV is central to the provision of services across City and Hackney	4A2	Promote HIV ambassadors programme through HWB members	Chris Lovitt, Deputy Director of Public Health						Fast Track Cities, Positive East					
<b>B: All diagnosed people with HIV receive treatment and care to achieve best possible health outcomes and viral suppression.</b>	1 - Support people who are living with HIV to know their status and access appropriate care, including retention within care services and ongoing adherence to antiretroviral treatment (ART), to improve outcomes.	4B1	Implement HIV Evolving Care Report	NHS England Specialist Commissioning (and ICB from April 2025)					Jonathan Mann clinic, Positive East						
	2 - Facilitate more joined-up working on HIV between primary and secondary care services locally especially in relation to ageing related comorbidities	4B2	Promote shared learning and CPD sessions. Support Fast Track Cities Funded HIV GP lead	NHS England Specialist Commissioning (and ICB from April 2025)					Jonathan Mann clinic/HSHS, GP Confederation						
	3 - Ensure immediate connection to holistic care pathways (VCS organisations) after a positive diagnosis (including as a result of the opt-out testing initiatives), especially for people with added vulnerabilities and/or poor mental health and history of trauma	4B3	Data Sharing Protocol implemented, referral pathways confirmed between VCS, A&E, substance misuse services and outreach providers	NHS England Specialist Commissioning (and ICB from April 2025)						Jonathan Mann clinic, Positive East, Body & Soul					
	4 - Peer support and navigators are embedded into local services to ensure continued connection to care and support for people lost to follow up	4B4	Implement HIV Evolving Care report	NHS England Specialist Commissioning (and ICB from April 2025)						Jonathan Mann clinic, Positive East					
	5 - Increase equity in terms of successfully achieving virological suppression, e.g. among global majority and heterosexual residents, individuals with complex needs and higher levels of vulnerability	4B5	Undertake equity audit across HIV treatment services	NHS England Specialist Commissioning (and ICB from April 2025)						Jonathan Mann clinic, Positive East					
	6 - Regularly update HIV needs assessment and ensure focus on equity of outcomes	4B6	Publish HIV need assessment, update on an annual basis	ICB / C&H PH											
<b>C: All communities who would benefit from HIV prevention interventions including condoms, PrEP are easily able to access services</b>	1 - Increase awareness and uptake of PrEP among all eligible groups, particularly those with low current take-up	4C1	Support the broadening of focus of the London HIV Prevention Programme beyond GMS&M to include other groups who would benefit from PrEP. Ensure pathways for PrEP easy to access	London HIV Prevention Programme					London HIV Prevention Programme (LHPP), Positive East (PE), Community African Network (CAN)						
	2 - Reduce barriers to access to condoms for young people and other communities	4C2	Review local condom distribution and implement findings	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead				CAN, Positive East, YH CDS						
	3 - Have HIV rapid tests and pilot rapid start PrEP in community settings including community pharmacies and substance misuse services	4C3	Work with London Sexual Health Programme and UKHSA/ OHID Sexual Health lead to design and implement pilot	LSPH & Helen Corkin (UKHSA/ OHID)						CP NEL, HSHS, Combating Drugs Partnership, Turning Point					
	4 - Support people who are living with HIV to know their status and access appropriate care, including retention within care services and ongoing adherence to antiretroviral treatment (ART), to improve outcomes.	4C4	Implement Evolving HIV care report	NHS England Specialist Commissioning (and ICB from April 2025)						Positive East, Jonathan Mann Clinic/HSHS, Body & Soul					
	5 - Increase access amongst MSM communities, particularly where individuals are younger and/or from a black, Asian, or ethnic minority background or new arrivals to C&H to NHS PrEP and uptake of free condoms	4C5	Continue to actively participate in the London HIV Prevention Programme. Continue to commission voluntary sector services to work with these communities	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead					London HIV Prevention Programme (LHPP), Positive East, LoveTank					
	6 - Undertake tailored and appropriate engagement with non-MSM communities at higher risk of acquiring HIV to promote NHS PrEP	4C6	Continue engagement with London HIV Prevention Programme to develop additional HIV prevention work with black, Asian and other ethnic minority communities. Continue to commission voluntary sector services to work with these communities	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead					Positive East (Project Community), CAN, LHPP					
	7 - Ensure awareness of and access to/delivery of PEPSE (Post-exposure prophylaxis after sexual exposure to HIV) and linking to PrEP pathway	4C7	Review promotional material for PrEP to ensure also includes information also includes PEPSE. Ensure PEPSE access pathways also include information on how to access PrEP	HSHS, LHPP, LSPH						HSHS, Positive East, CAN					
<b>D: All people with HIV know their status and are linked in to care and treatment</b>	1 - Reduce late diagnosis of HIV	4D1	Increase provision and uptake of testing for HIV, including indicator disease testing, and other forms of opt-out testing, such as in A&E.	NHS England Specialist Commissioning (and ICB from April 2025)					ICB (BBV task team), HSHS, GP Confed						
	2 - Increase uptake of HIV testing in populations where there is low testing and high rates of late diagnosis	4D2	Include HIV testing (and potentially other BBV) in NHS Health Checks in primary care to find new (late) infections and cases lost to care and connect them to the care and treatment pathway	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead				GP Confederation, NEL ICS						
	3 - Improve systematic HIV screening of newly-registered patients to GP practices in the City and Hackney in order to diagnose cases as early as possible	4D3	Where new registration is done online, a link to testing service/kit should be included on the form (NEL). When a new patient presents in practice for their first visit, they should be asked if they did a test or be offered a test (e.g. link to SHL).	ICB						GP Confederation, NEL ICS					
	4 - Ensure effective connection to care and treatment	4D4	Clear less to follow up pathways developed. Contracts with voluntary sector agreed to support identification and (re) engagement with treatment services	NHS England Specialist Commissioning (and ICB from April 2025)						PE					
<b>E: The Fast-Track Cities London goal of zero new HIV infections, zero preventable deaths from HIV/AIDS, and zero HIV-related stigma by 2030 is achieved locally.</b>	1 - Zero new HIV infections	4E1	Widespread access and uptake of PrEP, people living with HIV have effective viral suppression	NHS England Specialist Commissioning (and ICB from April 2025)											
	2 - New migrants living with HIV are supported to access HIV treatment and care without stigma or discrimination	4E2	Health literacy programmes for new migrants include information that HIV treatment programme are free and accessible to all	NHS England Specialist Commissioning (and ICB from April 2025), Hackney New Migrants and Refugee forum						LoveTank, Positive East, Greenhouse practice					
	3 - No people living with HIV die from a disease that could have been prevented by receiving HIV related treatment and care	4E3	See 4B4. Continue easy to access HIV treatment and care services	NHS England Specialist Commissioning (and ICB from April 2025)						HSHS/Jonathan Mann Clinic, GP Confed					
	4 - End HIV related stigma and discrimination	4E4	See 4A1	NHS England Specialist Commissioning (and ICB from April 2025)						Fast Track Cities, Positive East					

Outcome (what we aim to achieve)	Aims	Nr	How/what is in place or needs to be in place	Strategic Lead (name)	Delivery Lead	Partner(s)	Partner lead(s)	Milestones (aim for a date)	Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
<b>5 - Inclusion communities and those with complex needs</b>														
<b>A) Increased access to services by those with higher or more complex needs</b>	1 - Implement annual equity audit action plans to ensure greater uptake of services amongst those communities with sexual health inequalities and complex needs	<b>5A1</b>	All commissioned services to do an annual equity audit and create action plans for improving access and outcomes	Chris Lovitt, Deputy Director of Public Health // Population Health Hub	C&H PH team - sexual health	all commissioned providers								
	2 - Improve understanding and functioning of pathways to support those with higher or more complex needs, for providers/services and service users	<b>5A2</b>	Providers to map pathways and ensure well communicated	Chris Lovitt, Deputy Director of Public Health	C&H PH team - sexual health	HSHS, GP Confed, CVS organisations, PH team-MECC								
	3 - Tailored services for people with learning disabilities (within overall service)	<b>5A3</b>	Outreach and inreach clinical services with dedicated nursing and health adviser resource	HSHS		(Hackney People First, Hackney Ark Captains)								
	4 - Improve visibility/accessibility of services from multiple and intersectional perspectives (physical disability, learning disability, homeless, substance misuse, mental health, LGBTQ+)	<b>5A4</b>	Mapping exercise (inventory of key stakeholders/organisations that can also feed into coproduction. Link up with Find Support Services.	Chris Lovitt, Deputy Director of Public Health // PH Consultant Jayne Taylor	C&H PH team - sexual health	Population Health Hub, PH team-MECC								
	5 - Encourage GP registration	<b>5A5</b>	Reduce barriers and increase understanding of registration process, collaboration with relevant partners (rough sleepers, asylum seekers), STEPS/PAUSE.	GP Confed		Greenhouse Practice, GP Confederation, PH Community Health and Wellbeing team?								
	6 - Sexual health and primary care services are trauma informed including sexual assault, abuse and rape	<b>5A6</b>	CPD training/specific training	<a href="#">NEL training hub</a>		HSHS & workforce development, GP Confed, WHH								
<b>B) Improved data collection to inform service delivery</b>	1 - Explore alternative ways of data collection	<b>5B1</b>	Consult and involve service users on appropriate ways of data collection/engagement (drop ins, services etc.) Only use appropriate paper data collection in settings where this is suitable. Population Health Hub Health Literacy work. Use of <a href="#">MECC tool</a> .	Chris Lovitt, Deputy Director of Public Health	C&H PH team - sexual health	commissioned providers, PHIT, Population Health Hub, STEPS/PAUSE and other services								
	3 - All relevant services collect data on all protected characteristics, implement equality duty	<b>5B2</b>		Chris Lovitt, Deputy Director of Public Health // Population Health Hub	C&H PH team - sexual health	All commissioned providers (with exceptions)								
	4 - Reduce the gradient between the most and least advantaged across a range of defined process and outcome measures.	<b>5B3</b>	Regularly update the sexual and reproductive needs assessment. Ensure the voice of the easy to ignore communities is specifically included	Chris Lovitt, Deputy Director of Public Health	C&H PH team - sexual health	Population Health Hub, PHIT								
<b>C) Transgender and non-binary residents' sexual and reproductive health needs are met</b>	1 - Specific, welcoming, knowledgeable and safe clinical spaces for sexual health care, with provision of STI testing and treatment, contraception and cervical cytology, and appropriate harm reduction interventions.	<b>5C1</b>		HSHS		GP Confed								
	2 - Promotion of 'Standards of Care for the Health of Transgender and Gender Diverse People' guidelines in primary care	<b>5C2</b>		ICB	C&H PH team - sexual health	GP Confed, CP NEL/LPC								
	3 - Respond to the consultation on the national Guidelines for schools on gender identity and transition to highlight importance of compliance with the equality duties	<b>5C3</b>		Carolyn Sharpe, Public Health, lead Consultant on Children and Young People (CYP)		Education (Hackney and CoL)								
<b>D) Information is designed in acceptable and appropriate forms</b>	1 - Coproduction of resources and materials (print and online, as relevant)	<b>5D1</b>	Work closely with providers/voluntary sector organisations in contact with vulnerable/marginalised populations as well as service users to co-design information that is appropriate, e.g. Easy Read, languages, formats.	Chris Lovitt, Deputy Director of Public Health	C&H PH team - sexual health	Hackney CVS, Healthwatch, commissioned services, PH teams, Population Health Hub								

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