# City and Hackney Sexual and Reproductive Health Strategy

2024 - 2029

## Executive Summary

The Health and Wellbeing Boards (HWBs) of the City of London Corporation and the London Borough of Hackney work across partner organisations to improve the health and reduce inequalities of their local populations. This includes sexual and reproductive health (SRH), where no one partner can act alone if we are truly to address poor sexual health and high levels of unmet need. This SRH strategy lays out our ambitions across all of our partners and in partnership with our communities to ensure we make the changes over the next five years that will improve health whilst reducing inequalities.

Significant improvements have been achieved in improving SRH in the City and Hackney. However we continue to have high levels of unmet need with significant inequalities, both within communities and compared to other areas in London and across England.

A five-year strategy will ensure a coordinated approach that brings together health promotion and education as well as commissioned services, and explores linkages with other services and providers, including the NHS and the voluntary sector. Each of the local authorities in North East London are undertaking a similar strategic process to enable a coordinated approach across the Integrated Care Partnership so that the most pressing issues and gaps in provision and uptake of care can be addressed.

The strategy is informed by a local needs assessment[1] and Women's Reproductive Health Survey, and will help deliver on national strategies, including the Women's Health Strategy for England (2022), the National HIV Action Plan (2021) and Strategic Direction for Sexual Assault and Abuse Services (2018).

This strategy has four thematic areas which are also reflected in the NEL sexual and reproductive health strategy. We have added an additional theme of "inclusion communities" to ensure we not only provide universal open access services but also better understand and address the needs of communities with increased inequalities in sexual health, or more complex needs.

The five overarching themes are:

a) **Healthy and fulfilling sexual relationships**
b) **Good reproductive health across the life course**
c) **STI prevention and treatment**
d) **Living well with HIV and zero new HIV infections**
e) **Inclusion communities and those with complex needs**

For each theme, a brief overview of the local situation is described. Each thematic section then has a set of outcomes and aims that seek to address the key issues identified.

### a) Healthy and fulfilling sexual relationships

Sexual and reproductive health and wellbeing is a fundamental human right. All of the partners of the HWB have a significant, often mandated, role in improving SRH through commissioning and/or providing services.

We must make available easy to access, comprehensive sexual and reproductive health services not just to all residents but also to the "benefit of all people present in the local authority's area". Services must be able to meet the needs of people across the lifecourse

[1] https://cityhackneyhealth.org.uk/wp-content/uploads/2023/06/CH-Sexual-Health-Needs-Assessment-__-May-2023.pdf

from young people who are still to have their sexual debut as well as more mature people who are embarking on new sexual relationships in middle or older age.

Psycho-sexual support and resources must be available as part of our local service offer so that residents who experience sexual difficulties, whether due to (past) trauma, addiction issues or psychological issues can go on to experience and enjoy fulfilling sex lives.

The Havens provide a specialist sexual assault referral service and offers support for women, men and children who have been raped, sexually assaulted or abused. Access to and awareness of the Havens should be strengthened to ensure that this safe space service can provide crisis care, medical and forensic examinations, emergency contraception and testing for sexually transmitted infections.

Within the City of London and Hackney the highest rates of STIs are in young people and young adults. Supporting young people to adopt healthy sexual behaviours while at the same time ensuring welcoming and appropriate services are available to them is of key importance.

Central to this will be the provision of comprehensive and inclusive sex and relationship education in schools and places of alternative provision, with close collaboration with schools and communities where this is sensitive for cultural or religious reasons.

To achieve more healthy and fulfilling sexual relationships the strategy will focus on achieving the following outcomes:

*Outcome 1: Young people (YP) in City and Hackney have equitable access to good quality, comprehensive and inclusive relationship and sex education (RSE) in schools and settings of alternative provision.*

*Outcome 2: Young people have access to appropriate and young people friendly sexual health services*

*Outcome 3: People have access to clear and appropriate information and resources to help them make informed choices about their sexual and reproductive health.*

*Outcome 4: Increased professional knowledge and skills in sexual health and wellbeing among people working in YP services and in wider sexual health services and along referral pathways*

*Outcome 5: Psychosexual support and high-risk sex counselling services are an integral and adequately resourced part of sexual health provision*

*Outcome 6: Sexual assault services pathways are robust, well communicated with easy to access services.*

### b) Good reproductive health across the life course

Reproductive health comprises much more than just contraception. Many of these services sit outside those that the local authority commissions, e.g. fertility services, terminations, menopause and sexual assault services. To support better reproductive outcomes it is key that commissioning streams, pathways and referral systems between different services are clear with a focus on integration wherever possible.

The provision of contraception is widely recognised not only as a human and legal right but also as a highly cost-effective public health intervention. Contraception reduces the number of

unplanned and unwanted pregnancies that bear high financial costs to individuals, the health service and wider society. Low barrier access to contraception is important because there are inequalities in the use of services and reproductive health outcomes, often linked to ethnicity and age.

In order to offer reproductive choice, the full spectrum of contraceptive options needs to be available: Long Acting Reversible Contraception (LARC), injectables, user-dependent oral and barrier method contraception, support for “natural family planning” or rhythm method, Emergency Hormonal Contraception (EHC), and termination of pregnancy (TOP) services.

Alongside contraceptives we must also ensure that residents who want to start a family have information that enables healthy conceptions by focusing on preconception health. For residents who have difficulty in conceiving, information, support and access to fertility services must be easily and widely available. Barriers remain for some communities to access assisted fertility services and these should be reviewed and progressively reduced.

The strategy will focus on the following outcomes to ensure good reproductive health across the life course:

> *Outcome 1: Reproductive health services consider the life course from adolescence to the post-menopausal stage*
>
> *Outcome 2: Reproductive health services are cognisant of inequalities in service provision and uptake in different ethnic population groups and work to ensure anyone can access services in their preferred setting and equally, to address those inequalities*
>
> *Outcome 3: The role of all services in providing comprehensive reproductive care and services to residents is clear, promoted and optimised while pathways into and out of non-LA-commissioned services are optimised and integrated, including: fertility services, period poverty; perimenopause/ menopause; community gynaecology; termination of pregnancy; maternity and post-partum care and complications; cervical screening; endometriosis, genital dermatology, incontinence, heavy menstrual bleeding, Female Genital Mutilation (FGM), and sexual assault services*
>
> *Outcome 4: Inequalities in access and uptake of services have decreased over time and are not a reflection of socio-economic background*
>
> *Outcome 5: Assisted fertility services review and reduce barriers to access (‘fertility friendly City & Hackney’).*

### c) STI prevention and treatment

Sexually transmitted infections (STIs) can cause serious health issues beyond the immediate impact of the infection itself, especially as some STIs may not be symptomatic but can still have serious long term impacts, e.g. causing infertility, cancer and sexual dysfunction. The most commonly diagnosed STIs in Hackney and the City of London are chlamydia and gonorrhoea.

Overall, the high incidence of STIs remains a challenge that is associated to having both a young population, as young adults are demographically the age group with highest infection rates, and a large proportion of the population that are gay, bisexual or men who have sex with men (GBMSM) who also demographically tend to have higher rates of infection.

A multi-pronged approach will be required to achieve a reduction in STI infection and reinfection rates, including good quality and inclusive sex and relationship education, appropriate and available information and accessible resources, developed with and alongside those at highest risk. Easy and confidential access to STI testing through various routes (online, pharmacies, GPs and sexual health clinics), along with effective partner notification and treatment are essential. Services need to be non-judgemental and welcoming.

The following outcomes will contribute to STI prevention, testing and treatment.

*Young people*

*Outcome 1: Young people have access to accurate, inclusive and appropriate information and education on sexual health*

*Outcome 2: Young people know where to source free condoms and STI tests and have no barriers to access and uptake*

*Outcome 3: Young people have access to appropriate and young people friendly sexual health treatment services*

*General population*

*Outcome 4: STI testing is available through multiple pathways so people with different preferences can access them on their own terms and with no barriers*

*Outcome 5: Better understanding of drivers of risky sexual behaviour in different population groups*

*Outcome 6: Functioning and efficient partner notification systems are in place within all testing pathways*

*Outcome 7: Reinfection rates in young people and adults are reduced*

*Outcome 8: Vaccination coverage has improved*

### d) Living well with HIV and zero new HIV infections

Both Hackney and the City of London are areas of extremely high prevalence of HIV. Great strides have been made in both prevention and treatment, resulting in fewer new diagnoses every year and people with HIV living longer and healthier lives. However, in order to get to zero HIV, meaning zero new HIV infections by 2030, it is crucial that testing continues at scale to find new cases, especially late diagnosis cases where people are more likely to have worse health outcomes.

Alongside widespread testing, including opt-out testing in both acute and primary care, it is equally important that people are supported to start and maintain effective treatment and re-engage with treatment when lost to care.

Continuing a strong HIV response through prevention, testing, treatment and care is an essential part of the overall sexual and reproductive health work as HIV impacts on people's reproductive lives, is linked to poorer socio-economic outcomes, and is associated with other infections such as Tuberculosis and viral Hepatitis.

In City and Hackney, overall testing rates for HIV have dropped and women are more likely to be diagnosed late. In terms of prevention, the promotion and uptake of Pre-Exposure

Prophylaxis (PrEP) has been very successful amongst older gay and bisexual men (GBMSM) and more needs to be done to ensure other groups who may benefit from PrEP are aware and accessing this service.

The following outcomes will contribute to living well with HIV and getting to zero new HIV infections by 2030:

*Outcome 1: People living with HIV no longer experience stigma and discrimination*

*Outcome 2: All diagnosed people with HIV receive treatment and care to achieve best possible health outcomes and viral suppression.*

*Outcome 3: All communities who would benefit from HIV prevention interventions including condoms and PrEP are easily able to access services.*

*Outcome 4: All people with HIV know their status and are linked in to care and treatment.*

*Outcome 5: The Fast-Track Cities London goals are achieved locally by 2030*

### e) Inclusion communities and those with complex needs

Sexual and reproductive health and wellbeing are a right like all other human rights but some people have greater difficulty in achieving good SRH outcomes, and require additional or tailored support. This can be for very diverse reasons. The purpose is to reduce inequalities in sexual and reproductive health and ensure people with more complex needs are recognised and met within a proportionately universal service provision.

A key challenge is that both sexual and reproductive health are still stigmatised within some communities and there can be cultural or religious norms that can act as barriers to access to information and services. Some communities with higher complexity or vulnerability can be relatively small in size and limited information is known about their specific needs.

The following outcomes will contribute to achieving better sexual and reproductive health outcomes for inclusion communities and those with complex needs:

*Outcome 1: Increased access to services by those with higher or more complex needs*

*Outcome 2: Improved data collection to inform service delivery*

*Outcome 3: Transgender and non-binary residents' sexual and reproductive health needs are met*

*Outcome 4: Information is designed in acceptable and appropriate forms*

## Implementation

An annual action plan will be developed, published and an update presented to the City and Hackney HWBs which will highlight progress on the strategic outcomes and the next year's priority actions.

To monitor implementation of the strategy, an SRH dashboard will be developed and published by the Public Health Intelligence Team (PHIT) in 2024. The potential to widen this to include reproductive indicators will be explored in collaboration with the ICB for subsequent years.

Subject to adoption of similar strategies by the other places based partnerships in NEL an overarching strategy will be recommended to the Integrated Care Partnership for formal adoption.

[Placeholder for oversight mechanism that is to be agreed]

## 1 - Introduction

The Health and Wellbeing Boards (HWBs) of the City of London Corporation and the London Borough of Hackney work across partner organisations to improve the health of and reduce inequalities within their local populations. This includes sexual and reproductive health (SRH), where no one partner can act alone if we are truly to address poor sexual health and high levels of unmet need. A broad approach to sexual and reproductive health is not only necessary but essential. This SRH strategy lays out our ambitions across all of our partners and in partnership with our communities to ensure we make the changes over the next five years that will improve health whilst reducing inequalities.

Sexual and reproductive health present a significant burden of disease and cost to the health system related to sexually transmitted infection (STI) prevention, testing and treatment, and the need for a range of contraceptive options. Yearly, City and Hackney Local Authorities invest over £8m in clinical services as well as services to promote good sexual health, with currently 12 services directly commissioned. The NHS commissions and provides termination of pregnancy services, gynaecological services, maternity services, fertility services, HIV treatment and sexual assault services, all of which play an important part in improving SRH.

Significant improvements in SRH have been achieved, in partnership with the NHS, education providers, the voluntary sector and local communities e.g. the reduction in teenage pregnancies and reduction in new HIV diagnoses. However, City and Hackney continue to have a high level of unmet need with significant inequalities in sexual and reproductive health, both within communities and compared to the other areas in London and across England. This strategy seeks to forge a coherent and comprehensive direction that will meet the needs of our diverse populations in Hackney and the City of London. It draws upon the findings and analysis of the Sexual Health Needs Assessment[2], the 2022 City and Hackney Women's Reproductive Health Survey, service reports and user engagement, and mystery shopping exercises of sexual health and pharmacy services.

It is further informed by national strategies in development and already published including the Women's Health Strategy for England, which was published in 2022, the National HIV Action Plan (2021), the Fast Track Cities goals of no new HIV infections by 2030 and Strategic Direction for Sexual Assault and Abuse Services.

The strategy has been developed alongside the other local authorities, voluntary sector and clinical services in North East London (NEL) so whilst each place-based strategy responds to local needs, where there are opportunities for joint approaches to identified needs, these are highlighted.

Four of the five key thematic areas of this strategy are broadly reflected in the NEL Sexual and Reproductive Health (SRH) strategy, ensuring alignment with the priorities of other local authority areas in North East London that have similar types and levels of SRH need within their populations. The five overarching themes are:

- Healthy and fulfilling sexual relationships
- Good reproductive health across the life course
- STI prevention and treatment
- Living well with HIV and zero new HIV transmissions
- Inclusion communities and those with complex needs

The ambition is for this strategy to lay the foundation for the reimagining, (re)commissioning and integration of sexual, reproductive health and HIV services that are comprehensive and inclusive,

[2]https://cityhackneyhealth.org.uk/wp-content/uploads/2023/06/CH-Sexual-Health-Needs-Assessment-__-May-2023.pdf

recognising synergies with other services and providers, and contributing to better sexual and reproductive health outcomes for all residents.

It will help us to work in closer partnership with other organisations with legal duties to commission SRH services, such as the North East London Integrated Care Board (NEL ICB), NHS partners, neighbouring local authorities, and other place-based partners within the Integrated Care Partnership (ICP). Having a strategy will provide a rationale for decision-making with internal and external stakeholders and, most importantly, help us to better communicate our ambitions around SRH to our residents.

Although the text will often refer to women when talking about reproductive health and contraceptive choices, it is acknowledged that this may also affect and apply to trans men and non-binary people who were born with female reproductive organs but who do not identify as women.

**1.1 Vision**

The overarching ambition of this strategy is for all residents in Hackney and the City of London to lead healthy and fulfilling lives in which they have knowledge and agency to make informed choices about their sexual and reproductive health and can access high quality services to support them in doing so.

The strategy recognises that there are currently inequalities in need, access and quality of care and it therefore sets out to:

- Improve the quality of care provided to all residents
- Improve outcomes and/or reduce variability in outcomes
- Achieve more efficient and sustainable delivery

As such, the vision is to work collaboratively with residents and partners from across the spectrum of integrated SRH in order to deliver high quality, easy-access and equitable provision across the City of London and Hackney, with the prevention of illness and the promotion of healthy relationships at the core of all activity. Whilst wider determinants of health such as employment, education, housing, immigration status, to name but a few, are also fundamental to improving SRH these are outside of scope of this strategy.

**1.2 Core principles**

This strategy is underpinned by the following core principles:

- Proportionate universalism (focus and resources proportionate to need) embedded across all actions to ensure equity of outcomes.
- A life-course approach recognising the importance of the wider determinants of health.
- Right care, right time, right place. Making every contact count.
- Co-development of services with ongoing resident/patient and stakeholder participation.
- Safety and safeguarding highest quality offer (for staff and patients) and highest standards in London.
- Whole-system approach: partnership working and system leadership from providers of integrated SRH (e.g. primary care, education, substance misuse, domestic abuse services, sexual assault services, community health and acute health services etc.).
- Commitment to developing sustainable and cost-effective services.
- Innovative, research and evidence based approach that makes the best use of emerging technology.
- Outcomes-focused with an annual action plan, aligned to regional/national strategies and with plans to monitor and evaluate success, as well as system enablers and barriers of further improvement (embedding a learning system).

### 1.3 Scope

SRH cross cuts across sectors and beyond clinical settings. Not all elements of sexual and especially reproductive health, e.g. fertility, termination of pregnancy services and sexual assault services, are within the commissioning remit of local authorities. It is therefore important to define the scope of each partner within this overarching partnership strategy, noting that some responsibilities overlap or are jointly held.

The local authorities are responsible for:

- Specialist sexual health services, including genitourinary medicine (GUM), sexual wellbeing support and advice, STI testing and treatment, most aspects of contraception (including Long Acting Reversible Contraception, LARC and Emergency Hormonal Contraception, EHC but excluding oral contraception), Hepatitis A and B and HPV vaccinations provided within SRH services and HIV prevention (PrEP)
- Enhanced sexual health services within primary care from both GPs and pharmacies, including STI Screening, LARC and EHC (pharmacy only)
- Online sexual health services including STI testing and EHC
- HIV prevention (excluding the pharmaceutical costs of PrEP)
- HIV social care support
- Condom distribution schemes and sexual health resource provision
- The sexual health elements of psychosexual services and Chemsex support services
- Promoting the wellbeing of children and young people
- Commissioning health visiting and school nursing services
- Commissioning of substance misuse services

The following areas are commissioned by the NHS at either a local, ICB or national level. Joint commissioning can improve outcomes and integrate pathways and as all North East London Local Authorities are seeking to take a similar approach to the development of SRH strategies there will be further opportunities to collaborate on these areas at a North East London ICP footprint:

- Fertility services and assisted conception
- Termination of Pregnancy Services (ToPS)
- Routine oral contraception in primary care and online
- Cervical cytology
- HIV treatment, care and PrEP medications
- HIV, Hepatitis B & C testing emergency departments
- Mental health elements of psychosexual services
- Havens and Sexual Assault Support Services (SARS)
- Maternity services
- Gynaecological services
- Vaccinations

Beyond health and health services, a key partnership is with education. Within primary and secondary schools it is a statutory requirement to teach Relationships Education at key stages 1 and 2 and Relationships and Sex Education (RSE) at key stages 3 and 4. Partnership work will include collaborating with colleagues and stakeholders in education, including in special educational needs (SEND), people referral units and places of alternative provision.

Out of scope are:

- Actions and/or organisations outside of local authority or health services' sphere of influence.

**1.4 Strategic priorities**

This strategy is built around five themes that have a number of underlying aims and intended outcomes. These themes represent the fulfilment of the definitions of SRH and address the key challenges in the City of London and Hackney.

1) **Healthy and fulfilling sexual relationships**

   People are empowered to have healthy and fulfilling sexual relations:

   • People make informed choices about their sexual and reproductive health

   • People in unhealthy, risky sexual relationships or victims of sexual assault, rape or abuse are supported appropriately

2) **Good reproductive health across the life course**

   People effectively manage their fertility and contraceptive choices, understand what impacts on it and have knowledge of and access to contraceptives:

   • Reproductive health inequalities are reduced

   • Unwanted pregnancies are reduced

   • Knowledge and understanding of contraceptive choices and preconception health are increased

   • Barriers to accessing assisted conception are reduced

3) **High quality STI testing and treatment**

   The local burden of STIs is reduced, in particular among those who are disproportionately affected:

   • There is equitable, accessible, high-quality testing, treatment, vaccination and partner notification that is appropriate to need

   • Transmission of STIs and repeat infections are reduced

4) **Living well with HIV and towards zero new HIV infections**

   The full implementation of the national HIV action plan of zero new HIV transmissions by 2030 focusing on prevention, testing, rapid access to treatment and retention in care whilst improving the quality of life for people living with HIV, and ending HIV related stigma and discrimination.

5) **Inclusion communities and those with complex needs**

   To reduce inequalities in sexual and reproductive health and ensure those people with more complex needs are recognised and met within a proportionately universal service provision, and that information is made available in accessible and appropriate ways.

The following considerations underpin the themes:

- A commitment to tackling and reducing inequalities whilst ensuring services are open and accessible to all
- Service innovation and improvement
- Developing workforce capacity and skills
- Ensuring that services are delivering value-for-money
- Considering the development of technology and technological solutions
- Broader issues, such as antimicrobial resistance, assets and estates, and facilities such as pathology laboratories

- Working in partnership with key stakeholders, including VCS organisations and other commissioning bodies
- Developing and implementing more comprehensive data collection on protected characteristics and inequalities
- To support integration of services such as fertility, termination of pregnancy, HIV care, psychosexual support, Sexual Assault Referral Services at both a local and NEL level.

## 2 - Healthy and fulfilling sexual relationships

### 2.1 Importance to public health

Good SRH is not just about having clinical treatment and services available and accessible to all. The World Health Organisation (WHO) definition:

> Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

This definition goes well beyond clinical health and makes clear that respect, pleasure and consent are key elements of a healthy sexual relationship. It also means people must have agency to choose and make informed decisions about their personal sex life and that those choices should not be detrimental or harmful to any other person.

Relationship and Sex Education (RSE) in secondary schools, and Relationship Education (RE) in Primary Schools has been nationally mandated since 2017. Research has shown that good sex education has benefits beyond physical health outcomes, preventing teenage pregnancy or STI infection, but can also reduce harm (including sexual violence), promote gender equitable attitudes, encourage people to speak out and make it more likely that sexual debut is consensual[3].

The sexual and reproductive health of younger populations in City & Hackney was reviewed as part of the 2022 0-25 year-olds Joint Strategic Needs Assessment (JSNA). A small survey among young people aged 14+ who either lived in or attended school in the City and Hackney found that 93% of respondents had received RSE education, but of those only 52% said that the education they received was sufficient (CYP JSNA). Some comments from qualitative data from this JSNA suggested a narrow focus on heterosexual messaging and condom promotion, with a need for broader education and the consideration and inclusion of LGBTQIA+[4] relations during education programmes.[5]

A recommendation from this assessment was a need for a school health and behaviour survey such as the School Health and Education Unit (SHEU) to verify the actual needs of the school age population.

Encouraging healthy and fulfilling sexual choices is not only relevant for young people. Across the life course, people can be exploited or coerced, may be dealing with past or current traumatic experiences, or have inadequate knowledge, agency or resources to ensure their own or others' sexual and reproductive health and wellbeing. Or people encounter (psychological) issues or the victims of crime that impact on their physiological ability to enjoy or experience fulfilling sex lives.

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[3] https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/RSE%20The%20Evidence%20-%20SEF%202022.pdf

[4] LGBTQIA+ stands for Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual + any other identity or orientation

[5] 2022 Children and Young People JSNA made the following recommendations: 1) New PHSE Curriculum implemented in all schools; 2) Schools review their PHSE/ RE/ RSE Curriculum and consulted with Parents/Carers; 3) Ensure RSE is effective by ensuring it is grounded in an understanding of how to act in real life situations; knowledge, skills and personal qualities

It is therefore important to ensure (psycho-sexual) support and resources are available for residents who experience sexual difficulties, have encountered an unsafe relationship, or who have been coerced, sexually assaulted, raped or abused, including for instance through modern slavery or the practice of Female Genital Mutilation (FGM). There is also scope to consider the high risk sexual pathway for those who find it difficult to make safe sexual choices, for example due to substance misuse (chemsex). Equally, it is important that services have good safeguarding practices in place and that professionals are equipped to recognise and act upon signs and behaviours linked to modern slavery, harmful sexual health experiences and outcomes.

### 2.2 Local need and inequalities

As section 4 on STI prevention and treatment will elaborate, young people, young adults and GBMSM in City and Hackney have the highest rate of STI infections within the overall population. This suggests that the greater use of condoms, more frequent STI testing, increased uptake of vaccinations and enhanced partner notification will help reduce the increased burden of disease. Equally, it may require greater openness in talking about sexual health and placing sexual health care within overall health and self care to reduce stigma and shame still associated with sex.

From a life course perspective, it is important to keep in mind that needs and activity can change over time. Increasingly, people in mid or later life are starting new relationships and engaging in sexual activity in a changed environment, without necessarily recognising their risk and vulnerability. A rise in STIs in older people has been observed as a result.

With regards to psychosexual support, this covers many different areas from erectile dysfunction, premature ejaculation, pain during sex, lack of sexual arousal to more complex psychosexual issues perhaps related to past or recent sexual trauma. There has been a sustained increase in demand for services for this highly specialised service in City and Hackney that underscores the importance of provision to support healthy and fulfilling SRH across the lifecourse, including recovery from trauma such as sexual assault and FGM.

Like many services, sexual assault services, known as the Havens, were significantly disrupted during COVID-19. The awareness of services provided as well as access arrangements need to be strengthened in order to ensure both immediate health needs following a sexual assault can be met as well as forensic evidence obtained.

### 2.3 Aims and outcomes for healthy and fulfilling sexual relationships

The aims and outcomes section will present a number of desired outcomes with underlying aims that contribute towards that outcome. The intended outcomes and aims will be further broken down into outputs and activities in the annual action plan.

*Outcome 1: Young people in City and Hackney have equitable access to good quality, comprehensive and inclusive relationship and sex education in schools and settings of alternative provision.*

This requires information on current coverage and uptake in schools, and across the local authorities, as well as an assessment of the quality and relevance of the PSHE provided.

*Aims*

1. All primary and secondary schools provide relationship and sex education that complies with the statutory guidance and meets the needs of children and young people

2. Schools are supported to develop policies, content and resources that provide children and young people with knowledge that enables them to make informed decisions about their wellbeing, health and relationships whilst building their self-efficacy.
3. Promote and increase uptake of support to all schools through local commissioned services such as Young Hackney's free Personal Social and Health Education in secondary schools and settings of alternative provision,
4. Engage with schools and other educational institutions where RSE is not deemed appropriate for religious or cultural reasons to support them in delivering the basic requirements of PSHE and RSE as defined by national statutory guidance
5. Develop collaboration between providers of SRH-related outreach where direct delivery is relevant, such as places of alternative provision, SEND, Pupil Referral Units and working with youth justice and social care order to enhance reach and coverage
6. Develop a C&H engagement programme for parents/ guardians to increase awareness and confidence in SRE provision within schools to help reduce withdrawal of children from RSE provision.

*Outcome 2: Young people have access to appropriate and young people friendly sexual health services*

*Aims*

1. HSHS clinics are welcoming to young people and offer booked and walk up appointments with evening/weekend clinics.
2. Sexual health clinics offer young people discussion and support around consent, and choosing positive and pleasurable sexual experiences
3. Dedicated young people's services such as youth hubs and/or the 'super youth hub' offer safe spaces for SRH advice, access to condoms and sexual health inreach clinics
4. Pharmacies provide a low barrier range of SRH services including condoms, EHC, chlamydia screening/treatment and gonorrhoea screening, as well as routine oral contraception and are trained to make safeguarding referrals where appropriate
5. Service quality and access information is regularly reported including mystery shopping exercises or surveys, to inform our knowledge about inequalities in access, experience and outcomes
6. Sexual assault and sexual abuse services are welcoming to young people with access arrangements well communicated.

*Outcome 3: People have access to clear and appropriate information and resources to help them make informed choices about their sexual and reproductive health.*

*Aims*

1. A central online resource for SRH will be developed to provide information, advice and signposting to all relevant SRH services in C&H with booking links where possible (through building on/expanding an existing online resource or portal). Explore potential for London wide or NEL wide approachPeople know where to access sexual and reproductive health services.

2. Development of information materials and/or SRH health promotion campaigns is tailored to and developed through co production with the groups they are aimed at (in particular when at risk of poorer SRH outcomes)Prevention activities are culturally sensitive, appropriately targeted and tailored to those at greatest risk of poor SRH outcomes

3. Key materials and resources will be made available in appropriate non-digital formats to serve those who do not or cannot use online services

4. Provision is made for engagement on sexual and reproductive health with residences and hostels that accommodate care leavers and other young people in supported accommodation circumstances including asylum seeker/refugees in temporary accommodation

*Outcome 4: Increased professional knowledge, skills and collaboration in sexual health and wellbeing among people working in YP services and in wider sexual health services and along referral pathways*

*Aims*

1. Ongoing training/CPD of youth workers and health professionals using MECC and safeguarding training to ensure early identification of harmful sexual relationships/coercion and appropriate referral
2. Expand the making every contact count training programme to include sexual and reproductive health with supporting information on services included in the directory of services
3. Co-working between sexual health and contextual safeguarding teams to understand and address specific local risks of harm from Child Sexual Exploitation (CSE) in context of places, groups and gangs
4. Agree a NEL wide approach to improving identification, immediate harm reduction (e.g. needle exchange, naloxone) and referral pathways between sexual health and substance misuse services

*Outcome 5: Psychosexual support and high-risk sex counselling services are an integral and adequately resourced part of sexual health provision*

*Aim*

1. HSHS offers a regular psycho-sexual support clinic and is able to manage referrals with funding agreed between the LA and mental health commissioners (ICB)

2. Adequate pathways and services are in place for more complex cases and people who need longer term support. e.g. linkage with mental health services, substance misuse services, etc.

3. People in unhealthy or risky sexual relationships and those who have experienced domestic violence, sexual exploitation, trauma, sexual assault, abuse and rape are appropriately referred and/or supported

4. Early and targeted support is available for those engaging in higher-risk sexual behaviours, such as chemsex, and people who are experiencing chemsex related health issues are supported to access services to address needs

*Outcome 6: Sexual assault services pathways are robust, well communicated with easy to access services.*

*Aim*

1. Access to and awareness of the Havens should be strengthened to ensure that this safe space service can provide crisis care, medical and forensic examinations, emergency contraception and testing for sexually transmitted infections.
2. The services provided by the Havens for children and adults who have experienced sexual assault, rape or abuse are easy to access, well known and trusted.

## 3 - Good reproductive health across the lifecourse

### 3.1 Importance to Public Health

*Reproductive health implies that people (...) have the capability to reproduce and the freedom to decide if, when and how often to do so. - WHO*

Reproductive health is important to the public's health because if and when and how often a pregnancy occurs should be a matter of choice, in line with the WHO definition. Having access to methods and information on not only preventing pregnancy but also on preconception health, conception and assisted conception is important.

Unplanned pregnancies can negatively affect someone's life chances and outcomes, for instance in education or job opportunities. The development of the unplanned pregnancy metric currently being piloted within maternity services is welcomed and has the potential to bring greater focus to how we can support families across the pregnancy and pre-pregnancy lifecourse to increase planned parenthood.

The local authority is responsible for the commissioning of many elements of contraception, with a particular focus on the provision of long acting reversible contraception (LARC) and emergency hormonal contraception (EHC), to support people with prevention of unintended pregnancies during the reproductive stages of their lives. The commissioning and provision of oral contraception is undertaken by the NHS and approaches to widen access across primary care e.g. through the NHS Pharmacy Contraception Service are welcome and provide an opportunity to increase access.

The provision of contraception is widely recognised as a highly cost-effective public health intervention, which reduces the number of unplanned pregnancies that bear high financial costs to individuals, the health service, and to the state. For every £1 invested in LARC, £13.42 is saved in averted outcomes. For every £1 invested in contraception generally, £11.09 is saved in averted costs (Public Health England, 2018).[6]

In order to offer contraceptive choice, the full spectrum of options needs to be available: LARC (including intrauterine devices and systems, and implants), injectables, user-dependent oral and barrier method contraception, the 'natural' or rhythm method, EHC and termination of pregnancy (TOP) services. If the uptake of this looks like an inverted pyramid, it suggests contraceptive education and choice is working: the more people use reliable and long acting contraception methods, the fewer people will need EHC or TOP. Educating and providing easy access to information about options, especially to young people, and making access to services as low-barrier as possible is key to laying a solid foundation for reproductive health and wellbeing across the lifecourse.

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6 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf

Low barrier provision of reproductive health services is important because there are inequalities in use of services and reproductive health outcomes, often linked to ethnicity and age. The Sexual Health Needs Assessment (2022) and the Women's Reproductive Health Survey (2022) provide a detailed overview of these and the strategy will not repeat those analyses but highlight some key trends in the next section.

**3.2 Local need and inequalities**

In terms of overall use of HSHS, black women are overrepresented in relation to their proportion of the population, while white women and Asian women are underrepresented.[7] Equally, taking population size into account, black populations recorded the highest use of EHC via pharmacies, while white and Asian populations recorded much lower EHC rates. Among survey respondents, 22% reported ever having had an abortion (ToP), out of which 36% of black Caribbean respondents reported this, versus 22% of white British and only 8% of South Asian respondents. In as much as EHC and TOP are essential parts of the overall reproductive offer, disproportional high uptake in any group indicates a potential barrier in knowledge of or access to reliable forms of contraception.

The survey also found that women who had a lower education attainment and who had ever had an abortion were almost nine years younger at the birth of their first child, compared with women who had a degree, or equivalent-level education, and who had never had an abortion. This underlines the importance of appropriate, high quality and inclusive sexual and reproductive health education in schools, sixth form colleges and settings of alternative provision to ensure young people have a good understanding of what reproductive health means, the options that are available and where and how they can be accessed.

The survey further found that respondents under 25 and over 45 were more likely to report heavy bleeding, which was a source of discomfort and distress to many. Disabled, unemployed and women with lower educational attainment were more likely to report heavy bleeding. In terms of ethnicity, black Caribbean (47%), black African (48%) and south Asian (48%) respondents were significantly more likely to report heavy bleeding than white (32%) respondents.

For almost 80% of women who accessed EHC through pharmacies in 2022/23, the reason for needing EHC was not using any form of contraception. This suggests more needs to be done around education and promotion of all forms of contraception and ensuring easy access, including for LARC.

For accessing contraception, the survey found that women aged 40 and under preferred to get LARC at a sexual health clinic, while women aged 40 and above preferred to access it at a GP practice. This was backed up by HSHS data that showed that the highest LARC appointment rates at HSHS were recorded among 20-24 year-olds. White women are more likely to opt for primary care while black women are more likely to use HSHS. The survey also found that Asian women were least likely to use LARC, though due to the sample size this was not statistically significant. Black African women were most likely to use LARC in the survey.

Attendance at HSHS by Primary Care Network (PCN) of residence correlates strongly with distance from HSHS clinics. This means people who live closer to the Homerton-provided clinics are more likely to use them. This should not disadvantage those living at greater distance, and makes it even more important that essential face-to-face reproductive services can be accessed at GPs, pharmacies and for example the newly created community gynaecology services, commissioned by the NHS, more commonly known as the Women's Health Hubs[8]. In addition, community pharmacies have been contracted at national level to provide oral contraception. Even if this may take some time to take

[7] 2022 HSHS Equity Audit, Dr Sarah Creighton

[8] Community Gynaecology service: https://mail.google.com/mail/u/0/?ogbl#search/elsdal/GTvVlcRzDfnTJDsfzQxRpvNvcZsGwjfsFWZlFQmBFKPgxlWDdWWTbZBXWHhnPQBxRWDLRgvKDnQKg?projector=1&messagePartId=0.1

shape, it would create a direct opportunity for e.g. women who access EHC to be engaged about and start on routine oral contraception.

### 3.2.1 Long Acting Reversible Contraception (LARC)

Ensuring increased uptake of LARC (excluding injectable contraception) is a key element of this strategy, especially as uptake of LARC is low compared to the England average, though above the London average. LARC is important because it is long-acting and not user dependent, which means it works continuously and the user does not have to remember to take it.

LARC fittings dropped significantly as a result of the COVID-19 pandemic but have since seen a strong recovery, though not back to pre-COVID levels. In 2021, the overall prescribing rate for LARC in Hackney was 37.5 per 1,000 women aged 15 to 44 years and for the City of London 20.8 per 1000 women aged 15-44. For comparison, the England rate for 2021 was 41.8, respectively. Reported performance figures from 2022 suggest the upward trajectory is not being sustained with numbers both at HSHS and GPs plateauing or dropping.

In terms of delivery, traditionally, HSHS provide the majority of the LARC fittings, around 65% compared to 35% by GPs. This is different from the national picture, where delivery via GPs is much more common.

Interestingly, the 2022 WRH survey found that LARC was popular and used by 24% of those reporting a method of contraception, though it needs to be taken into account that higher educated white women were overrepresented in the survey. It also reported the highest satisfaction levels, with 83% being satisfied to very satisfied.The survey further reported a match between the preferred and actual place of supply, with those wanting to get it at a SH clinic getting it there, and similarly for GPs. This is backed up by a finding from the Needs Assessment that IMD (Index of Multiple Deprivation) of residence has little impact on the route of prescription for LARC.

### 3.2.2 Fertility and assisted conception services

Approximately one in six heterosexual couples will struggle to conceive and this often has a significant impact on an individual and/or couple's health and wellbeing. However, this number does not include same-sex couples, single or trans people who must also be afforded the right to try for a family. Although often seen as a women's health issue, the reality is that both men and women are just as likely to face fertility problems. Data from the fertility regulator, the Human Fertilisation and Embryology Authority, shows that male infertility is the most common reason for a couple to start treatment.

A wide range of treatment and support for infertility is commissioned and provided by the NHS with fertility services provided at both the Homerton and St Barts Hospital. Eligibility and access arrangements for different treatments is dependent on specific criteria with referral following an initial consultation with a GP or a Consultant. Local NHS fertility services provide a mix of free and self funded treatments with private providers also offering services throughout London. The variability in eligibility and access arrangements to fertility treatments across different areas continues to create inequalities in access. The local implementation of the recommendations in the national Women's Health strategy to remove additional financial barriers to In-Vitro Fertilisation for female same sex couples would remove an additional access barrier.

An annual fertility awareness week will be undertaken across City and Hackney to increase information and options available for those individuals and couples who wish to conceive.

### 3.3 Aims and outcomes for reproductive health across the life course

*Outcome 1: Reproductive health services consider the life course from adolescence to the post-menopausal stage*

*Aims:*

1. Ensure health literacy includes sexual and reproductive health
2. Improve awareness of and access to the full range of contraception including LARC, with a focus on younger women and groups that see relatively high uptake of EHC and TOP and/or low uptake of LARC.
3. Ensure life course access to abortion care locally and in a timely (early) manner, particularly among under-18s, and those aged 40-55.
4. Explore ways to engage and create more support in different settings, e.g. primary care, businesses and workplaces, for women experiencing the (peri)menopause.
5. Identify and share support pathways for girls and women experiencing heavy bleeding or painful periods to improve their access to and quality of care.
6. Alleviate period poverty
7. Ensure clear signposting, referral and reduce barriers to access assisted conception and fertility services
8. Provide information and support on prenatal health, birth spacing and maternal/parental health before, during, and after birth.
9. Enable easy access to contraception throughout the maternity pathway

*Outcome 2: Reproductive health services are cognisant of inequalities in service provision and uptake in different ethnic population groups and work to ensure anyone can access services in their preferred setting and equally, to address those inequalities*

*Aims:*

1. Improve understanding of and address barriers to contraception among groups where EHC use is disproportionately high (such as young people, and among black ethnic groups)
2. Assess why mixed (especially white and black Caribbean) and black residents have a disproportionately high uptake of abortion services and work to bridge the gap in reproductive knowledge and uptake of especially LARC to prevent repeat abortions, and explore the link with socio-economic deprivation/poverty
3. Understand why Asian - particularly south Asian - and “other” ethnicities record a lower-than-average LARC appointment rate than other ethnic groups, and ways in which this can be made more equal
4. Ensure that support for reproductive health is accessible to all communities, such as the Charedi Orthodox Jewish community, the Traveller community or the Turkish and Kurdish community, through tailored and religiously/culturally sensitive engagement.

*Outcome 3: The role of all services in providing comprehensive reproductive care and services to residents is clear, promoted and optimised while pathways into and out of non-LA-commissioned services are optimised and integrated, including: fertility services, period poverty; perimenopause/ menopause; community gynaecology; termination of pregnancy; maternity and post-partum care and complications; cervical screening; endometriosis, genital dermatology, incontinence, heavy menstrual bleeding, Female Genital Mutilation (FGM), and sexual assault services*

*Aims:*

1. Ensure visibility and high quality delivery of sexual health services in community pharmacies contracted to provide sexual health services (including access to condoms, oral contraception, EHC, STI screening)
2. Ensure that women who need LARC are able to access this in primary care, including inter-practice LARC hubs, Women's Health Hub, sexual health clinic or maternity – regardless of whether this is for contraception, management of perimenopause or heavy menstrual bleeding.
3. Increase (timely) access to the full range of contraception including in maternity settings (post-delivery) and reduce the need for abortions and repeat abortions (especially among under-25s), as well as unplanned/unintended pregnancies
4. Ensure Women's Health Hubs and primary care collaborate with sexual health to offer seamless pathways of care in a way that is mutually supportive
5. Health care professionals and commissioned services have easy to use guidance on pathways and referral processes
6. Collaborative commissioning

*Outcome 4: Inequalities in access and uptake of services have decreased over time and are not a reflection of socio-economic background*

*Aims:*

1. Regularly re-run the women's reproductive health survey (without an upper age limit) to track change/progress over time and seek to increase representative sample of the population
2. Increase access to primary care
3. Increase equity of access
4. Monitor progress and increase activity where issues are identified

*Outcome 5: Assisted fertility services review and reduce barriers to access ('fertility friendly City & Hackney').*

*Aims:*

1. Residents are aware of support services available and how to access
2. Strengthen community engagement with local fertility services
3. Reduce barriers to accessing fertility services

## 4 - STI prevention and treatment: access to high quality and innovative testing and treatment services

### 4.1 Importance to Public Health

Sexually transmitted infections (STIs) are predominantly spread through sexual contact, including vaginal, anal and oral sex. They can cause serious health issues beyond the immediate impact of the infection itself, especially as some STIs may not be symptomatic but can still have serious long term impacts, e.g. causing infertility. STI testing is important for early detection: reducing the spread and

long-term consequences of STIs. The most commonly diagnosed STIs in the UK are chlamydia and gonorrhoea and this is also the case in Hackney and the City of London.

### 4.2 Local need and inequalities [9]

Hackney and the City of London have very high rates of new STI infections; higher than the London and England average. For all newly diagnosed STIs in London in 2021, the City of London and Hackney recorded the third and fourth highest rate with 2,130 and 1,998 per 100,000, respectively[10].

Overall, the high incidence of STIs remains a challenge that is associated to having both a young population, as young adults are demographically the age group with highest infection rates, and a large proportion of the population that are gay, bisexual or men who have sex with men (GBMSM) who also demographically tend to have higher rates of infection.[11]

In terms of chlamydia, City and Hackney have both high testing rates and high positivity, which is strongly suggestive of high prevalence rates and reinfections. By increasing the number of young people adopting safer sexual behaviours, increased partner notification and treatment, and ensuring information and services are easily accessible we aim to reduce the prevalence of disease not just in City and Hackney but across North East London.

To practically prevent STIs, correct and consistent use of condoms is key, especially when frequently changing partners or in casual relationships.[12] Uptake of free condoms in under-25s condom distribution schemes is proportionally higher among black ethnic groups with underrepresentation from young Asian and white people. This implies either higher need or good awareness about free condom schemes and where to access them among young black adults. Conversely, white and Asian individuals may not know about or make use of these schemes, or source their condoms elsewhere.

Pharmacies play a key role in condom uptake, as 50% of under-25 source their free condoms here. This underscores the important low-barrier access pharmacies offer, and the potential to strengthen this pathway across the sexual and reproductive health spectrum.

#### 4.2.1 Testing

Residents are currently testing for STIs in different places, depending on age, ethnicity, gender and/or sexual orientation. We need to continue to provide and expand testing access and uptake across multiple pathways alongside awareness campaigns to ensure people are testing at intervals commensurate with their sexual behaviours[13].

We need to better understand if the current testing rates amongst different communities/ populations reflects need or if there are barriers to access that need addressing e.g. through targeted promotions or outreach. The use of regular equity audits and development of annual access uptake plans by local

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[9] Data sources for this chapter are SPLASH, Fingertips, UKHSA Spotlight on sexually transmitted infections in London: 2021 data

[10] This compared to 1,127 per 100,000 in London and 551 per 100,000 in England.

[11] According to the 2020 GP patient survey, 5% of people in Hackney identified as gay or lesbian, 2% as bisexual, 2% as other and a further 10% preferred not to say. This is well above the England (2018) estimates of 1.4% and 0.9% for gay/lesbian and bisexual, respectively. In the reproductive health survey, for example, 54% of respondents identified themselves as exclusively attracted to males, which implies much greater fluidity in sexual attraction than national averages.

[12] https://www.nice.org.uk/guidance/ng68/resources/sexually-transmitted-infections-condom-distribution-schemes-pdf-1837580480197

[13] https://www.nice.org.uk/guidance/ng221

services alongside analysis of infection and reinfection data from UKHSA is key to ensuring services meet local needs.

The online home STI sampling service offered by Sexual Health London (SHL)[14] has increased in popularity especially during Covid-19 and use continues to be an important component of local testing with potential for further expansion and integration into local services.

### 4.2.2 Infections

Positivity rates and positivity by STI type have large variations between age groups, by gender, sexual orientation and by ethnicity.

Chlamydia is most prevalent among young people under 20, followed by gonorrhoea. People from black ethnic groups recorded the highest positivity rates for chlamydia and gonorrhoea via SHL, and the joint highest positivity rates for HIV with mixed ethnicities.

Gonorrhoea infections have been showing an upward trend since 2017, save a dip in testing and positivity as a result of the Covid-19 pandemic, and are most commonly diagnosed in the 20-24 and 25-35 year old age groups. Cases of gonorrhoea were almost exclusively seen in men, and men who attended HSHS were twice as likely to have an STI than women.

Data from SHL makes it possible to compare positivity rates across listed gender, although the actual numbers in the gender categories outside of male and female are small. Between 2018 and 2021, the highest positivity rate for chlamydia was recorded among trans people, at 8.3%, and the highest positivity rate for gonorrhoea and syphilis was recorded among trans men, at 7.5% and 9.5% (Preventx).

Where patterns vary by STI type, different approaches are needed to increase equity for each individual STI. This could be achieved by increasing the availability of certain tests through certain testing channels, as different groups access tests through different means.

### 4.2.3 Reinfection

STI reinfection rates in City and Hackney are well above the national average[15]. Young people are more likely to become re-infected with STIs, contributing to infection persistence and health service workload. These high re-infection rates in young people indicate that further work needs to be undertaken on ensuring effective partner notification and treatment.

Initial appointments present an opportunity for providing good SRH advice and (free) provision of condoms. Reinfection could suggest there is no change in sexual behaviour after the first infection, and/or that there is insufficient knowledge or awareness about healthy sexual behaviours, not enough access to free condoms, and/or lack of knowledge about where to source them. Reinfection may also relate to misconceptions about risk, a lack of agency about safe sex choices, or other behavioural practices that warrant further investigation and direct engagement with young people.

[14] https://www.shl.uk/

[15] For example, gonorrhoea reinfection within 12 months in Hackey was an estimated 7.7% of women and 16.9% of men, versus an estimated 4.1% of women and 11.2% nationally (2016-2020).In the City of London among 15-19 year olds, an estimated 23.5% of women and 22.4% of men presenting with a new STI at a sexual health clinic (2015-2019) became re-infected with a new STI within 12 months. That is more than one in five, though likely to be based on small numbers due to low population figures.

#### 4.2.4 Treatment and partner notification (PN)

The majority of STI-related treatment accessed by residents of the City of London and Hackney is provided by HSHS, and the remainder by specialist centres in other London NHS services, GPs or pharmacies. Pharmacies can seek accreditation to provide chlamydia treatment to people with a positive diagnosis and their partners. This accreditation process was disrupted by Covid-19 and there has been a delay in reinstating it. It is anticipated that chlamydia screening and treatment via pharmacies will increase in 2023-24.

Partner notification is a key element of STI prevention: by promptly tracing and contacting partners of a positive index case, they can be invited to test and treated if required, preventing any further onward transmission. Where there is no positive test result, it still offers an opportunity to engage people regarding STI prevention and healthy sexual choices. We need to better understand how to increase effective partner notification/ treatment across all services where STIs are diagnosed and in doing so seek to reduce reinfection rates as well as the overall prevalence of infections.

### 4.3 Aims and outcomes for STI prevention and treatment

City and Hackney have a considerable task ahead to reduce the rate of new infections and reinfections, especially in communities with high burden of disease such as young people and GBMSM, combined with the challenge of increasing distribution and use of condoms. With a large young population, 31% of the Hackney population is under 25[16], having good quality and inclusive sex and relationship education, appropriate and available information and accessible resources, and clear pathways for services are of key importance. The services need to be available, accessible, non-judgemental and welcoming.

The traditionally high uptake of condoms at pharmacies shows this is a popular route for young people, while the increase of SHL tests in young people can encourage a good habit of regular testing. Having multiple avenues to access testing and treatment is key.

The fact that the burden of STIs, e.g. chlamydia is disproportionately affecting black communities whilst gonorrhoea is largely prevalent among GBMSM shows there is still much ground to cover in making sure different groups can access services when and where they prefer to get it. It also reinforces the importance of engaging with those most impacted on prevention and treatment.

#### 4.3.1 Young people

*Outcome 1: Young people have access to accurate, inclusive and appropriate **information and education** on sexual health*

*Aims:*

1. All primary and secondary schools provide relationship and sex education that complies with the statutory guidance and meets the needs of children and young people
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
3. Young people are engaged in designing or improving pathways, services, promotional materials and/or campaigns to ensure relevance and suitability (coproduction)
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

[16] 2021 ONS Census https://hackney.gov.uk/population

*Outcome 2: Young people know where to source **free condoms and STI tests** and have no barriers to access and uptake*

*Aims:*

1. The Young Hackney free condom distribution scheme is embedded and promoted within wide range of outlets and recognised by young people
2. Pharmacies provide a range of sexual and reproductive health services including condoms, EHC and STI screening (chlamydia and gonorrhoea) and treatment (chlamydia) and are trained to make safeguarding referrals where appropriate
3. SHL is promoted, especially among groups that have shown lower uptake of their testing offer
4. Young people are engaged in designing or improving pathways, services, promotional materials and/or campaigns to ensure relevance and suitability (coproduction)

*Outcome 3: Young people have access to **appropriate and young people friendly sexual health treatment services***

*Aims:*

1. HSHS clinics are welcoming to young people and offer no appointment, face-to-face walk-in services
2. Chlamydia treatment can be accessed at selected community pharmacies and 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

**4.3.2 General population**

*Outcome 4: STI testing is available through multiple pathways so people with different preferences can access them on their own terms and with no barriers*

*Aims:*

1. SHL testing is promoted as primary source of STI testing (asymptomatic, uncomplicated, regular testing, including for PrEP)
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.
3. Smart STI testing kits (for collection) are available at (selected) community pharmacies with high uptake of sexual health services

*Outcome 5: Better understanding of drivers of risky sexual behaviour in different population groups*

1. Reduction in STI rates in specific populations e.g. GBMSM, black communities
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

*Outcome 6: Functioning and efficient partner notification systems are in place within all testing pathways*

Partner notification is of key importance to ensure the chain of transmission is stopped. It requires a clear pathway and process, and good communication with the presenting patient.

*Aims:*

1. Increase effectiveness and outcomes of partner notification

*Outcome 7: STI reinfection rates in young people and adults are reduced.*

*Aims:*

1. Improve prevention outcomes from partner notification
2. Reduce reinfection rates
3. Active engagement with communities with highest rates of STIs
4. Respond to changing sexual behaviours amongst residents

*Outcome 8: Vaccination coverage has improved*

1. Residents are protected from vaccine preventable diseases

## 5 - Living well with HIV and zero new HIV infections

**5.1 Importance to Public Health**
Great strides have been made in both prevention and treatment of HIV, resulting in fewer new diagnoses every year and people with HIV living longer and healthier lives. However, in order to get to zero HIV, meaning, zero *new* HIV infections, by 2030 it is crucial that testing continues at scale. This includes opt-out testing in hospital and primary settings to find new cases, especially late diagnosis cases where people are more likely to have worse health outcomes.

Continuing a strong HIV response through prevention, testing, treatment and care, including re-engaging those who have been lost to care is an essential part of the overall sexual and reproductive health work as HIV impacts on people's sexual and reproductive lives, is linked to poorer socio-economic outcomes, and is associated with other infections such as Tuberculosis and viral Hepatitis. Data on people accessing psychosexual counselling and care further suggests that newly diagnosed people, in particular GBMSM, are at higher risk of engaging in problematic Chemsex use, highlighting the need for seamless pathways into care, support and counselling, after a new diagnosis is made.

**5.2 Local need and inequalities**
Both Hackney and the City of London are considered areas of extremely high prevalence of HIV, with 6.4 and 9.8 (2021 data) per 1,000 people aged 15-59, respectively, with diagnosed HIV. This compares to around 2.3 per 1000 in England.

In numbers, 1,560 residents were known to be living with diagnosed HIV in Hackney and the City of London in 2021, while 1,519 (97%) were accessing antiretroviral treatment. In the London region, the City of London is ranked third highest in terms of people living with HIV, relative to population size, and Hackney is placed 12th among 30 local authorities.

London is a signatory to the Fast-Track Cities initiative, aiming to end the HIV epidemic globally by 2030, through the UNAIDS targets of 95-95-95: 95% of people living with HIV know their HIV status; 95% of people who know their HIV-positive status access treatment; and 95% of people on treatment have suppressed viral loads. In Hackney and City, and London as a whole, these targets have already been met overall, but are falling below in certain vulnerable groups of people with HIV. Stigma against

people living with HIV both within mainstream health/ social care services and in wider society continues to be a barrier to effective services and must be addressed.[17]

### 5.2.1 Prevention

The options for HIV prevention have much improved beyond condom use, which remains the key barrier method to prevent HIV infection, as well as many other STIs.

Testing is an important prevention strategy: through diagnosing cases early, people who test positive can be connected to treatment and care, which will prevent onward transmission. Once people receive treatment and maintain adherence, most will become undetectable, which means they can no longer transmit HIV, which represents the Undetectable=Untransmissable arm of prevention. Lastly, PrEP (pre-exposure prophylaxis) is a combination of antiretroviral drugs that can prevent HIV from infecting someone, and is taken by someone who is HIV-negative but could potentially be at high risk of contracting HIV.

The testing offer and uptake for HIV in City and Hackney has been traditionally high and above England averages, although there has been a decrease in recent years which may have been due to the COVID-19 pandemic with reduced access to services. HIV testing is especially low among women, and late diagnoses are most frequently made in women and heterosexual men. This suggests that prevention and testing strategies tailored towards GBMSM need to be complimented by other work to serve and include different audiences.

This adjustment also applies to PrEP. Currently, PrEP is available and free within the NHS but levels of awareness and uptake of PrEP has been greatest amongst white ethnicities and residents who identify as gay or bisexual. Access to and uptake of PrEP needs to be improved amongst black and mixed ethnic backgrounds so that the protective benefits are more widely felt across local communities.

Opt-out testing for blood borne viruses (BBV) including HIV was introduced in A&E departments across London in April 2022. This built on work piloted in East London in 2014 and has been very successful in diagnosing HIV, including people that had been lost to care. This is a crucial element of the overall effort to get to zero new HIV infections by 2030 and work needs to be continued to increase those people diagnosed with HIV and/or Hepatitis B and C who are successfully connected to care.

Equally, opt-out testing for HIV for new registrants at GPs needs to be re-encouraged, as this had good uptake in previous years. Including HIV (and potentially other BBVs) opt-out testing in the NHS Health Check would also add significantly to going the last mile in identifying positive cases without adding to stigma and singling out people or groups that are perceived to be at higher risk of contracting HIV.

### 5.2.2 Diagnosis, treatment and virological suppression

Although most diagnoses of HIV are made in white men who have sex with men, black African communities face the second highest level of HIV burden in the UK. In Hackney in 2021, a third of new infections were in white people, a third in black African people and a third in black Caribbean, Asian and other/people of mixed heritage combined.

In terms of treatment, City and Hackney perform well in getting people on treatment promptly, with 100% and 84.8%, respectively, of residents diagnosed between 2019 and 2021 being prescribed

[17] https://fasttrackcities.london/our-work/ending-stigma/

Antiretroviral treatment (ART) within 91 days of diagnosis.[18] However, there are differences in viral suppression by sexual orientation and ethnicity, with 97% of white people and those who identify as GBMSM meeting the criteria for virological success, compared to 92% for heterosexual people and 93% for black African people, for example.

This illustrates that overall, white gay men who have sex with men have better outcomes once diagnosed with HIV and on treatment. This is a clear inequality in outcomes that needs to be addressed to bring all other people living with HIV to the same high levels of viral suppression.

**5.3 Aims and outcomes for HIV prevention, access to care and treatment**

*Outcome 1: People living with HIV no longer experience stigma and discrimination*

*Aims:*

1. City and Hackney sign up to the HIV confident charter and implement training throughout statutory and voluntary organisations to end stigma and discrimination
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

*Outcome 2: All diagnosed people with HIV receive treatment and care to achieve best possible health outcomes and viral suppression.*

*Aims:*

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.
2. Facilitate more joined-up working on HIV between primary and secondary care services locally especially in relation to ageing related comorbidities
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
4. Peer support and navigators are embedded into local services to ensure continued connection to care and support for people lost to follow up
5. Increase equity in terms of successfully achieving virological suppression, e.g. among global majority and heterosexual residents, and individuals with complex needs and higher levels of vulnerability
6. Regularly update HIV needs assessment and ensure focus on equity of outcomes

*Outcome 3: All communities who would benefit from HIV prevention interventions including condoms and PrEP are easily able to access services.*

*Aims:*

1. Increase awareness and uptake of PrEP among all eligible groups, particularly those with low current take-up.
2. Reduce barriers to access to condoms for young people and other communities
3. Have HIV rapid tests and pilot rapid start PrEP in community settings including community pharmacies and substance misuse services

[18] In comparison to 81% in London and 83.5% in England (SPLASH).

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.
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
6. Undertake tailored and appropriate engagement with non-MSM communities at higher risk of acquiring HIV to promote NHS PrEP P
7. Ensure awareness of and access to/delivery of PEPSE (Post-exposure prophylaxis after sexual exposure to HIV) and linking to PrEP pathway

*Outcome 4: All people with HIV know their status and are linked in to care and treatment.*

*Aims:*

1. Reduce late diagnosis of HIV
2. Increase uptake of HIV testing in populations where there is low testing and high rates of late diagnosis
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
4. Ensure effective connection to care and treatment

*Outcome 5: The Fast-Track Cities London goal are achieved locally by 2030*

*Aims:*

1. Zero new HIV infections
2. New migrants living with HIV are supported to access HIV treatment and care without stigma or discrimination
3. No people living with HIV die from a disease that could have been prevented by receiving HIV related treatment and care
4. End HIV related stigma and discrimination

## 6 - Inclusion communities and those with complex needs

### 6.1 Importance to Public Health

Poorer sexual and reproductive health is often concentrated in specific communities or subsets thereof, and some people have greater difficulty in achieving good sexual and reproductive health outcomes, and require additional or tailored support. This can be for very diverse reasons. It is essential that those with more complex needs or greater vulnerabilities are not stigmatised but that their additional needs are recognised and met within the overall service provision. To do so, we do need to be explicit about their needs and vulnerabilities.

From the sexual health needs assessment it is clear that for instance some trans people have higher STI infection rates and lower testing uptake. People who are homeless or sleeping rough may lead more chaotic and itinerant lives that are not conducive to healthy sexual choices. People who inject drugs may be at higher risk of contracting blood borne viruses including HIV and Hepatitis.

Women who have had children taken into care may need more intensive and long-term support with their reproductive health. People who use drugs during sex may come to a point where they can no longer safely manage their sexual health and mental wellbeing. There are consistently higher rates of STI infections in gay and bisexual men than in the general population.

Young people who have been in the care system are known to have poorer health outcomes, and this also translates in their sexual health with earlier sexual debut and lower use of condoms or contraception. People with learning disabilities may find it difficult to find resources and information in Easy Read or other appropriate formats. Migrants and asylum seekers may experience language barriers or worry about accessing NHS services for fear of information about their status being shared with other authorities.

It is also important to keep in mind that vulnerability depends on context. Heterosexual males are not the first group we think of when discussing vulnerability. Yet heterosexual men have traditionally low health seeking behaviour, and this is no different in sexual health. Low health seeking behaviour of heterosexual males can make them vulnerable to STI infection, as they are less likely to test and may not consider themselves at risk. Finding ways to increase their STI testing uptake, for example, could prevent onward transmission to women and lead to an overall decrease in new STIs.

As a local partnership and with two health and wellbeing boards, it is our responsibility to ensure everyone has access to the information, services and support they need, and to minimise and mitigate harm and adverse outcomes. Equally, as certain interventions or services are often not solely within the remit of one organisation, it is important to have clear pathways and linkages to other services, whether within the local authority, the NHS, voluntary sector or the larger integrated care partnership (ICP).

### 6.2 Local need and inequalities

Many of the groups included in this section of the strategy are relatively small in size and limited information is known about their specific needs, yet in their representation at services it becomes clear there is unmet need. This section is not meant to be exclusive of other potentially vulnerable groups, but should be seen as an effort to ensure greater inclusivity in our consideration of the SRH needs of all of our local residents and communities.

As indicated, a key challenge is that we do not always have the best data and information available for some of these groups, and better or more appropriate forms of data collection are needed to address needs. For some groups, the 2021 ONS Census provided much more detailed insight into population numbers, in particular regarding sexual orientation. This can help with planning service models and delivery.

#### 6.2.1 LGBTQI+

Both Hackney and the City of London have a proportionally large LGBTQ+ population. The 2021 ONS Census found that in both areas around 80% of the population identified as heterosexual[19], which was the lowest nationally, while for the City, 7.6% identified as gay -the highest percentage nationally-, and 2.3% as bisexual. For Hackney 4.1% identified as gay and 2.8% as bisexual, and 0.24% as queer, which was the second highest percentage nationally. This in effect means that over 17,000 residents

[19] For Hackney, 12.6% did not answer the question about sexual orientation, for City of London, 10.4% did not answer the question.

in City and Hackney do not identify as heterosexual and may have different needs in terms of their sexual and reproductive health

Men who have sex with men (MSM), for example, have greater engagement with sexual health services for STI testing compared with heterosexual residents and rates of STIs are known to be higher among MSM.

Yet need is not only expressed or measured through STI infection rates. Feedback in the consultation for this strategy found mixed experiences for people in accessing services, with some feeling judged, or uncomfortable, due to their sexual orientation or gender presentation. As such, it is appropriate to ensure all health provision, especially sexual health services, are welcoming and accommodating to people of all sexual orientations and gender identities.

For trans persons, SHL data (2018-2020) reports the highest positivity rates for chlamydia among trans people, at 8.3%, and highest positivity rates for gonorrhoea and syphilis among trans men, at 7.5% and 9.5%, although it needs to be kept in mind that actual numbers were low, which can skew results. Overall, SHL data suggests that unmet need for STI testing is largely concentrated in males and trans people. Also, while trans people living with HIV experience similar levels of HIV-related care and viral suppression as people living with HIV in the general population, they may have higher or more complex health needs overall. This suggests there could be a need for greater consideration of transgender specific needs within SRH services.

**6.2.2 Chemsex and substance users**

Chemsex, sexualised drug use, is strongly associated with increased prevalence of STIs and HIV, problematic drug and alcohol use, and poorer mental health outcomes. It is most common among some GBMSM. Patients referred into the chemsex/high-risk sex pathway are likely to have higher and more complex levels of unmet need than the general population. In many cases these needs have been amplified by the COVID-19 pandemic.

Of referrals made to the chemsex service between April 2020 and March 2021, higher referral rates were seen among people living with HIV (PLHIV), and people from ethnic minority groups, compared with the general population. 99% of referrals were among cisgender populations, despite chemsex being evidenced to affect trans individuals more.

Among those who have reported having used drugs on a recreational basis within the past three months, and who have accessed HSHS, a much larger proportion of activity was for Hepatitis, PrEP, and HPV, and a lower proportion was for HIV and chlamydia, compared to other service users.

Among GBMSM, a recent diagnosis with HIV can increase the likelihood of risky engagement with chemsex, which is why immediate linkage with care and holistic support after a positive HIV diagnosis is important.

The number of referrals for individuals engaging in chemsex made to HSHS decreased after 2019/20 due to instability in provision and Covid-19, rather than lack of need, but averaged close to 100 people per year per service level (peer mentor support and psychological counselling). Based on the size of the local MSM population and the estimated use of Chemsex within that population (approximately 10%), it can be projected that annually, around 700 MSM in City and Hackneyper might engage in chemsex use, of which a proportion would require support if they are no longer able to do so safely, and/or it compromises their mental and sexual health. It also needs to be considered that chemsex use and users are not static; there is movement within and between NEL boroughs and collaboration

Using alcohol or other substances at levels harmful to health is often associated with increased risk of poorer sexual and reproductive health. For the wider group of people who access substance misuse services for either alcohol or other substances there is also an opportunity to better integrate the provision of the full range of BBV testing, rapid start PrEP and provision of contraception through inreach from the specialist sexual health services, provision of SHL smart kits and strengthened partnership working. Specialist sexual health services should also introduce both alcohol and substance misuse screening and brief intervention alongside needle exchange and naloxone provision for all patients.

The City and Hackney combating drugs partnership has received significant funding to increase uptake of substance misuse services. This provides an opportunity to ensure services not only more effectively meet the needs of chemsex clients but also the wider SRH needs of substance misuse clients by creating a stronger interservice linkage between sexual health and substance misuse services.

#### 6.2.3 Homeless people and rough sleepers, asylum seekers and migrants

STI positivity rates for homeless patients in north east London remained relatively stable between 2017 and 2021, apart from in 2020, which saw a spike in positivity.

No specific sexual or reproductive health data is available for rough sleepers and homeless people in City and Hackney, though service uptake at the Greenhouse Practice, a GP service that provides care to people living in hostels or supported accommodation, rough sleepers, and people who spend a significant amount of time on the streets may act as a proxy indicator of need. These often include refugees or migrants who have an insecure status and are wary of engaging with statutory services. Their vulnerability profile is potentially high, as they may be engaging in sexual activity but unfamiliar with the open access nature of sexual health services and fearful of government interaction, they may forgo testing, and not access treatment when they need it.

The Greenhouse Practice delivers health care, including sexual health screening, to adult single people in two asylum seeker hotels in Hackney and will also support the newly established Rough Sleepers Assessment Centre in the City of London.

#### 6.2.4 Commercial sex workers

Open Doors is a commissioned service that provides holistic support to commercial sex workers (CSW). Between April 2019 and March 2022, 1,510 unique CSWs were supported by the Open Doors service: 1,110 Hackney residents, 65 City residents, and 335 residents from other local authorities. The majority of these were street based female sex workers, though there has been an increase in engagement with off street and male sex workers, especially since COVID-19.

As part of the Open Doors drop in service, a sexual health nurse is available for STI testing, contraception, vaccination and advice on a weekly basis. Service users can also attend HSHS with priority access. The testing undertaken at the drop in continues to find high prevalence of STIs. For example, during one Quarter in 2022-23, 75 individual sex workers engaged with Open Doors, of which 21 were assessed as needing clinical health services. Out of the 21, 18 were tested and a total of 20 STIs were diagnosed.

At the drop in there is also opportunity for service users to engage with substance misuse services (Turning Point). A high percentage of on-street sex workers are substance users, and strong partnership work between substance misuse and sexual health services can help to improve outcomes.

The combination of sex work and substance misuse makes for challenging life circumstances for this vulnerable group and contraception, condom use, PrEP and regular testing and treatment are a key offer, alongside more holistic support to facilitate a move away from substance use and sex work that is detrimental to good health outcomes. It is equally important that this is based within a trauma-informed approach.

### 6.2.5 People with disabilities (learning and physical)

Between 2017 and 2021 service users who were recorded as having a disability were no more or less likely to receive a positive STI test result than the general population. However, data collection is very poor, e.g. HSHS does not routinely collect data on disability among its attendees. Therefore, lack of data may obscure any potential inequalities in access or outcomes.

In Hackney, the Right Choice Connect Hackney clinic offered confidential SRH services to people with learning disabilities but attendance was relatively low and the clinic has not reopened since the COVID pandemic.

Relationship and sex education is offered at schools for young people with special educational needs and/or disabilities (SEND).

For the purpose of the strategy consultation, an Easy Read version of the survey and summary of the themes of the strategy was prepared to enable participation from people with a learning disability. An in-person consultation session was also held. The participants highlighted that accessibility can take on different forms: physical accessibility and signage for partially sighted people, for example, but also how friendly or welcoming a service is. Although there was strong agreement around the importance of relationship and sex education in schools, including special education, views on other proposed priorities and outcomes diverged, for example with regards to termination of pregnancy (ToP).

### 6.2.6 PAUSE and STEPS service users

PAUSE and STEPS are programmes delivered by Hackney Council and the City of London via the Public Health team.

PAUSE works to improve the lives of women who have had, or are at risk of having, more than one child removed from their care. Many of the women accessing the service have experienced significant trauma in their lives. The programme aims to support women holistically, while they commit to a ‘pause’ in pregnancy during the programme. Pause works with local sexual health services to support women to make an informed choice about contraception and understand more about their sexual and reproductive health. Women who participate in PAUSE can benefit from immediate referrals to HSHS but more work needs to be done to ensure pathways are well understood, trauma experiences taken into consideration and comprehensive sexual and reproductive health support is provided.

STEPS offers support for rough sleepers, who are often dealing with added challenges such as substance use and mental ill health.

For the consultation, a brunch club for STEPS and PAUSE service users was attended to seek their views and ask about their experience of services, or awareness and accessibility of services. Some helpful feedback was provided in terms of how information should be designed and communicated, and for services to be available and accessible in the community or within the services they attend.

### 6.2.7 Young people: Social Care and Youth Justice

Young people in foster care or who are leaving care are known to have worse health outcomes throughout life and an assessment in Wales found that young people in foster care were significantly more likely to report ever having had sexual intercourse and to report an early age of first intercourse. Young people in foster care also had three times higher odds of not reporting condom use at last intercourse and nearly five times higher odds of not reporting contraceptive pill use, compared to those with a different type of living arrangement.[20]

Young people known to the Youth Justice Service often have added vulnerabilities, with some having special educational needs or disabilities (SEND) and speech and language issues. This can potentially put them at higher risk for exploitation or abuse within intimate relationships. This would also apply to young people with SEND who are not involved with the Youth Justice service.

Other young people who may be at increased risk of poorer sexual health outcomes are those who misuse substances, or who are homeless or vulnerable with their housing status. Young people affected by or involved in gangs, especially young women, may also be particularly vulnerable.

Even though teenage pregnancy rates have fallen dramatically over the past few decades, there may be areas with higher teenage pregnancy rates where focused action be warranted.

### 6.3 Aims and outcomes for inclusion communities and those with complex needs

The key task and challenge will be to ensure services are open and truly accessible to those with increased or complex needs. Co-production with communities on both service provision but also awareness campaigns will remain essential to ensure health inequalities are reduced. Outreach and inreach to non SRH settings is important alongside broadening professional willingness to raise sexual and reproductive health through MECC training and increased awareness of referral pathways into SRH services.

Annual equity audits provide a powerful tool for services to ensure services are meeting the needs of inclusion communities and those with complex needs. The equity audits should then be used to develop and publish specific access plans ideally co-produced with communities where uptake of services needs to be improved. Data collection, surveys and user feedback is key to creating a more comprehensive picture of the needs of and barriers facing those with more complex lives or vulnerabilities.

*Outcome 1: Increased access to services by those with higher or more complex needs*

*Aims:*

1 - Implement annual equity audit action plans to ensure greater uptake of services amongst those communities with sexual health inequalities and complex needs

2 - Improve understanding and functioning of pathways to support those with higher or more complex needs, for providers/services and service users

3 - Tailored services for people with learning disabilities (within overall service)

4 - Improve visibility/accessibility of services from multiple & intersectional perspectives (physical disability, learning disability, homeless, substance misuse, mental health, LGBTQ+)

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[20] See Louise Roberts, Sara Jayne Long, Honor Young, Gillian Hewitt, Simon Murphy, Graham F. Moore, Sexual Health Outcomes for Young People in Care in *Children and Youth Services Review* Volume 89, June 2018, Pages 281-288

5 - Encourage GP registration

6 - Sexual health and primary care services are trauma informed including sexual assault, abuse and rape

*Outcome 2: Improved data collection to inform service delivery*

*Aims:*

1 - Explore alternative ways of data collection

2 - All relevant services collect data on all protected characteristics, implement equality duty

4 - Reduce the gradient between the most and least advantaged across a range of defined process and outcome measures.

*Outcome 3: Transgender and non-binary residents' sexual and reproductive health needs are met*

*Aims:*

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.

2 - Promotion of 'Standards of Care for the Health of Transgender and Gender Diverse People' guidelines in primary care

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

*Outcome 4: Information is designed in acceptable and appropriate forms*

*Aim:*

1 - Coproduction of resources and materials (print and online, as relevant)

## 7 - Way forward

Having a strategy in place will promote joined up working, integration, providing a more coherent approach to SRH commissioning and foster stronger collaboration with stakeholders and partners. However, if it remains confined to words on paper, it will have been a fruitless exercise.

An annual action plan will be developed that will take the outcomes and aims from this strategy and translate them into workstreams, activities and outputs. The latter will include better communication mechanisms, pathways or signposting. Long awaited changes to the legal requirement to competitively procure health services, the Provider Section Regime (PSR), were finally enacted in 2024. The PSR regulations will apply to the procurement of "health services" but for health promotion, social care and education services the regulations remain unchanged from the existing Public Contracts Regulations 2015. Better integration of plans for both procurement and how services are commissioned across the broad areas of this strategy will help achieve desired outcomes. Plans for commissioning and procurement will be included in the annual action plan.

The **annual action plans** will be jointly prepared by the SRH Forum membership of commissioned services and the Public Health team, in consultation with other system stakeholders and resident participation groups and presented along with an update on progress to the City and Hackney Health and Wellbeing Boards, to ensure that every year, priorities are revisited and agreed gaps or inequalities are addressed.

The first action plan was developed alongside the consultation process for this strategy, so as to engage stakeholders directly and simultaneously on strategic priorities and approaches to implement them.

### 7.1 Strategy status and updates

The City and Hackney Sexual and Reproductive Health Strategy was presented for formal adoption by both the Hackney and City Health and Wellbeing Boards (HWB) in early 2024 and is envisaged to run until 2029. The strategy was developed and consulted on in 2023 and included a 12 week statutory consultation and engagement with communities and professional stakeholders. The annual action plan update to both HWBs will also provide an opportunity to highlight any areas of the strategy that may need to change to reflect new opportunities or challenges.

### 7.2 Monitoring

In the first year of the strategy a **sexual health dashboard** will be developed to help with monitoring progress over time and identifying where gaps or inequalities are present.

The dashboard will be created by the Public Health Intelligence team (PHIT) and draw on existing (national) data sources such as GUMCAD, Fingertips and SPLASH; locally used platforms such as Pathway Analytics, Preventx and Pharmoutcomes to reflect activity by Homerton Sexual Health Services, SHL and pharmacies, as well as performance data derived from performance reports submitted by commissioned services. Regular mystery shopping of services and patient experience measures will also be incorporated into the dashboard.

The potential for the scope of the sexual health dashboard to be widened to include the broader objectives around reproductive health will be assessed during the first year. As many of these services are commissioned by the NHS the broadening of the sexual health dashboard to include other services will be dependent on the NEL ICB health intelligence strategy.

## Appendix 1: Overview of commissioned services

- Specialist sexual health clinics via the Homerton Sexual Health Services (HSHS)
- Primary care: GP practices (includes Long Acting Reversible Contraception (LARC), STI and HIV testing) and community pharmacies (Emergency Hormonal Contraception (EHC), condoms, chlamydia screening and treatment)
- Online services via Sexual Health London (SHL) (STI testing, routine oral contraception and EHC)
- Young Hackney (young people: condom distribution, sexual health resources, training, signposting)
- Voluntary and community sector commissioned partners:
    - Positive East: HIV prevention and support services (adults); Project Community (sexual health resources, engagement and PrEP promotion among black and other minoritised communities)
    - Community African Network (CAN) (condom distribution among predominantly black African communities)
    - Body & Soul (HIV support services for families and children)
- Open Doors (commercial sex workers: outreach, holistic support and signposting, clinical sexual health services, substance misuse services)
- Support for Vulnerable Babies (baby milk for mothers with HIV)
- London HIV prevention programme including Do it London