Draft City & Hackney Sexual & Reproductive Health Action Plan

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1.1 Coordination											
Overseeing implementation											
Overall coordination of partnership wo	ork to support imple	mentation will re	est with the Sexua	al Health lead at	the City and Ha	ickney Public He	alth team, with	leadership fron	n the Deputy Dir	ector of Public H	lealth.
1.2 North East London (NEL) partners	hip working										
Support the development and finalisat	ion of NEL Strategy	and action plan a	and formal adopt	ion by the ICP							
1.3 (Re)Commissioning											
Review current services and service m	odels and compare	against best prac	tice and develop	a commissioning	strategy for 20	24 onwards for	sexual health se	rvices			
Explore the potential for joint commis	sioning of fertility, T	oP and SARS with	NHS partners (th	nis may not entai	l financial respo	onsibility but pa	tnership workir	ng and strength	ening of referral	mechanisms an	d pathways
1.4 Data and needs assessment											
Prepare and publish annual update to	the sexual health n	eds assessment,	in collaboration	with the Public F	lealth Intelligen	nce Team (PHIT)					
Sexual health dashboard development		-			0	· · · ·					

Outcome (where we want to get to)	Aims	Nr	How/what is in place or needs to be in place	Strategic Lead (name)	Delivery Lead	Partner(s)	Partner lead(s)/Implementati on leads	Indicators/meas ure of Success	Year 1	Year 2	Year 3	Year 4	Year 5
1) Healthy and fulfilling sexual relationships													
A) 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	<ol> <li>All primary and secondary schools provide relationship and sex education that complies with the <u>statutory guidance</u> and meets the needs of children and young people</li> </ol>	1A1	Set up a task team for collaboration to review and agree an approach and timeframe. Use existing PSHE resources and devise tailor made resources where applicable. Review schools' current/existing RSE policies and undertake a mapping exercise. Clarify potential role of Healthy Schools coordinator and potential role of school nursing. Consider running a school health and behaviour survey (School Health and Education Unit (SHEU)) to assess the needs of the school age population.	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People (CYP)	C&H PH - CYP team	Young Hackney Health and Wellbeing team (YH HWB), City, & Hackney Public Health -Children and Young People team (C&H PH - CYP), Hackney Education, CoL Community and Children's Services (CCS)							
	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.		Make use of existing PSHE resources and devise tailor made resources where applicable. Review schools' current/existing RSE policies and do a mapping exercise. Clarify the potential role of Healthy Schools coordinator. Clarify potential role of school nursing	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People (CYP)		Hackney Education/CoL CCS, Young Hackney Health and Wellbeing team							
	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	1A3	Develop a comms programme to promote support for SRE to schools e.g. schools and Headteachers forums	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People (CYP)	C&H PH - CYP team	Young Hackney Health and Wellbeing team, Hackney Education, CoL Community and Children's Services (CCS)							
	3 - 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 <u>statutory guidance</u>	1A4	Involve parental representation, especially from groups where withdrawal from RSE is high. Create a task team for collaboration to review and agree an approach and set a timeframe. Make use of existing PSHE resources and devise tailor made resources where applicable. Clarify the role of Healthy Schools coordinator.	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People (CYP)	C&H PH - CYP team	Hackney Children's Social Care And Education/CCS, Young Hackney Health and Wellbeing team							
	4 - 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	1A5	Make use of/engage in outreach via the PH Community Wellbeing Team van to improve access for CYP of school age. Confirm outreach provision via existing HSHS contract and agree any interim arrangements	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People (CYP)	C&H PH - CYP team	Hackney Children's Social Care And Education/CoL CCS, Young Hackney Health and Wellbeing team, Homerton Sexual Health Services (HSHS) Outreach, Youth Justice, Community Wellbeing Team							
	5 - Develop a City & Hackney engagement programme for parents/guardians to increase awareness of and confidence in SRE provision within schools to help reduce withdrawal of children from RSE provision	1A6	Year 2. Clarify role of Healthy Schools coordinator	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People (CYP)	C&H PH - CYP team	Hackney Children's Social Care And Education/CCS CoL, Young Hackney Health and Wellbeing team, C&H PH -YP team, Faith Forum, CAN,							
B) Young people in C&H have access to appropriate and young people friendly sexual health <i>services</i>	<ol> <li>HSHS clinics are welcoming to young people and offer booked and walk up appointments with evening/weekend clinics.</li> </ol>	181	Trained staff (YP specific), e.g. NICE guidelines on training for practitioners working with adolescents. Confirm approach to reinstatement of You're Welcome programme	Homerton Sexual Health Services (HSHS)	HSHS lead Consultant								
	2 - Sexual health clinics offer young people discussion and support around consent, and choosing positive and pleasurable sexual experiences	182	Trained staff (YP specific)	Homerton Sexual Health Services	HSHS lead Consultant								
	3 - Dedicated young people's services such as youth hubs and/or the 'super youth hub' offer safe spaces for SRH advice, information and access to condoms and sexual health in-reach clinics	183	(super) Review current training, skills and confidence of youth workers to support young people's sexual health needs. As appropriate develop additional training and awareness programmes. The YP condom distribution scheme is active. Different strategies will be required for different age groups of YP.	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People (CYP)	C&H PH - CYP team	Hackney Children's Social Care And Education, Young Hackney Health and Wellbeing team (YH HWB including CDS). CAMHS?, HSHS							
	4 - Pharmacies provide low barrier access to a range of SRH services including condoms, EHC, Chlamydia screening/treatment and Gonorrhoea screening, as well as routine oral contraception (under development) and are trained to make safeguarding referrals where appropriate	184	Voung people friendly (training). Private consultation space. Safeguarding. A make every contact count (MECC) approach for all practitioners. Include PrEP in year 2. Confirm approach to You're Welcome Accreditation and develop roll out programme as appropriate.	CP NEL/LPC		Community Pharmacy NEL (CP NEL), National Chlamydia Screening Programme (NCSP) Coordinator, Young Hackney Condom Distribution Scheme (YH CDS)							

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	5 - Service quality and access is regularly assessed and reported through e.g. surveys and/or mystery shopping exercises to inform our knowledge about inequalities in access, experience and outcomes	185	Agree with City Healthwatch and Hackney Healthwatch a programme of mystery shopping; Enter and View. Agree a commissioned services approach to service user/patient feedback.	Healthwatch		Healthwatch City and Healthwatch Hackney, Public Health Intelligence Team (PHIT), YH HWB, HSHS, CP NEL/LPC							
	6 - Sexual assault and sexual abuse services are welcoming to young people with access arrangements well communicated	186	Strengthen awareness of pathways into services	ICB/SARC									
C) People have access to clear and appropriate <i>information and resources</i> to help them make informed choices about their sexual and reproductive health.	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 approach	1C1	Include a digital and communications strategy for a C&H wide, or NEL wide online information resource for covering STIs, PEP, PreP, contraception methods, healthy relationships, SHL, testing, DV support, FGM services, Open Doors, online booking	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	PH teams, YH, HSHS etc (all commissioned services and key partners), Hackney Find Support Services							
	2 - Development of information materials and/or SRH health promotion campaigns is tailored to and developed through <b>coproduction</b> with the groups they are aimed at (in particular when at risk of poorer SRH outcomes)	1C2	Work with service users, Healthwatch C&H/Hackney CVS Public Reps, system influencers, LoveTank etc., to enable coproduction. Specify co-production and service user engagement in contracts for all commissioned services.	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	Hackney Council & CoL Coproduction team, PH teams including Comms and teams delivering services (STEPS, PAUSE), Population Health Hub, Healthwatch (public reps etc), YH							
	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	1C3	Ensure digital and communications strategy also includes posters, flyers, Easy Read versions, in different languages with cultural sensitivity	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	Hackney Council & CoL Coproduction team, PH teams including Comms and teams delivering services (STEPS, PAUSE), Population Health Hub, Healthwatch (public reps etc)							
	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	1C4	See also theme 5	Carolyn Sharpe, Public Health, lead Consultant on children and Young People	C&H PH - CYP team	Youth Justice, Children & Social Care, Young Hackney, HSHS, Health Planning Team, the Greenhouse surgery							
D) 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	<ol> <li>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</li> </ol>	1D1	Review existing skills and training programme and develop additional content as necessary	NEL Workforce Lead		MECC lead							
	2 - Expand the making every contact count training (MECC) programme to include sexual and reproductive health with supporting information on services included in the directory of services	1D2	Develop MECC to include sexual health and agree approach with MECC training provider	C&H Public Health, Prevention & Inequalities team, Jayne Taylor	C&H Senior Public Health Practitioner								
	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	1D3	Multi Agency response to childhood sexual exploitation and harmful sexual behaviour in young people	City & Hackney Children's Safeguarding Partnership									
	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	1D4	Quarterly meetings. Best practice sharing. Include in combatting drugs partnership stratgey and commissioning plans	Andrew Trathen, Consultant in Public Health	Combating Drugs Partnership lead	East London Working Group for Chemsex and High Risk Sexual Health Pathways, HSHS							
E) Psychosexual support and high-risk sex counselling services are an integral and adequately resourced part of sexual health provision	<ol> <li>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)</li> </ol>	1 E1	Ensure psycho sexual clinics are included in future commissioning plans	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	Homerton Sexual Health Services, NEL ICB (mental health)	HSHS						
	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.	1 E2	Collaboration between commissioners and providers. Clarity on pathways	Andrew Trathen, Consultant in Public Health		Combating Drugs Partnership Working group (CDPWD)/Turning Point, HSHS							

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	3 - People in unhealthy or risky sexual relationships and those who have experienced domestic violence, sexual exploitation, trauma, sexual assult, abuse and rape are appropriately referred and/or supported	1 E3	Domestic violence advocate educators embedded in sexual health services (Pilot underway with RIS ADVISE), Pathways to psychological support for those who have experienced sexual trauma. Clear communication of referral pathways between services. Awareness of support services e.g. Havens and access arrangements.	Health, lead Consultant on Children and Young	C&H PH - CYP team	HSHS, SARC (the Havens), DAIS							
	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	1 E4	Chemsex and high risk counseling service, including peer mentor model. Needle exchange, slamming packs available at HSHS.	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	HSHS, Combating Drugs Partnership Working group (CDPWD)/Turning Point							
access services.	<ol> <li>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</li> </ol>	1F1	Increase collabarative working with Havens and local areas	ICB/NHS England strategic lead		Havens							
	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	1F2	Increase collabarative working with Havens and local areas	ICB/NHS England strategic lead		Havens							

Outcome	Aims	Nr	How/what is in place or needs to be in place	Strategic Lead	Delivery Lead	Partners/providers/commission ed services	Partner/provider leads	Milestones (aim for a date)	Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
Theme 2 - Good reproductive health across the life course														
A) Reproductive health services consider the life course from adolescence to the post-menopausal stage	1 - Ensure health literacy includes sexual and reproductive health	2A1	Review current health literacy programmes and where necessary strengthen/ include SRH.	Joia de Sa/Anna Garner, Population Health Hub	РНН	Hackney Children's Social Care And Education, Young Hackney Health and Wellbeing team, C&H PH CYP team								
	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 ELARC. and TOP and/or low uptake of LARC.	2A2	Consider a self referral portal for LARC where wome: can book into service of their choice for a LARC fitting. Develop mechanisms for collaborative commissioning. Make use of online resource (see 1C1) Virtual contraception events via the Women's Health Hub. GP Confed LARC strategy. LARC map. LARC in maternity. Remove barriers to primary care staff fitting LARC in different settings across C&M. Remove barriers to honorary contracts to Hackney GPs/nurses training in Homerton clinics.	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	Homerton Sexual Health Services (HSHS) Women's Health Hubs (WHH), GP Confederation (GP Confed), Positive East-Project Community (PE PC), CP NEL								
	3 - Life course access to abortion care locally and in a timely (early) manner, particularly among under-18s, and those aged 40-55.	2A3	Strengthen Collaboration with NHS/ICB commissioners, include abortion in local SRH dashboard	ICB	ICB									
	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.	2A4	Explore whether including information about (peri)menopause in 40+ NHS Health Checks would be useful and appropriate. Business Healthy/workplace engagement. e.g. virtual webinars by WHH for workplaces. Resources available in multiple languages.	Jayne Taylor		GP Confederation, Business Healthy, Population Health Hub, Women's Health Hub								
	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.		Clarify pathways and increase patient information resources.	Joia de Sa/Anna Garner, Population Health Hub		Population Health Hub, Education (C&H), YH, CVS, WHH								
	6 - Alleviate period poverty	2A6	Identify and share pathways/best practice for alleviation of period poverty	Joia de Sa/Anna Garner, Population Health Hub		Population Health Hub, Education (C&H), YH, CVS								
	7 - Ensure clear signposting, referral and reduce barriers to access assisted conception and fertility services	2A7	Include fertility servives on the online resource that is to be developed (see 1C1). Strengthen links with local services.	ICB										
	8 - Provide information and support on pre-natal health, birth spacing and maternal/parental health before, during, and after birth.	2A8	Ensure that pathways for women seeking contraception post delivery are clearly signosted. Include fertility info/pre-natal health on the online resource that is to be developed (see 1C1). Enhanced Health Visiting Services.	Amy Wilkinson, Workstream Director Integrated Commissioning: Children, Young People, Maternity and Families		GPs								
	9 - Enable easy access to contraception throughout the maternity pathway	2A9	Offer contraceptive choices discussion in antenatal clinic; offer IUT at delivery; offer contraceptive choices including POP or implant on post-natal ward.	Homerton Antenatal services/HSHS	Homerton Antenatal services	HSHS								
B) 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 services intheir strokes inequalities	address barriers to contraception among groups where (repeated) EHC use and/or ToP is disproportionately high (such as young people, and among black ethnic groups)	281	Engagement events on womens health focusing on underserved communities. Repeat Women's Reproductive Health Survey. Role for Community Champions/Volunteers/partnership work (CAN, PE). Access to YP pregnancy testing and counselling.	Women's Health Hub		Positive East-Project Community (PE-PC), Community Champions, LPC/CP NEL, Population Health Hub (data analysis)								
	2 - Assess why mixed (especially white and black arbibean) 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 (especially in under 253), and explore the link with socio-economic deprivation/poverty		YEAR 2: research. Engagement events on womens health focusing on underserved communities. Women's Reproductive Health Survey, Role for Community Champions/volunteers/partnership work (CAN, PE).	Women's Health Hub		CAN, PE-PC, HSHS, Population Health Hub (data analysis)								
	3 - Assess 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		YEAR 2: research. Engagement events on womens health focusing on underserved communities. Women's Reproductive Health Survey.	Women's Health Hub		PE-PC, HSHS, Population Health Hub (data analysis)								
	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 (coproduction).	284	Turkish language resources. Culturally sensitive and balanced conversations pre- and post delivery about contraception post birth.	Women's Health Hub		Hackney CVS, Interlink, Day-Mer etc, Population Health Hub (data analysis)								

Outcome	Aims	Nr	How/what is in place or needs to be in place	Strategic Lead	Delivery Lead	Partners/providers/commission Partner/provider leads ed services	Milestones (aim for a date)	Indicators	Year 1	Year 2 Year	Year 4	Year 5
C) 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, female Genital Mutilation (FGM), and sexual assault services	1 - Ensure visibility and high quality delivery of sexual health services in <b>community pharmacies</b> contracted to provide sexual health services (including access to condoms, oral contraception, EHC, STI screening)	2C1	Include oral contraception and emergency hormonal contraception within the online resource (see outcome (ICI). Mystery shopping exercises to ensure information is accurate and relevant.	CP NEL/LPC	C&H PH team, sexual health lead	Homerton Sexual Health Services (HSHSJ)NCSP, CP NEL, Young Hackney, Healthwatch						
	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.	2C2	Offer contraceptive choices discussion in antenatal clinic; offer IUT at delivery; offer contraceptive choices including POP or implant on post-natal ward. Culturally sensitive and balanced conversations pre- and post delivery about contraception post birth.	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	HSHS, WHH, GP Confed						
	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	2C3	Add SHL as a pathway for contraception post maternity and post abortion. Culturally sensitive and balanced conversations pre- and post delivery about contraception post birth.			HSHS, WHH, GP Confed, SHL, Homerton Antenatal and Postnatal services						
	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	2C4	Increase collaboration in LARC provision between primary care and specialist sexual health services, and the Women's Health Hubs, including advice for primary care about medical complexity, and pathways for complex LARC fittings and removals. Sharing of best practice (e.g. virtual events).	Women's Health Hub		HSHS, WHH, GP Confed						
	5 - Health care professionals and commissioned services have easy to use guidance on pathways and referral processes	2C5	Mapping of pathways and creation of online and/or printed visual materials/resources; have a who's who + where to go (for professionals and for patients, including the web portal).	ICB		C&H PH team, sexual health lead, HSHS						
	6 - Collaborative commissioning	2C6	Development of joint NHS and LA commissioning plan for SRH including use of provider selection regime.	ICB								
D) Inequalities in access and uptake of services have decreased over time and are not a reflection of socio-economic background	1 -Periodically 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	2D1	Promote the national women's reproductive health survey (funding dependant) and do a local boost of survey (funding dependant).	Population Health Hub (Anna Garner)	Population Health Hub	WHH, PHIT, C&H PH sexual health lead, GP Confed,						
	2- Increase access to primary care	2D2	Promote GP registration (including online sign up)	GP Confed		Greenhouse Practice						
	3- Increase equity of access	2D3	Ensure annual equity audits undertaken by all commissioned services and annual access plans agreed.	Chris Lovitt, Deputy Director of Public Health / Population Health Hub	C&H PH team, sexual health lead	all commissioned services, Population Health Hub, PHIT						
	4- Monitor progress and increase activity where issues are identified	2D4	Develop a sexual and reproductive health dashboard to monitor progress over time	Diana Divajeva, PHIT	PHIT team	C&H PH team, sexual health lead, commissioned services						
E) Fertility friendly City and Hackney	1- Residents are aware of support services available and how to access	1F1		ICB								
	2 - Strengthen community engagement with local fertility services	1F2		ICB								
	3 - Reduce barriers to accessing fertility services	1F3		ICB								

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Theme 3: STI prevention and treatment														
Young people														
A) Young people have access to accurate, inclusive and appropriate information and education on sexual health (information and education)	<ol> <li>All primary and secondary schools provide relationship and sex education that complies with the <u>statutory guidance</u> and meets the needs of children and young people</li> </ol>	3A1	See 1A1	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People	C&H PH - CYP team	Hackney Education and Schools, CoL Community and Children's Services (CCS), Young Hackney Health and Wellbeing team								
	2 - Dedicated young people's services such as youth hubs and the 'super youth hub' offer safe spaces for sexual health information and advice and inreach of clinical services	3A2	See <b>183</b> : (super) youth hubs have sexual health inreach service provision. The YP condom distribution scheme is active. Different strategies will be required for different age groups of YP.	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People	C&H PH - CYP team	Hackney Children's Social Care And Education, Young Hackney Health and Wellbeing team (YH HWB including CDS). CAMHS?, HSHS								
	3 - Young people are engaged in designing or improving pathways, services, promotional materials and/or campaigns to ensure relevance and suitability (coproduction)	3A3	See 1C2	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People	Young Hackney Health and Wellbeing Team	Healthwatch (public reps, system influencers), Population Health Hub								
	4 - Provision is made for engagement on sexual health with residences and hostels that accommodate care leavers, youth justice and other young people in supported accommodation circumstances		See <b>1A5, 1C4,</b> theme 5	Carolyn Sharpe, Public Health, lead Consultant on children and Young People	C&H PH - CYP team	Youth Justice, Children & Social Care, Young Hackney, HSHS, Health Planning Team, the Greenhouse surgery								
B) Young people know where to source free condoms and STI tests and have no barriers to access and uptake (prevention)	<ol> <li>The Young Hackney free condom distribution scheme is embedded and promoted within a wide range of outlets and recognised by young people</li> </ol>	381	Visibility via the online resource that is to be developed and the YH website. Outreach and engagement.	Chris Lovitt, Deputy Director of Public Health	ҮН НШВ	Young Hackney. Youth Hubs, pharmacies								
	2 - Pharmacies provide low barrier access to a range of SRH services including condoms, EHC, Chlamydia screening/treatment and Gonorrhoea screening, as well as routine oral contraception (under development) and are trained to make safeguarding referrals where appropriate	382	See 184. Include PrEP in year 2.	CP NEL/LPC		Community Pharmacy NEL (CP NEL/LPC), National Chlamydia Screening Programme (NCSP) Coordinator, Young Hackney Condom Distribution Scheme (YH CDS)								
	3 - SHL is promoted, especially among groups that have shown lower uptake of their testing offer	3B3	Data showing preferences for accessing STI testing (by age, ethnicity, sexual orientation etc.) is used effectively to increase testing uptake. Include SHL in the Digital and communications strategy	LSHP/SHL		SHL								
	4 - Young people are engaged in designing or improving pathways, services, promotional materials and/or campaigns to ensure relevance and suitability (coproduction)	3B4	See <b>3A3, 1C2</b>	Carolyn Sharpe, Public Health, lead Consultant on Children and Young People	Young Hackney Health and Wellbeing Team	Healthwatch (public reps, system influencers), Population Health Hub								
C) Young people have access to appropriate and young people friendly sexual health treatment services (treatment)	<ol> <li>HSHS clinics are welcoming to young people and offer no appointment, face-to-face walk-in services</li> </ol>	3C1	See 1 <b>B1</b>	Homerton Sexual Health Services	HSHS lead Consultant									
	2 - Chlamydia treatment can be accessed at selected community pharmacies and SHL	3C2	YH website (pharmacy and other services map), SHL online, and the online resource that is to be developed.	CP NEL/LPC	C&H PH team, sexual health lead	CP NEL/LPC, HSHS NCSP lead, SHL								
	3 - Dedicated young people's services such as youth hubs and/or the 'super youth hub' offer safe spaces for sexual health advice and treatment through inreach sexual health clinics	3C3	See <b>183</b> : (super) youth hubs have sexual health inreach service provision. YP condom distribution scheme is active. Different strategies will be required for different age groups of YP.	Carolyn Sharpe, Public Health, lead Consultant on children and Young People	C&H PH - CYP team	Hackney Children's Social Care And Education, Young Hackney Health and Wellbeing team (YH HWB including CDS). CAMHS?, HSHS								
D) STI testing is available through multiple pathways so people with different preferences can access them on their own terms and without barriers ( <i>testing</i> )	<ol> <li>SHL testing is promoted as primary source of STI testing (asymptomatic, uncomplicated, regular testing, incuding for PrEP)</li> </ol>	3D1	<ul> <li>Develop and implement a service promotion campaign - monitor uptake to ensure data showing preferences for accessing STI testing (by age, ethnicity, sexual orientation ect) is used effectively to increase testing uptake</li> </ul>	SHL		SHL								

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

Outcome	Aims	Nr	How/what is in place or needs to be in place	Strategic Lead (name)	Delivery Lead	Partner(s)	Partner lead(s)	Milestones (aim for a date)	Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
Theme 4: Living well with HIV and			•											4
zero new HIV infections														
A: People living with HIV no longer experience stigma and discrimination	<ol> <li>City and Hackney sign up to the HIV confident charter and implement training throughout statutory and voluntary organisations to end stigma and discrimination</li> </ol>	4A1	HIV confident charter is brought to City and Hackney HWB boards with implementation plan	Chris Lovitt, Deputy Director of Public Health		Fast Track Cities, Positive East								
	2 - Encourage sign up to the HIV ambassadors programme to ensure the voice of people living with HIV is central to the provision of services across City and Hackney	4A2	Promote HIV ambassadors programme through HWB members	Chris Lovitt, Deputy Director of Public Health		Fast Track Cities, Positive East								
B: All diagnosed people with HIV receive treatment and care to achieve best possible health outcomes and viral suppression.	<ol> <li>Support people who are living with HIV to know their status and access appropriate care, including retention within care services and ongoing adhrence to antiretroviral treatment (ART), to improve outcomes.</li> </ol>	481	Implement HIV Evolving Care Report	NHS England Specialist Commissioning (and ICB from April 2025)		Jonathan Mann clinic, Positive East								
	2 - Facilitate more joined-up working on HIV between primary and secondary care services locally especially in relation to ageing related comorbidities	482	Promote shared learning and CPD sessions. Support Fast Track Cities Funded HIV GP lead	NHS England Specialist Commissioning (and ICB from April 2025)		Jonathan Mann clinic/HSHS, GP Confederation								
	3 - Ensure immediate connection to holistic care pathways (VCS organisations) after a positive diagnosis (including as a result of the opt-out testing initiatives), specially for people with added vulnerabilities and/or poor mental health and history of trauma	483	Data Sharing Protocol implemented, referal pathways confirmed between VCS, A&E, substance misuse services and outreach providers	NHS England Specialist Commissioning (and ICB from April 2025)		Jonathan Mann clinic, Positive East, Body & Soul								
	4 - Peer support and navigators are embedded into local services to ensure continued connection to care and support for people lost to follow up	484	Implement HIV Evolving Care report	NHS England Specialist Commissioning (and ICB from April 2025)		Jonathan Mann clinic, Positive East								
	5 - Increase equity in terms of successfully achieving virological suppression, e.g. among global majority and heterosexual residents, individuals with complex needs and higher levels of vulnerability	485	Undertake equity audit across HIV treatment services	NHS England Specialist Commissioning (and ICB from April 2025)		Jonathan Mann clinic, Positive East								
	6 - Regularly update HIV needs assessment and ensure focus on equity of outcomes	486	Publish HIV need assessment, update on an annual basis	ICB / C&H PH										
C: All communities who would benefit from HIV prevention interventions including condoms, PrEF are easily able to access services		4C1	Support the broadening of focus of the London HIV Prevention Programme beyond GBMSM to include other groups who would benefit from PrEP. Ensure pathways for PrEP easy to access	London HIV Prevention Programme		London HV Prevention Programme (LHPP), Positive East (PE), Community African Network (CAN)								
	2 - Reduce barriers to access to condoms for young people and other communities	4C2	Review local condom distrubution and implement findings	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	CAN, Positive East, YH CDS								
	3 - Have HIV rapid tests and pilot rapid start PrEP in community settings including community pharmacies and substance misuse services	4C3	Work with London Sexual Health Programme and UKHSA/ OHID Sexual Health lead to design and implement pilot	LSHP & Helen Corkin (UKHSA/ OHID)		CP NEL, HSHS, Combating Drugs Partnership,Turning Point								
	4 - Support people who are living with HIV to know their status and access appropriate care, including retention within care services and ongoing adherence to antiretroviral treatment (ART), to improve outcomes.	4C4	Implement Evolving HIV care report	NHS England Specialist Commissioning (and ICB from April 2025)		Positive East, Jonathan Mann Clinic/HSHS, Body & Soul								
	5 - Increase access amongs MSM communities, particularly where individuals are younger and/or from a black, Asian, or ethnic minority background or new arrivals to C&H to NHS PrEP and uptake of free condoms	4C5	Continue to actively particapte in the London HIV Prevention Programme. Continue to commission voluntary sector services to work with these communities	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	London HIV Prevention Programme (LHPP), Positive East, LoveTank								
	6 - Undertake tailored and appropriate engagement with non-MSM communities at higher risk of acquiring HIV to promote NHS PrEP	4C6	Continue engagement with London HIV Prevention Programme to develop additional HIV prevention work with black, Asian and other ethnic minority communities. Continue to commission voluntary sector services to work with these communities	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	Positive East (Project Community), CAN, LHPP								
	7 - Ensure awareness of and access to/delivery of PEPSE (Post-exposure prophylaxis after sexual exposure to HIV) and linking to PrEP pathway	4C7	Review promotional material for PrEP to ensure also includes information also includes PEPSE. Ensure PEPSE access pathways also include information on how to access PrEP	HSHS, LHPP, LSHP		HSHS, Positive East, CAN								
D: All people with HIV know their status and are linked in to care and treatment	1- Reduce late diagnosis of HIV	4D1	Increase provision and uptake of testing for HIV, including indicator disease testing, and other forms of opt-out testing, such as in A&E.	NHS England Specialist Commissioning (and ICB from April 2025)		ICB (BBV task team), HSHS, GP Confed								
	<ol> <li>Increase uptake of HIV testing in populations where there is low testing and high rates of late diagnosis</li> </ol>	4D2	Include HIV testing (and potentially other BBV) in NHS Health Checks in primary care to find new (late) infections and cases lost to care and connect them to the care and treatment pathway	Chris Lovitt, Deputy Director of Public Health	C&H PH team, sexual health lead	GP Confederation, NEL ICS								
	3 - Improve systematic HIV screening of newly-registered patients to GP practices in the City and Hackney in order to diagnose cases as early as possible		Where new registration is done online, a link to testing service/kit should be included on the form (NEL). When a new patients present in practice for their first visit, they should be asked if they did a test or be offered a test (e.g. link to SHL).	ICB	C&H PH team, sexual health lead	GP Confederation, NEL ICS								
	4- Ensure effective connection to care and treatment	4D4	Clear loss to follow up pathways developed. Contracts with voluntary sector agreed to support identification and (re) engagement with treatement services	NHS England Specialist Commissioning (and ICB from April 2025)		PE								
E: the Fast-Track Cities London goal of zero new HIV infections, zero preventable deaths from HIV/AIDS, and zero HIV-related stigma by 2030 is achieved locally.	1 - Zero new HIV infections	4 E1	Widespread access and uptake of PrEP, people living with HIV have effective viral suppression	NHS England Specialist Commissioning (and ICB from April 2025)										
	2 - New migrants living with HIV are supported to access HIV treatment and care without stigma or discrimination		Health literacy programmes for new migrants include information that HIV treatment programme are free and accessable to all	NHS England Specialist Commissioning (and ICB from April 2025), Hackney New Migrants and Refugee forum		LoveTank, Positive East, Greenhouse practice								
	3 - No people living with HIV die from a disease that could have been prevented by receiving HIV related treatment and care	4 E3	See 4D4. Continue easy to access HIV treatment and care services	NHS England Specialist Commissioning (and ICB from April 2025)		HSHS/Jonathan Mann Clinic, GP Confed								7
	4 - End HIV related stigma and discrimination	4 E4	See 4A1	NHS England Specialist Commissioning (and ICB from April 2025)		Fast Track Cities, Positive East								

Outcome (what we aim to achieve)	Aims	Nr	How/what is in place or needs to be in place	Strategic Lead (name)	Delivery Lead	Partner(s)	Partner lead(s)	Milestones (aim for a date)	Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
5 - Inclusion communities and those with complex needs														
A) Increased access to services by those with higher or more complex needs	<ol> <li>Implement annual equity audit action plans to ensure greater uptake of services amongst those communities with sexual health inequalities and complex needs</li> </ol>	5A1	All commissioned services to do an annual equity audit and create action plans for improving access and outcomes	Chris Lovitt, Deputy Director of Public Health // Population Health Hub	C&H PH team - sexual health	all commissioned providers								
	of pathways to support those with higher or more complex needs, for providers/services and service users	5A2	Providers to map pathways and ensure well communicated	Chris Lovitt, Deputy Director of Public Health	C&H PH team - sexual health	HSHS, GP Confed, CVS organisations, PH team-MECC								
	3 - Tailored services for people with learning disabilities (within overal service)	5A3	Outreach and inreach clinical services with dedicated nursing and health adviser resource	HSHS		(Hackney People First, Hackney Ark Captains)								
	4 - Improve visibility/accessibility of services from multiple and intersectional perspectives (physical disability, learning disability, homeless, substance misuse, mental health, LGBTQ+)	5A4	Mapping exercise (inventory of key stakeholders/organisations that can also feed into coproduction. Link up with Find Support Services.	Chris Lovitt, Deputy Director of Public Health // PH Consultant Jayne Taylor	C&H PH team - sexual health	Population Health Hub, PH team-MECC								
	5 - Encourage GP registration	5A5	Reduce barriers and increase understanding of registration process, collaboration with relevant partners (rough sleepers, asylum seekers), STEPS/PAUSE.	GP Confed		Greenhouse Practice, GP Confederation, PH Community Health and Wellbeing team?								
	6 - Sexual health and primary care services are trauma informed including sexual assault, abuse and rape	5A6	CPD training/specific training	NEL training hub		HSHS & workforce development, GP Confed, WHH								
B) Improved data collection to inform service delivery	1 - Explore alternative ways of data collection	581	Consult and involve service users on appropriate ways of data collection/engagement (drop ins, services etc.) Only use appropriate paper data collection in settings where this is suitable. Population Health Hub Health Literacy work. Use of <u>MECC tool</u> .	Chris Lovitt, Deputy Director of Public Health	C&H PH team - sexual health	commissioned providers, PHIT, Population Health Hub, STEPS/PAUSE and other services								
	3 - All relevant services collect data on all protected characteristics, implement equality duty	5B2		Chris Lovitt, Deputy Director of Public Health // Population Health Hub	C&H PH team - sexual health	All commissioned providers (with exceptions)								
	4 - Reduce the gradient between the most and least advantaged across a range of defined process and outcome measures.	583	Regularly update the sexual and reproductive needs assessment. Ensure the voice of the easy to ignore communities is specifically included	Chris Lovitt, Deputy Director of Public Health	C&H PH team - sexual health	Population Health Hub, PHIT								
C) Transgender and non-binary residents' sexual and reproductive health needs are met	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.	5C1		HSHS		GP Confed								
	2 - Promotion of 'Standards of Care for the Health of Transgender and Gender Diverse People' guidelines in primary care	5C2		ICB	C&H PH team - sexual health	GP Confed, CP NEL/LPC								
	3 - Respond to the consultation on the national Guidelines for schools on gender identity and transition to highlight importance of compliance with the equality duties	5C3		Carolyn Sharpe, Public Health, lead Consultant on Children and Young People (CYP)		Education (Hackney and CoL)								
D) Information is designed in acceptable and appropriate forms	1 - Coproduction of resources and materials (print and online, as relevant)	5D1	Work closely with providers/voluntary sector organisations in contact with vulnerable/marginalised populations as well as service users to co-design information that is appropriate, e.g. Easy Read, languages, formats.	Chris Lovitt, Deputy Director of Public Health	C&H PH team - sexual health	Hackney CVS, Healthwatch, commissioned services, PH teams, Population Health Hub								