

DRAFT City and Hackney Sexual and Reproductive Health Strategy

Executive Summary	3
1 - Introduction	7
1.1 Vision	9
1.2 Core principles	9
1.3 Scope	10
1.4 Strategic priorities	10
2 - Healthy and fulfilling sexual relationships	12
2.1 Importance to public health	12
2.2 Local need and inequalities	13
2.3 Aims and outcomes for healthy and fulfilling sexual relationships	13
3 - Good reproductive health across the lifecourse	15
3.1 Importance to Public Health	15
3.2 Local need and inequalities	15
3.2.1 Long Acting Reversible Contraception (LARC)	16
3.3 Aims and outcomes for reproductive health across the life course	17
4 - STI prevention and treatment: access to high quality and innovative testing and treatment services	19
4.1 Importance to Public Health	19
4.2 Local need and inequalities	19
4.2.1 Testing	20
4.2.2 Infections	20
4.2.3 Reinfection	20
4.2.4 Treatment and partner notification (PN)	21
4.3 Aims and outcomes for STI prevention and treatment	21
4.3.1 Young people	22
4.3.2 General population	22
5 - Getting to zero HIV	24
5.1 Importance to Public Health	24
5.2 Local need and inequalities	24
5.2.1 Prevention	24
5.2.2 Diagnosis, treatment and virological suppression	25
5.3 Aims and outcomes for HIV prevention, access to care and treatment	25
6 - Vulnerable populations and those with complex needs	26
6.1 Importance to Public Health	26
6.2 Local need and inequalities	27
6.2.1 LGBTQI+	27
6.2.2 Chemsex users	28
6.2.3 Homeless people and rough sleepers	28
6.2.4 Commercial sex workers	28
6.2.5 People with disabilities	29
6.2.6 PAUSE service users	29
6.2.7 Other groups	29

6.3 Aims and outcomes for vulnerable populations and those with complex needs	29
7 - Way forward	30
7.1 Adoption process	30
7.2 Monitoring	30
Appendix 1: Overview of commissioned services	31

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 promotions and education, 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 assessment¹ and Women's Reproductive Health Survey, and will help deliver on national strategies, including the Women's Health Strategy for England (2022), and the National HIV Action Plan (2021).

This strategy has four thematic areas which are also reflected in the other NEL strategies. We have added an additional theme of "Vulnerable populations" to ensure we not only provide universal open access services but also better understand and address the needs of vulnerable populations.

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) **Getting to Zero new HIV transmissions**
- e) **Vulnerable populations**

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 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 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.

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

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 enjoy and experience fulfilling sex lives.

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.

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 specialist 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 counselling services are an integral and adequately resourced part of sexual health provision

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.

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.

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. 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.

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

Outcome 4: 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, incontinence, heavy menstrual bleeding, Female Genital Mutilation (FGM)

Outcome 5: Inequalities in access and uptake of services have decreased over time and are not a reflection of socio-economic background

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 specialist 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 presenting with gonorrhoea, are reduced.

d) Getting to Zero HIV

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 getting to Zero new HIV infections by 2030:

Outcome 1: 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.

Outcome 2: Reduced inequalities in uptake of HIV prevention services

Outcome 3: People with HIV know their status, are linked in to care and treatment

e) Vulnerable populations 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 not to pigeonhole those with more complex needs or greater vulnerabilities in order to stigmatise them, but to ensure their needs are recognised and met within the overall service provision.

A key challenge is that some groups with higher complexity or vulnerability are 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 vulnerable groups:

Outcome 1: Improved understanding and functioning of pathways to support those with higher or more complex needs

Outcome 2: Improved data collection to inform service delivery

Outcome 3: Tailored services are available for transgender and non-binary residents

Outcome 4: Information is designed to reach them in acceptable and appropriate forms

Implementation

Following a 12 week consultation period to run throughout the summer of 2023 the strategy will be proposed for adoption at the autumn meetings of the City and the Hackney HWBs. Additional engagement on the strategy will be held with a range of partners and stakeholders, including Healthwatch City and Hackney, Hackney CVS, Community Champions and community groups. An action plan will be developed alongside the consultation, with an annual update and refresh of actions presented to the HWBs.

To monitor implementation of the strategy, an SRH dashboard will be developed by the Public Health Intelligence Team (PHIT).

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.

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 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. 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 we invest over £8m in clinical services as well as services to promote good sexual health, with currently [12 key services](#) directly commissioned. The NHS also commissions and provides termination of pregnancy services, gynaecological services alongside maternity services, all of which have a significant role in improving SRH.

Significant improvements in SRH have been achieved, in partnership with the NHS and the voluntary sector 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 Assessment², 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) and the [Fast Track Cities](#) goals of no new HIV infections by 2030.

The strategy has been developed alongside the other local authorities 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 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
- Getting to Zero new HIV transmissions
- Vulnerable populations

The ambition is for this strategy to lay the foundation for the reimagining, (re)commissioning and integration of sexual and reproductive health services that are comprehensive and inclusive, recognising synergies with other services and providers, and contributing to better sexual and reproductive health outcomes for all residents.

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

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 System (ICS). 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 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 and termination of pregnancy 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), 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 Emergency Hormonal Contraception (EHC)
- Online sexual health services including STI testing, EHC and routine oral contraception
- HIV prevention
- 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

Schools and the Department of Education are now increasingly responsible for the day to day operations of schools including the provision of compulsory relationship education in primary schools and sex and relationship in secondary schools.

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 an NE London ICP footprint:

- Fertility services and assisted conception
- Termination of Pregnancy Services (ToPS)
- Routine oral contraception
- Cervical cytology
- HIV treatment and care
- Mental health elements of psychosexual services
- Havens and Sexual Assault Support Services (SARS)
- Maternity services
- Gynaecological services

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 or risky sexual relationships 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

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 and partner notification that is appropriate to need
- Transmission of STIs and repeat infections are reduced

4) 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.

5) Vulnerable populations and those with complex needs

To understand better the service and support requirements of those with more complex needs or greater vulnerabilities, not in order to stigmatise them, but to ensure their needs are recognised and met within the overall 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 consensual³.

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 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

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, and others', sexual and reproductive health and wellbeing. Or people encounter (psychological) issues that impact on their physiological ability to enjoy or experience fulfilling sex lives.

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 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.

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

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 and enhanced partner notification will help reduce the increased burden of disease.

Another illustration of need among young people is uptake of Emergency Hormonal Contraception (EHC): 15 to 19 year olds have the second highest rate of EHC access behind 20 to 24 year olds. At pharmacies, an estimated 17,001 EHCs were taken per 100,000 population among 15-19 year olds in Hackney and the City of London compared to 5,238 per 100,000 population for all people aged 15 and over (Pharmoutcomes, 2018-2021). For the financial year 2022-23, of all EHC consultations that took place at pharmacies, 18% were for those aged 19 and under (918 out of a total of 5096).

From a life course perspective, it is important to keep in mind that needs and activity can change over time. Increasingly, people in mid-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 and premature ejaculation 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.

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, and targets, 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

- Promote and increase uptake of Young Hackney's free [Personal Social and Health Education](#) in secondary schools and settings of alternative provision, while respectful dialogue is continually maintained with schools and other educational institutions where RSE is not deemed appropriate and acceptable for religious or cultural reasons
- Foster collaboration with and between different entities doing SRH-related school outreach, such as Homerton Sexual Health Services, in order to enhance reach and coverage

Outcome 2: Young people have access to appropriate and specialist sexual health services

Aims

- HSHS clinics are welcoming to young people and offer booked and walk up appointments with evening/weekend clinics.

- Dedicated young people's services such as youth hubs and/or the 'super youth hub' offer safe spaces for SRH advice
- Pharmacies provide a low barrier 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
- 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

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

- People know where to access sexual and reproductive health services.
- Prevention activities are culturally sensitive, appropriately targeted and tailored to those at greatest risk of poor SRH outcomes
- Prevention and information materials are developed with people considered at higher risk of poorer SRH outcomes
- 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 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

- Ongoing training/CPD of health professionals on e.g. early identification of harmful sexual relationships
- Emotional wellbeing is supported across all pathways
- People in unhealthy or risky sexual relationships are appropriately supported.
- Early and targeted support provided for those engaging in higher-risk sexual behaviours, such as chemsex
- NEL wide collaboration via the chemsex and high risk sexual behaviour working group

Outcome 5: Psychosexual support and counselling services are an integral and adequately resourced part of sexual health provision

Aim

- HSHS offers a regular clinic and is able to manage or increase uptake of referrals with funding agreed between the LA and mental health commissioners
- 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 - 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 conception and preconception health 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 most 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 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 reproductive 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.

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,

6

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

⁷ 2022 HSHS Equity Audit, Dr Sarah Creighton

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 Hubs⁸. In addition, community pharmacies have been contracted at national level to provide oral contraception. Even if this may take some time to take 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.

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

In 2021, the overall prescribing rate for LARC in Hackney was 37.5 per 1,000 women aged 15 to 44 years, which was a strong recovery after the rates plummeted to 19.3 per 1,000 in 2020 due to COVID-19, after a high of 45.9 in 2019. For the City of London, there was a recovery to 20.8 per 1000 in 2021 for women aged 15-44 after a low of 13.6 in 2020. For comparison, the England rates for 2020 and 2021 were 34.6 and 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.

3.3 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:

- Offer appropriate and inclusive education on sexual and reproductive health in schools and colleges by promoting and increasing uptake of Young Hackney's free [Personal Social and Health Education](#) in secondary schools and settings of alternative provision and where appropriate collaborate with other services e.g. HSHS outreach
- Consider preferences of where individuals from different age groups access routine and emergency contraception, and make them more visible and accessible.
- Improve awareness of and access to LARC, especially among younger women, e.g. by making use of virtual contraception events via the Women's Health Hubs, tailored to younger women and groups that see relatively high uptake of EHC and TOP.
- Maintain access to abortion care locally and in a timely (early) manner, particularly among under-18s, and those aged 40-55.
- Explore and address why repeat abortions among under-25s are higher than the England and London averages.
- Include menopause and perimenopause in reproductive and other health care services
- Include questions and information about (peri)menopause in the NHS Health Check.
- Explore ways to engage and create more support in different settings, e.g. primary care, businesses and workplaces, for women experiencing the (peri)menopause.
- Identify support pathways for girls and women experiencing heavy bleeding or painful periods to improve their access to and quality of care.
- Ensure clear signposting and referral for assisted conception and fertility services

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:

- 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)
- Increase (timely) access to a range of contraception including in maternity settings and reduce the need for abortions and repeat abortions, as well as unplanned/unintended pregnancies
- 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
- 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
- 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

Aims:

- Ensure consistent high quality services provided in all community pharmacies who provide sexual health services
- Increase the provision of LARC in primary care with effective inter-practice referral
- Increase collaboration in LARC provision between primary care and specialist sexual health services, and the Women's Health Hubs.
- Share best practice from the Women's Health Hubs in terms of direct service delivery (e.g. LARC fittings), engagement with residents (virtual events), collaboration with primary care (training and upskilling) and specialist clinics (HSHS).

Outcome 4: Pathways into and out of non-LA-commissioned services are optimised, including: fertility services; period poverty; perimenopause/menopause; community gynaecology; termination of pregnancy; maternity and post-partum care and complications; cervical screening; endometriosis, incontinence, heavy and painful menstrual bleeding, Female Genital Mutilation (FGM)

Aims:

- Health care professionals and commissioned services have easy to use guidance on pathways and referral processes
- Provide support and information on birth spacing and maternal/parental health before, during, and after birth.
- Enable easy access to contraception throughout the maternity pathway
- Ensure local access to abortion care and in a timely (early) manner, particularly among under-18s, and those aged 40-55.
- Reduce repeat abortions among under-25s through the provision of easy to access contraception

Outcome 5: Inequalities in access and uptake of services have decreased over time and are not a reflection of socio-economic background

Aims:

- 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
- Develop a sexual and reproductive health dashboard to monitor progress over time.

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 inequalities⁹

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, respectively¹⁰.

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.

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>

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 behaviours¹³.

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 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

¹³ <https://www.nice.org.uk/guidance/ng221>

¹⁴ <https://www.shl.uk/>

STI reinfection rates in City and Hackney are well above the national average¹⁵. 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 may 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.

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 are accredited to provide chlamydia treatment to young people with a positive diagnosis and their partners, however 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 25¹⁶, 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

¹⁵ For example, gonorrhoea reinfection within 12 months in Hackney 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.

¹⁶ 2021 ONS Census <https://hackney.gov.uk/population>

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:

- Offer appropriate and inclusive education on sexual and reproductive health in schools, colleges and settings of alternative provision by promoting and increasing uptake of Young Hackney's free Personal Social and Health Education in secondary schools and settings of alternative provision
- Dedicated young people's services such as the 'super youth hub' offer safe spaces for sexual health advice
- Young people are engaged or included in designing or improving promotional materials and/or campaigns to ensure relevance and suitability
- Provision is made for engagement on sexual health with residences and hostels that accommodate care leavers and other young people in supported accommodation circumstances

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

Aims:

- The Young Hackney free condom distribution scheme is embedded and promoted within wide range of outlets and recognised by young people
- 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
- SHL is promoted, especially among groups that have shown lower uptake of their testing offer
- 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 specialist sexual health treatment services***

Aims:

- HSHS clinics are welcoming to young people and offer no appointment, face-to-face walk-in services
- Dedicated young people's services offer safe spaces for sexual health advice and treatment

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:

- Data showing apparent preferences for accessing STI testing is used effectively to improve more targeted testing.

- Access to STI testing through a range of settings is improved, including in GPs and pharmacies.
- Smart STI testing kits (for collection) are available at (selected) community pharmacies with high uptake of sexual health services
- Face to face appointments are available for those who prefer this or can not access online services.

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

- Engagement work 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
- Ensure that testing for specific STIs is tailored to groups where prevalence is high, and where testing may not be as targeted as it could be. For example:
 - Where higher positivity rates in remote syphilis testing are seen among “other” ethnic groups.
 - Where higher positivity rates in remote chlamydia, gonorrhoea, and HIV testing are seen among black ethnic groups.
 - Focused STI prevention efforts for trans people, particularly for chlamydia, gonorrhoea, and syphilis.
- Better understand the drivers behind the high rates of STIs so that these can be addressed to improve outcomes.
- Explore ways to reduce STI rates and encourage uptake of STI testing among males, especially those who are heterosexual and 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.

Aim:

- Achieve [BASHH standards on partner notification](#) to ensure that sexual partners of individuals with a confirmed STI are made aware and offered treatment where appropriate.

Outcome 7: Reinfection rates in young people are reduced.

Aims

- Treatment of primary infection is used as an opportunity to provide sexual health advice and signposting to services and free condom outlets.
- Assess and improve engagement with those who are reinfected within 6-12 months by better signposting to the care pathway, free condom provision, sex and relationship education
- Monitor STI reinfection rates to assess who is most at-risk.
- Ensure and continue active outreach through CVS commissioned services to ensure reach into different local communities and facilitate accessibility of condoms
- Ensure older people (40+) are aware of risk of STIs and increase awareness of importance of testing e.g. at 40+ health checks,
- Support pharmacies as a one-stop shop for young people in terms of condom provision and STI kit collection, and link to reproductive pathways

- Increase testing rates and vaccination coverage of HPV in vulnerable and high-risk populations, including secondary school aged young people and clinic attendees.

5 - Getting to zero HIV

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, their viral load can drop to being undetectable, which means they can no longer transmit HIV, which represents the Undetectable=Untransmissible arm of prevention. Lastly, PrEP (pre-exposure prophylaxis) is a combination of antiretroviral drugs that can

¹⁷ <https://fasttrackcities.london/our-work/ending-stigma/>

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 lesbian. 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.

In April 2022, opt-out testing for blood borne viruses including HIV was introduced in A&E departments across London. This 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. 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 Blood Borne Viruses, BBV) 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 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 levels of viral suppression.

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

Outcome 1: 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.

Aims:

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

- 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.
- Increase provision and uptake of testing for HIV, including indicator disease testing, and other forms of opt-out testing, such as in A&E.
- 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
- Continue to promote anti-HIV-related stigma messages, such as U=U, to encourage individuals at higher risk of acquiring the disease to get tested.
- Support individuals with complex needs and higher levels of vulnerability to achieve parity of viral suppression as others receiving HIV care and on treatment.
- Increase equity in terms of successfully achieving virological suppression, e.g. among non-white and heterosexual residents

Outcome 2: Reduced inequalities in uptake of HIV prevention services, including PrEP

Aims:

- Increase awareness and uptake of PrEP among all eligible groups, particularly those with low current take-up.
- Have HIV rapid tests and pilot rapid start PrEP in community settings including community pharmacies and substance misuse services
- Continue engagement with MSM communities, particularly where individuals are younger and/or from a black, Asian, or ethnic minority background or new arrivals to C&H to promote NHS PrEP
- Undertake tailored and appropriate engagement with non-MSM communities at higher risk of acquiring HIV to promote NHS PrEP

Outcome 3: People with HIV know their status, are linked in to care and treatment

Aims:

- 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.
- Facilitate more joined-up working on HIV between primary and secondary care services locally especially in relation to ageing related comorbidities
- 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

6 - Vulnerable populations and those with complex needs

6.1 Importance to Public Health

Poorer sexual and reproductive health is often concentrated in specific communities 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 those with more complex needs or greater vulnerabilities are not stigmatised, but their additional needs need to be 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 that some trans people have higher STI infection rates and lower testing uptake. People who are homeless or sleeping rough may have a more chaotic/itinerant lifestyle that is 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. 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.

It is 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 authority, 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 not within the remit of the local authority, and do not form part of commissioned sexual health services, it is important to know pathways and linkages to other services, whether within the local authority, the NHS or the larger integrated care system (ICS).

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 also 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.

6.2.1 LGBTQI+

Overall, there is greater engagement with sexual health services among MSM than the general population. Gay and lesbian residents accounted for the largest proportion in activity for Hepatitis A/B/C, LGV, pubic lice, PrEP, (rapid) STI and HIV testing, shigella, and syphilis, compared with total local attendances at HSHS (for attendances where sexual orientation was indicated). A similar pattern is observed for bisexual groups.

Gay residents attending HSHS are more likely to use GUM services for STI testing compared with heterosexual residents. A higher proportion of activity among gay residents is for Hepatitis A/B/C and PrEP care, while a lower proportion is seen for HIV and chlamydia. 94.5% of care activity recorded is among “other” sexual orientations. This may suggest a degree of stigma with people not comfortable expressing their orientation, or the correct orientation not being present on the list.

For trans people, 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 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 between 2019/20 and 2020/21 due to instability in provision, rather than lack of need. The C&H combating drugs partnership and significantly increased funding to increase uptake of substance misuse services provides an ideal opportunity to ensure services are more effectively able to meet the needs of chemsex clients.

6.2.3 Homeless people and rough sleepers

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.

6.2.4 Commercial sex workers

Open Doors is a commissioned service that provides holistic support to commercial sex workers. 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 testing and advice on a weekly basis. Service users can also attend HSHS with priority access. The testing done 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.

Compared with the general population, CSWs attending HSHS saw a higher proportion of activity attributed to multiple STI testing and care, Hepatitis, HPV, and gonorrhoea, and a lower proportion attributed to HIV and chlamydia. A higher proportion of CSWs activity at HSHS is attributed to STI testing than the general population, and a lower percentage is attributed to STI-specific care. This suggests frequent testing takes place, commensurate with their risk profile.

6.2.5 People with disabilities

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.

6.2.6 PAUSE service users

PAUSE service users have had multiple children removed from their care. Regarding the priorities of PAUSE service users, where additional vulnerabilities exist, sexual and reproductive health concerns tend to fall second to other support areas in a woman's life.

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 and comprehensive sexual and reproductive health support is provided.

6.2.7 Other groups

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.¹⁹

6.3 Aims and outcomes for vulnerable populations and those with complex needs

The key task and challenge will be to collect relevant data to create a more comprehensive picture of the needs of and barriers facing those with more complex lives or vulnerabilities.

Outcome 1: Improved understanding and functioning of pathways to support those with higher or more complex needs

Outcome 2: Improved data collection to inform service delivery

Outcome 3: Tailored services are available for transgender and non-binary residents

Outcome 4: Information is designed in acceptable and appropriate forms

¹⁹ 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

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 concrete and costed workstreams, activities and outputs. The latter can include better communication mechanisms, pathways or signposting. This can mean that certain services will be newly commissioned, decommissioned or recommissioned in alternative ways. It could also mean that existing providers will need to be flexible to accommodate activities or services that have been identified as priorities.

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 will be 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 Adoption process

Following 12 weeks of statutory consultation and engagement with communities and professional stakeholders the strategy, and first year year action plan, will be presented to the City and Hackney Health and Wellbeing Boards in autumn 2023 for adoption.

The Mayor and lead Member of Hackney Council have also requested that the strategy is formally presented to cabinet for consideration.

7.2 Monitoring

The creation of a **sexual health dashboard** will 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.

Appendix 1: Overview of commissioned services

■ C&H Sexual and Reproductive Health services.pdf

- 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)