

HEALTH & WELLBEING BOARD

Subject Heading:	Consultation with residents to develop a Sexual and Reproductive Health Strategy for
Board Lead:	North East London Mark Ansell
Report Author and contact details:	Louise Dibsdall Louise.Dibsdall@havering.gov.uk
The subject matter of this report deals wi and Wellbeing Strategy	ith the following themes of the Health
The wider determinents of health	

	The wider determinants of fleatiff						
	 Increase employment of people with health problems or disabilities 						
	 Develop the Council and NHS Trusts as anchor institutions that consciously seek to 						
	maximise the health and wellbeing benefit to residents of everything they do.						
	 Prevent homelessness and minimise the harm caused to those affected, particularly rough 						
	sleepers and consequent impacts on the health and social care system.						
	Lifestyles and behaviours						
	The prevention of obesity						
	Further reduce the prevalence of smoking across the borough and particularly in						
	disadvantaged communities and by vulnerable groups						
	Strengthen early years providers, schools and colleges as health improving settings						
	The communities and places we live in						
	Realising the benefits of regeneration for the health of local residents and the health and						
	social care services available to them						
	 Targeted multidisciplinary working with people who, because of their life experiences, 						
	currently make frequent contact with a range of statutory services that are unable to fully						
	resolve their underlying problem.						
X	Local health and social care services						
	Development of integrated health, housing	g and social care services at locality level.					
	BHR Integrated Care Partnership Boar	d Transformation Board					
	Older people and frailty and end of life	Cancer					
	 Long term conditions 	Primary Care					
	 Children and young people 	Accident and Emergency Delivery Board					
	 Mental health 	Transforming Care Programme Board					
	 Dlanned Care 						



SUMMARY

This paper seeks support from the Havering HWBB in promoting a resident engagement survey to shape the development a joint sexual and reproductive health strategy for residents across the whole of North East London. To date, four priority areas have been identified through analysis of local and regional need, mandatory service provision and clinical advice. This survey asks residents whether the currently identified priorities are right for them, and to express their views on what, if anything, is also needed to support their sexual and reproductive health. The subsequent strategy (due for presentation to the board in September 2023) will ensure alignment of preventative, primary and mandated open access clinical services more cohesively across the Integrated Care System (ICS) to make a measurable difference to residents' sexual health and wellbeing needs.

RECOMMENDATIONS

For Havering HWBB partners:

- 1. to share the survey widely across their networks, both residents and professionals to shape the development of the strategy
- 2. to endorse the development of a co-ordinated strategy across the North East London Integrated Care System (NEL ICS) and commit to an action plan to improve sexual and reproductive health for Havering residents.

REPORT DETAIL

Responsibility for provision of sexual and reproductive health services is shared between NHS and local authority commissioners. Under the Health and Social Care Act 2012 ICB commissioners are responsible for abortion, sterilisation, vasectomies, non-sexual health elements of psychosexual health contraception and gynaecology. NHSE commissions contraception under the GP contract, HIV treatment sexual assault referral centres, sexual elements of psychosexual counselling and cervical screening. Local authorities have a duty to secure the provision of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs) for their residents. This is mandatory and entails the key principles of providing services that are free, confidential, open access and not restricted by age.

Whilst each borough has the same mandate, the very nature of open access means that residents can choose to visit whichever sexual health service is best, or most convenient, for them. As such, service providers across the system have to balance meeting the needs of a diverse range of people, not just the predominant needs of the local community

With the emergence of Integrated Care Systems, there is the appetite and framework for further alignment/ integration of wider services that deliver sexual health at both a place (LA), ICS and regional level. Although there are clear demographic differences between the NEL boroughs, there are many areas of overlap - young and increasingly ethnically diverse populations at higher risk for STIs - and scope for learning from each other's best practice. The current development of a high-level sexual health strategy for NEL will allow for a better



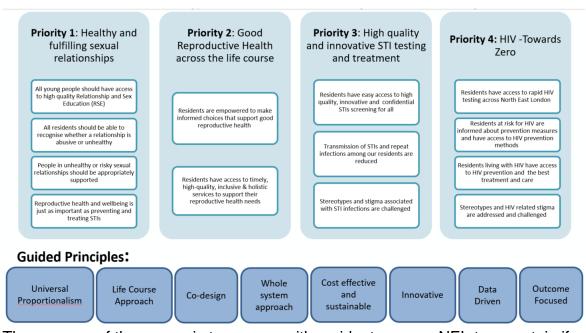
understanding of need, inequalities and gaps in provision and inform a more cohesive approach to sexual health planning across the NEL ICS system and provision of services at the local level.

Commissioners, clinicians and colleagues from public health across the region have formed a Strategy Steering Group to discuss the key features of a shared vision and strategy for sexual health across NEL. A first draft of key priorities has been developed and now set for resident engagement.

Underpinned by a mutually agreed set of guiding principles, the strategy aims to work collaboratively with residents and partners from across the spectrum of integrated sexual health. The overall purpose is to deliver high quality, easy-access and equitable provision across the whole of North East London, with the prevention of illness and the promotion of healthy relationships at the core of all activity.

- Aim: Ensure the all our residents have the ability and freedom to make safe, informed choices regarding their sexual and reproductive health regardless of who they are and where they live.
- Output: Deliver accessible, non-judgmental, high quality sexual health services across the whole of North East London.
- Outcome: Making a measurable difference to people's sexual health and wellbeing according to the needs of our boroughs.

To date four priority areas have been identified through analysis of local and regional need, mandatory service provision and clinical advice:



The purpose of the survey is to engage with residents across NEL to ascertain if the above priorities are the right ones and what, if anything, is missing. The survey is due to open shortly and close 31st July.

Feedback from residents will shape the direction of the strategy and contribute to determining priorities for future service delivery. The intention is to ensure



alignment of preventative, primary and secondary care services more cohesively across the sector to make a measurable difference to residents' sexual health and wellbeing needs.

Running alongside this engagement, a series of focus groups are also being held to engage with priority/vulnerable groups including young people, people from BAME ethnicities, people living in areas of deprivation in Havering and older people. These engagement sessions aim to ascertain what are the key needs of these vulnerable groups to ensure that our local delivery plan attached to the strategy addresses what residents say.

IMPLICATIONS AND RISKS

LEGAL AND FINANCIAL IMPLICATIONS AND RISKS

Development of a strategy will support future commissioning and delivery of integrated sexual health services across North East London. It may open up potential for negotiating alternative delivery models for sexual and reproductive health services, utilising commissioning levers and provider collaboratives to improve services for residents.

There are not expected to be any financial risks to developing this strategy as the Public Health Grant covers costs associated with the mandated provision of sexual health services.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The action undertaken will include monitoring how the services commissioned as a result of the strategy meets the needs of all eligible users, including those from ethnic minority communities and the disabled. The Council will also ensure that



potential providers have undertaken equality training and adhere to the Council's Fair to All Policy or their own equivalent.

HEALTH AND WELLBEING IMPLICATIONS AND RISKS

Access to healthcare services are an essential public health feature. In the case of Sexual and Reproductive Health (SRH) services, there are very clear inequalities in outcomes for people at greater risk of poor sexual health. Where sexual health and wellbeing is not achieved, a variety of negative sexual health consequences can occur, these include: sexually transmitted infections (STIs), unintended pregnancy and abortion, sexual dysfunction and sexual violence. Not only can poor sexual health have serious long-term implications for the individual, but the cost of treatment for the NHS is large.

Gay, bisexual and other men who have sex with men (MSM) experience health inequalities related to STIs. They account for 43% of London residents diagnosed with a new STI (excluding chlamydia diagnoses reported via CTAD) and they represent 88% of those diagnosed with syphilis and 66% of those diagnosed with gonorrhoea (where gender and sexual orientation are known. The number of new STI diagnoses in MSM in Havering increased from 140 in 2016 to 225 in 2019.

In 2020, 43.5% of diagnoses of new STIs made in SHSs and non-specialist SHSs in Havering residents were in young people aged 15 to 24 years old. This compares to 45.7% in England.

Women in Havering were more likely to have an STI between 15-19 years and 20-24 years, whilst men were more likely to have a new STI diagnosis at 25 years+.

People of Black Caribbean ethnicity experience disproportionately high rates of STI diagnoses, particularly for chlamydia and gonorrhoea. People born in Central and South America had the highest positivity rates for syphilis.

Higher rates of new STI diagnoses were made in the North and East of Havering, coinciding with the wards of Gooshays, Hilldene and South Hornchurch, which are among the 20% most deprived LSOAs in the country.

In 2019, the Joint United Nations Programme on HIV/AIDS estimated a mean HIV prevalence of 36% among sex workers. The average reported prevalence of active syphilis among sex workers is 10.8% (range 5.8% to 30.3%) (WHO, GHO, 2020).

Local Authorities (LA) are mandated to secure the provision of open access sexual health services, including for community contraception and the testing, diagnosis and treatment of sexually transmitted infections (STIs) and testing and diagnosis of Human Immunodeficiency Virus (HIV).

BACKGROUND PAPERS

1. Poster to advertise survey

¹ https://www.who.int/health-topics/sexual-health#tab=tab_1





Help us Shape the North East London Sexual and Reproductive Health Strategy

We are a designing NEL Sexual and Reproductive Health Strategy and would appreciate input from the community to inform this process!

We would like to know if the sexual health priorities we have identified address the sexual health needs of our local residents!

You can help us to understand if we got it right by completing a short survey!



Scan this code to access the survey!



SCAN ME

We will read every comment and response you leave. Completing the survey gives you a chance to win







2. Questions being asked

Questions being asked in the residents survey:

Your Opinion Matters to Us - Take 5 Minutes and help us shape the NEL Sexual Health Strategy

Dear Resident,

We are in the process of a developing a North East London (NEL) Strategy for Sexual and Reproductive Health. We want to improve sexual and reproductive health, and have it has one of our key priorities.

Our vision is to: 'work collaboratively with residents and partners from across the spectrum of integrated sexual health in order to deliver high quality, easy-access and equitable provision across the whole of North East London*, with the prevention of illness and the promotion of healthy relationships at the core of all activity.'



You can assist us by sharing your thoughts in this short survey, which will take less than 5 minutes to complete. We will read every response and comment, which will help us to see if our Sexual Health Priorities meet your needs.

The survey will close on the 31st July and we look forward to hearing from you with your thoughts.

*Local Authorities of North East London (NEL): Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest.

Data Protection Information

What type of data are you collecting?

We are collecting **Anonymous** data. This is special category data that needs more protection because it is sensitive. No names will be collected as part of this survey.

Why are you collecting this data?

Our basis for collecting this special category data is **Public Health** task which means we are collecting to fulfil a legal responsibility. This satisfies article 9 of dealing with special category data

Who is the Data controller?

The Data Controller is the London Borough of Newham, and we are responsible for the collection and processing of your personal information

How will your data be processed?

Processing includes the organisation, retrieval, consultation, use and deletion or destruction of information and its disclosure to other agencies. The information you provide will be processed mainly in connection with the administration of North East London Sexual Health Strategy.

Will my data be used for anything else?

Your personal information may be processed by other Council services where appropriate to facilitate other services in respect of any of the Council's activities. Examples of which are benefits, to verify data accuracy, housing, environmental health, and care services.

Do we share this data with anyone?

There may be a need to share with external partners and organisations e.g., health and other local authorities or information may be used in the prevention and detection of fraud and crime.

I have a guestion

All information collected will be processed and held securely under the principles of the Data Protection Act 2018. For further information on data protection, the Council's use of information sharing, please contact the Information Governance Team on 020 8430 3737 or information.governance@newham.gov.uk.



1.I have read and I understand the above privacy statement. I understand that my participation is voluntary. I therefore agree to take part in this survey.	
Yes, I agree	
No, I don't agree	
>Next	
About You 2.What term best describes your sexuality?	
Asexual (somebody who is asexual does not experience sexual attraction to anyone)	
Bisexual (somebody who is bisexual feel a sexual and/or romantic attraction to people of	f
a different gender as well as their own.	I
Gay (somebody who is gay is characterised by sexual or romantic attraction to people of one's same sex)	
Lesbian (lesbian is a woman who is physically and romantically attracted to other women.)	
Men who have Sex with Men (MSM)	
Pansexual (panasexuality is the romantic, emotional, and/or sexual attraction to people regardless of their gender)	
Straight/Heterosexual (People who are heterosexual are romantically and physically	
attracted to members of the opposite sex)	
women who have Sex with women (wSw)	
Prefer not to say	
3. Which term best describes your gender?	
Female	
© Male	
O Non-binary	
C Transgender Female	
C Transgender Male	
Prefer not to say	
C	
4. What age range do you belong to?	
© 16-17	
© ₁₈₋₂₄	
© 25-34	
C 35-44	
C 45-54	



0	55-64
О	65-74
\circ	75+
	/hat is your ethnicity?
0	Asian/British Asian - Bangladeshi
0	Asian/British Asian - Chinese
0	Asian/British - Indian
0	Asian/British Asian - Pakistani
0	Black/Black British - African
0	Black/Black British - Somali
0	Black British
0	Black/Black British - Caribbean
0	White and Black African
0	White and Black Caribbean
0	White and Asian
0	White British - English/Northern Irish, Scottish, Walsh
0	White other
6. W	/hich area of North East London do you live in?
0	Barking and Dagenham
0	City of London
) (Hackney
*	
\circ	Havering
0 0	Newham
0	Newham Redbridge
00	Newham Redbridge Tower Hamlets
000	Newham Redbridge Tower Hamlets Waltham Forest
0 0 7. D	Newham Redbridge Tower Hamlets
O O 7.D stai	Newham Redbridge Tower Hamlets Waltham Forest o you have any long-standing mental health illness, disability or infirmity? (Long-
7.D star	Newham Redbridge Tower Hamlets Waltham Forest o you have any long-standing mental health illness, disability or infirmity? (Long-nding means anything that has troubled you over a period of time or that is likely to
O O 7.D stan	Newham Redbridge Tower Hamlets Waltham Forest o you have any long-standing mental health illness, disability or infirmity? (Long-nding means anything that has troubled you over a period of time or that is likely to ect you over a period of time)?
7.D star affe	Newham Redbridge Tower Hamlets Waltham Forest o you have any long-standing mental health illness, disability or infirmity? (Long-nding means anything that has troubled you over a period of time or that is likely to ect you over a period of time)? Yes, I have a learning disability
O O 7.D stan	Newham Redbridge Tower Hamlets Waltham Forest o you have any long-standing mental health illness, disability or infirmity? (Long-nding means anything that has troubled you over a period of time or that is likely to ect you over a period of time)? Yes, I have a learning disability Yes, I have a physical disability
7.D star affe	Newham Redbridge Tower Hamlets Waltham Forest o you have any long-standing mental health illness, disability or infirmity? (Long-nding means anything that has troubled you over a period of time or that is likely to ect you over a period of time)? Yes, I have a learning disability Yes, I have both a learning and physical disability



this priority?

8.Priority 1: Residents in North East London are able to make informed choices about their sexual and reproductive health. Using the scale below (where 1 star is the lowest and 5 stars the highest) please rate how important this priority is for you?						
9. How much do you agree or disagree with the following aims we have identified for this priority?						
priority.	S	trongly Agree	Agre	Neither Agree nor Disagree	Disagree	Strongly Disagree
All young people should have access to he quality Relationship and Sex Education (RSE)	igh C)	0	0	0	•
All residents should be able to recognise whether a relationship is abusive or unhealthy	C)	0	0	0	0
People in unhealthy or risky sexual relationships should be appropriately supported	C)	0	0	0	0
Reproductive health and wellbeing is just important as preventing and treating STIs)	0	0	0	0
10. Priority 2: Residents of North East Lo life course. Using the scale below (where to how important this priority is for you?		_		-		
11.How much do you agree or disagree this priority?	that t	he follo	wing	aims we ha	ve identif	ied for
tills priority:	Stron	- A 9	gree A	Neither Agree Nor Disagree	Disagree	Strongly disagree
Residents are empowered to make informed choices that support good reproductive health	0	0	0	_	0	0
Residents have access to timely, high- quality, inclusive & holistic services to support their reproductive health needs	0	0	0		0	0
12.Priority 3: Residents of North East London have access to high quality and innovative testing and treatment for Sexually Transmitted Infections (STIs). Using the scale below (where 1 star is the lowest and 5 stars the highest) please rate how important this priority is for you?						
13.How much do you agree or disagree	with t	he follo	wing	aims we ha	ave identif	ied for



	Strongly agree	Agree	Neither Agree No Disagree	or Disagree	Strong disagr	. •
Our Residents have easy access to high quality, innovative and confidential STIs testing service	c	c	c	0	0	•
Transmission of STIs and repeat infections among our residents are reduced	0	0	С	0	0	•
Stereotypes and stigma associated with STI infections are challenged	0	0	0	0	0	•
14. Priority 4: Towards Zero - 2030. Using the scale below (with important this priority is for you agree of 15. How much do you agree of 14. Priority 4: Towards Zero - 2030. Using the scale below (with important this priority is for you agree of 15. How much do you agree of 15.	/here 1 star i u?	s the lov	vest and 5	stars the high	est) pleaso	e rate how
this priority?		Strong	gly Agree	Neither Agree Nor Disagree	Disagree	Strongly
Our residents living with HIV access to the best treatment an	nd care	0	0	O	0	0
Our residents at higher risk for informed about prevention me have access to HIV prevention	easures and	0	0	0	0	0
All our residents have access HIV testing across North East	to rapid t London	0	0	0	0	0
Stereotypes and HIV related saddressed and challenged	stigma are	0	0	0	0	•
16.Have we missed anything? priorities you think we should contains the should contains the should contains the should contain				below any add	ditional se	xual health



>Back >Next
Your experience with Sexual Health Services
17. Have you ever accessed Sexual Health Services?
Yes, I have accessed my Local Sexual Health Services
Yes, I have accessed Sexual Health Services but outside of North East London area
° No
>Back >Next
18. What do you think works well in your current Local Sexual and Reproductive Health Service Provision?
▼ ▼
19.Is there anything that could be improved in your current Local Sexual and
Reproductive Health Service Provision?
20.What stopped you from accessing your Local Sexual Health Services?
>Back >Next
Thank you!
As a gesture to thank you for your time and feedback we would like to offer you to take part in our raffle competition and have a chance to win a prize worth £50. Please let us know if you would like to be considered.
21.I would like to take part in the raffle competition.
C Yes
C No