

**Barking &
Dagenham**



Hackney

Havering
LONDON BOROUGH

Newham London

London Borough of
Redbridge

Waltham Forest

TOWER HAMLETS

NHS
North East London

North East London Joint Sexual & Reproductive Health Strategy (2024 – 2029)

Executive Summary



A healthy and fulfilling relationship is integral to individual wellbeing, and a pro-active approach to sex and relationships (e.g. reducing abuse, avoiding unplanned pregnancies or preventing the transmission of HIV) can foster enormous benefits for communities and society as a whole.

Never before has Sexual and Reproductivity Health (SHR) been so relevant, with COVID-19 making lasting changes to the way that individuals interact and access services – and gender, sexuality and identity politics becoming ever more salient in the public consciousness.

There are numerous reasons why a strategic regional approach to SRH is required: in addition to enabling economies of scale and joining up pathways within a fragmented commissioning landscape, a regional strategy promotes a collaborative and holistic way of working, with resident wellbeing at the centre of our ambition.

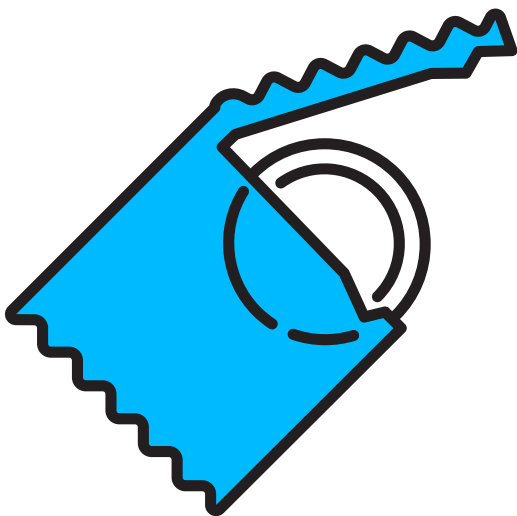
The jointly developed vision for the North East London (NEL) sexual and reproductive health is to:

Empower residents to lead healthy and fulfilling lives, in which they have the knowledge and agency to make informed choices about their sexual and reproductive health, with timely access to high quality, equitable services.

The purpose of this strategy is to:

- a. summarise where we are in relation to this vision
- b. define where we want to be (outcomes and goals)
- c. sketch a path for how we achieve this vision (recommendations)

However, all parties involved in the development of this strategy are clear that this is only a first step: a strategy is redundant without clear actions to help fulfil our shared objectives. As such, next steps in 2024-25 and beyond are vital, as regional and local Action Plans are implemented and monitored, with the goal of leading us towards our shared vision for a more integrated model of sexual and reproductive health.

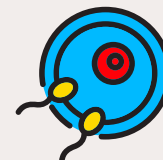


Key points identified in the Strategy are outlined below against the four priorities for SRH across NEL. These priorities were agreed collaboratively during multi-stakeholder workshops and validated through engagement with patients and residents. They are:

Priority 1:
Healthy and fulfilling
sexual relationships



Priority 2:
Good reproductive
health across the life
course



Priority 3:
High quality and
innovative STI testing
and treatment



Priority 4: HIV - towards
zero and living well
with HIV



The high-level five-year goals for SRH that have been agreed for the NEL system include:

- Reverse the trend of increasing STI diagnoses by preventing and reducing the onward transmission of STIs through effective testing and treatment.
- Improved prevention and early diagnosis of HIV, with a focus on increasing the uptake of Pre-Exposure Prophylaxis (PrEP) in all high risk communities
- Increase knowledge and choice around reproductive health for NEL residents, with increased uptake of the most reliable forms of contraception, especially Long Acting Reversible Contraception (LARC)
- Reduce the number of unplanned and teenage conceptions.
- Reduce the number of abortions and repeat abortions, learning from models seen in Tower Hamlets and City & Hackney.
- Reduce demographic inequities in sexual health access and outcomes where they are known or identified in the future.
- Ensure that principles of 'Universal Proportionality' run through all of our work on SRH over the next five years, prioritising our most vulnerable and high risk residents wherever possible.

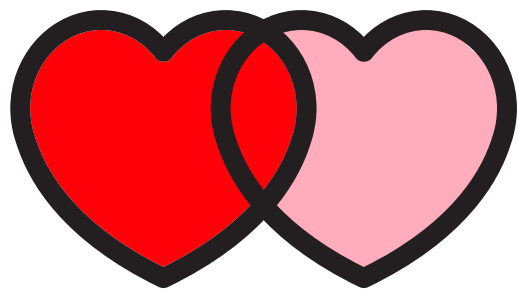
Priority 1: Healthy and Fulfilling Sexual Relationships

Like the rest of the world, residents and professionals in NEL are adjusting to new challenges (e.g. increasing access to online porn, digital child exploitation, rising levels of harm related to chemsex) while also trying to respond to increasing levels of domestic abuse, coercive relationships and harm related to sex work.

Unsurprisingly, this strategy highlights Relationship and Sex Education (RSE) as a vital tool for promoting healthy and fulfilling sexual relationships, and engagement with residents tells us that this is a priority area. Despite RSE becoming a compulsory part of curriculums in secondary schools from 2020, there is no clear understanding of how (or if) RSE is currently being delivered – and this is a fundamental starting point for Action Plans that will be developed at a regional level but implemented and monitored at Local Authority (LA) level via multi-partner groups including education providers and commissioning colleagues.

More generally, the breadth of ‘Healthy Relationships’ as a public health issue and the scale of the challenge lends itself towards a ‘systems-based’ approach to increasing knowledge of SRH among professionals in all sectors of health, social care staff, partners in the Community, Voluntary and Faith Sector (CVFS), as well as engagement with and outreach to resident groups.

Furthermore, this strategy highlights gaps in our knowledge in relation to our most vulnerable and high-risk residents. Recommendations include improved NEL-wide data collection, and consistency of evidence-informed operating procedures is required for areas such as chemsex, suspected abuse or exploitation, sex work, under-age sex and/or consent issues (especially for residents diagnosed with learning disabilities). Individual LAs have well-established multi-partner forums for safeguarding and domestic abuse. LA-level Action Plans should therefore consider the best way to enhance collaborative working in these areas.



Priority 2: Good Reproductive Health across the Life Course

A life-course approach towards reproductive health acknowledges that good SRH is important for people of all ages and, importantly, that the SRH needs of our residents may change over time.

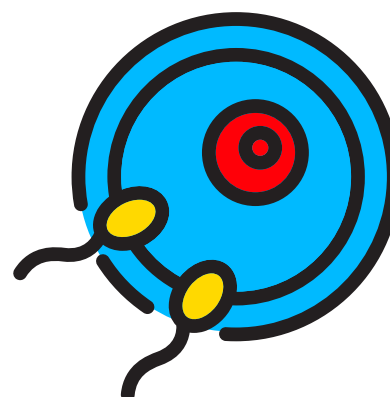
Reproductive health is important to the public's health because if, when and how often a pregnancy occurs should be a matter of choice. Access to information about preventing pregnancy but also preconception health, conception and assisted conception is important for a holistic and joined-up model for reproductive health.

Teenage conceptions, often unplanned, can have long-term negative consequences for young women and society as a whole, with many (33%) resulting in termination. A joined-up, partnership-based approach with integration between specialist sexual health services and Termination of Pregnancy Services (ToPS) has already been shown to be effective. In Tower Hamlets and City and Hackney, for example, these services are aligned in a Women's Health Hub model, and the data clearly indicates a positive impact on outcomes: in 2021, the legal abortion rates in Tower Hamlets were 41% lower than the NEL average. All partners behind this strategy are therefore keen to explore a more integrated approach to sexual health (SH) and ToPS across NEL as part of the nation-wide roll-out of Women's Hubs .

There is also a particularly stark equity challenge in this area: women from certain demographic groups experience worse outcomes in relation to early pregnancy, infertility, maternity, and gynaecological conditions. Furthermore, deprivation is strongly associated with higher admissions for conditions such as pelvic inflammatory disease and ectopic pregnancy.

Key areas identified for strengthened partnership working include:

- Increasing LARC uptake, especially among ethnically minoritised groups.
- Shift away from the traditional separation of clinic-based services towards the Women's Health Hub model and other peripatetically located services (e.g. LARC provision in ToPS clinics).
- Improved data collection for Emergency Hormonal Contraception (EHC) alongside insight work in collaboration with youth services, schools and colleges.



Priority 3: High Quality and Innovative STI Screening and Treatment

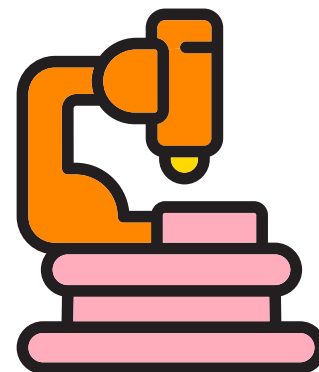
Overall incidence of STI diagnoses has increased year-on-year in NEL LAs following the Covid pandemic. Rates of syphilis and gonorrhoea have increased significantly during 2022-23, (mainly among gay, bisexual and men who have sex with men (GBMSM)), at a time when PrEP uptake among the same cohort has increased substantially.

This strategy calls for a renewed focus on STI prevention across the whole NEL system – especially for gonorrhoea and syphilis among GBMSM and chlamydia and gonorrhoea among under 25s – with emphasis on increasing use of condoms, enhancing Partner Notification (PN) and increased levels of repeat STI screening for high-risk groups at a regional level in line with guidance from the British Association for Sexual Health and HIV (BASHH).

Another recommendation is to develop a jointly agreed strategic approach for NEL on digital vs 'in-clinic' diagnosis and treatment of simple STIs, with an ongoing commitment to explore innovative new opportunities in testing methods.

Ultimately, NEL's vision for high quality and innovative STI screening and treatment should deliver:

- A reduced burden of STIs, in particular among those who are disproportionately affected.
- An equitable, accessible, high-quality testing, treatment, vaccination and partner notification that is appropriate to need.
- A reduction in the transmission of STIs and repeat infections.



Priority 4: HIV - towards zero and living well with HIV

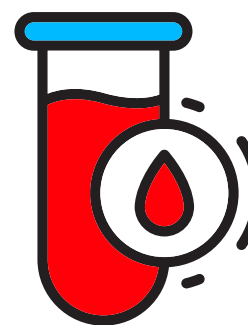
Great strides have been made in both the prevention and treatment of HIV in recent years, resulting in fewer new diagnoses and people with HIV living longer and healthier lives. However, in order to get to zero HIV, meaning, zero new HIV infections, by 2030 it is crucial that testing continues at scale. 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.

Despite the falling number of newly diagnosed cases of HIV over the past five years, the demographic profile of new HIV cases in NEL is notable, with a significant burden of HIV observed among the heterosexual Black African population. The pattern is different in Hackney and Tower Hamlets, though, where a greater proportion of new HIV diagnoses are seen among the GBMSM community. Waltham Forest sits somewhere in between these contrasting positions.

PrEP uptake in NEL has grown year-on-year since routine commissioning commenced in 2020. However, PrEP uptake is uneven along geographic and risk categories: with uptake significantly lower among heterosexual people, and Black African populations in particular, compared to GBMSM. There is a growing body of literature related to increasing awareness of and access to PrEP among non-GBMSM groups, and a review of this literature accompanied by a NEL-wide intervention to improve uptake is recommended. Continued funding for GP HIV Champions is likely to help to address the demographic inequity seen in PrEP uptake.

Late diagnosis of HIV remains an issue in NEL, especially in the LAs where HIV is more commonly seen among Black African residents compared to GBMSM. This finding is of particular concern against a backdrop of decreased HIV testing coverage since 2020. A well-targeted 'dual-pronged attack' of increased HIV screening and PrEP uptake is required to address this inequity. Continued funding for opt-out HIV screening in hospital Emergency Departments (ED) is also essential, with initial data suggesting that this approach will be an important tool for detecting otherwise hidden cases of HIV.

The 'Towards Zero and Living Well with HIV' section of the strategy recognises HIV as a long term condition. It touches on the fragmentation of HIV services across the health and social care sector and the ongoing challenge of reducing stigma. There are opportunities to better align services in this area, and the pending shift of commissioning responsibility for HIV care from NHS England to Integrated Care Boards (ICBs) should be used as a catalyst to work towards a holistic model for HIV prevention, treatment and care.



Overarching Recommendations

Key recommendations for the four priority areas are outlined above in the strategic vision of each priority. A cross-cutting themes are summarised below:

Strengthen joint commissioning and contract management across LAs and ICB, of services across the SRH system – such as Specialist Sexual Health, HIV treatment and care, ToPS, Gynaecology and Maternity. Enable shared access to data dashboards to track activity and outcomes for residents across service areas.



Pursue a collaborative approach between commissioners and providers (specialist and non-specialist), driven by data and focused on the areas of SRH intervention with the highest public health value; and utilising commissioning tools including incentives to direct activity.



Standardise and improve offer for the most vulnerable and/or 'high-risk' residents: building robust pathways between services and developing evidence informed operating procedures across providers and LAs.



Review and standardisation of commissioning practices for primary care SRH services such as LARC, EHC, condom provision and the screening and treatment of simple STIs.



Consistent collection and monitoring of 'patient level' data (including demographic characteristics) across the region, with shared data dashboards aligned to our strategic priorities.

