

**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)



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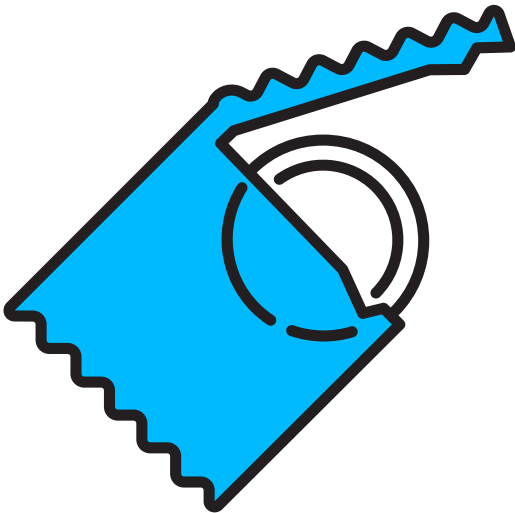
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Introduction

Good sexual and reproductive health is a fundamental part of everyone's health and wellbeing. Poor sexual and reproductive health (SRH) can have wide-ranging public health consequences, impacting not only individuals but families and society as a whole.

The significant rise in the prevalence of sexually transmitted infections (STIs) both nationally and locally is alarming and highlights the need for a clear strategic vision, alongside a more integrated approach among all parties involved in commissioning and delivering sexual and reproductive health services and incorporating the views of our residents.



Increasing incidence of STIs, and the adverse health effects of these infections, have disproportionately impacted young people, ethnically minoritised groups, gay, bisexual and other men having sex with men (GBMSM), as well as people living with HIV. The relationship between structural inequalities (e.g. racism, sexism, and homophobia) and wider determinants of health (e.g. poverty, education, ethnicity, and age) and how these factors impact individual and societal sexual health is complex; a collaborative and multidisciplinary approach is therefore required in response.

North East London (NEL) is a vibrant, diverse and distinctive area of London. Our residents come from different age groups, ethnic backgrounds, faith, beliefs and socio-economic levels. The principles of equity, equality and inclusivity are therefore an integral part of our strategic vision for better SRH across NEL.

However, despite the diversity of our population, there are many commonalities in the sexual health inequalities seen across NEL. This is one of the main reasons for a strategic approach that advocates for a more joined-up and integrated way of working across the wider health, care and education landscape.

NEL's local sexual health provision has undergone necessary optimisation and transformation as a response to the COVID-19 pandemic, adopting new approaches to support residents with the most urgent and complex needs. Nevertheless, SRH-related inequalities persist; with large parts of NEL seeing an increasing number of teenage pregnancies and repeat abortions, some of the highest STIs diagnostic rates in London, high HIV prevalence and increasing rates of HIV late diagnosis.

Rather than proposing a "new start," this strategy advocates an approach that builds on the optimisation of local services that began in response to COVID-19, underpinned by collaboratively agreed goals and delivered through detailed local Action Plans that will be monitored regularly and refreshed on an annual basis.

Vision

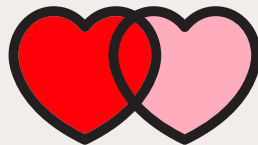
This strategy, alongside local and regional Action Plans, sets out the intention to work collaboratively with residents and partners from across the spectrum of integrated SRH in order to achieve a vision of:

Empowered residents leading 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, inclusive and equitable services.

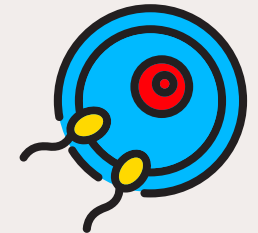
Priorities

Engagement with local health professionals and residents has identified four priority areas, with underlying aims and expected outcomes. These priorities – identified through local data, engagement and intelligence – address the key challenges facing the region in terms of sexual and reproductive health and wellbeing.

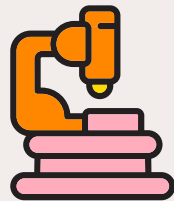
Priority 1:
Healthy and fulfilling
sexual relationships



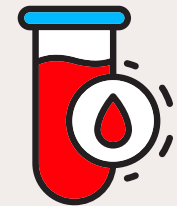
Priority 2:
Good reproductive
health across the life
course



Priority 3:
High quality and
innovative STI testing
and treatment



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

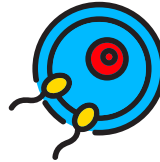


Priority 1: Healthy and fulfilling sexual relationships



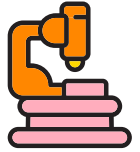
- All young people should have access to high quality Relationship and Sex Education (RSE)
- All residents should be able to recognise whether a relationship is abusive or unhealthy
- People in unhealthy or risky sexual relationships should be appropriately supported
- Reproductive health and wellbeing is just as important as preventing and treating STIs

Priority 2: Good reproductive health across the life course



- Residents are empowered to make informed choices that support good reproductive health
- Residents have access to timely, high-quality, inclusive and holistic services to support their reproductive health needs

Priority 3: High quality and innovative STI testing and treatment



- Residents have easy access to high quality, innovative and confidential STIs screening for all
- Transmission of STIs and repeat infections among our residents are reduced
- Stereotypes and stigma associated with STI infections are challenged

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



- Residents have access to rapid HIV testing across North East London
- Residents at risk for HIV are informed about prevention measures and have access to HIV prevention methods
- Residents living with HIV have access to HIV prevention and the best treatment and care
- Stereotypes and HIV related stigma are addressed and challenged

Guiding principles

Our strategy is underpinned by the following guiding principles:

Universal proportionalism embedded across all actions to ensure increased equitable outcomes.



Right care, right time, right place. Making every contact count.



Safety and safeguarding highest quality offer (for staff and patients) and highest standards in London.



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 a shared multi-stakeholder action plan, aligned to regional/national strategies and supporting local authority/place based action plans to monitor and evaluate success. Data-driven with a cross-cutting data sharing agreement and a commitment to a standardised approach to data collection and analysis.



A life-course approach with focus on the wider determinants of health



Co-development of services with ongoing resident/patient and stakeholder participation.



Whole-system approach: Partnership working and system leadership from providers of integrated sexual health services (e.g. primary care, education, substance misuse, domestic abuse services etc.).



The strategy has been informed by the Women's Health Strategy in England (2022)¹, the National HIV Action Plan (2021)², Sexual and Reproductive Health and HIV guidance (OHID, 2022)³ as well as local needs assessments and reports from extensive co-production with local residents.

There is an accompanying 'Data Pack' that sits alongside this strategy. Insights from the Data Pack have been used to inform the statements in the strategy and attempts have been made to reference the relevant section of the data pack as required.

Current Sexual and Reproductive Health Support in North East London

Sexual and Reproductive Health commissioning landscape

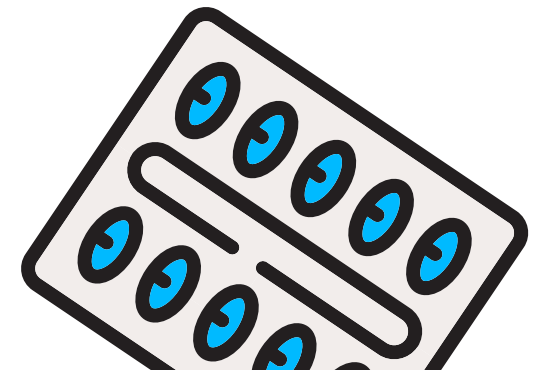
In 2017, local authorities across London worked alongside partners from the health sector to transform specialist sexual and reproductive health services. Key changes included the merging of Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services, the implementation of a London-wide 'Integrated Sexual Health Tariff' (ISHT) and the development of the online sexual health 'e-service' (Sexual Health London or 'SHL'). This transformation has been widely acknowledged as a success, helping to ensure that the access and a high standard of sexual and reproductive health care is maintained within pressurised budgets.

Currently, local authorities commission the majority of sexual and reproductive health services, however certain responsibilities for sexual health provision remain with NHS England or Integrated Care Boards (ICB). ICB and LA planning for social care services is guided by the Integrated Care Partnership (ICP), a larger partnership comprising partners from across the local area (Figure 1). This disjointed commissioning landscape is complex and, at times, difficult to manage.

Figure 1: Delegated Responsibilities of Sexual and Reproductive Health

Local Authorities (LAs)	NHS England	Integrate Care Board (ICB)
<ul style="list-style-type: none"> • Contraception - except within GP contracts • STI testing • Psychosexual support (sexual health) • Specialist sexual health services • Sexual health support for young people • HIV prevention • Sexual health outreach 	<ul style="list-style-type: none"> • GP contraception • HIV treatment and care • Sexual health in prisons • Cervical screening • Sexual assault services (SARCs, Havens) 	<ul style="list-style-type: none"> • Termination of pregnancy • Vasectomy • Gynaecology • Psychosexual support (non-sexual health) • HIV treatment and care (transfers from NHSE April 2025)

In light of the ambition for increasing integration between health and local authority commissioning and a growing focus on place-based working, now is a good time to look at closer alignment for sexual and reproductive health across the wider landscape of NEL.



Current provision of sexual and reproductive health services

Local authorities are required by law to provide 'open access' sexual and reproductive health services for everyone present in their area. In NEL, the bulk of SRH activity takes place through specialist clinics and the SHL e-service. Broadly speaking, the SHL e-service is designed to help manage capacity across the system by providing screening and basic treatment for low-risk asymptomatic patients.

All LAs in NEL also commission some form of sexual and reproductive health provision via primary care (GPs and Community Pharmacies). The exact scope of primary care-based SRH provision varies between Local Authorities, but typically includes:

- Opportunistic screening of young people (15-24 year olds) for chlamydia and gonorrhoea as part of the National Chlamydia Screening Programme (NCSP)
- Condom provision
- Emergency Hormonal Contraception (EHC)
- Long-Acting Reversible Contraception (LARC) provided by GPs
- Oral contraception (commissioned by the NHS and delivered by GPs)
- Quick-start Progesterone Only Pill (POP) – oral contraception provided via some community pharmacies and commissioned by the NHS.

Across North East London, specialist sexual and reproductive health provision is delivered by three separate providers:

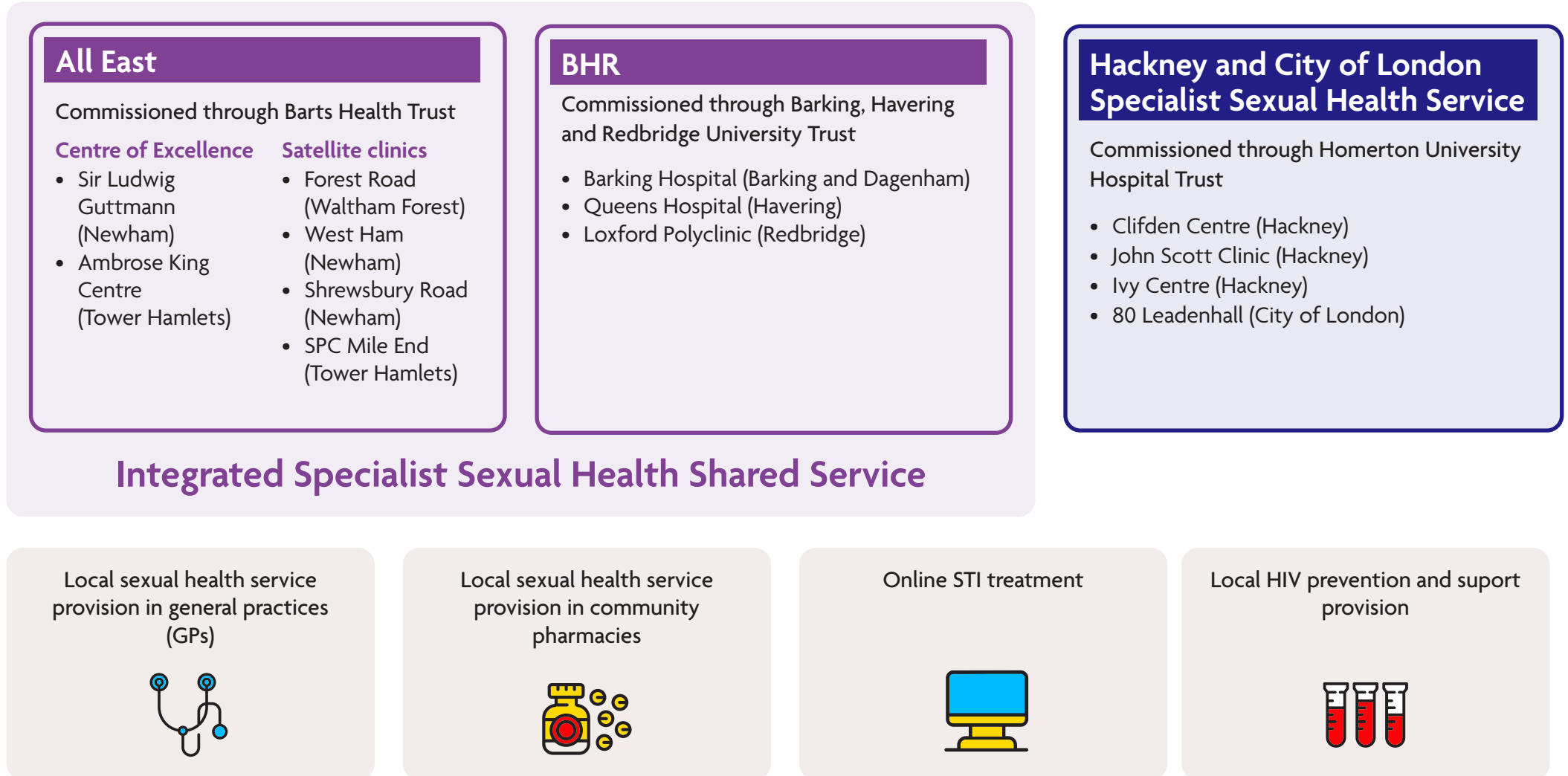
- Barts Health NHS Trust delivers the All East Sexual Health Service which covers Waltham Forest, Tower Hamlets, Newham and partly Redbridge
- Barking, Havering and Redbridge University Trust (BHRUT) delivers the BHR Sexual Health Service which covers Barking and Dagenham, Havering and Redbridge.
- Homerton Healthcare NHS Foundation Trust delivers the Homerton Sexual Health Service which is a joint provision across Hackney and City of London

All NEL providers adopt a 'hub and spoke' model of delivery. Sexual and reproductive health services are delivered from Centres of Excellence (CoE) and a number of satellites to facilitate equitable and easy access (Figure 2). Centres of Excellence offer a wide range of clinical and non-clinical support including: GUM, STI testing and treatment, contraception, HIV prevention (PrEP), psychosexual support, Hepatitis A, B, and HPV vaccinations, support for people engaging in high risks sexual behaviours (e.g., sex workers) and cervical screening services (which are offered but commissioned through NHS). The

services provided by satellite clinics are customised to meet the needs of the local population in the location of the satellite.

Specialist SRH services for young people are available in some (but not all) NEL LAs. In some cases, these services are commissioned separately from the main specialist SRH contract (e.g. in Tower Hamlets and Waltham Forest) and in other cases, the CYP SRH service is provided as an additional 'Work Package' under the main specialist contract (e.g. Newham). The focus for these services is towards high-risk and vulnerable young people with more complex issues.

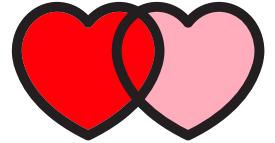
Figure 2: NEL Sexual Health Service Provision



Moving Forward: Our Priorities

The four priority areas outlined below have been identified through local data, a ‘Mystery Shopping’ exercise and insights from over 1,500 residents and service users across NEL. Resident engagement comprised a mix of online and face-to-face surveys, groups and semi-structured interviews. The priorities reflect the key SRH challenges facing the region.

Priority 1: Healthy and fulfilling sexual relationships



Strategic vision

Residents understand and recognise the key ingredients to a safe, healthy and fulfilling relationship, and can make informed choices about their sexual and relationship health.

Residents in unhealthy or risky relationships (and victims of sexual assault, rape, exploitation, coercion or abuse) are identified by professionals – through collaborative outreach if required – and supported in a timely, respectful and effective manner.

Reduce inequalities in sexual and reproductive health and ensure people with more complex needs are recognised and met within a proportionately universal service provision.

Background

Healthy and fulfilling sexual relationships are underpinned by four interconnecting pillars – sexual health; sexual pleasure; sexual justice; and sexual wellbeing.⁴

Communication, negotiation and trust are important. Positive environments that encourage secure emotional attachments and allow a person to express who they are in a safe way, whether that is at home, school or work are key to developing healthy relationships.

The risk factors for poor relationships are complex and there are a number of inequalities in SRH outcomes for different groups. For example, rates of STI diagnoses are higher among GBMSM, younger people (aged 16-25 years) and in people of Black Caribbean ethnicity. Considering the diverse population of NEL, improving understanding of need

and reducing harm among at-risk and vulnerable groups is a key priority to be collaboratively addressed at regional and local levels.

73% respondents (n=631) to a recent Resident Survey (2023), strongly agreed that ‘North East London Residents should be able to make informed choices about their sexual and reproductive health’.

Source: NEL Engagement Survey 2023

Local Context

Focus on young peoples' relationship and sex education

Research shows that the high quality, comprehensive and contemporary Relationships and Sex Education (RSE) in schools has been found to reduce early sexual activity, teenage conceptions and STIs and empower young people to engage in healthy sexual relationships over engaging in risky sexual behaviours⁵. It also raises awareness of the dangers of child sexual exploitation, cyber-bullying and abuse.

From September 2020, all secondary schools in England were mandated to teach RSE and primary schools were mandated to teach Relationship Education. However, lack of a standardised curriculum makes RSE provision inconsistent across the education sector with significant variations in topics covered and the teaching approaches taken by schools.

Resident feedback tells us that there is a lack of confidence about the quality and content of current RSE provision. Furthermore, 88% of all survey respondents strongly agreed that young people should have access to high quality RSE⁶.

Groups with increased risk of poor SRH outcomes and / or with more complex needs

SRH 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.

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

It is essential, therefore, that regional and local action plans set out ways in which to ensure that residents with more complex needs or greater vulnerabilities are not stigmatised and their additional needs are recognised and met within the overall service provision. Groups at risk of poorer outcomes and / or with more complex needs include:

- LGBTQ+
- Chemsex and substance users
- Homeless people and rough sleepers, asylum seekers and migrants
- Commercial sex workers
- People with disabilities (learning and physical)
- Young people in foster care, leaving care or known to the Youth Justice Service

Our residents would like for RSE to be more LGBTQ+ inclusive and more culturally sensitive. They also think that safety and safeguarding should be at the heart of the RSE curriculum.

Source: NEL Engagement Survey 2023

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

Annual equity audits provide a powerful tool for services to ensure they are meeting the needs of inclusion communities and those with complex needs. The equity audits should then be used to inform action plans. Data collection, surveys and user feedback are important tools for developing a more comprehensive picture of the needs of and barriers facing those with more complex lives or vulnerabilities.

Tackling abusive and coercive relationships

Everyone can experience unhealthy relationships, however some groups (e.g. young people, GBMSM, sex workers, LGBTQ+ communities) are at greater risk. The London statistics outlined below are concerning:

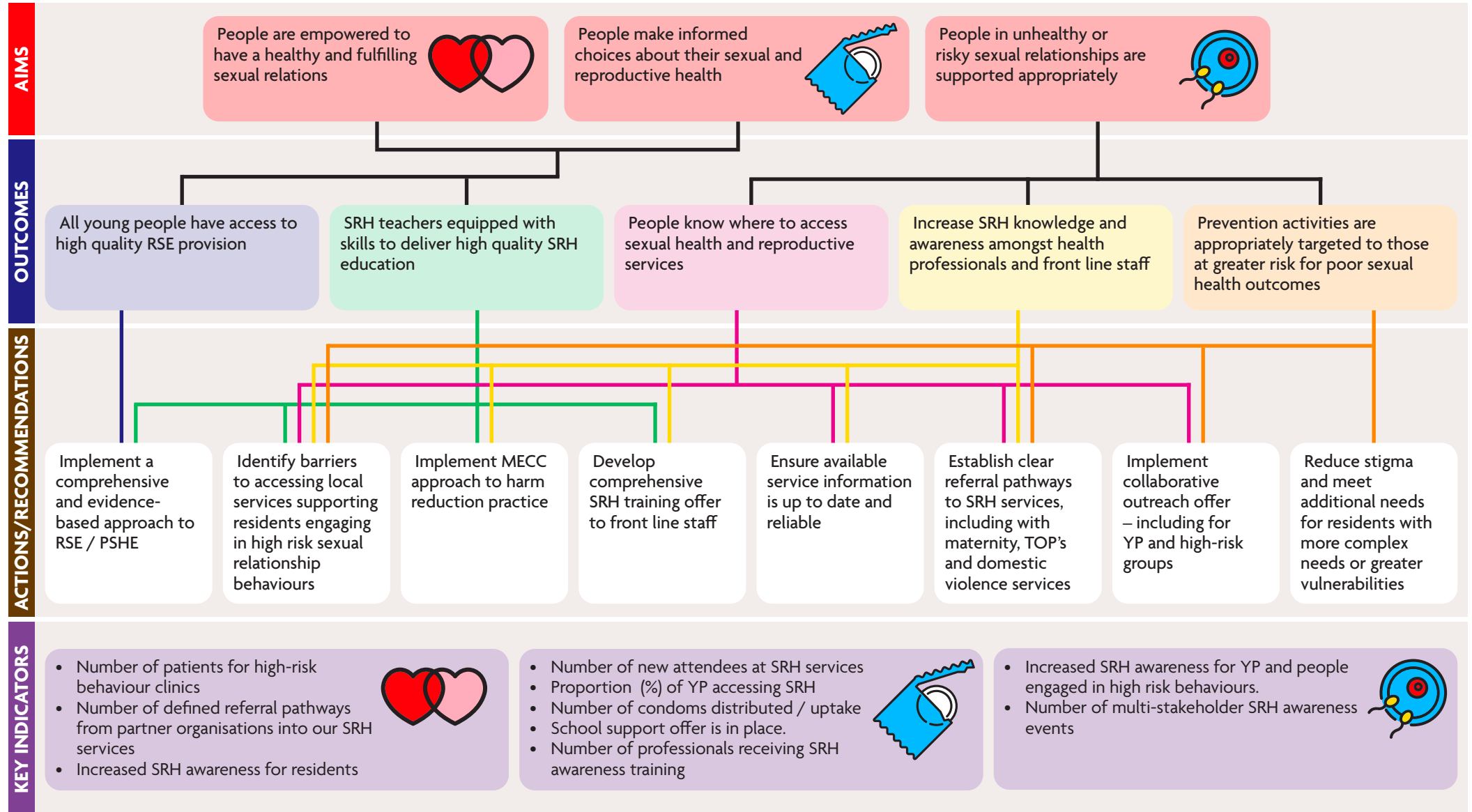
- The Crime Survey for England and Wales (2020) reported 7% growth in police recorded domestic abuse crimes.
- There was 65% increase in calls to the national Domestic Abuse Helpline during lockdowns
- In 2022, there was a 34% increase in reported rapes and sexual assaults in London.⁷

All partners across NEL must work collaboratively to ensure that adequate safeguarding practices are in place and that front line staff are equipped to recognise signs of harmful or unhealthy relationships – including sexual exploitation.

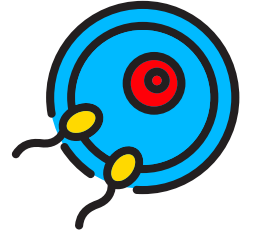
Provision for sex workers across NEL should be mapped and partnership working undertaken to consider whether outreach is required to improve SRH outcomes within these vulnerable communities.



Figure 3: The summary diagram for Healthy and Fulfilling relationships



Priority 2: Good reproductive health across the life course



Strategic vision

The wider SRH system (especially primary care) understands the public health benefits of long-acting reversible contraception (LARC) and women of all ages and ethnicities are supported to make informed choices about their preferred method of contraception with local, timely access to LARC if desired.

Emergency Hormonal Contraception (EHC) is easily accessible when required, alongside condom provision, STI screening and advice on more effective forms of contraception.

Reproductive health inequalities are lessened through a reduction in repeat EHC usage, unwanted pregnancies and terminations.

Background

In 2022, the government published a Women's Health Strategy for England, setting out a 10-year plan to improve women's health across the life course. It offers a six-point long-term plan for transformational change in critical stages, transitions, and settings where there are opportunities to: promote good health, prevent negative health outcomes, and restore health and wellbeing. Our strategic vision for better reproductive health outcomes among NEL residents is underpinned by aims and objectives of this strategy.

66% respondents (n=631) to a recent Resident Survey (2023), agreed or strongly agreed that 'NEL women should be empowered to make informed choices about their reproductive health.'

Source: NEL Engagement Survey 2023

Local Context

Focus on teenagers and young girls

Teenage years are associated with a greater risk of peer pressure, vulnerability to violence, separation from families, sexual abuse and exploitation. These factors can disrupt protective family and social structures, and consequently the ability to make safe and informed reproductive choices.

Teenage conceptions, often unplanned, can have long-term negative consequences for young women and society as a whole, since they are associated with increased costs to health, social care, housing and education. Rates of teenage pregnancies in most NEL LAs are above the London average, with the exception of Tower Hamlets and Redbridge⁸.

For NEL as a whole, the proportion of under-18s conceptions leading to abortion is very similar to the London average. However, there is significant variation: the highest rates are noted in Hackney (74.5% of teenage pregnancies ended in abortion) and Havering (73.7%), with the lowest rates observed in Redbridge (50%) and Waltham Forest (53.4%).

Young people are more likely to engage in unprotected sex⁹. One way to avoid unwanted pregnancy is to increase LARC provision, because LARC (long-acting and non-user dependant) is the most effective method of contraception.

The proportion of women in NEL choosing LARC as their preferred method of contraception is lower than the London average¹⁰. However, the London-wide trend towards fewer young women choosing LARC in 2021 compared to 2019 was less noticeable in NEL, further suggesting a relatively good recovery from COVID-19 for the region's specialist SRH clinics. Service-level data from Barts and BHRUT supports this theory: in 2021, the proportion of young women (aged under 25) who chose LARC as their main contraceptive method increased by 27% compared to 2020. A further increase of 8.9% was observed in 2022¹¹. This pattern was not just limited to younger women: overall, the proportion of women living in NEL who chose LARC as their main method of contraception increased by 30% between 2020 and 2021. In 2022, LARC uptake continued to grow, exceeding pre-pandemic levels by November 2022¹².

We acknowledge, however, that not every young person knows what LARC is, what benefits it brings and where it can be accessed. In fact, the key concerns identified via a NEL side Mystery Shopping Exercise (2022) were a lack of clarity on where to get LARC fitted and difficulties in securing LARC appointments. Recent feedback from a NEL Resident Survey (2023) confirmed this view.

All partners are committed to improving residents' experience in accessing local contraception services. Our strategic vision moving forward is to address all barriers associated with LARC uptake and to make LARC easily accessible for all. A crucial step towards this ambition is to improve the equity of LARC uptake among Black and Asian women, in particular¹³.

One way to improve equity of LARC uptake may be to build a strong and comprehensive Primary Care LARC pathway. Currently, around 65% of all LARC consultations in NEL take place in specialist sexual health clinics¹⁴. Action plans should thus work towards a collaborative approach between sexual health services and primary care to free-up capacity within specialist sexual health clinics and enable women to access LARC closer to their home.

Emergency Hormonal Contraception (EHC)

EHC is another important element of the overall reproductive health offer. There is data to suggest that EHC usage is significantly higher among women of Black African and Black Caribbean ethnicities¹⁵. EHC is a complex area, because accessing EHC can be seen as both an indication of success for local provision (prevention of unplanned pregnancy) but also regarded as a failure (no reliable form of contraception was used). Thus NEL LAs should not necessarily aim to increase rates of EHC, but rather to ensure easy access while steadily increasing the proportion of women on contraception that choose the most reliable long-acting methods. Action plans should specify that robust data collection and monitoring is in place for EHC, both in specialist and primary care services, with a focus on addressing the demographic disproportionality in access referenced above.

Addressing local inequalities in reproductive health

Not all people have the same experiences when it comes to their reproductive health and wellbeing. Women from certain demographic groups experience far worse outcomes in relation to early pregnancy, infertility, maternity, and gynaecological conditions. Research shows that the risk of miscarriage for Black women is 43% higher than white women. The same paper found that maternal death rates were almost four times higher for women from Black ethnic backgrounds and almost two times higher for women from Asian ethnic backgrounds, compared to white women¹⁶.

Furthermore, deprivation is strongly associated with higher admissions for conditions such as pelvic inflammatory disease and ectopic pregnancy. Lesbian and bisexual women are also disproportionately affected especially when accessing cervical screening services. Inequalities can also exist between age groups: older women tend to have higher levels of unmet need for contraception and may not seek support for their changing contraceptive needs as they progress through perimenopause into menopause.



The main reasons stopping NEL residents from accessing their local Sexual and Reproductive Services are:

Difficulties in getting appointment

Inability to travel

Stigma

Embarrassment

Risk of being recognised

Source: NEL Engagement Survey 2023

Women's Health Hubs

In March 2023, the Department of Health and Social Care announced a £25 million investment to enable the establishment of at least one Women's Health Hub in every Integrated Care Board (ICB). Our local LAs of Hackney and Tower Hamlets helped to inform the roll-out of the national programme. As a region, the rest of NEL aims to build on their success and implement additional Hubs in the local area in partnership with NHS and other local stakeholders.

Reducing abortion rates and repeat abortions

Overall, NEL's total abortion rate is higher than the England average but comparable to the London average¹⁷.

Reducing repeat abortions is an important aim for stakeholders across NEL over the next five years: on average, 33% of women in NEL choosing an abortion in 2021 through Termination of Pregnancy Services (ToPS) had used this service at least once previously¹⁸. Most NEL LAs saw a relatively small increase in the proportion of repeat abortions between 2019 and 2021, though this pattern is not uniform¹⁸.

The partnership between specialist sexual health services and ToPS is crucial. In Tower Hamlets and City and Hackney, these services are already aligned through a single provider, and the data shows that this has had a positive impact on outcomes: in 2021, the legal abortion rates in Tower Hamlets were 41% lower than NEL average¹⁹.

All partners behind this strategy are therefore keen to explore a more integrated approach to SRH and ToPS across NEL as part of the nation-wide roll-out of Women's Hubs²⁰. Regional and local Action Plans will reflect this commitment, underpinned by a shared data dashboard and collaborative, evidence-based pathway development.

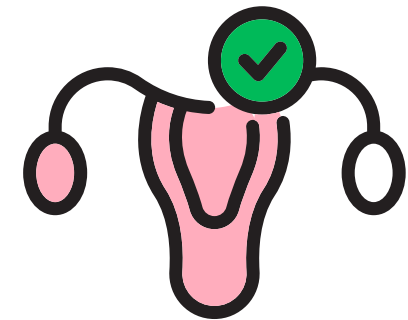
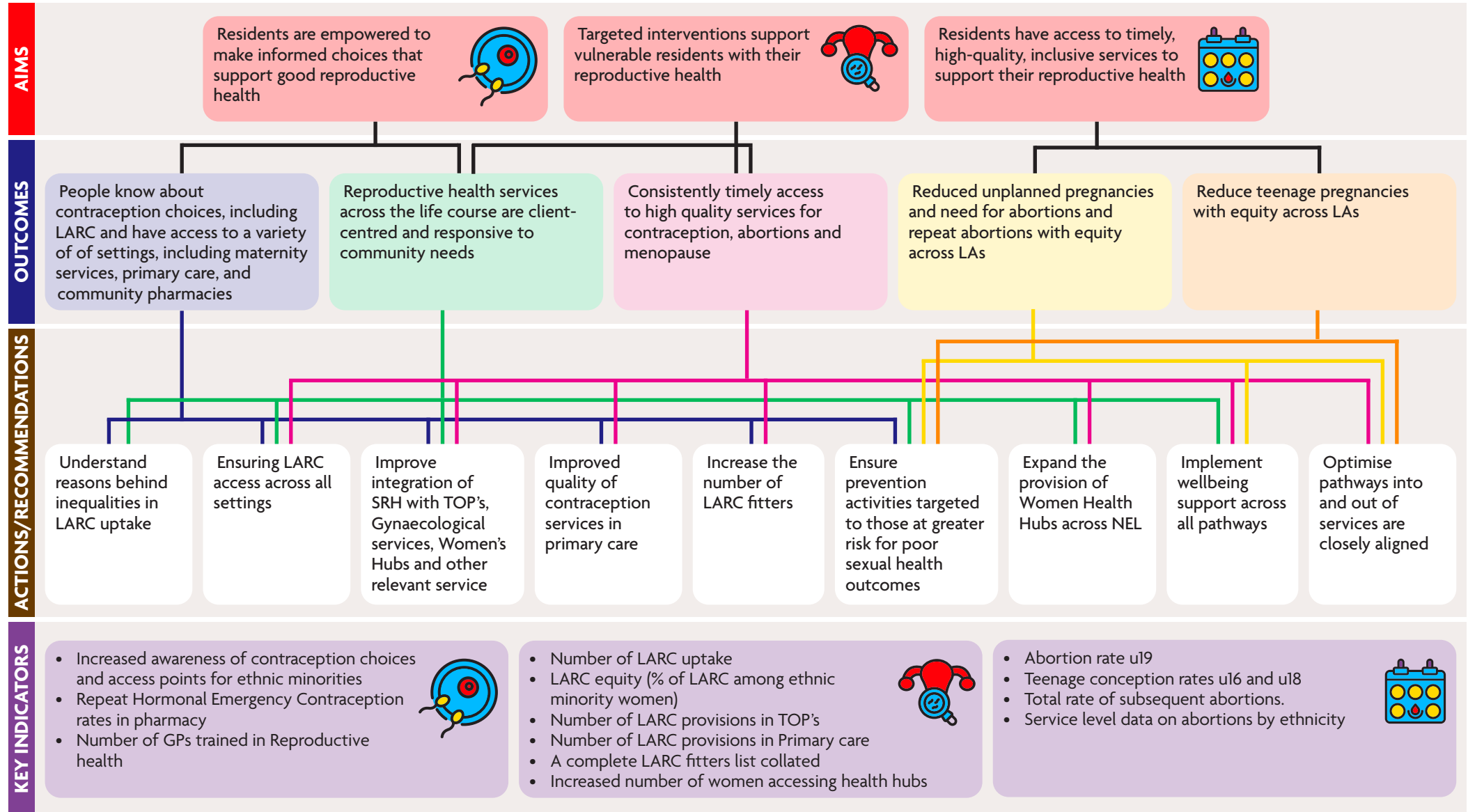


Figure 4: The summary diagram for Good Reproductive Health across the Life Course



Priority 3: High quality and innovative STI screening and treatment



Strategic vision

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

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

Transmission of STIs and repeat infections are reduced.

Background

Being free from STIs is a key indicator of good sexual health. However, many people with STIs have no symptoms and are unaware that they are at risk of transmitting an STI infection to other partners. Regular STI screening and effective treatment is crucial because delays in diagnosis and treatment may lead to onward transmission and poorer health outcomes.

In the strategic context for NEL, “high quality and innovative STI testing and treatment” means accessible and comprehensive STI testing and treatment, widely available via different routes accompanied by enhanced partner notification allowing for swift identification of residents that may be at risk of STI infection.

A recent report from the Terrence Higgins Trust (THT)²¹ revealed that, nationally, 49% of all SRH appointments requested were denied, with “access to sexual health services” named by respondents as the biggest barrier toward achieving good sexual health. The report highlighted the need for online booking systems, which NEL providers already, putting them a step ahead of many other regions. Nonetheless, an important theme of regional and local Action Plans must be to continue to monitor access on an ongoing basis. A longer-term ambition is to create and implement a NEL-wide shared booking service, but this would require investment.

Our residents say that digital online booking systems are easy to use and makes booking appointments quicker than before

Source: NEL Resident Survey 2023

Local Context

Like the rest of the country, overall incidence of STI diagnoses has increased year-on-year in NEL LAs following the Covid pandemic in 2020²². GBMSM account for nearly half of diagnoses in outer-London NEL LAs (Redbridge, Barking & Dagenham and Havering), and more than 8 in 10 of new cases from inner-London LAs (City of London, Hackney, Newham, Tower Hamlets and Waltham Forest)²³.

A 'Mystery Shopping' exercise undertaken in 2022 indicated that accessing SRH services could sometimes be problematic. It should be noted that this work was undertaken while clinics were recovering from COVID-19 and working under restrictions linked to outbreaks of 'Monkey Pox' (MPV). Nonetheless, access issues are acknowledged as an ongoing area of challenge within specialist SRH services across London. Therefore, regional and local Annual Action Plans should include steps to monitor and improve access to clinics as required.

More broadly, commissioners and clinicians across NEL support a strategic approach to STI screening that encourages asymptomatic residents to undertake appropriate testing online, with enhanced in-clinic offers for symptomatic patients and/or more complex STI-related issues. However, residents must always have choice, and there is currently no London- or NEL-wide consensus around exactly what symptoms or infections should be treated online or in-clinic, and/or any possible exceptions based on risk factors or demographics.

A jointly agreed Standard Operating Procedure (SOP) for NEL providers and commissioners on this topic is an ambition to be addressed through regional and local Action Plans.

Increasing number of New STI infections

In 2022, there were 22,224 new STI diagnoses in NEL. Chlamydia was the most commonly diagnosed STI for all NEL local authorities, followed by gonorrhoea and syphilis²⁴.

STI diagnostic rates have increased significantly after a decline in 2020²⁵, suggesting increased testing both in clinic and online.

Men in NEL have significantly higher STI infection rates compared to women²⁶, which is likely to reflect increased awareness and testing among the GBMSM community.

Geographically, the greatest burden of STIs is seen in Tower Hamlets and Hackney²⁷, where rates of gonorrhoea, in particular, are especially high. This is likely to reflect the fact that these areas have a greater number of GBMSM compared to the other LAs.

Focus on young people

High STI rates among young people can be linked to higher rates of unprotected sexual activity with more frequent changes of sexual partner. Nationally, young people are also at higher risk for STI re-infection: approximately 17% of young women (15-19) and 11% of young men (15-19) become re-infected within 12 months²⁸.

Chlamydia detection rates are impacted by opportunistic testing within primary care and the frequency of appropriately targeted outreach activities. In NEL, each LA has varying services linked to the promotion of safe sex among younger people. The mixed picture of Chlamydia detection rates indicates a need for a more collaborative and strategic approach (Table 1), with learnings to be taken from City & Hackney, in particular.

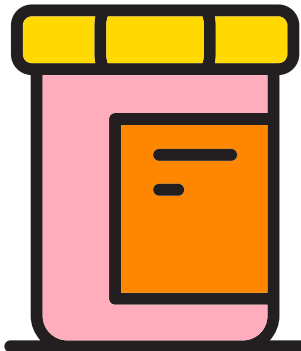
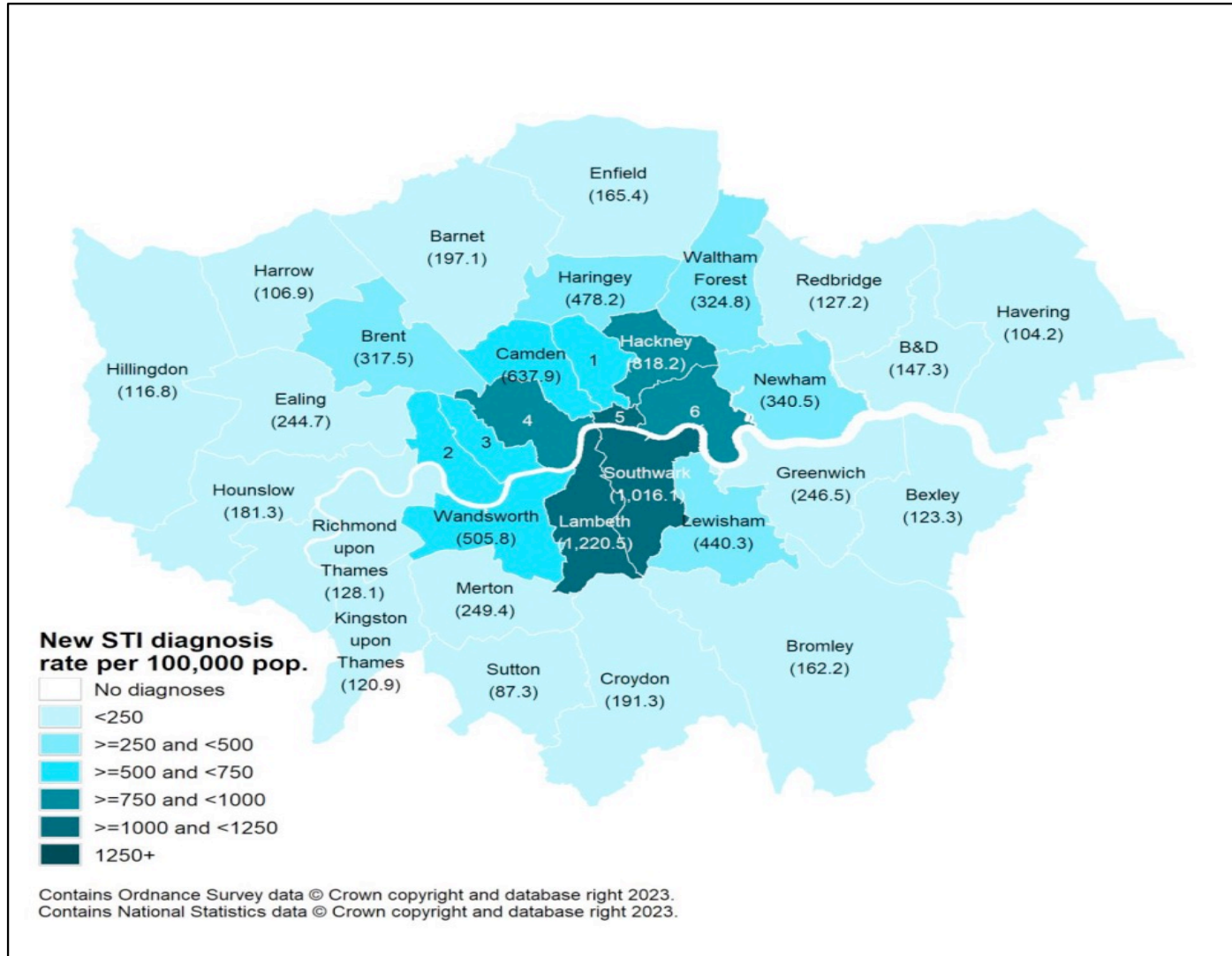


Table 1: Chlamydia detection rates and % of chlamydia screens amongst young people (15-24) in NEL (2022)

LA	Chlamydia detection rates (ages 15-24)	Chlamydia % screened (ages 15-24)
Barking and Dagenham	1,583	12.9
City of London	3,185	32.7
Hackney	3,521	33.4
Havering	1,262	11.8
Newham	1,522	16.3
Redbridge	893	9.1
Tower Hamlets	1,803	23.7
Waltham Forest	2,061	18.6
London	1,835	15.2

Furthermore, antibiotic resistance in chlamydia, gonorrhoea and syphilis has steadily increased over the past five years²⁹. Coupled with the increasing incidence in these most common STIs, especially among young people, treatment and management are likely to become more complex over time, requiring additional resources and a more joined-up strategic approach from NEL commissioners and providers, especially in relation to partner notification.

Figure 5: Diagnostic rates for new STIs across NEL (2022)



Service availability

The National Chlamydia and Gonorrhoea Screening Programme (NCPS) aims to reduce the burden of untreated Chlamydia among people aged 15-24. In most of NEL LAs, young residents can access NCSP via local GP settings and/or community pharmacies, as well as online provision.

Furthermore, most NEL LAs commission free condom provision for young people (aged 15-24) through community pharmacies. Condoms remain the simplest and cheapest way to avoid STI infection and onward transmission. However, condom provision via community pharmacies is currently being underused which indicates a need for a service review and a more concerted and joined-up approach across the region. This issue has been noted in other regions, too³⁰, so a London-wide review and refreshed approach should also be considered.

Social Inequalities

Evidence suggests that sexual and reproductive health is influenced by social factors including health care access, social and cultural norms, education level, health literacy, economic status, age, gender identity, sexual orientation and behaviours³¹. There is a strong correlation between STI infection rates and level of deprivation in NEL, indicating a need for better STI education and improved access in the most deprived areas of our region (Figure 6).

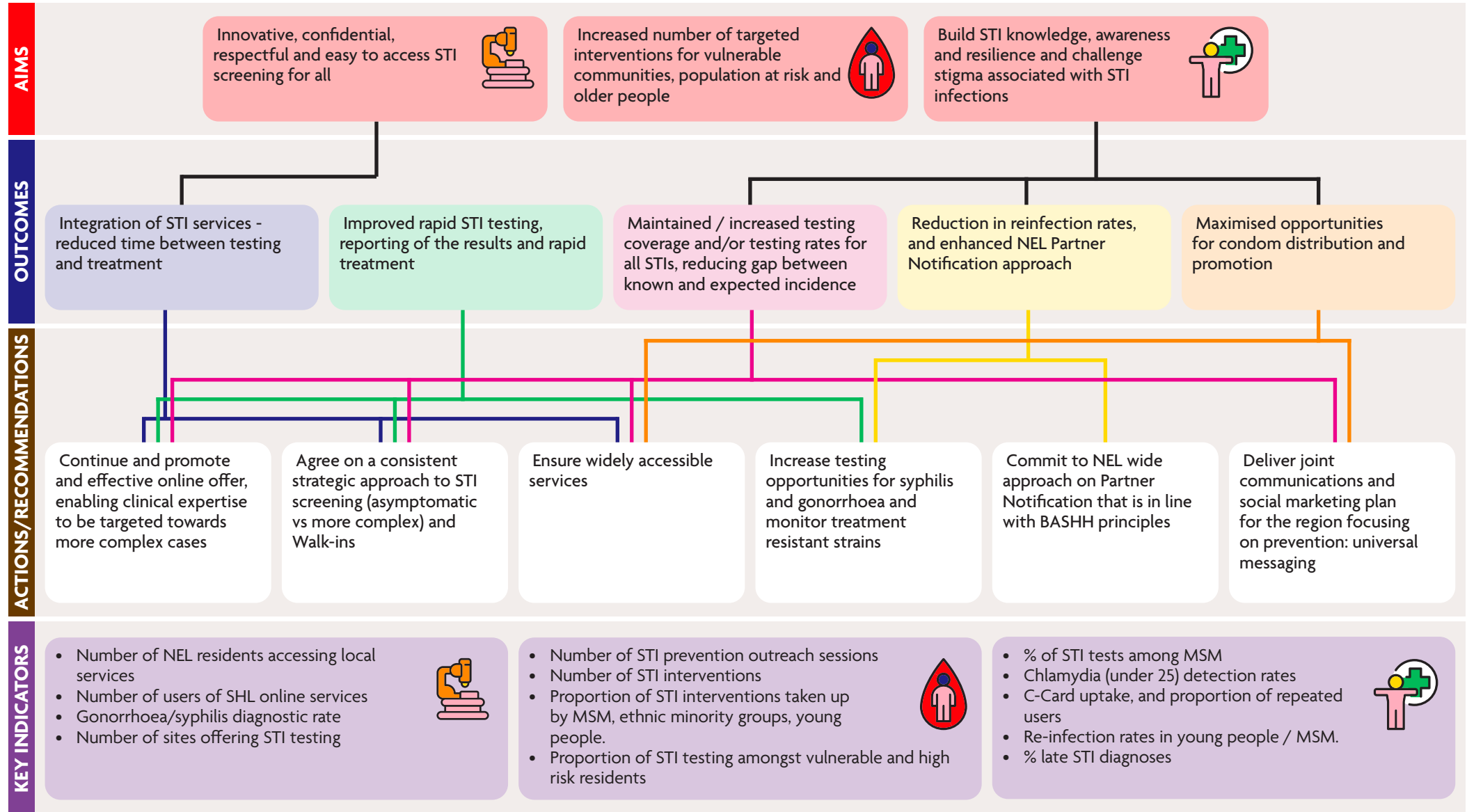
Regional and local Action Plans should include measures for monitoring and improving (where required) the cultural competence of services, as well as targeted outreach and engagement (e.g. to promote LARC among women of South Asian heritage). There is also an ambition across NEL to develop shared data dashboards capable of analysing data by demographic characteristics, in order to more fully understand and monitor potential inequities in access and outcomes for the full range of SRH services (not just specialist SRH services).

STI reinfection

Between 2016 and 2020, NEL recorded higher rates of reinfection than the national average, especially among women³². Overall reinfection rates are above the national average for each LA (apart from Havering), though the extent of the pattern varies locally³³. It is notable that reinfection rates for men in Tower Hamlets are lower than the England average. This pattern is worthy of further exploration.

A NEL-wide focus on meeting guidance from the National Institute of Health & Care Excellence (NICE) and the British Association for Sexual Health & HIV (BASHH) in relation to repeat screening and partner notification should therefore be reflected in regional and local Action Plans.

Figure 6: The summary diagram for High Quality and Innovative STI Testing and Treatment



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

Strategic vision

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

Increasing HIV screening, access to PrEP and linkage to HIV care among under-represented groups such as women and Black African residents, in particular.

Background

Since the 1990s, the combination of a prevention-focused approach, increased screening (especially among the GBMSM community) and the development of new medications such as Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) has contributed to a sharp decline in new HIV infections and transformed the care available for those living with the infection. Antiretroviral therapy (ART) is now so effective that those on treatment are able to maintain an undetectable viral load.

However, of the estimated 106,890 people living with HIV in the UK, over 5,000 are thought to be undiagnosed and unaware of their HIV status, which presents an increased risk of severe health problems and death, as well as further HIV transmission. The burden of HIV also falls on some groups more than others, exacerbated by health and social inequalities³⁴.

Maintaining 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.

NEL's 'Towards Zero and Living Well with HIV' approach aligns with the primary aim of 'Fast Track Cities' (FTC) – i.e. zero HIV new diagnoses, zero HIV-related stigma and zero HIV-related deaths by 2030. Importantly, 'Towards Zero and Living Well with HIV' also emphasises the evolving nature of 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 against a back-drop of increasing multi-morbidity, as residents with HIV live longer into old age.

Impact of fragmented HIV commissioning

The Health and Social Care Act (2012) created a fragmented and complex system which split responsibilities for commissioning across the HIV care pathway. Specifically:

- NHS England is responsible for commissioning HIV treatment through its specialised commissioning programme. Local authorities are responsible for HIV testing and prevention as part of their public health functions, alongside their responsibility for commissioning broader sexual health services to prevent, diagnose and treat sexually transmitted infections (STIs).
- ICBs are responsible for HIV testing and diagnosis within other treatment episodes that they fund. They are also responsible for commissioning the treatment of most other co-morbidities (such as hypertension) that are experienced by people living with HIV.

This arbitrary division of commissioning responsibilities creates obstacles to developing optimised pathways. However, there are emerging opportunities to better align services in this area. The planned shift of commissioning responsibility for HIV care from NHS England to Integrated Care Boards (ICBs) in 2025 should be viewed as a catalyst to work towards a more integrated model of HIV prevention, treatment and care.

Living well with HIV

HIV must now be recognised as a long-term condition: we have a stable, ageing population living with HIV that is experiencing new challenges related to quality of life and managing multiple co-morbidities. The inter-section of HIV with ageing is an area that requires deeper understanding at a national level – and NEL Action Plans should commit to review evidence in this area and translate guidance into practice.

Local Context

Diagnosed HIV prevalence in NEL continues to be above the London average³⁵ and there is considerable variation in HIV prevalence rates across the NEL LAs, with the highest rates seen in City of London (10.1 per 1,000) Hackney (5.79 per 1,000), Tower Hamlets (5.94 per 1,000) and Newham (4.55 per 1,000)³⁶.

Communities engaging in unprotected sex or sharing injectable equipment are more likely to be diagnosed with HIV. High HIV prevalence among certain communities is also linked with an increasing number of LGBTQ+ residents in NEL (Newham has the highest transgender population in London³⁷) and with relatively high levels of internal and external migration.

A significant portion (48%) of HIV infections diagnosed among heterosexuals in the UK occur among people born outside the UK³⁸, and heterosexual Black African residents are disproportionately more likely to be diagnosed with HIV³⁹. Therefore, increasing HIV screening and access to PrEP among Black African residents, in particular, is an important goal for the region. The pattern of HIV diagnosis is different in Hackney and Tower Hamlets, though, where the majority of HIV infections are seen in the GBMSM community.

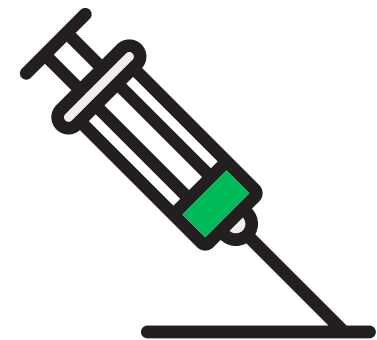
In 2022, approximately 37% of all new HIV cases NEL were diagnosed at a late stage of infection. There are substantial variances in the number of late HIV diagnoses across NEL LAs, with Barking and Dagenham (48%), Havering (41%) and Redbridge (48%) exceeding the London average (39%)⁴⁰.

HIV Prevention

Routine commissioning of PrEP for communities at risk has been a significant development in HIV prevention. There was a 55% increase in overall PrEP uptake in 2022-23 compared to 2021-22, and the number of NEL residents who started PrEP in 2022-23 was 36% higher than 2021-22⁴¹. However, PrEP uptake is uneven among demographic groups with an increased risk of HIV infection, with uptake significantly lower among Black African populations compared to GBMSM⁴².

There is a growing body of literature related to increasing awareness of and access to PrEP among non-GBMSM groups, and reviewing this literature and developing a NEL-wide intervention should be a key focus for commissioners and providers over the next five years. Continued funding for GP HIV Champions is also likely to help to address the demographic inequities seen in PrEP uptake and late diagnosis of HIV.

Overall HIV testing coverage in specialised clinics across NEL generally meets or exceeds the London average⁴³. However, there are notable discrepancies among demographic groups; with the highest testing coverage seen among GBMSM and significantly lower levels among heterosexual populations, especially women⁴⁴. There is also a growing number of new cases of HIV being observed nationally among heterosexual women⁴⁵ which, taken alongside relatively low levels of testing coverage in this population, shows a clear development area that should be reflected in annual Action Plans.



HIV screening in hospital Emergency Departments

In 2022, 'opt out' HIV testing was introduced in Emergency Departments (EDs) across London. Initial data shows the programme has significantly contributed to an overall increase in testing coverage and the identification of new cases of HIV: between April 2022 and June 2023, 1,628 HIV tests were performed across NEL ED departments, identifying 75 new cases of HIV and 67 residents that were previously diagnosed but not accessing care.

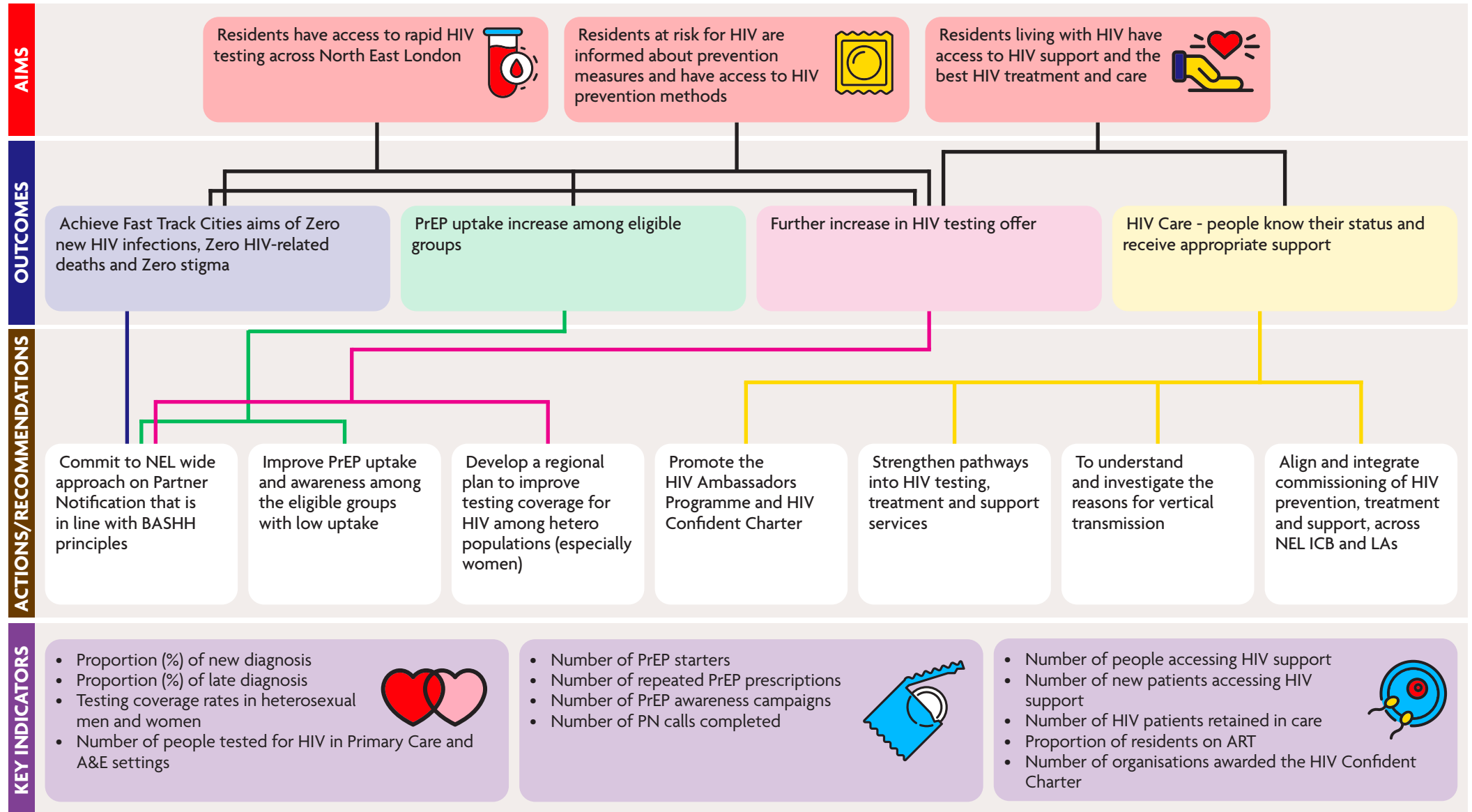
Collaborative work is currently underway to ensure that NEL residents diagnosed with HIV via the ED programme are swiftly linked to HIV care. Alongside widespread testing, it is equally important that people are supported to start and maintain effective treatment to achieve viral suppression. A NEL-wide approach should also be formalised to ensure that patients lost to care are re-engaged with treatment at the earliest possible opportunity.

Tackling stigma and discrimination

Stigma and discrimination around HIV remains an important barrier to achieving FTC goals. All NEL local authorities should therefore sign up to the HIV Confident Charter⁴⁶ and implement relevant training throughout statutory and voluntary organisations. Annual Action Plans should also include steps to promote the HIV ambassadors programme to ensure the voice of people living with HIV is central to the provision of services across NEL⁴⁷.



Figure 7: The summary diagram for HIV: Towards Zero and Living Well with HIV



How are we planning to deliver our vision?

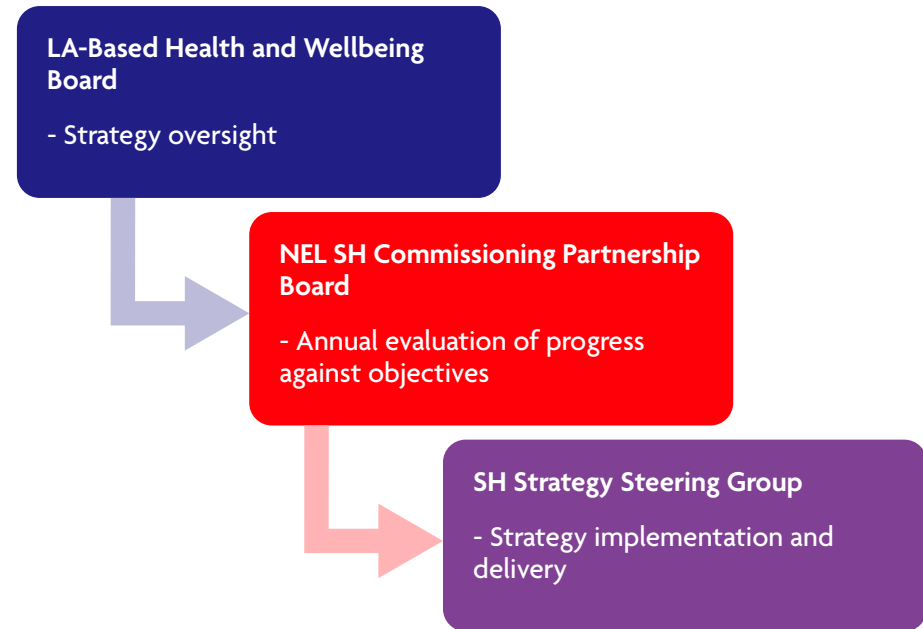
This strategy takes a system-wide approach across LAs, NHS, public health, third sector and residents across NEL. In addition to the provision of mandated open access sexual health services, many of the services available across NEL span LA boundaries or serve residents from multiple LAs. In the context of ICBs, health and social care partners are seeking to work together wherever possible to create seamless services for the benefit of the region.

This strategy outlines shared approaches and actions for each of the identified priorities. We acknowledge, however, that each LA has a different social and political landscape and specific sexual health and reproductive challenges according to the needs of local populations. The detailed LA-based annual Action Plans allow the flexibility required to target local resources to meet local needs. This dual approach allows us to collaborate and at the same time take local action as needed.

The Health and Wellbeing Boards of each LA will have oversight of the strategy from a governance perspective. Progress against objectives will be reviewed annually by the NEL Sexual Health Partnership Board, which will comprise Commissioners, Public Health, Providers and ICB representatives from across NEL. The Sexual Health Strategy Steering Group comprising strategic/public health/commissioning representatives from each LA will be responsible for the performance management of the strategy and will actively work with the appointed service providers to ensure efficient and effective implementation of this strategy (Figure 22).

Figure 8: The Governance Process

System-wide approach across: Local Authorities, Public Health, NHS, Third Sector and Residents



Key NEL-wide recommendations

The summary diagram at the end of each priority section includes key recommendations for each priority area.



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.

Abbreviations

Abbreviation	Description
BASHH	British Association for Sexual Health and HIV
CASH	Contraception and Sexual Health
CVFS	The Community, Voluntary and Faith Sector
ED	Emergency Departments
EHC	Emergency Hormonal Contraception
GBMSM	Gay Bisexual and other Men who have sex with Men
GP	General Practice
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
ISHT	Integrated Sexual Health Tariffs
LA	Local Authority
LARC	Long Acting Reversible Contraception
LGBTQ+	Lesbian Gay Bisexual, Transgender, Queer Community
LHPP	London HIV Prevention Programme
NCPS	National Chlamydia and Gonorrhoea Screening Programme
NEL	North East London

Abbreviation	Description
ICB	Integrated Care Board
ICP	Integrated Care Partnership
NHS	National Health Service
MSM	Men who have sex with Men
OHID	Office of Health Improvement and Disparities
PN	Partner Notification
PEPSE	Post Exposure Prophylaxis after sexual exposure to HIV
PrEP	Pre Exposure Prophylaxis
RSE	Relationships and Sex Education
SARC	Sexual Assault Referral Centre
SH	Sexual Health
SHL	Sexual Health London (e-service)
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
ToPS	Termination of Pregnancy Services
YP	Young People

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**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)

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