

**Barking &
Dagenham**



Hackney

Havering
LONDON BOROUGH

Newham London

London Borough of
Redbridge

Waltham Forest

TOWER HAMLETS

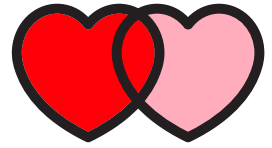
NHS
North East London

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

Action Plan



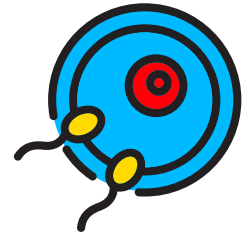
Priority 1: Healthy and fulfilling sexual relationships



| Ref | Strategic Aim/ Outcome | Action | No. | Task for 2024-25 (Year 1) | Measure of success | Rationale for the target | Estimated delivery date |
|-----|--|---|-----|---|--|---|-------------------------|
| A | Recommission NEL specialist SRH services | Recommission NEL specialist SRH services | 1 | See separate Project Plan (GANNT) | Providers working to new service specification by 1 Dec 2025 | Contracts expiring | Dec 2025 |
| B | Ensure services are open and truly accessible to those with increased or complex needs | 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 | 2 | Annual Equity Audits undertaken by all SRH providers | Annual Equity Audits implemented consistently across all SRH providers | Monitoring equity and improving where required | Nov 2024 |
| | | | 3 | Plan developed for resident engagement among groups where need is currently not well understood (e.g. LD YP and Adults) | Insights gained in time for ISHS new service spec | Monitoring equity and improving where required | Sep 2024 |
| | | | 4 | Review and refresh Barts KPIs related to access. New dashboard created for monthly contract monitoring meetings | Access KPIs agreed by June 24. Reported monthly by Barts from July 24 (Q2) | Monitoring equity and improving where required | Jul 2024 |
| | | | 5 | Develop and pilot a Trans and Non-Binary Clinic - collaboration between Barts and Homerton | Increasing number of residents attending clinic, collaborative work across NEL | Need identified through Mystery Shopping, Chemsex Working Group and feedback from surveys | Sep 2024 |

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| C | RSE: People make informed choices about their sexual and reproductive health | <ul style="list-style-type: none"> Implement and oversee a consistent, comprehensive and evidence-based approach to RSHE across NEL Understand current provision of SRE provision in schools | 6 | 'Draw together a working group consisting of Healthy Schools Leads/Education reps | Working group established by July 24. Meet quarterly. Track actions and outcomes | Feedback from stakeholder focus group suggested current RSE provision is patchy and inconsistent. Year one targets linked to identifying correct stakeholders and agreeing an approach for NEL | Sep 2024 |
| | | | 7 | Mapping: Develop survey to establish consistency of current SRE provision i.e. curriculum, frequency etc | SRE content mapped for secondary schools across NEL by Jan 25. Minimum one school per Neighbourhood | | Jan 2025 |
| | | | 8 | Benchmarking and best practice agreed by working group and summarised into action plan. Reach out to London and national networks | Benchmarking and best practice review completed by Feb 24 | | Feb 2025 |
| D | Comms and Marketing: People make informed choices about their sexual and reproductive health | Ensure available service information is up to date and reliable | 9 | 'Complete audit of online content and consistency | Service information provided online is validated as correct | Feedback from strategy resident survey, priority workshops and Mystery Shopping identified gaps, errors and inconsistency in online information | Dec 2024 |
| | | | 10 | Develop NEL-wide comms plan Agree on consistent messages | Comms Plan developed | | |
| E | Integrated approach towards Chemsex support | Identify barriers to accessing local services supporting residents engaging in chemsex | 11 | Pathway Mapping | Pathways flow chart developed by July 24 | Chemsex working group was established in 2022. Group have identified gaps in Chemsex provision and staff training | Sep 2024 |
| | | | 12 | Co- production to identify support and location | Improvement action plan for pathways which are currently ineffective | | Oct 2024 |
| | | | 13 | Staff Training : Ensure staff are confident to work with residents presenting with chemsex issues | Staff training booked or completed | | Sep 2025 |

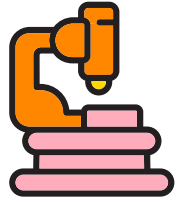
Priority 2: Good reproductive health across the life course



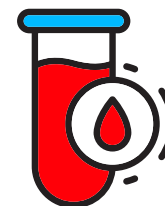
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| F | LARC: Improve uptake of LARC, especially among women of colour | Establish consistent data and reporting for primary care LARC across NEL. | 14 | Primary care - standardise output data collection in Power BI as per LBN (CEG contract for NEL) | CEG contract(s) updated for line-by-line LARC data by 25-26 | Consistency of data collection | Mar 2025 |
| | | Standardise NEL data collection on fitters, training etc | 15 | Standardise NEL data collection on fitters, training etc | Fitter database established and up-to-date by Dec 24 | Fitter numbers are low. Can fitters work across NEL? | Dec 2024 |
| | | Understand why women of colour (and 'White Other') are less likely to choose LARC compared to White British women | 16 | Qualitative engagement with women on LARC - views, beliefs, barriers etc | Qualitative engagement carried out in each LA and results compiled into a report with LA-level LARC Equity targets for 25-26 | Inequity in LARC data | Mar 2025 |

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| G | EHC: Address the demographic disproportionality in access to EHC | Robust data collection and monitoring is in place for EHC across NEL, both in specialist and primary care services | 17 | Pharmacy: Pharmoutcomes data for INEL / ONEL EHC brought into Power BI (as per LBN) | Data in Power BI | Improve intelligence around inequity | Sep 2025 |
| | | | 18 | Review of EHC templates on Pharmoutcomes. Updated to be evidence-based and consistent across NEL | Templates updated. Pharmacists trained | | Dec 2024 |
| H | Consistent, timely access to high quality services for contraception, abortion and menopause Reduce the need for abortions and repeat abortions, with equity across boroughs | Improve integration of SRH with ToPS, Gynae, HIV Treatment and Women's Hubs | 19 | Establish joint NHS and LA Task/ Finish Group to explore possibilities for more collaborative contract management and data sharing | Plan agreed for enhanced integration | <ul style="list-style-type: none"> Improved patient experience: Fragmented commissioning can cause dissatisfaction among residents (as per feedback from resident survey) Evidence of effectiveness in TH (ToPS) Efficient use of commissioning capacity | Nov 2024 |
| | | | 20 | Develop a joint data dashboard to monitor impact of improved integration | Dashboard work underway (e.g. CEG) | | Sep 2025 |
| I | Increase condom provision | Explore options to increase uptake of free condoms among young people (15-24) | 21 | Explore pharmacy condom provision at borough level - establish learnings and summarise into recommendations | Recommendations by Dec 24 | Variability in LA-level models | Dec 2024 |
| | | | 22 | Increase distribution via outreach events and other partners such as YP services, school nurses and substance misuse | More condoms distributed (provider reports) | | Low levels of condom distribution, currently |

Priority 3: High quality and innovative STI testing and treatment



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|-----|--|---|-----|--|---|---|-------------------------|
| J | Ensure widely accessible services. Effective online offer helps target clinical expertise towards more complex cases (value) | E-service re-procurement | 23 | Agree a NEL-wide approach to e-service requirements (in / out of scope) and feed into London working group | Approach agreed and fed into London process | Balance and consistency in screening done online vs in clinic | Jul 2024 |
| | | | 24 | Undertake LA-level governance to get permission to commission the service via City of London | Permission granted by all LA Cabinets | Necessary to proceed | Dec 2024 |
| K | Agree a consistent strategic approach to STI screening (asymptomatic vs more complex) and Walk-ins | Jointly agreed STI Screening and Walk-In Standard Operating Procedure (SOP) for NEL | 25 | Jointly agreed Standard Operating Procedure (SOP) for NEL providers and commissioners | Evidence of Standard Operating Procedure (SOP) being implemented (via contract monitoring dashboards) | Consistent strategic approach to STI screening across NEL | Mar 2025 |
| L | Reduce onward transmission of STIs | Meet BASHH guidance in relation to partner notification (PN) | 26 | Review of current PN across NEL to identify strengths and weaknesses of current approaches | Review undertaken by Dec 24 | Reduce onward transmission of STIs | Dec 2024 |
| | | | 27 | Record baseline levels of PN for each provider (by borough) | Baselines established by Jan 25 | Reduce onward transmission of STIs | Jan 2025 |
| | | | 28 | Set targets for improving PN in areas / providers below average | 25-26 Targets set and agreed by Feb 25 | Reduce onward transmission of STIs | Feb 2025 |



Priority 4: HIV - towards zero and living well

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|-----|---|---|-----|--|--|--|-------------------------|
| M | Re-commission HIV Prevention & Support | Re-commission HIV Prevention & Support | 29 | See separate Project Plan (GANNT). Establish NEL HIV Working Group to cover recommission and address actions below | Providers working to new service specification by 1 Mar 2025 | Contracts expiring | Mar 2025 |
| N | Support residents to Live Well with HIV | Promote the HIV Ambassadors Programme and HIV Confident Charter | 30 | NEL Project Plan agreed | Plan agreed by Oct 24 | Reduce HIV stigma | Oct 2024 |
| O | Improve HIV testing coverage among heterosexual populations, especially women | Develop a regional plan to improve testing coverage for HIV among hetero populations (especially women) | 31 | Develop a regional plan to improve testing coverage for HIV among hetero populations (especially women) | Plan agreed by Dec 24 | Increasing incidence of HIV among hetero women | Dec 2024 |

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| P | To increase uptake of PrEP in all eligible populations (not just GBMSM) | Increased public health promotion and increased targeted focused on specific communities at increased risk of HIV | 32 | Develop baselines for PrEP uptake among different eligible groups (by borough and provider) | Baseline data established | Relatively poor uptake of PrEP and late HIV diagnosis among non GBMSM groups | Mar 2025 |
| | | | 33 | Review of literature related to increasing awareness of and access to PrEP among non-GBMSM groups | Review of literature undertaken, with recommendations to feed into... | Relatively poor uptake of PrEP and late HIV diagnosis among non GBMSM groups | Mar 2025 |
| | | | 34 | Create a health promotion plan around PrEP to raise awareness among eligible groups with relatively low uptake | Plan for engagement and marketing co-produced with target groups | Relatively poor uptake of PrEP and late HIV diagnosis among non GBMSM groups | Mar 2025 |
| Q | Increase HIV/BBV testing in A&E in locations below average for NEL | Increase number of residents screened, especially in hospitals with lower numbers | 35 | Hospitals without dedicated support roles (funded by ICB) to recruit to these posts by Sept 24 | Increase in testing rates for sites below NEL average | Equity of HIV screening across NEL | Sep 2024 |
| | | | 36 | Cerner system implemented across NEL | Increase in testing rates for sites below NEL average | Equity of HIV screening across NEL | Mar 2025 |
| R | Improve linkage from A&E HIV testing to follow up treatment / support | Review of current pathways and SPOs - learn from sites performing well | 37 | Review of current pathways and SPOs - learn from sites performing well | Improve the proportion of new patients diagnosed that engage with care | Udetectable = Unstransmissable | Dec 2025 |
| S | To understand the reasons of incidents of vertical transmission | To understand the reasons of vertical transmission | 38 | To work with Hospitals and ICB to collect information on vertical transmission | Data sets and reporting mechanism established by Oct 24 | Target for zero vertical transmissions | Mar 2025 |

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| T | Improve integration between SRH and HIV treatment in advance of HIV transition to ICB commissioning in 2025 | ICB HIV commissioner to join NEL SRH Steering Group and Task/ Finish group for HIV Support & Prevention | 39 | ICB colleagues to engage with patients and other health professionals services to understand improvement areas in advance of 2025 transition | Engagement undertaken before Aug 24 | Better intergration with SRH and HIV services could improve health outcomes for PLWHIV | Aug 2024 |
| | | | 40 | Consider extra work package(s) as part of new HIV Prevention & Support Framework service spec | Plan agreed and shared for how ICB will approach novation of commissioning responsibilities in advance of 2025 | Better intergration with SRH and HIV services could improve health outcomes for PLWHIV | Aug 2024 |

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