

# Yearly Annual Report to Health and Wellbeing Board Template

## **What has changed nationally/ locally in the past 12 months?**

*(Outline any significant changes in national/ local context in the past 12 months, for example, changes in legislation)*

### **National**

Nationally, the publication of the *HIV Action Plan for England 2025-2030* – sets a clear ambition to end new HIV transmissions in England by 2030. Supported by £170 million funding, the plan sets out 5 strategic priorities to drive action: *Prevent, Test, Treat, Thrive, Collaborate*. This provides a refreshed framework for cross-system action to tackle HIV that local areas are expected to align with.

Across sexual and reproductive health more broadly, there continues to be a strategic emphasis on prevention and equity. The expansion of the NHS pharmacy contract which makes emergency contraception available over a larger number of pharmacies, alongside the rollout of the Gonorrhoea vaccine and the approval of injectable PrEP signal further focus on prevention and increased accessibility.

Following a reduction in under-18 conceptions since the publication of the National Teenage Pregnancy Strategy, recent data shows a small national increase. In response, the LGA has published refreshed guidance - *Teenage pregnancy prevention: strengthening local leadership* – which puts emphasis on strong local leadership, whole-system partnership working and local prevention approaches.

### **Local**

Locally, the publication of the *North East London Joint Sexual and Reproductive Health Strategy (2024-2029)* provides a strategic framework for improving sexual and reproductive health outcomes at a regional level. It sets out a vision of '*Empowered residents leading healthy and fulfilling lives...*' under the following strategic priorities:

- i. Health and fulfilling sexual relationships
- ii. Good reproductive health across the life course
- iii. High quality and innovative STI testing and treatment
- iv. HIV: towards zero and living well with HIV

The strategy is now in its delivery phase with the SRH Strategy Partnership Board providing leadership and borough-level Health and Wellbeing Boards and the NEL ICB Health and Care Partnership Board providing governance. Annual Action plans co-produced with local authorities, NHS partners, voluntary sector organisations, and residents set out clear deliverables, timelines, and leads for implementation. There are two levels of action plans - Subregional NEL Action Plan, covering priorities and actions that require coordination across Northeast London and, Local Action Plans – developed by individual boroughs to address local needs and feed into the subregional plan.

## **What has been achieved in the past 12 months?**

*(Outline achievements in the past 12 months making reference to the plans shared with HWB the previous year, if any)*

## **North East London**

At regional North East London level, the year 1 action plan (2024-2026) is progressing well with most actions either completed or actively underway. Key achievements over the past 12 months include:

- Progression with recommissioning of specialist SRH services which supports sustainability and alignment with strategic priorities.
- Strengthened HIV prevention and PrEP uptake initiatives. NEL secured a share of £1m investment from the Elton John AIDS Foundation to carry out a PrEP pilot in North East London. Early data indicates high uptake and increased use among non-White British residents and residents living in IMD 1-3 residents suggesting improved reach and equity.

## **Havering**

At local level, the establishment of the Havering Sexual and Reproductive Health Partnership Working Group has provided a forum to deliver the local action plan in alignment with the NEL strategy. Over the past 12 months, members of the group have identified and started to progress priority actions relating to:

### **Access and equity**

- Recommissioning of integrated and online sexual health services

### **Community provision**

- Review of community provision to improve access and inform future service design
- Exploration of targeted outreach / youth focused models

### **Young people**

- Strengthened support for young people through improved C-card network, and
- improved school resources

### **Workforce and training**

- Developing workforce capacity through training for frontline staff on SRH awareness, signposting, and stigma reduction, and
- Stronger links between SRH services and CGL - substance misuse providers

### **Information and engagement**

- Improved promotion of SRH information via LWH and BHRUT
- Partnership work to reduce teenage pregnancy and repeat abortions

These actions will be reviewed and updated at the next Havering Partnership Working Group meeting in February 2026.

## **Performance against KPIs**

*(Provide performance against agreed KPIs with explanatory commentary)*

The NEL SRH Strategy identifies a large number of key indicators or measures of success, which could evidence the impact of the strategy. While many of the indicators do form part of contract monitoring arrangements with NEL SRH services, there is not yet a formalised framework in place for capturing and reporting on these KPIs across the partnership, in a way that relates actions back to desired strategy outputs/outcomes. This will be raised with

NEL partners to explore whether this could form part of the action plan review process, prior to partnership engagement to inform priorities for year 2. This in turn could inform a number of local KPIs, focusing on those which best align with priority actions that are identified.

**Are there currently any limitations?**

*(Highlight any obstacles limiting progress particularly if partners on the HWB may be in a position to help)*

**System capacity**

Delivery of the NEL SRH Strategy and the local action plan requires effective cross-system working involving local authorities, NHS partners and VCSOs. Competing priorities and varying capacity may affect the pace of implementation of some actions.

**Stigma**

Political and societal sensitivities and stigma around sexual health, HIV and contraception may limit engagement with services and affect the potential impact of prevention activities.

**How the HWB can help**

Active promotion of multi-agency ownership of local and regional SRH actions and support to reduce stigma in Havering would help to mitigate these limitations.

**What are the agreed plans for the coming year?**

*(Describe plans for the forthcoming year in terms of top 5 actions, giving a lead for each)*

Over the coming year, activity will focus on delivering the priorities in the NEL SRH Strategy and the Havering Local Action Plan including responses to strategic refreshes of the NEL strategy and local requirements in relation to the HIV action plan.

1. Conclude recommissioning of sexual health service ensuring alignment with the NEL SRH strategy and local population need. *Lead - LBH / EG*
2. Make a decision regarding the option of accessing digital contraception and DPrEP provision via the London e-service contract, in line with outcomes from the EJAF PrEP pilot. *Lead - LBH / EG*
3. Refresh NEL SRH Strategy action plan for year 2 and update the Havering Local SRH Action Plan accordingly, ensuring alignment with emerging priorities. *Lead - NEL Partnership / EG*
4. Deliver Havering Local SRH Action Plan focussing on:
  - A) Expansion of community provision
  - B) Youth-focused provision
  - C) Workforce development - Training of frontline staff
  - D) Partnership work around teenage pregnancy prevention*Lead – Havering SRH Partnership Working Group*

5. Strengthen regional and local SRH governance arrangements.
  - i) Use the refreshed NEL SRH Action Plan to support the delivery of the local HIV action plan (required by HIV Action Plan for England).
  - ii) Review NEL Partnership Strategy group arrangements to support effective co-ordination of multi-agency HIV activity including actions for Directors of Public Health arising from the HIV action plan. *Lead - NEL Partnership / Mark Ansell / EG*