

# City and Hackney Sexual Health Needs Assessment 2023

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# Introduction

# Sexual health is an integral element of health and wellbeing



**The World Health Organisation (WHO) states that sexual health** “requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. **Reproductive health** implies that people (...) have the capability to reproduce and the freedom to decide if, when and how often to do so”.

**The United Nations Population Fund (UNFPA) adds that reproductive health is as** “a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system”.

*These definitions go well beyond absence of disease and require rights, freedoms and choice.*

Supporting sexual and reproductive health (SRH) and wellbeing of residents is a key priority for local authorities, the NHS and voluntary sector based organisations. All services should address inequalities in access, uptake and quality of care whilst being data driven to ensure they are both cost effective and tailored to local need. Clear referral routes for more specialist services such as fertility treatment, psychosexual services, substance misuse, termination of pregnancy or HIV support services must also be in place.

*On language and inclusivity: where the text refers to women when talking about reproductive health and contraceptive choices, it is acknowledged that this may also apply to trans-men and non-binary people who were born with female reproductive organs but who do not identify as women.*

# This report lays the foundation for Hackney and the City of London's Sexual and Reproductive Health Strategy



## Rationale

This Joint Strategic Needs Assessment (JSNA) aims to identify local population needs for the purposes of informing commissioning and strategic direction. The JSNA addresses five thematic areas. Every section will give a brief overview of current evidence in terms of service access, uptake and quality, where possible by age, gender, sexual orientation and ethnicity. Inequalities and good practice will be highlighted. The five thematic areas are:

1. Impact of Covid-19 and growth of digital sexual health services
2. Sexually transmitted infections (STIs) and getting to Zero HIV
3. Supporting good reproductive health
4. Sexual and reproductive health needs of vulnerable residents
5. Promoting good sexual health behaviours among young people

This JSNA, together with the findings of the Hackney and the City of London's Women's Reproductive Health Survey (April-May 2022), provides a situational overview of sexual and reproductive health. It should be read alongside the chapter on "[Sexual Health and Teenage Pregnancy](#)" within the City and Hackney 0-25s needs assessment, published in 2022, which looks specifically at services aimed at under-16 year olds.

# Hackney and the City of London's populations are diverse in age, income, culture, ethnicity and sexual orientation



## Background: demography

- Hackney has a diverse population with 88% aged under 60 (including 43% under 30) and 42% from non-white ethnic backgrounds. This includes Turkish and Kurdish, black African and black Caribbean, and Charedi Jewish communities.
- The City of London has a smaller and more mature population than Hackney, with 81% aged under 60 in 2021. Around 70% of its population is white (British and non-British). The commuting population of over 500,000 predominantly working-age people who also need to be considered, as they make use of local sexual health services.
- The 2021 census found that 3% of England's population identified as gay, lesbian, bisexual, or other. In Hackney and the City, 4% and 8% of residents identify as gay or lesbian, and 3% and 2% identify as bisexual, respectively.
- Hackney is one of the most deprived areas in England, with 55% of its population living in the 20% most deprived areas of London - the third-highest percentage among all London boroughs. In contrast, none of the residents in the City of London live in these areas of deprivation.
- Services offered and their accessibility should reflect the diversity of the population, as people of different ages and at different stages in their sexual and reproductive lives have different needs.
- For more information, see the population profiles on the City of London and Hackney Health and Wellbeing Profile [population profiles website](#).

# Current commissioned services for sexual and reproductive health

## Commissioned services

### Services are currently provided through:

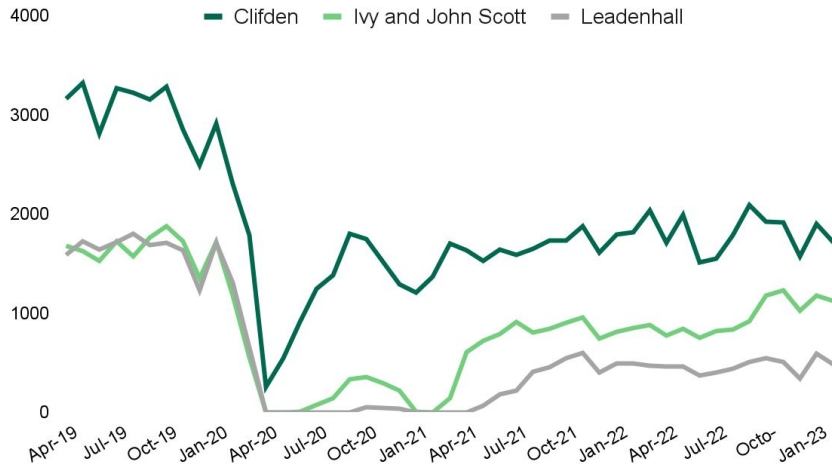
- Specialist sexual health clinics via the Homerton Sexual Health Services (HSHS)
- Primary care: GP practices (includes Long Acting Reversible Contraception (LARC), STI and HIV testing) and community pharmacies (Emergency Hormonal Contraception (EHC), condoms, Chlamydia screening and treatment)
- Online services via Sexual Health London (SHL) (STI testing, routine oral contraception and EHC)
- Young Hackney (young people: condom distribution, sexual health resources, training, signposting)
- Voluntary and community sector commissioned partners:
  - Positive East: HIV prevention and support services (adults); Project Community (sexual health resources, engagement and PrEP promotion among black and other minoritised communities)
  - Community African Network (CAN) (condom distribution among predominantly black African communities)
  - Body & Soul (HIV support services for families and children)
- Open Doors (commercial sex workers: outreach, holistic support, clinical sexual health services, substance misuse)

# Impact of COVID-19 and growth of digital sexual health services

# The impact of COVID-19 on sexual health services

Commissioned sexual health services in City and Hackney are provided by the Homerton Sexual Health clinics (HSHS), GPs, Pharmacies and online via Sexual Health London (SHL).

Number of attendances at HSHS clinics over time, April 2019 to March 2023, City and Hackney



**The COVID-19 pandemic impacted residents' access to and uptake of services, with clinics closing walk-in services and GPs reducing face to face appointments. This is likely to have increased inequalities.**

- The number of face to face (F2F) Level 2 or 3 sexual health (SH) consultations\* in London fell by almost 50% between 2019 and 2020, while online consultations almost doubled.
- The largest absolute decline in activity for residents of Hackney and the City of London was in multiple Sexually Transmitted Infections (STIs) testing and care.
- The number of patients who visited GPs for SH fell by 33% between 2019 and 2020 and is yet to fully recover.
- Long Acting Reversible Contraception (LARC) appointments at GPs dropped by 50%, and although they have largely recovered to pre-COVID levels, they are still lower compared to England averages.
- In London, F2F appointments started to increase again in 2021, but online consultations continued to account for the majority of appointments.
- In late spring/summer 2022, the Mpox outbreak severely affected the post-COVID recovery due to its demand on HSHS.



# The rate of increase for online STI testing varied by demographic over the course of the COVID-19 pandemic

## The rise of online sexual health services

Percentage difference in STI tests taken through SHL between time periods and demographic, Hackney and the City of London

Demographic	Demographic subgroup	September 2020 vs 2019	September 2021 vs 2020
Age	15 to 19	420%	-14%
	20 to 24	125%	13%
	25 to 34	89%	19%
	35 to 44	161%	6%
	45+	161%	-41%
Ethnicity	Asian	97%	4%
	Black	247%	4%
	Mixed	132%	19%
	Other	215%	28%
	White	93%	17%
Sex	Female	109%	8%
	Male	116%	16%
	Other*	153%	156%

### For many residents, online services make it easier to access support

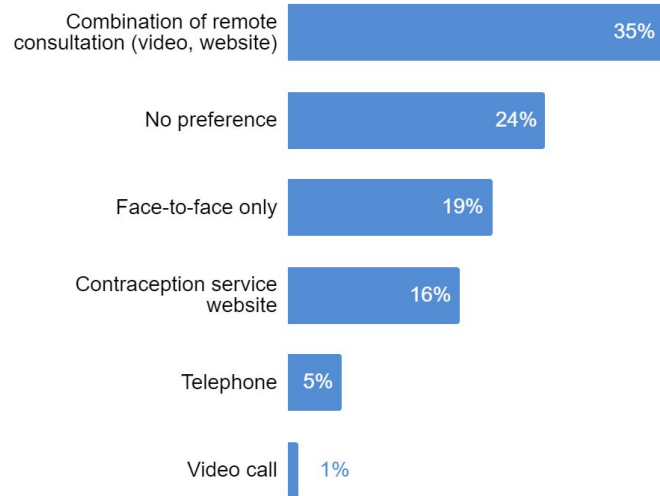
- During the COVID-19 pandemic, online healthcare became a prominent part of SRH service delivery. The number of STI tests booked online via SHL increased by 76% between 2019 and 2020, and by a further 6% between 2020 and 2021. Despite this, the total number of STI screens decreased during this period, because the increase in online services did not compensate for the decrease in F2F appointments.
- Not all populations experienced the same increase in online STI testing during the COVID-19 pandemic. People of black ethnicity and those in the youngest age group saw the greatest increase.
- Between December 2020 and December 2021, the rate of increase varied considerably by sex.
- The provision of SRH support through different channels is interlinked. For example, increasing online STI screens correlated somewhat with decreasing STI screens at SH clinics. Similarly, the decrease in female online STI testing has been linked to an increase in wider female reproductive health appointments at HSHS.



# Preference for service types vary by demography

## Online and F2F sexual health services

Preferred mode of contraception consultation, residents of and regular visitors to Hackney and the City of London, 2022



**The ongoing deployment of online sexual healthcare services must reduce barriers to access, particularly for more vulnerable and/or deprived groups.**

- While remote healthcare can allow a more practical service offer and may save time and money, it can also lead to “reduced privacy; decreased quality of interactions with professionals; reduced informal support; and fewer preventive SRH practices”.
- The WRH Survey\* found differences in preference for online vs in-person services by ethnicity, age, and employment status:
  - 36% of white British respondents stated a preference for remote consultation (video and website combined), compared with 22% of black Caribbean respondents.
  - 28% of black African and 18% of white British respondents preferred face-to-face consultation only.
  - Almost 40% of women over 40, and 30.5% of unemployed women had no preference.

Sources: WRH Survey, 2022; Bosó Pérez, *et al.* 2023. “Access to and Quality of Sexual and Reproductive Health Services in Britain during the Early Stages of the COVID-19 Pandemic: A Qualitative Interview Study of Patient Experiences.” *BMJ Sexual & Reproductive Health* 49 (1): 12–20.

\* The WRH Survey had an overrepresentation of higher educated white women and extrapolating from under-represented groups may not represent actual population preference



## Summary

Covid-19 affected the availability of and access to sexual and reproductive health services, with face-to-face appointments falling away and online services seeing a large increase in uptake of STI testing. Walk-in services have not recovered to pre-COVID-19 levels at HSHS, which was further impacted by the Mpox outbreak in 2022.

The shift in STI testing from clinics to online services has stabilised but other longer-term remote offerings may evolve or expand (e.g. oral contraception, PrEP) and it is not yet clear how this might impact in-person provision. Potentially, in-person services will shift towards more complex cases/services and more vulnerable users. Comprehensive face-to-face services remain important as different population groups may have different preferences and in terms of equality in access to services it is important to avoid digital exclusion, and reduction of privacy.

Regarding COVID-19's impact on reproductive health, and LARC in particular, uptake had a strong recovery in 2021 but is low compared to national averages and not showing sustained growth. The Women's Reproductive Health survey highlighted that different groups (age, ethnicity) have different preferences on where to access LARC, and that satisfaction with LARC is high. To increase uptake of LARC, different pathways should remain available and be promoted more effectively.

# STIs and getting to Zero HIV



# The importance of STI testing

## Sexually transmitted infections (STIs)

STIs can be contracted through vaginal, anal and oral sex causing serious health issues beyond the immediate impact of the infection itself. Some STIs may not be symptomatic but can have serious long term impacts, e.g. causing infertility, or ectopic pregnancies. STI testing is important for early detection, reducing the spread and long-term consequences of STIs. The most commonly diagnosed STIs in the City and Hackney are Chlamydia and Gonorrhoea, which reflects the national picture.

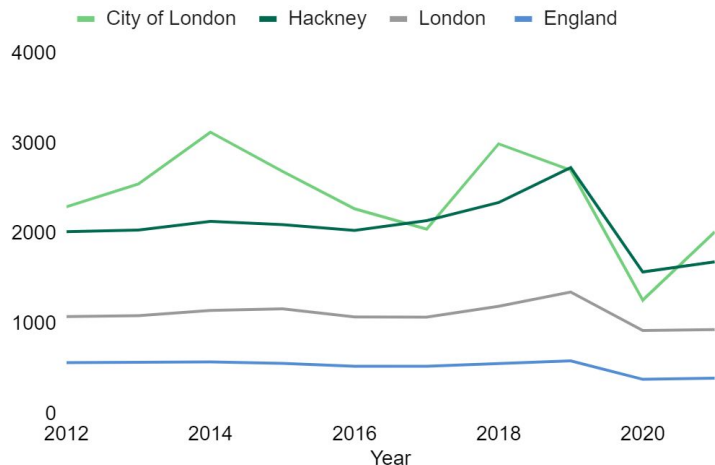
Overall, there is good testing behaviour in City and Hackney, though this has been affected by the COVID-19 pandemic. However, the STI testing uptake varies by socio-demographic characteristics and tailored promotion will be needed to increase testing uptake in certain underserved groups.

# STI diagnosis rates are comparatively high in City and Hackney, but so are STI testing rates



## STI testing

New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (All ages)



**In City and Hackney, people can access STI testing at HSHS, SHL, GPs and pharmacies.**

- Hackney and the City of London have recorded a significantly higher rate of newly diagnosed STIs than London and England for the past nine years of available data (2012 to 2020\*).
- In 2021, the City of London and Hackney had the third and fourth highest rates of new STI diagnoses in London.
- High detection rates in Hackney and the City are, at least in part, the product of the high testing rates: in 2021, Hackney and the City of London recorded considerably higher STI testing rates\* than London and England, with 13,220 tests per 100,000 in the City of London, 13,483 per 100,000 in Hackney, 7,403 per 100,000 in London, and 3,422 per 100,000 in England.
- Particularly high testing rates were seen for chlamydia, the most common STI among sexually active young people.
- However, City and Hackney both recorded significantly higher STI positivity rates than London in 2021, with 11.5% of tests in City (highest in London) and 8.3% of tests in Hackney (9th highest) returning a positive result compared to 7.9% in London.

# STI testing is high in younger age groups, reflecting the greater need for sexual health interventions in this age group



## STI testing

Average *positivity rates* by test type and age group for tests conducted remotely, Hackney and City of London residents, 2018-21

	Chlamydia	Gonorrhoea	HIV
15-19	13.4%	3.5%	0.3%
20-24	5.8%	1.7%	0.3%
25-34	3.3%	1.7%	0.6%
35-44	3.3%	3.1%	0.5%
45-64	3.1%	4.4%	0.5%
65+	3.9%	4.4%	0.0%

**STI testing rates increase considerably with age until 20 to 24 after which point testing decreases.**

- Between 2016 and 2020, 20-24 year olds recorded the highest STI testing rates at HSHS, though some <20 year-olds may be being diverted to CHYPS.
- 15- to 19-year olds recorded the greatest increase in online testing with SHL between 2018 and 2021.
- For all age groups, chlamydia, gonorrhoea, syphilis, and HIV tests make up the majority of STI testing\*. The proportion of tests for Hepatitis A/B/C increases with age in MSM.
- STI positivity rates are high in the youngest and oldest age groups but prevalence is low due to small testing populations.
- For example, between 2016 and 2019, 1,500 15- to 19-year-olds were screened remotely for chlamydia in comparison to an average of 12,800 for all other age groups, while ~50 residents aged 65+ were screened remotely for gonorrhoea in comparison to an average of 13,100.

# Men who have sex with men account for a disproportionately large number of STI screens and STI cases



## STI Testing

### There are large differences in positivity rates between genders and sexual orientations

- Men who attended HSHS between 2020 and 2021 were twice as likely to have an STI than women. Cases of gonorrhoea and syphilis were also almost exclusively seen in men.
- In City and Hackney, roughly 8% of the males population are reported to be men having sex with men (MSM). However, service data shows that MSM accounted for 21% of male STI screens at HSHS, 31% of male cases of chlamydia, and 53% of male cases of gonorrhoea.
- Between 2018 and 2021, for online testing via SHL, the highest positivity rate for chlamydia was recorded among trans populations, at 8.3%, and the highest positivity rate for gonorrhoea and syphilis was recorded among trans men, at 7.5% and 9.5% respectively. Numbers tested were small but high positivity rates indicate vulnerability and risk.
- An added challenge with online testing is that people need to do the test and return the test kit. There can be variability in return rates between different groups, which can impact positivity rates within smaller groups: 78.6% of remote STI test kits requested by/for residents between 2018 and 2021 were completed and returned for testing with the lowest return rate recorded among trans women, at 68.8%.



# Asian and white populations record some of the lowest positivity rates for STI tests taken through the remote service



## STI testing

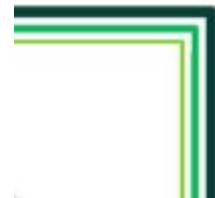
Remote STI tests positivity rates by broad ethnic group, Hackney and the City of London, 2018-21

	Chlamydia	Gonorrhoea	HIV	Syphilis
Black	6.0%	3.8%	0.8%	3.9%
Asian	3.1%	1.5%	0.1%	4.3%
Mixed	4.1%	1.6%	0.8%	4.0%
Other	2.8%	1.5%	0.6%	10.1%
White	3.2%	2.0%	0.4%	4.1%

Looking specifically at remote STI testing, which has a high level of completeness, positivity rates by ethnicity fall in line with national trends. However, that similarity should not discount the need for targeted testing.

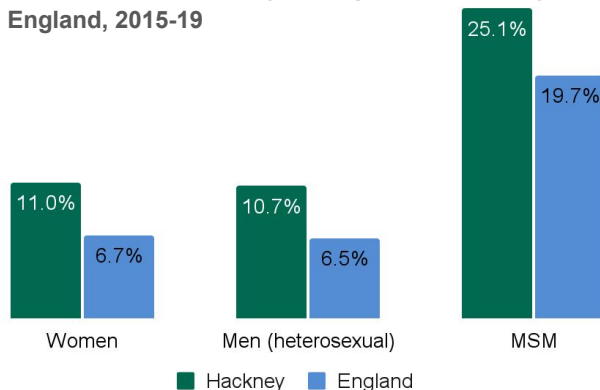
- People from mixed ethnic backgrounds\* recorded the highest remote STI testing rates SHL between 2018 and 2021.
- “Other” ethnic groups recorded the lowest remote testing rates but the highest positivity rates for syphilis at 10.1%, in comparison to an average of 4.1% across all other ethnic groups.
- People from black ethnic groups recorded the highest positivity rates for chlamydia and gonorrhoea via SHL between 2018 and 2021.
- It's important to recognise that drawing conclusions about the entire population based on remote testing results may not be accurate. However, there is limited HSHS and primary care data broken down by ethnicity.

# STI re-infection rates in City and Hackney are considerably higher than the national average

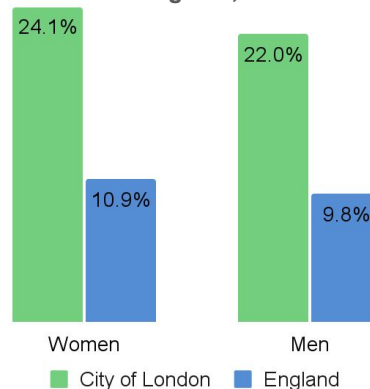


## STI re-infections

STI re-infection rates by demographic, Hackney and England, 2015-19



STI re-infection rates by demographic, the City of London and England, 2016-20



- In Hackney, between 2016 and 2020, around 7.7% for women and 16.9% for men got reinfected with gonorrhoea within twelve months of first diagnosis, compared to national estimates of 4.1% for women and 11.2% for men.
- In the last five years of available data, Hackney and the City of London have recorded considerably higher STI reinfection rates than national averages across women, heterosexual men, and MSM.
- Young people (15-19 yr olds) are more likely to be reinfected with STIs, which contributes to the persistence of infection and increases the workload of health services.

# City & Hackney have reached 95-95-95 but are still considered an area of extremely high HIV prevalence

## HIV

*HIV prevention and support are provided by commissioned CVS services Positive East and Body & Soul*

London is a signatory to the Fast-Track Cities initiative, aiming to end the HIV epidemic globally by 2030, through 95-95-95 targets: 95% of people living with HIV knowing their HIV status; 95% of people who know their HIV-positive status are accessing treatment; and 95% of people on treatment having suppressed viral loads. City and Hackney have now reached this goal.

However, both Hackney and the City of London are considered areas of extremely high prevalence ( $\geq 5$  cases of diagnosed HIV per 1,000 people aged 15 to 59) with 6.4 and 9.2 diagnoses per 1,000 population respectively in 2021, compared to 5.4 for London and 2.3 for England. As such, frequent testing remains a key strategy.

***Doing well: Repeat testing in gay, bisexual and men who have sex with men (GBMSM) is higher than London and England averages***

Areas of particular concern:

- Slightly lower HIV testing rates at SH appointments in Hackney than England averages (high rate of contraception appts)
- Women: testing rates in Hackney are below London and England average and only slowly improving post COVID-19
- Men: testing rates are double that of women and above England average, reflecting testing behaviour in GBMSM. City had a testing rate of 78% in 2021, above Hackney (69%) and London and England averages of 72% and 63% respectively.
- A high proportion of HIV diagnoses first made in the UK are made at a late stage of infection which is linked to worse health outcomes: among women diagnosed with HIV in Hackney between 2019 and 2021, 55% had a late HIV diagnoses, compared to 50% nationally.

# Variation by age, sexual orientation and ethnicity is seen in HIV treatment and viral suppression

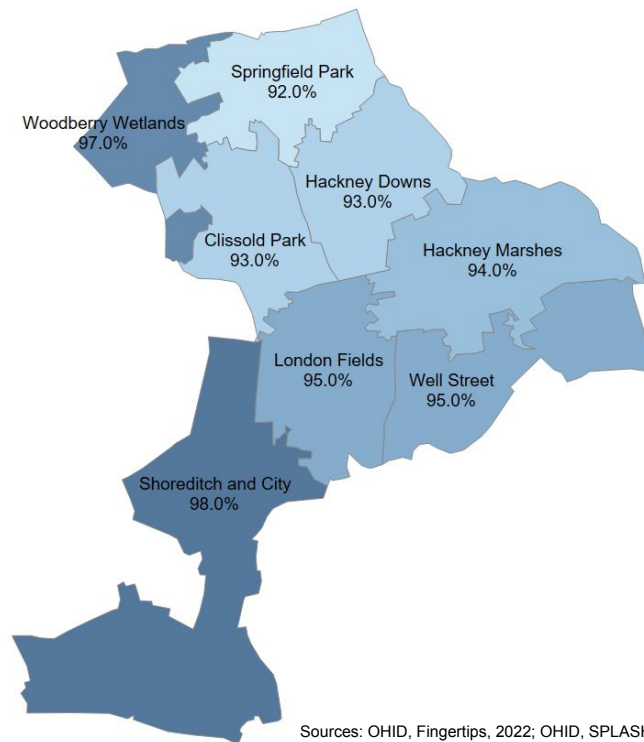


## HIV

**Hackney and the City of London have comparatively high levels of prompt antiretroviral treatment (ART) prescription but some variability in viral suppression:**

- Between 2019 and 2021, 84.8% of Hackney and 100% City residents diagnosed with HIV were prescribed ART within 91 days of diagnosis, compared to 81.0% in London and 83.5% in England.
- Around 97.4% of all Hackney residents and 96.6% of City residents accessing HIV care were on ART in 2021, compared to 97.6% in London and 98.4% in England.
- In 2021, 96.6% of Hackney residents on ART were virally suppressed, compared to 97.8% in London and England and 100% in the City.
- Levels of viral suppression varied by group:
  - Older residents report higher levels of suppression than younger.
  - Gay residents recorded higher levels than heterosexual residents.
  - White populations had the highest viral suppression rates, followed by Asians, mixed, and black populations, with black 'other' residents having the lowest rate at 89%.
  - People with mental health issues and/or other vulnerabilities, including intravenous drug users and individuals who acquired HIV via other routes may have lower levels of suppression.

Proportion of HIV patients with viral load suppression by PCN, Hackney and the City of London residents, 2019-20



Sources: OHID, Fingertips, 2022; OHID, SPLASH profile, 2022; UKHSA, Annual Data Tables, 2021.

# PrEP uptake and use is not equitable within the population



## Pre-exposure Prophylaxis (PrEP)

### Pre-exposure Prophylaxis (PrEP) is highly effective at reducing transmission of HIV from sex or injection drug use

- Routine commissioning of PrEP became available through the NHS from October 2020. Prior to this date, PrEP was available to some groups and individuals via the PrEP Impact Trial.
- Residents of Hackney and the City of London currently receiving PrEP through the NHS are more likely to be white, older, and gay.
- The number of PrEP-related appointments\* was 2.5 times higher among residents from white ethnic backgrounds versus black ethnic backgrounds during the PrEP Impact Trial. Black and mixed ethnicities were underrepresented when it came to accessing NHS PrEP (compared to their access to other HSHS services), while white ethnicities were overrepresented.
- Furthermore, white ethnicities and residents who identified as gay or lesbian were overrepresented in accessing PrEP in relation to their use of SHS services overall
- In 2021, 87% of those with PrEP need in the City of London and 82% in Hackney initiated or continued with the use of PrEP. This was compared to 79% in London and 70% in England.



# Summary



Different approaches are needed to increase equity in terms of access to testing and treatment, taking into account variations in testing and infection patterns by STI, age, ethnicity, sexual orientation, or gender. This could be achieved by increasing the availability of certain tests through different testing channels, as different groups have different preferences, and by providing different treatment pathways.

High rates of reinfection in certain groups are a result of high rates of primary infection but could suggest a lack of behavior change and/or underlying factors that require closer investigation. Treatment at the time of the first infection should be an opportunity to discuss safe sex practices and contraception. It also highlights the need for effective and well-promoted free condom distribution for young people, as well as comprehensive sex and relationship education in schools, colleges, and alternative provision settings.

Although the numbers of new HIV infections are declining in City and Hackney, HIV testing is key to preventing/reducing late diagnosis, especially among women and heterosexual men, and to provide people with treatment and support that will improve their health outcomes. Treatment, in turn, will lead to untransmissible levels of HIV, preventing onward transmission.

Inequities in viral suppression by age, ethnicity, and sexual orientation need to be addressed.

Supporting good reproductive health

# Commissioned services in Hackney and the City of London



## Reproductive health

Commissioning of reproductive health and contraceptive services\* as within the remit of Public Health includes:

- Long Acting Reversible Contraceptives (LARC): specialist sexual health clinics (via HSHS) and GP practices
- Emergency hormonal contraception (EHC): specialist sexual health clinics (HSHS), pharmacies and online services (SHL).

Assisted conception and fertility treatments, maternity services, and termination of pregnancy are commissioned and provided by the North East London Integrated Care System (NEL ICS) and the NHS (Homerton Hospital), while GPs can offer support for peri-menopause and menstrual issues.

To improve access to women's reproductive and gynecological services, the NHS has funded a Community Gynaecology Pilot ('Women's Health Hub') in Hackney, which was established within the Hackney Marshes and Well Street Primary Care Networks. The Women's Health Hubs' clinical services include (but are not limited to) heavy menstrual bleeding and complex menopause care. A novel element is virtual events on e.g. menopause, and contraception.

\*LARC includes intra-uterine devices (IUD, copper coil) and intra-uterine systems (IUS, hormonal) as well as implants that are placed under the skin. Emergency hormonal contraception is a pill that can be taken within a set time after unprotected sexual intercourse (UPSI) or contraception failure.



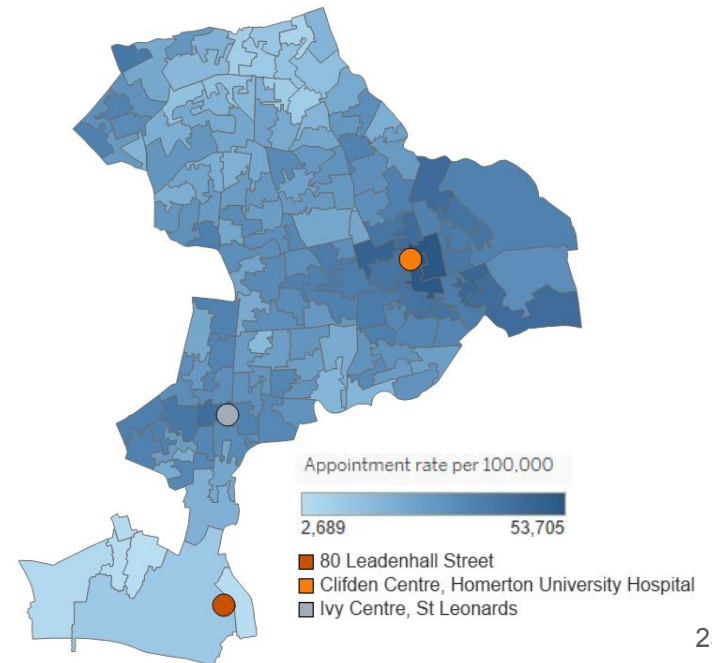
# Funding face-to-face reproductive health services is crucial to ensuring population needs are met

## Reproductive health services

Between January 2016 and December 2020, data from HSHS shows a relationship between the distance from HSHS clinics and the likelihood of using F2F reproductive health services (excluding contraception services) in Hackney and the City of London:

- Residents of Hackney and the City of London living further away from HSHS were less likely to attend HSHS for reproductive health purposes than those in closer proximity, possibly due to transportation challenges and a lack of awareness of available services. They could also attend out-of-borough services.
- The increased utilisation of face-to-face services when they are in close proximity highlights the importance of these.

Reproductive health service appointments (excluding contraception services) at HSHS per 100,000 population by LSOA of residence and distance from HSHS, 2016 to 2020, Hackney and the City of London residents



# Hackney and the City see relatively low rate of LARC prescription, but high levels of LARC satisfaction

## Long Acting Reversible Contraception (LARC)

**Residents are able to access LARC through GP practices, sexual health clinics, or young person's clinics.**

- In 2021, the overall rate of LARC prescriptions for women aged 15 to 44 years in Hackney was 38 per 1,000, representing a significant recovery from the 19 per 1,000 recorded in 2020 due to the COVID-19 pandemic. However, this rate remained lower than the peak of 46 per 1,000 reached in 2019. Similarly, the rate for the City of London increased to 21 per 1,000 in 2021 after dropping to 14 in 2020. For comparison, the rates for England were 35 per 1,000 in 2020 and 42 per 1,000 in 2021.
- However, reported KPI figures from 2021 and 2022 suggest that the recovery is not being sustained, as LARC uptake at HSHS and GPs has been levelling off.
- HSHS provides around 65% of the LARC fittings, with the remaining 35% provided by GPs, which is different from the national trend where delivery via GPs is more common.
- Nationally, women often begin using LARC at a later age than other routine contraceptive methods. This is thought, at least in part, to be due to misinformed provider concern about IUD/IUS use in women who haven't previously given birth and adolescents.
- Women aged under 40 in Hackney prefer to access LARC at a sexual health clinics, while women aged over 40 prefer GP practices.
- South Asian women (Indian, Pakistani and Bangladeshi) were the least likely populations to use LARC and black Africans were the most likely in 2022.
- According to the WRH survey, a quarter of the respondents reported using LARC, with 83.3% of them expressing satisfaction or high satisfaction with LARC as a contraceptive.

# There is variation around route to oral contraception prescriptions between demographics

## Prescription of routine oral contraception

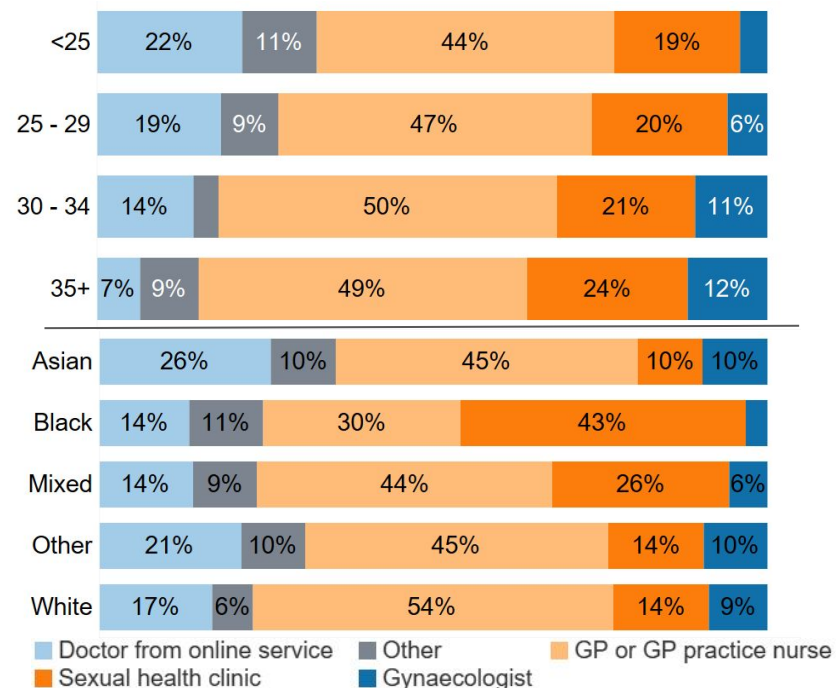
### GPs are the most popular route to oral contraception prescription:

- In 2021, 80% of all routine oral contraception was prescribed by GPs, 15% by SRH services and 5% by SHL\*.

An SHL user survey found that:

- Black residents were considerably more likely to be prescribed contraception through sexual health clinics.
- Asian populations recorded the highest uptake of routine oral contraception first prescribed online. This was largely driven by Indian populations.
- White populations recorded the highest levels of prescription by GPs and GP practice nurses, with particularly high rates among white Irish subgroups.
- The proportion of the population being prescribed routine contraception via online SHL services decreases with age, while the proportion prescribed via their GP/GP practice nurse and gynaecologist increases with age.

Route to routine contraception prescription by age and ethnicity, SHL service users on the emergency/routine contraceptive pathway, Hackney and the City of London residents, Nov 2020 to Mar 2022 (n=892 surveyed)



# Pharmacies are the largest provider of EHC, however, there is rising popularity for online options



## Emergency Hormonal Contraception (EHC)

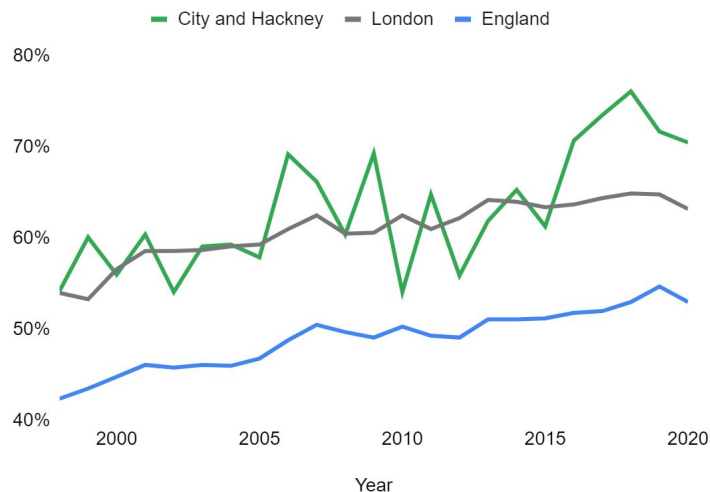
**Emergency contraception is intended for occasional use, to reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or contraceptive failure**

- Since 2001 EHC has been available from SHS and pharmacies. Pharmacies who have signed up to enhanced sexual health services delivery with the London Borough of Hackney commit to provide EHC free of charge to anyone who needs it.
- In January 2021, Hackney and the City of London started offering postal emergency and routine contraceptives through SHL. EHC prescribed to residents through this channel increased considerably each month from January to August 2021, but has since stabilised at around 125 per month/1500 per year (2022/23) in Hackney and around 4 per month/45 per year in the City.
- Pharmacies remain the main route to prescription for EHC (over 5000 consultations per year, or around 425 per month in 2021-22 and 2022-23).
- Black ethnic groups had the highest rates of EHC take-up from pharmacies, followed by those from mixed ethnicities, while white and other ethnic groups had the lowest and second-lowest rates, respectively.
- Of the 17,645 EHCs distributed by pharmacies between 2019 and 2021, the majority (68.5%) were prescribed because no contraceptive method had been used, including cases where the method had expired or was not yet effective.
- A higher proportion of younger populations used EHCs because no contraceptive method had been used: 72.7% of 15 to 19-year olds used EHCs for this reason in comparison to 62.8% of 50+ year olds.

# Hackney is thought to hold relatively few barriers to abortion care in comparison to London and England

## Abortion (Termination of Pregnancy, TOP)

Proportion of under-18s conception leading to abortion by area of residence, 1998 to 2020



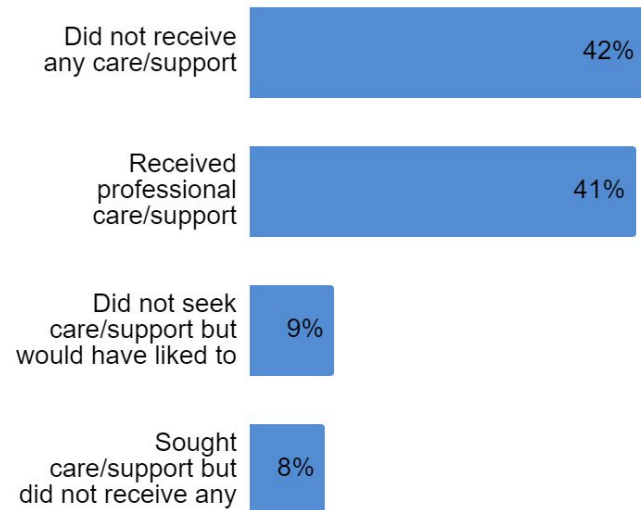
**Abortion figures act as a proxy for lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method**

- Conception rates among under-18s in City and Hackney have decreased over the past 25 years and are now similar to London averages and below England averages.
- However, when conception occurs, abortion rates are higher than both London and England averages.
- In 2021, Hackney recorded a higher rate of repeat abortion among under-25-year-olds than the national average, at 34 per 1,000 in comparison to 30 per 1,000 respectively.
- Women in Hackney with lower education levels and a history of abortion give birth to their first child almost nine years earlier than women with a degree or equivalent-level education who have never had an abortion.

# There are gaps in both access to and quality of (peri-)menopausal care for those who seek professional support in City and Hackney

## Perimenopause and menopause

WRH survey respondents by menopause care/support received, 2022, n=332



**The City of London and Hackney conducted a WRH Survey between April and May 2022. Of the 2,507 respondents, 13% were perimenopausal\* or menopausal:**

- The most common symptoms experienced by women over 45 with irregular periods were difficulty sleeping, anxiety and problems with memory and concentration
- A considerable number of women missed at least a few hours of work due to menopausal symptoms: 19.6% of 45 to 49 year olds and 16.2% of 50 to 55 year olds.
- The majority of 332 (peri-)menopausal women did not receive any menopause-related care or support, despite some seeking it.
- Half of those who sought professional support were (very) satisfied with it, but one in five were (very) dissatisfied. This indicates gaps in both access to and quality of care.

# Summary



Access to and uptake of reproductive services varies and can reflect inequalities. While it is important to respect women's choices in accessing LARC, it is important to assess under or over-representation of certain groups, such as Asian women not accessing LARC or mixed (white and black Caribbean) women having the highest rates of abortions, to ensure equitable access and better health outcomes.

Proximity to a sexual health clinic should not be a determinant for better access and outcomes. GPs also provide enhanced sexual health services, including LARC, and this option may need to be promoted. It is important to inform women about and provide them with access to LARC at primary care level, especially if they mostly access routine oral contraception via a GP.

Although there has been a decrease in abortion rates in young people over the decades, challenges still exist for young people who face sexual debut and the need to consider contraception every year. This is supported by the fact that younger populations are more likely to take EHCs because no contraceptive method had been used.

The accessibility and uptake of emergency hormonal contraception (EHC) through pharmacies demonstrate that pharmacies can serve as a low barrier resource for face-to-face sexual and reproductive health services, providing people with options beyond clinics and GPs, where appointments are usually needed.

# The sexual and reproductive health needs of vulnerable residents





## Vulnerability depends on context

Talking about vulnerable groups or vulnerability can invite unwelcome labeling or targeting, or wrongly imply a particular group is less capable of healthy decision making. Vulnerability, alongside risk, need to be seen in context.

For example, the low health seeking behaviour of heterosexual males can make them vulnerable to STI or HIV infection, as they are adverse to testing and may not consider themselves at risk.

People with substance misuse or dependency may find it harder to make healthy sexual choices but may also be more vulnerable to exploitation, for example if they engage in sex working.

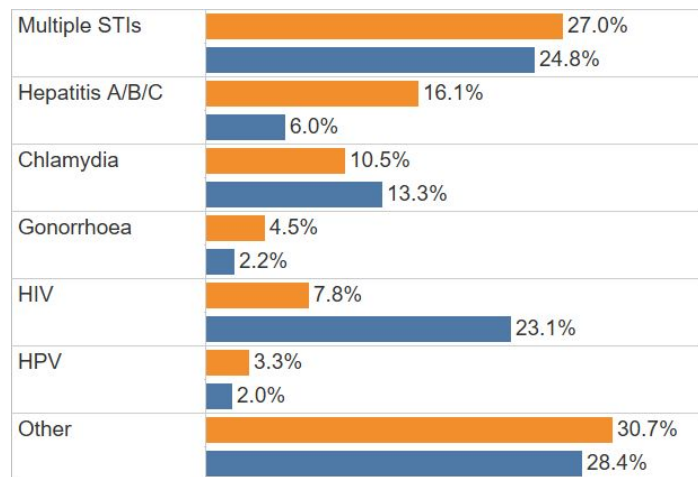
Engaging in chemsex can be sexually rewarding for some people but can also be linked to mental ill health or anxiety due to a recent HIV diagnosis, for example, and make someone present with very complex or high risk sexual behaviour patterns.

Some vulnerable groups are small in number but have complex needs. Not enough reliable or local data is available for some groups that are described as vulnerable or having complex needs.

# Sex workers in City and Hackney have relatively high use of HSHS for STI testing purposes

## Commercial sex workers (CSW) - supported through the Open Doors service

Proportion of appointments\* by primary reason for attendance for commercial sex workers vs wider population, Hackney and the City of London residents, Nov 2019 to Dec 2020



Commercial sex worker  
General population

**Between April 2019 and March 2022, 1,510 unique CSWs\*\* were supported by the Open Doors service: 1,110 Hackney residents, 65 City residents, and 335 residents from other local authorities.**

- The number of STIs detected among CSWs by Open Doors has decreased over time, while the proportion of testing sessions has remained stable, suggesting a decreasing prevalence of STIs in the CSW population.
- A higher proportion of CSWs' activity at HSHS is attributed to STI testing compared to the general population, while a lower percentage is attributed to STI-specific care. This suggests more frequent testing which is proportionate to their risk profile.

# Unmet need for STI testing is largely concentrated among males in City and Hackney



## Gender, LGBTQ+

STI positivity rates for tests taken through SHL by gender\*, Hackney and the City of London residents, 2018-21

	Chlamydia	Gonorrhoea	HIV	Syphilis
Female	3.2%	0.5%	0.5%	0.4%
Male	4.5%	3.9%	0.5%	8.1%
Non-binary	2.9%	3.3%	0.1%	3.3%
Other	1.1%	0.7%	0.0%	1.0%
Trans	4.2%	3.2%	0.0%	2.9%

**Gay residents attending HSHS are more likely to use Genitourinary Medicine (GUM) services for STI testing, especially for Hepatitis A/B/C and rapid testing, compared to heterosexual residents.**

- MSM engage more with specialist sexual health services than the general population, and heterosexual men in particular.
- Trans people living with HIV experience similar levels of HIV-related care and viral suppression as people living with HIV in the general population; however, they may have higher or more complex health needs overall.
- SHL data from 2018 to 2021 shows that the highest positivity rates for both chlamydia and gonorrhoea were recorded among males, closely followed by trans residents, although absolute numbers for the latter group are low.
- A higher proportion of HSHS appointments\*\* among gay residents is for Hepatitis A/B/C and PrEP care than the wider population, while a lower proportion is seen for HIV and chlamydia. This aligns with what we would expect given the targeted Hep A/B/C vaccination programmes, and established focus of PrEP distribution.

Sources: Preventx, 2022; HSHS, GUMCAD, 2021 \*N: Females = 3,6550, Males = 28,220, Non-binary = 410, Other = 110, Trans = 110. \*\*Data only shown for those records with an available activity code.

# Residents in certain risk groups can face disproportionately poor SRH due to decreased levels of perceived importance



## Homeless, disabled and PAUSE residents

**Residents who experience homelessness face disproportionately poor reproductive and sexual health, including a higher risk of unintended pregnancy, avoidable abortions and STIs, than the general population.**

- 15.3% of homeless populations in NEL that received an STI test at their GP between 2017 and 2021 received a positive test. This is in comparison to 6.9% among the wider NEL population.
- STI positivity rates for homeless patients in NEL remained relatively stable between 2017 and 2021, apart from in 2020, which saw a spike in positivity (~35%) that contrasts with a decrease seen in the general population. However, it's important to note that the number of cases recorded was relatively low.

## Residents with disabilities

- Between 2017 and 2021, people with disabilities were no more or less likely to receive a positive STI test result than the general population when tested at their GP.

**PAUSE Hackney supports local women who have experienced the removal of a child or children through care proceedings. A PAUSE report for 2022 outlined:**

- Where additional vulnerabilities exist among PAUSE service users, sexual and reproductive health concerns tend to fall second to other support areas in a woman's life.
- A lack of same-day walk-in appointments has led to delays in contraception take-up among PAUSE service users.
- Women who have experienced three or more child removals tend to opt for LARC.

# Chemsex is strongly associated with the increased prevalence of STIs and HIV



## Chemsex

**Chemsex - sexualised drug use - is strongly associated with increased prevalence of STIs and HIV, problematic drug and alcohol use and poorer mental health outcomes.**

- Patients referred to the chemsex/high-risk sex pathway are likely to have higher and more complex levels of unmet needs than the general population. In many cases, these needs have been amplified by the COVID-19 pandemic.
- Between April 2020 and March 2021, the service received 70 referrals for individuals engaging in chemsex, which was lower than the previous year, likely due to instability in provision, rather than lack of need. However, engagement levels statistically significantly improved, and wellbeing outcomes exceeded those of the previous year in several areas.
- Of the referrals made to the chemsex service between April 2020 and March 2021, higher referral rates were seen among people living with HIV (PLHIV) and people from ethnic minority groups, compared to the general population. The majority (99%) of referrals were among cisgender populations, despite evidence showing that chemsex affects trans individuals more.
- Among those who reported having used drugs on a recreational basis within the past three months and who accessed HSHS GUM services, a much larger proportion of activity was for Hepatitis, PrEP and HPV, and a lower proportion was for HIV and chlamydia compared to other service users. This corresponds with the sexual health seeking profile of MSM, who are the most frequent chemsex users.



# Summary

Risk and vulnerability need to be seen in context. For certain groups described as vulnerable or having complex needs, not enough local or reliable data is available.

The needs of certain groups require intensive services to support better sexual and reproductive health outcomes, for example commercial sex workers and those for whom chemsex use has become problematic.

For women who access PAUSE, better coordination and joined-up support may prevent future removals, and timely access to contraceptive services and support is a basic requirement for this.

The need and type of interventions and support for vulnerable groups are as diverse as the groups themselves.

Promoting good sexual health behaviours  
among young people

# Young people: creating opportunities for healthy sexual behaviours



Healthy sexual behaviour and choices are not innate and need to be learned and supported. They are highly individual choices yet deeply influenced and shaped by culture, society, religion, familial relationships, peer relationships and representations in (social) media, as well as myths, misconceptions and misinformation.

Relationship and sex education in schools and places of alternative provision is key in promoting knowledge and awareness of healthy sexual choices and consent, beyond the factual knowledge of sex, STIs and reproduction.

As a local authority there is a legal requirement to offer this type of education and to offer sexual and reproductive health services for young people. This can be at odds with the religious or cultural convictions of some of our communities. As a local authority we are respectful of such convictions yet we adhere to the legal requirement to offer the statutory services.

Young Hackney is commissioned to deliver sexual health resources and condoms distribution for young people in Hackney and the City of London, and is commissioned separately to deliver relationship and sex education (RSE) in schools.



# Access to and the correct use of condoms is key to preventing pregnancies and the transmission of STIs



## Condom distribution (*recorded encounters*)

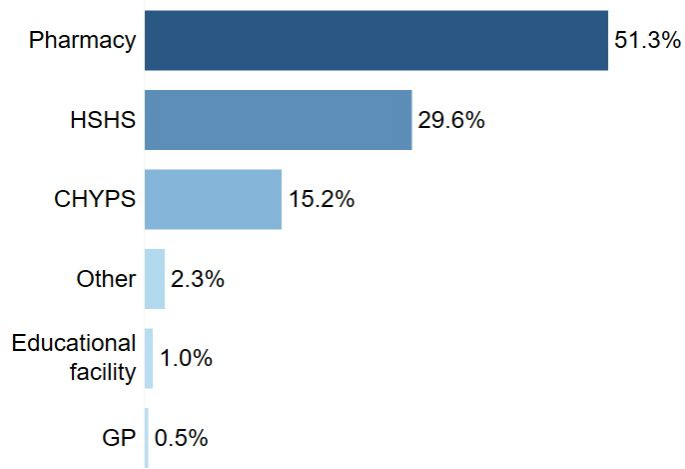
**There are patterns and preferences in where young people (under 25) prefer to access free condoms, often nuanced by ethnicity and sexual orientation. Free condom distribution schemes aim to support use and uptake, though recording of distribution encounters can be challenging.**

- A lower proportion of male condom encounters were at HSHS and Children and Young People's Services (CHYPS) than the wider population, at 19.2% and 17.2% respectively. Mirroring this, males recorded the greatest proportion of encounters at pharmacies with 60.2% of all encounters at pharmacies.
- Gay populations had a lower proportion of encounters at pharmacies than heterosexual populations (31.9% vs. 51.5%, respectively). However, gay populations recorded a higher proportion of encounters at HSHS (48% vs. 30.4%, respectively), with a preference for The Clifden Centre (31.2% vs. 13.5%) over CHYPS (9.8% vs. 12.1%).
- White populations recorded the greatest proportional share of encounters at pharmacies (56.4% of all white ethnic group encounters were at pharmacies) but the lowest proportion of encounters at CHYPS services (11%). However, within the white ethnic group, CHYPS services remain important for Gypsy or Irish Traveller populations, accounting for 25% of all interactions.
- Black populations are overrepresented in encounters, accounting for 51.1% of encounters in 2021 but only 22% of the population. This suggests high levels of awareness about where to access condoms among this population, and may also represent high need. All other ethnicities were underrepresented.

# Recorded condom encounters decreased considerably in 2021, the same year the C-card (Come Correct) scheme ended

## Condom distribution

Proportion of condom encounters among under 25-year-olds by service type, Hackney and the City of London, 2019 to 2021



**Young people aged under-25 are able to access free condoms and lubricant from a range of outlets through Young Hackney:**

- Between 2019 and 2021, the number of recorded condom encounters made by individuals under the age of 25 at distribution points in Hackney and the City of London reduced by 79.3%. Non-recorded condom distribution may have continued, for instance at HSHS.
- Females accounted for the greatest decrease, with only 30.2% of encounters in 2021 compared to 37.2% in 2019.
- Distribution rates were consistent across sexual orientations.
- Pharmacies play a key role in condom distribution, accounting for 50% of condom distribution among under-25s.
- For repeat uptake, younger populations under 25 years old are most likely to obtain condoms from pharmacies but may pick up condoms at other outlets if they are already using that service and/or have opportunistic conversations with healthcare professionals about sexual and reproductive health (e.g. at HSHS).
- The need for data recording for condom distribution schemes can be a complicating factor.

# Summary



Young people and sexual health can be a sensitive topic, influenced by culture, religion and societal norms or expectations. The evidence in terms of Chlamydia infections or the uptake of EHC shows that young people are sexually active.

The difference in where young people prefer to access condoms can guide future service provision: heterosexual males who have traditionally low health seeking behaviour prefer to use pharmacies to get condoms. This could be an entry point for conversations about sexual health, including STI testing.

Reflecting on the high rates of abortion and repeat abortion among individuals under 25 years old presented earlier, this indicates that sexually active young people may not be using contraception or may not be aware of where and how to access it. This could also suggest underlying factors, such as the inability to discuss safe sex and reproductive options. Comprehensive and inclusive sex and relationship education is a key component in promoting healthy sexual choices and behaviors.

# Summary and future planning



## Summary overview (1/2)

Despite progress over time in many areas - HIV incidence, teenage pregnancies, testing rates for Chlamydia - significant challenges remain in terms of sexual and reproductive health in Hackney and the City of London.

The population has persistently high rates of STI infections, with high reinfection rates in young people and MSM especially.

Concerted efforts need to be made to ensure STI and HIV testing regain pre-COVID levels and that well functioning partner notification systems are in place to detect or prevent onward transmission. For HIV, testing is crucial to prevent late diagnosis and to reach the goal of zero new HIV transmissions by 2030.

Reported condom distribution has dropped among young people. Ensuring multiple entry points for free condom encounters are accessible and known is key, as is recognising that different population groups prefer to access them in different places.

In terms of HIV prevention, the use of PrEP needs to be promoted and tailored to different audiences beyond white MSM.

With regards to reproductive health and uptake of LARC in particular, satisfaction with LARC use is high in Hackney and City. However, more needs to be done to promote LARC among younger women as a reliable means of contraception. This can be achieved by promoting existing and new pathways, including HSHS, GPs and the Women's Health Hub.



## Summary overview (2/2)

Vulnerability and risk always need to be seen in context and care must be taken with labelling people. To ensure the best possible sexual and reproductive health outcomes for all residents, certain people with high and complex needs require comprehensive specialist services. This can include high risk psychology services for problematic chemsex users, and pathways into substance misuse services.

There is potential for a larger scale impact among heterosexual men who traditionally exhibit lower health-seeking behavior, as seen in their low attendance rates at HSHS and low testing uptake. Since young heterosexual men prefer pharmacies as their primary source to collect condoms, it provides an opportunity to engage with them and offer more services.

Overall, access to services is key. COVID-19 has severely impacted on this, exacerbated by the 2022 Mpox outbreak. In order to improve activity levels at HSHS and GPs in particular, walk-ins and easily bookable appointment systems need to be (re-)instated or improved.

Lastly, in an environment where resources are increasingly scarce, partnership working and clarity on signposting and pathways is key, within and between all commissioned services as well as the wider sexual and reproductive health landscape.



# Future planning

The findings from this needs assessment, the Women's Reproductive Health Survey, and other sources such as Mystery Shopping of sexual health services, will help to inform a Sexual and Reproductive Health Strategy for Hackney and the City of London. This proposed strategy will go through a formal consultation process with stakeholders and currently commissioned services. It is expected to be finalised in autumn 2023. This strategy will be aligned with a NEL wide strategy that is also currently in development.

The strategy will lay the foundation for the (re)commissioning of sexual and reproductive health services that are comprehensive and inclusive, recognising synergies with other services and providers, and contributing to better sexual and reproductive health outcomes for all residents. It will seek to propose concrete solutions for identified inequalities and set target outcomes that will be laid out in annual action plans. To support progress on the strategy, objectives will be monitored via quarterly data reviews.

The overarching ambition of the proposed strategy is for all residents in Hackney and the City of London to lead healthy and fulfilling lives in which they have knowledge and agency to make informed choices about their sexual and reproductive health and can access high quality services to support them in doing so.

# Appendix: Publicly and privately available data sources used to identify local population needs



## Data sources

**Data presented in this report are drawn primarily from the following sources:**

Homerton Sexual Health Clinic (HSHS):

- Genitourinary Medicine Clinic Activity Dataset V2 and V3 (GUMCAD)
- Sexual and Reproductive Health Activity Data (SRHAD)

Please note that both datasets had a large amount of missing data. Where samples were large enough, findings have been extrapolated. However, if data missingness is higher for particular groups, this may not be reliable.

- GP data: Discovery Data Service GP data (DDS)
- Sexual Health London online services: PreventX
- Pharmacy data: Pharmoutcomes
- Local surveys and studies: UCL PrEP research, Women's Reproductive Health (WRH) Survey
- Local services, including: PAUSE; OpenDoors; Positive East; Body & Soul; C&H Women's Health Group
- Publicly-available data, including: OHID, Fingertips; OHID, SPLASH profiles