

City & Hackney sexual and reproductive health strategy SUMMARY

2024-2029



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Introduction

The Health and Wellbeing Boards (HWBs) of the City of London Corporation and the London Borough of Hackney work across partner organisations to improve the health of their local populations and reduce inequalities. This includes sexual and reproductive health (SRH), where no one partner can act alone if we are truly to address poor sexual health and high levels of unmet need. This SRH strategy lays out our ambitions across all of our partners and in partnership with our communities to ensure we make the changes over the next five years that will improve health whilst reducing inequalities.

Significant improvements have been achieved in improving SRH in the City and Hackney. However we continue to have high levels of unmet need with significant inequalities, both within communities and compared to other areas in London and across England.

A five-year strategy will ensure a coordinated approach that brings together health promotion and education as well as commissioned services, and explores linkages with other services and providers, including the NHS and the voluntary sector. Each of the local authorities in North East London (NEL) are undertaking a similar strategic process to enable a coordinated approach across the Integrated Care Partnership (ICP) so that the most pressing issues and gaps in provision and uptake of care can be addressed.

The strategy is informed by a local needs assessment and Women's Reproductive Health Survey, and will help deliver on national strategies, including the Women's Health Strategy for England (2022), the National HIV Action Plan (2021) and Strategic Direction for Sexual Assault and Abuse Services (2018).

This strategy has four thematic areas which are also reflected in the NEL sexual and reproductive health strategy. We have added an additional theme of "inclusion communities" to ensure we not only provide universal open access services but also better understand and address the needs of communities with increased inequalities in sexual health, or more complex needs.

The five overarching themes are:

- a. Healthy and fulfilling sexual relationships
- b. Good reproductive health across the life course
- c. STI prevention and treatment
- d. Living well with HIV and zero new HIV infections
- e. Inclusion communities and those with complex needs

https://cityhackneyhealth.org.uk/wp-content/uploads/2023/06/CH-Sexual-Health-Needs-Assessment-__-May-2023.pdf

Vision

The overarching ambition is for all residents in Hackney and the City of London to lead healthy and fulfilling lives, with the knowledge and agency to make informed choices about their sexual and reproductive health. The strategy aims to

- Improve the quality of care
- Reduce variability in outcomes
- Achieve more efficient and sustainable delivery

Core Principles

This strategy is underpinned by several core principles, including

- **Proportionate universalism** (focus and resources proportionate to need) embedded across all actions to ensure equity of outcomes
- **A life-course approach recognising the importance of the wider determinants of health**
- **Right care, right time, right place. Making every contact count.**
- **Co-development of services with ongoing resident/patient and stakeholder participation**
- **Safety and safeguarding highest quality offer (for staff and patients) and highest standards in London**
- **Whole-system approach: partnership working and system leadership from providers of integrated SRH** (e.g. primary care, education, substance misuse, domestic abuse services, sexual assault services, community health and acute health services etc.)
- **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 an annual action plan, aligned to regional/national strategies and with plans to monitor and evaluate success, as well as system enablers and barriers of further improvement** (embedding a learning system)

Scope

SRH cross cuts across sectors and beyond clinical settings. Not all elements of sexual and especially reproductive health, e.g. fertility, termination of pregnancy services and sexual assault services, are within the commissioning remit of local authorities. Some services are commissioned by the NHS at either a local, ICB or national level. It is therefore important to define the scope of each partner within this overarching partnership strategy, noting that some responsibilities overlap or are jointly held.

Joint commissioning can improve outcomes and integrate pathways and as all NEL Local Authorities are seeking to take a similar approach to the development of SRH strategies, there will be further opportunities to collaborate on these areas at a North East London ICP footprint.

This strategy covers:

- Specialist sexual health services, including genitourinary medicine (GUM), sexual wellbeing support and advice, testing and treatment for sexually transmitted infections (STIs), most aspects of contraception, Hepatitis A and B and HPV vaccinations provided within SRH services and HIV prevention (PrEP)
- Enhanced sexual health services within primary care from both GPs and pharmacies, including STI Screening, Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC)
- Online sexual health services including STI testing and EHC
- HIV prevention (excluding the pharmaceutical costs of PrEP)
- HIV social care support
- Condom distribution schemes and sexual health resource provision
- The sexual health elements of psychosexual services and Chemsex support services
- Promoting the wellbeing of children and young people
- Commissioning health visiting and school nursing services
- Commissioning of substance misuse services

It also highlights the importance of partnerships with education and other sectors.

Theme 1

Healthy and fulfilling sexual relationships



Sexual and reproductive health and wellbeing is a fundamental human right. All of the partners of the HWB have a significant, often mandated, role in improving SRH through commissioning and/or providing services.

Easy to access, comprehensive sexual and reproductive health services must be available to all residents and to the "benefit of all people present in the local authority's area". Services must be able to meet the needs of people across the lifecourse from young people who are still to have their sexual debut as well as more mature people who are embarking on new sexual relationships in middle or older age.

Within the City of London and Hackney the highest rates of STIs are in young people and young adults. Supporting young people to adopt healthy sexual behaviours while at the same time ensuring welcoming and appropriate services are available to them is of key importance.

Central to this will be the provision of comprehensive and inclusive sex and relationship education in schools and places of alternative provision, with close collaboration with schools and communities where this is sensitive for cultural or religious reasons.

Psycho-sexual support and resources must be available as part of our local service offer so that residents who experience sexual difficulties, whether due to (past) trauma, addiction issues or psychological issues can go on to experience and enjoy fulfilling sex lives.

Local need and inequalities

It is important to keep in mind that needs and activity can change over time. Increasingly, people in mid or later life are starting new relationships and engaging in sexual activity in a changed environment, without necessarily recognising their risk and vulnerability. A rise in STIs in older people has been observed as a result.

The Havens provide a specialist sexual assault referral service and offers support for women, men and children who have been raped, sexually assaulted or abused. Access to and awareness of the Havens should be strengthened to ensure that this safe space service can provide crisis care, medical and forensic examinations, emergency contraception and testing for sexually transmitted infections.

The strategy will focus on achieving the following outcomes relating to Healthy and fulfilling sexual relationships:

Outcome 1: Young people (YP) in City and Hackney have equitable access to good quality, comprehensive and inclusive relationship and sex education (RSE) in schools and settings of alternative provision.

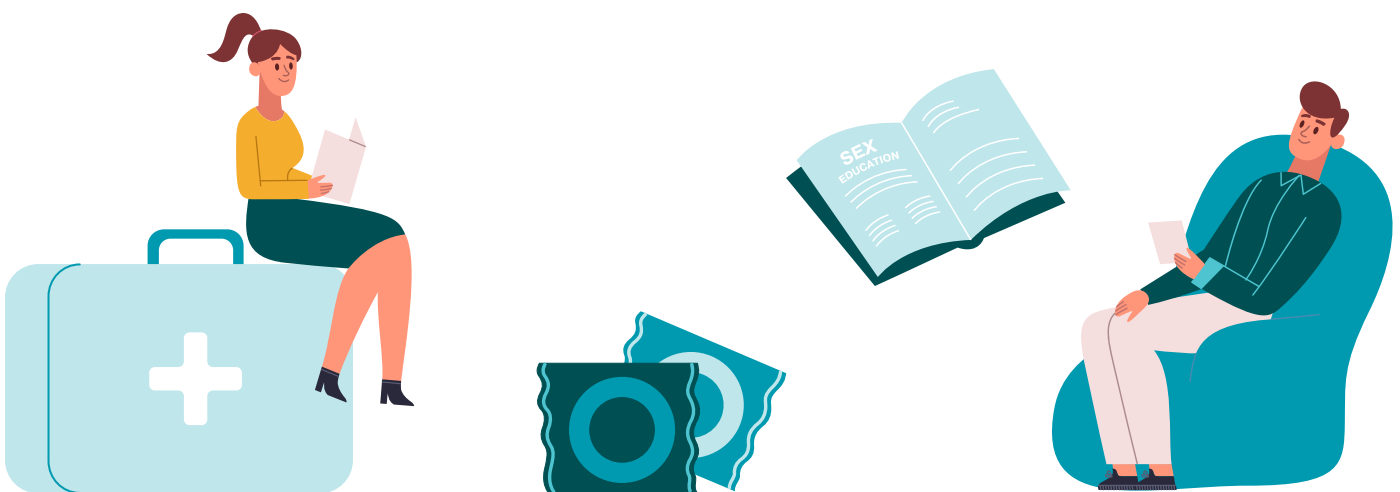
Outcome 2: Young people have access to appropriate and young people friendly sexual health services

Outcome 3: People have access to clear and appropriate information and resources to help them make informed choices about their sexual and reproductive health.

Outcome 4: Increased professional knowledge and skills in sexual health and wellbeing among people working in YP services and in wider sexual health services and along referral pathways

Outcome 5: Psychosexual support and high-risk sex counselling services are an integral and adequately resourced part of sexual health provision

Outcome 6: Sexual assault services pathways are robust, well communicated with easy to access services.



Theme 2

Good reproductive health across the life course



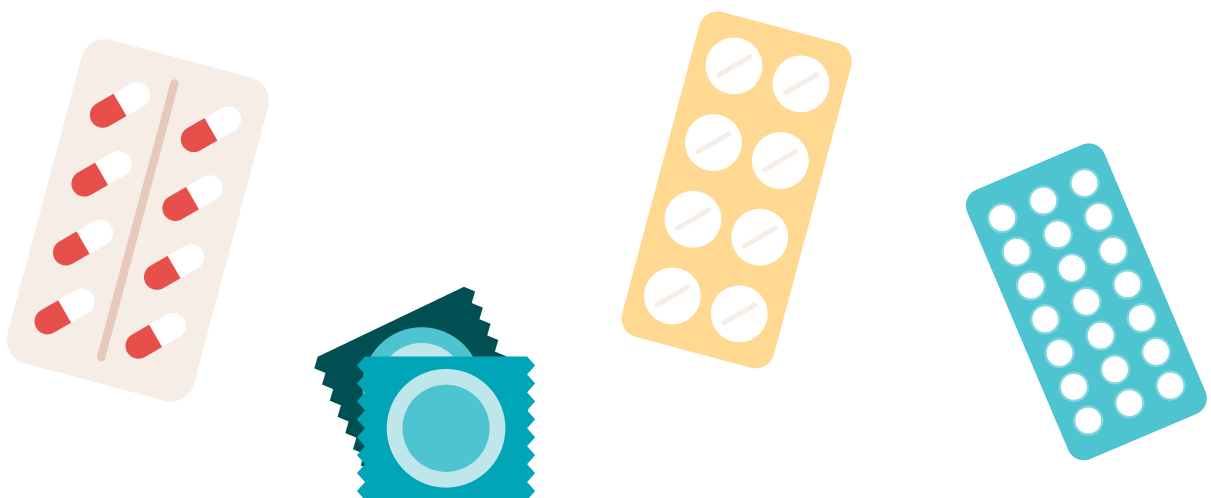
Reproductive health comprises much more than just contraception. Many of these services sit outside those that the local authority commissions, e.g. fertility services, terminations, menopause and sexual assault services. To support better reproductive outcomes it is important that commissioning streams, pathways and referral systems between different services are clear with a focus on integration wherever possible.

The provision of contraception is a human and legal right but also a highly cost-effective public health intervention. Contraception reduces the number of unplanned and unwanted pregnancies that bear high financial costs to individuals, the health service and wider society. Low barrier access to contraception is equally important because there are inequalities in the use of services and reproductive health outcomes, often linked to ethnicity and age.

Local need and inequalities

Taking population size into account, black populations recorded the highest use of Emergency Hormonal Contraception (EHC) via pharmacies, while white and Asian populations recorded much lower EHC rates. This could mean black population groups may face barriers in knowledge of or access to more reliable forms of contraception.

Alongside contraceptives we must also ensure that residents who want to start a family have information that enables healthy conceptions by focusing on preconception health. For residents who have difficulty in conceiving, information, support and access to fertility services must be easily and widely available. Barriers remain for some communities to access assisted fertility services and these should be reviewed and progressively reduced.



The strategy will focus on the following outcomes to ensure good reproductive health across the life course:

Outcome 1: Reproductive health services consider the life course from adolescence to the post-menopausal stage

Outcome 2: Reproductive health services are cognisant of inequalities in service provision and uptake in different ethnic population groups and work to ensure anyone can access services in their preferred setting and equally, to address those inequalities

Outcome 3: The role of all services in providing comprehensive reproductive care and services to residents is clear, promoted and optimised while pathways into and out of non-LA-commissioned services are optimised and integrated, including: fertility services, period poverty; perimenopause/ menopause; community gynaecology; termination of pregnancy; maternity and post-partum care and complications; cervical screening; endometriosis, genital dermatology, incontinence, heavy menstrual bleeding, Female Genital Mutilation (FGM), and sexual assault services

Outcome 4: Inequalities in access and uptake of services have decreased over time and are not a reflection of socio-economic background

Outcome 5: Assisted fertility services review and reduce barriers to access ('fertility friendly City & Hackney').



Theme 3

STI prevention and treatment



Sexually transmitted infections (STIs) can cause serious health issues beyond the immediate impact of the infection itself, especially as some STIs may not be symptomatic but can still have serious long term impacts, e.g. causing infertility, cancer and sexual dysfunction. The most commonly diagnosed STIs in Hackney and the City of London are chlamydia and gonorrhoea.

Overall, the high incidence of STIs remains a challenge that is associated to having both a young population, as young adults are demographically the age group with highest infection rates, and a large proportion of the population that are gay, bisexual or men who have sex with men (GBMSM) who also demographically tend to have higher rates of infection.

A multi-pronged approach will be required to achieve a reduction in STI infection and reinfection rates, including good quality and inclusive sex and relationship education, appropriate and easily available information and accessible resources, developed with and alongside those at highest risk. Easy and confidential access to STI testing through various routes (online, pharmacies, GPs and sexual health clinics), along with effective partner notification and treatment are essential. Services need to be non-judgemental and welcoming.

Local need and inequalities

In City and Hackney, young people, young adults, and gay and bisexual men and other men who have sex with men (GBMSM) have the highest rate of STI infections within the overall population. This suggests that greater use of condoms, more frequent STI testing, increased uptake of vaccinations and enhanced partner notification are needed to reduce this. Equally, it may require greater openness in talking about sexual health and placing sexual health care within overall health and self care to reduce stigma and shame still associated with sex.

The following outcomes will contribute to STI prevention, testing and treatment.

Young people

Outcome 1: Young people have access to accurate, inclusive and appropriate information and education on sexual health

Outcome 2: Young people know where to source free condoms and STI tests and have no barriers to access and uptake

Outcome 3: Young people have access to appropriate and young people friendly sexual health treatment services

General population

Outcome 4: STI testing is available through multiple pathways so people with different preferences can access them on their own terms and with no barriers

Outcome 5: Better understanding of drivers of risky sexual behaviour in different population groups

Outcome 6: Functioning and efficient partner notification systems are in place within all testing pathways

Outcome 7: Reinfection rates in young people and adults are reduced

Outcome 8: Vaccination coverage has improved

Theme 4

Living well with HIV and zero new HIV infections



Hackney and the City of London are areas of high prevalence of HIV. Great strides have been made in both prevention and treatment, resulting in fewer new diagnoses every year and people with HIV living longer and healthier lives. However, in order to get to zero HIV, meaning zero new HIV infections by 2030, it is crucial that testing continues to find new cases, especially late diagnosis cases where people are more likely to have worse health outcomes.

Alongside widespread testing, including opt-out testing in both acute and primary care, it is equally important that people are supported to start and maintain effective treatment and re-engage with treatment when lost to care.

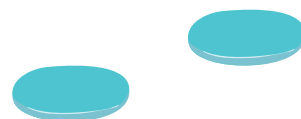
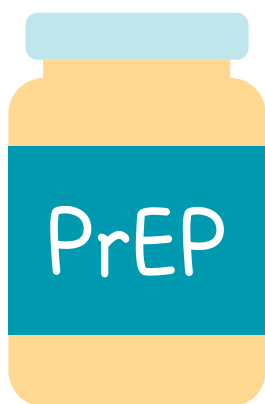
Continuing a strong HIV response is an essential part of the overall sexual and reproductive health work as HIV impacts on people's reproductive lives, is linked to poorer socio-economic outcomes, and is associated with other infections such as Tuberculosis and viral Hepatitis.

In terms of prevention, the promotion and uptake of Pre-Exposure Prophylaxis (PrEP) has been very successful amongst older gay and bisexual men (GBMSM) and more needs to be done to ensure other groups who may benefit from PrEP are aware and accessing this service.

Local need and inequalities

City and Hackney perform well in getting people on treatment promptly. However, there are differences in viral suppression by sexual orientation and ethnicity, with 97% of white people and those who identify as GBMSM meeting the criteria for virological success, compared to 92% for heterosexual people and 93% for black African people.

This illustrates that overall, white gay men who have sex with men have better outcomes once diagnosed with HIV and on treatment. This is an inequality in outcomes that needs to be addressed to bring all other people living with HIV to the same high levels of viral suppression.



The following outcomes will contribute to living well with HIV and getting to zero new HIV infections by 2030:

Outcome 1: People living with HIV no longer experience stigma and discrimination

Outcome 2: All diagnosed people with HIV receive treatment and care to achieve best possible health outcomes and viral suppression.

Outcome 3: All communities who would benefit from HIV prevention interventions including condoms and PrEP are easily able to access services.

Outcome 4: All people with HIV know their status and are linked in to care and treatment.

Outcome 5: The Fast-Track Cities London goals are achieved locally by 2030

Theme 5

Inclusion communities and those with complex needs



Sexual and reproductive health 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. This can be for very diverse reasons. It is essential that those with more complex needs or greater vulnerabilities are not stigmatised but that their additional needs are recognised and met within the overall service provision. To do so, we do need to be explicit about those needs and vulnerabilities. This in turn requires good information, as some groups are relatively small in size and limited information is known about their specific needs.

Local need and inequalities

It is important to keep in mind that vulnerability depends on context.

- People who are homeless or sleeping rough may lead more chaotic and itinerant lives that are not conducive to healthy sexual choices.
- People who inject drugs may be at higher risk of contracting blood borne viruses including HIV and Hepatitis.
- Women who have had children taken into care may need more intensive and long-term support with their reproductive health.
- People who use drugs during sex may come to a point where they can no longer safely manage their sexual health and mental wellbeing.
- There are consistently higher rates of STI infections in gay and bisexual men than in the general population.
- Young people who have been in the care system are known to have poorer health outcomes, and this also translates in their sexual health with earlier sexual debut and lower use of condoms or contraception.
- People with learning disabilities may find it difficult to find resources and information in Easy Read or other appropriate formats.
- Migrants and asylum seekers may experience language barriers or worry about accessing NHS services for fear of information about their status being shared with other authorities.
- Transgender people may find accessing services difficult and sometimes have higher STI infection rates and lower testing uptake.

An important aim is to improve data collection to better understand needs, inform service delivery and to design information in acceptable and appropriate ways to ensure inclusivity and accessibility.

A key challenge is that sexual and reproductive health is still stigmatised within some communities and there can be cultural or religious norms that can act as barriers to access to information and services.

The following outcomes will contribute to achieving better sexual and reproductive health outcomes for inclusion communities and those with complex needs:

Outcome 1: Increased access to services by those with higher or more complex needs

Outcome 2: Improved data collection to inform service delivery

Outcome 3: Transgender and non-binary residents' sexual and reproductive health needs are met

Outcome 4: Information is designed in acceptable and appropriate forms

Governance

The strategy and its accompanying action plan were approved and adopted by the City and Hackney Health and Wellbeing Board. The strategy was also adopted by Hackney Council Cabinet Decision, in 2024. Annual progress reports will be presented to the Boards and to Hackney Council Cabinet.

To ensure a partnership approach with system wide engagement and a reporting process for implementation of the strategy and action plan, the City and Hackney Health and Wellbeing Boards have approved the formation of a sub-committee on sexual and reproductive health which is jointly chaired by the lead member for Hackney and chairman of the City of London Health and Wellbeing Board.

Subject to adoption of similar strategies by the other places based partnerships in NEL an overarching strategy will be recommended to the Integrated Care Partnership for formal adoption.

Implementation

An annual action plan will be developed, published and an update presented to the City and Hackney HWBs which will highlight progress on the strategic outcomes and the next year's priority actions.

To support and monitor implementation of the strategy, a dashboard will be developed and published by the Public Health Intelligence Team (PHIT). The potential to widen this to include reproductive indicators will be explored in collaboration with the ICB for subsequent years.

Authors

This report was written by Froeks Kamminga (Senior Public Health Specialist) following extensive consultation and with inputs from colleagues and partners including Homerton sexual health, primary care, community partners including Community African Network, Positive East, Hackney and City Healtwatch, Love Tank, STEPS and Hackney People First.

Report Approvers

This report was approved by Chris Lovitt (Deputy Director of Public Health).

Acknowledgements

We would like to sincerely thank everyone who has contributed towards the production of this report, including our commissioned providers and wider system partners, colleagues in the Public Health team and wider Council colleagues, and all City and Hackney residents who participated in the consultation for this strategy.

Cite this report as:

City and Hackney Public Health Team. City and Hackney Sexual and Reproductive Health Strategy Summary 2024-2029. (March 2024)

Glossary of Terms

EHC emergency hormonal contraception

GBMSM gay and bisexual men and other men who have sex with men

GUM genitourinary medicine

HIV human immunodeficiency virus

HWB Health and Wellbeing Board

ICB Integrated Care Board

ICP Integrated Care Partnership

LARC Long acting reversible contraception

MSM men who have sex with men

NEL North East London

NHS National Health Service

PHIT Public Health Intelligence Team

PrEP Pre-exposure Prophylaxis

SRH sexual and reproductive health

STI sexually transmitted infection