

Sexual Health in Tower Hamlets

Presentation for Jan 24th Health Scrutiny Panel

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Overview

- What is sexual health?
 - Strategic objectives
 - Local picture
 - SH strategy 2007 – 2012
 - What we have achieved – not exhaustive!
 - Future direction and key priorities
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'Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.'

Strategic objectives

- To reduce the incidence of Sexually Transmitted Infections (STIs)
 - To reduce teenage conceptions rates
 - To reduce late diagnosis of HIV
 - To reduce inequalities in sexual health
 - To develop integrated localised services that meet the needs of minority and marginalised groups
 - Increase access to contraception services and promote choice of methods
 - To promote sexual health and well-being in Tower Hamlets
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Local picture

- 8th highest rate of STIs per 100,000 populations in England
 - Dramatically reduced under-18 conception rate by 29.6% through strong partnership work especially with LBTH
 - Chlamydia screening met national target
 - HIV infections in Tower Hamlets increased by 39% in 2009
 - Contraception uptake in under 20 in TH is lower than London and nationally
 - Patchy access to emergency hormonal contraception (EHC)
 - GP prescribing remains low
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Local picture

- Men in TH have the highest numbers of diagnosis for the key five STIs (Chlamydia, Gonorrhoea, Syphilis, ano-genital Herpes, ano-genital Warts)
 - Men who have sex with men (MSM) have high levels of STI diagnosis (23% of all male diagnosis) and 74% of them were white MSM
 - Females aged 20-34 year olds are those mostly affected by STIs, whereas in men the 20-44 year olds are most affected.
 - Asian men and women have relatively low STI diagnoses considering their high demographic presence in Tower Hamlets
 - 52% of TH patients accessed GUM (Genio Urinary Medicine) clinic at the Ambrose King Centre (AKC) and 8% at Barts sexual health Clinic, remaining 40% used GUM clinics outside the borough.
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Tower Hamlets Sexual Health Strategy

- 5 year plan 2007 – 2012
 - Five themes that reflect Improving Health and Wellbeing strategy
 1. Reduce inequalities in health
 2. Improve the experience of service users and increase their involvement
 3. Develop integrated services
 4. Promote independence
 5. Target resources effectively
 - 2012- Refresh TH Partnership Sexual Health Strategy - wide stakeholder engagement in development
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Reduce inequalities

Ambitions

- Reduce the stigma experienced by people with HIV and sexually transmitted infections (STIs)
- Reduce Hep B & C infections
- Increase access to sexual health, contraception and abortion services
- Reduce the adverse effects of teenage pregnancy
- Ensure everyone has equal access to services

Achievements

- PSHE in schools
 - Media campaigns
 - Staff training esp. primary care
 - Testing and immunisation widely available
 - ASPIRE programme reaching high risk young people
 - You're Welcome - 22 services accredited
 - Increased access in Primary Care & integrated sexual health services
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Improve user experience and involvement

Aims

- Improve access to services
 - Provide services that meet local needs
- Evaluate and continually improve user experience
- Involve users in strategy and service improvement

Achievements

- GUM 48 hours access
 - All GPs signed up to SH NIS
 - 3 SH hubs opened & joint work with voluntary sector
 - Service specific methods in place
 - NELnet survey, Mystery shopper programme undertaken in 2010/11
 - Refocusing of prevention initiatives onto high risk groups
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Integrated services

Ambitions

- Ensure that services meet local need
- Easily accessible services with wide range of services
- Service providers work together to improve access and consistency
- Promote services effectively

Achievements


- Range of service provision settings has increased
 - Range of service offered expanded (integrated service)
 - Period services available increased (over 50% more hours)
 - Referral procedures e.g. LARC
 - SH marketing and communications strategy
 - Service promotion and branding
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Promote independence



Ambitions

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- Provide information and resources to help people manage their own sexual health effectively
 - Increase range of place where info is available
 - Provide easy access to condoms and contraception
 - HIV as a long term condition

Achievements

- Community pharmacists
 - Free Emergency hormonal contraception
 - Chlamydia screening for under 25s – free from participating pharmacies
 - Condoms – free with EHC and Chlamydia screening but not routinely available
 - C-Card Scheme for under 25
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Target resources

Ambitions

- Focus on key priorities that deliver value for money
- Improve cost effectiveness by working together
- Provision of effective evidence based health promotion and services
- Effective commissioning

Achievements

- Benchmarking and realignment
 - E.g. Chlamydia screening
 - Financial modelling
 - Consistent contracts
 - STI training and competency
 - LARC training
 - Balanced scorecard
 - Sexual health needs assessment
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Challenges and opportunities

Challenges

- High burden of sexual ill health in sub populations groups e.g. MSM
- Introduction of sexual health tariff in April 2012
- NHS re-organisation
- Reductions in funding

Opportunities

- Public Health moving to LBTH with new responsibilities for sexual health commissioning
 - Strengthening relationships across providers including acute, community services, primary care, youth services, voluntary sector
 - Innovation in sexual health service delivery
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Future direction

- Awaiting for publication of new National Sexual Health Strategy by DH
- Refresh local strategy
- Public Health moving to LBTH with responsibility for sexual health commissioning
- Transition period – need to keep focus

Priorities

- SH Tariffs
 - Access to contraception
 - Reduce late diagnosis for HIV
 - Increase access to SH services
 - Ensure resources targeted effectively
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