

**Barking &  
Dagenham**



**Hackney**

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LONDON BOROUGH

**Newham London**

London Borough of  
**Redbridge**

**Waltham Forest**

**TOWER HAMLETS**

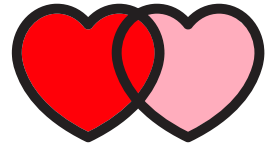
**NHS**  
North East London

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

## Action Plan



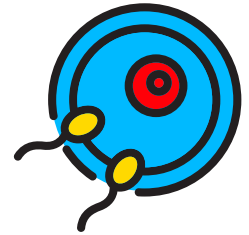
# Priority 1: Healthy and fulfilling sexual relationships



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

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

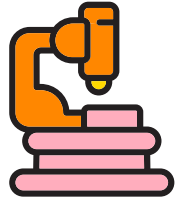
## Priority 2: Good reproductive health across the life course



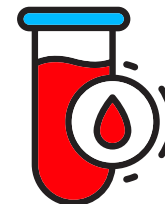
| Ref | Strategic Aim/<br>Outcome                                      | Action  | No. | Task for 2024-25 (Year 1)   | Measure of success   | Rationale for the target                             | Estimated delivery date |
|-----|--|---|-----|---|--|--|-------------------------|
| F   | LARC: Improve uptake of LARC, especially among women of colour | Establish consistent data and reporting for primary care LARC across NEL.   | 14  | Primary care - standardise output data collection in Power BI as per LBN (CEG contract for NEL) | CEG contract(s) updated for line-by-line LARC data by 25-26  | Consistency of data collection                       | Mar 2025                |
|     |  | Standardise NEL data collection on fitters, training etc  | 15  | Standardise NEL data collection on fitters, training etc  | Fitter database established and up-to-date by Dec 24   | Fitter numbers are low. Can fitters work across NEL? | Dec 2024                |
|     |  | Understand why women of colour (and 'White Other') are less likely to choose LARC compared to White British women | 16  | Qualitative engagement with women on LARC - views, beliefs, barriers etc                        | Qualitative engagement carried out in each LA and results compiled into a report with LA-level LARC Equity targets for 25-26 | Inequity in LARC data                                | Mar 2025                |

| Ref | Strategic Aim/<br>Outcome   | Action   | No. | Task for 2024-25 (Year 1)  | Measure of success                          | Rationale for the target  | Estimated delivery date                      |
|-----|---|--|-----|--|---|---|--|
| G   | EHC: Address the demographic disproportionality in access to EHC  | Robust data collection and monitoring is in place for EHC across NEL, both in specialist and primary care services | 17  | Pharmacy: Pharmoutcomes data for INEL / ONEL EHC brought into Power BI (as per LBN)  | Data in Power BI                            | Improve intelligence around inequity  | Sep 2025                                     |
|     |   |  | 18  | Review of EHC templates on Pharmoutcomes. Updated to be evidence-based and consistent across NEL                                   | Templates updated. Pharmacists trained      |   | Dec 2024                                     |
| H   | Consistent, timely access to high quality services for contraception, abortion and menopause<br><br>Reduce the need for abortions and repeat abortions, with equity across boroughs | Improve integration of SRH with ToPS, Gynae, HIV Treatment and Women's Hubs  | 19  | Establish joint NHS and LA Task/ Finish Group to explore possibilities for more collaborative contract management and data sharing | Plan agreed for enhanced integration        | <ul style="list-style-type: none"> <li>Improved patient experience: Fragmented commissioning can cause dissatisfaction among residents (as per feedback from resident survey)</li> <li>Evidence of effectiveness in TH (ToPS)</li> <li>Efficient use of commissioning capacity</li> </ul> | Nov 2024                                     |
|     |   |  | 20  | Develop a joint data dashboard to monitor impact of improved integration   | Dashboard work underway (e.g. CEG)          |   | Sep 2025                                     |
| I   | Increase condom provision   | Explore options to increase uptake of free condoms among young people (15-24)                                      | 21  | Explore pharmacy condom provision at borough level - establish learnings and summarise into recommendations                        | Recommendations by Dec 24                   | Variability in LA-level models  | Dec 2024                                     |
|     |   |  | 22  | Increase distribution via outreach events and other partners such as YP services, school nurses and substance misuse               | More condoms distributed (provider reports) |   | Low levels of condom distribution, currently |

## Priority 3: High quality and innovative STI testing and treatment



| Ref | Strategic Aim/<br>Outcome  | Action  | No. | Task for 2024-25 (Year 1)  | Measure of success  | Rationale for the target                                      | Estimated delivery date |
|-----|--|---|-----|--|---|---|-------------------------|
| J   | Ensure widely accessible services. Effective online offer helps target clinical expertise towards more complex cases (value) | E-service re-procurement  | 23  | Agree a NEL-wide approach to e-service requirements (in / out of scope) and feed into London working group | Approach agreed and fed into London process   | Balance and consistency in screening done online vs in clinic | Jul 2024                |
|     |  |   | 24  | Undertake LA-level governance to get permission to commission the service via City of London               | Permission granted by all LA Cabinets   | Necessary to proceed  | Dec 2024                |
| K   | Agree a consistent strategic approach to STI screening (asymptomatic vs more complex) and Walk-ins                           | Jointly agreed STI Screening and Walk-In Standard Operating Procedure (SOP) for NEL | 25  | Jointly agreed Standard Operating Procedure (SOP) for NEL providers and commissioners                      | Evidence of Standard Operating Procedure (SOP) being implemented (via contract monitoring dashboards) | Consistent strategic approach to STI screening across NEL     | Mar 2025                |
| L   | Reduce onward transmission of STIs   | Meet BASHH guidance in relation to partner notification (PN)                        | 26  | Review of current PN across NEL to identify strengths and weaknesses of current approaches                 | Review undertaken by Dec 24   | Reduce onward transmission of STIs                            | Dec 2024                |
|     |  |   | 27  | Record baseline levels of PN for each provider (by borough)  | Baselines established by Jan 25   | Reduce onward transmission of STIs                            | Jan 2025                |
|     |  |   | 28  | Set targets for improving PN in areas / providers below average  | 25-26 Targets set and agreed by Feb 25  | Reduce onward transmission of STIs                            | Feb 2025                |



## Priority 4: HIV - towards zero and living well

| Ref | Strategic Aim/<br>Outcome   | Action  | No. | Task for 2024-25 (Year 1)  | Measure of success   | Rationale for the target                       | Estimated delivery date |
|-----|---|---|-----|--|--|--|-------------------------|
| M   | Re-commission HIV Prevention & Support  | Re-commission HIV Prevention & Support  | 29  | See separate Project Plan (GANNT). Establish NEL HIV Working Group to cover recommission and address actions below | Providers working to new service specification by 1 Mar 2025 | Contracts expiring                             | Mar 2025                |
| N   | Support residents to Live Well with HIV                                       | Promote the HIV Ambassadors Programme and HIV Confident Charter   | 30  | NEL Project Plan agreed  | Plan agreed by Oct 24  | Reduce HIV stigma                              | Oct 2024                |
| O   | Improve HIV testing coverage among heterosexual populations, especially women | Develop a regional plan to improve testing coverage for HIV among hetero populations (especially women) | 31  | Develop a regional plan to improve testing coverage for HIV among hetero populations (especially women)            | Plan agreed by Dec 24  | Increasing incidence of HIV among hetero women | Dec 2024                |

| Ref | Strategic Aim/<br>Outcome   | Action  | No. | Task for 2024-25 (Year 1)  | Measure of success   | Rationale for the target   | Estimated delivery date |
|-----|---|---|-----|--|--|--|-------------------------|
| P   | To increase uptake of PrEP in all eligible populations (not just GBMSM) | Increased public health promotion and increased targeted focused on specific communities at increased risk of HIV | 32  | Develop baselines for PrEP uptake among different eligible groups (by borough and provider)                    | Baseline data established  | Relatively poor uptake of PrEP and late HIV diagnosis among non GBMSM groups | Mar 2025                |
|     |   |   | 33  | Review of literature related to increasing awareness of and access to PrEP among non-GBMSM groups              | Review of literature undertaken, with recommendations to feed into...  | Relatively poor uptake of PrEP and late HIV diagnosis among non GBMSM groups | Mar 2025                |
|     |   |   | 34  | Create a health promotion plan around PrEP to raise awareness among eligible groups with relatively low uptake | Plan for engagement and marketing co-produced with target groups       | Relatively poor uptake of PrEP and late HIV diagnosis among non GBMSM groups | Mar 2025                |
| Q   | Increase HIV/BBV testing in A&E in locations below average for NEL      | Increase number of residents screened, especially in hospitals with lower numbers                                 | 35  | Hospitals without dedicated support roles (funded by ICB) to recruit to these posts by Sept 24                 | Increase in testing rates for sites below NEL average                  | Equity of HIV screening across NEL   | Sep 2024                |
|     |   |   | 36  | Cerner system implemented across NEL   | Increase in testing rates for sites below NEL average                  | Equity of HIV screening across NEL   | Mar 2025                |
| R   | Improve linkage from A&E HIV testing to follow up treatment / support   | Review of current pathways and SPOs - learn from sites performing well  | 37  | Review of current pathways and SPOs - learn from sites performing well   | Improve the proportion of new patients diagnosed that engage with care | Udetectable = Unstransmissable   | Dec 2025                |
| S   | To understand the reasons of incidents of vertical transmission         | To understand the reasons of vertical transmission  | 38  | To work with Hospitals and ICB to collect information on vertical transmission                                 | Data sets and reporting mechanism established by Oct 24                | Target for zero vertical transmissions                                       | Mar 2025                |



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

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