

# Sexual and Reproductive Health Services

## Presentation for Health and Adults Scrutiny Sub-Committee

3<sup>rd</sup> September 2024

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# Overview



- This report provides an update on specialist Sexual and Reproductive Health services in Tower Hamlets. It focuses on the services available via our local Integrated Sexual and Reproductive Health service, “All East”, which is delivered by Barts Health from two sites within the Borough (Ambrose King Centre in Whitechapel, and Mile End Hospital). All East is one part of a sexual health system that includes delivery in primary care, pharmacies, and online e-service with support from the voluntary sector.

The report provides the Committee with an update on:

- Sexual and reproductive health need in Tower Hamlets
- Sexual and reproductive health services in place in Tower Hamlets
- Current planned areas for improvement: our NEL Sexual and Reproductive Health strategy, and local ac
- Detail of our local All East service including:
  - the services delivered,
  - the team that delivers it,
  - improvement activities that have taken place since service disruption during the Covid and Mpox pandemics
  - Work to address inequalities and improvement works moving forward.



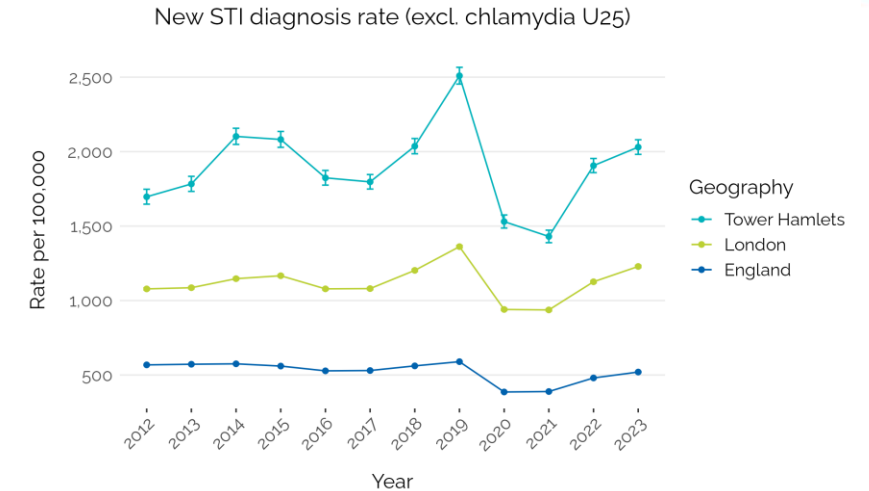
# Sexual and Reproductive Health Need in Tower Hamlets



# Sexual and Reproductive Health Need in Tower Hamlets (1) - STI

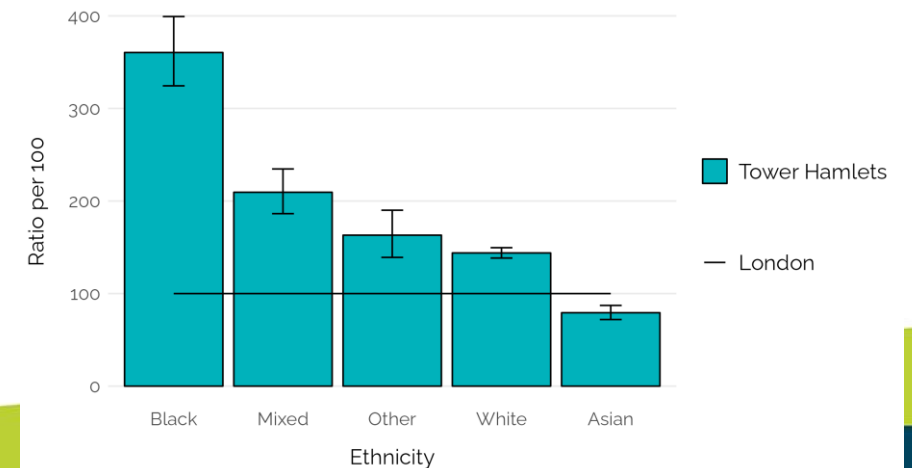


- Tower Hamlets have higher rates of Sexually Transmitted infections (STI) than London. This is due largely to the make-up of our population (young, with large at-risk groups).
- Increase recently particularly in rates of Gonorrhoea and Syphilis; relating to changes in sexual behaviour.
- Gay, Bisexual and other Men who have sex with Men (GBMSM), young people and people of Black and Mixed ethnic groups have highest rates of STIs.



Source: Fingertips

New STI diagnosis (indirectly sexuality standardised ratio) by ethnicity

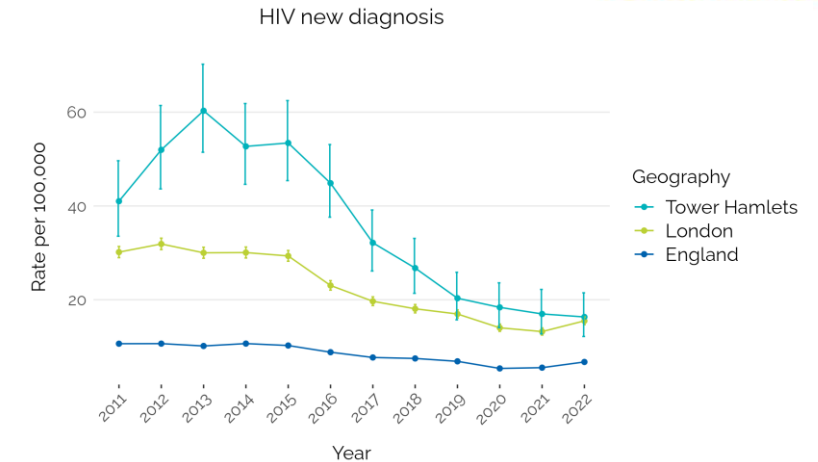


Source: GUMCAD (2021); Census (2021)

# Sexual and Reproductive Health Need in Tower Hamlets (2) - HIV



- New HIV diagnoses have been falling, particularly for GBMSM (Gay, Bisexual and other Men who have sex with Men).
- However, latest data (2022) suggests an increase in HIV diagnosis, particularly among heterosexual transmission.
- In Tower Hamlets, a relatively low proportion of people who are diagnosed are diagnosed “late” – suggesting prompt diagnosis. However latest data suggests late diagnosis may have increased in 2022.

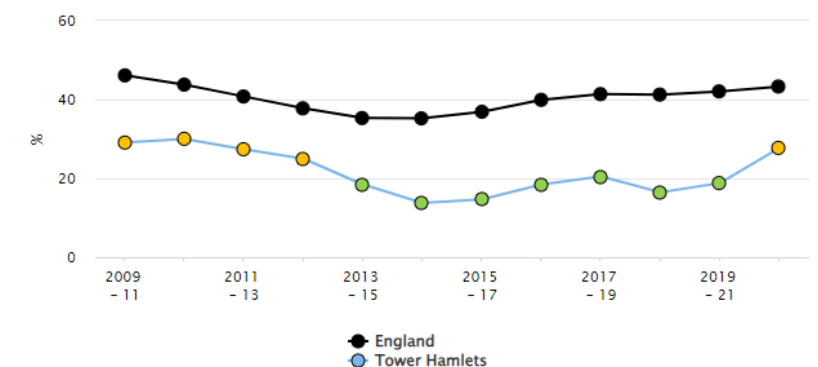


Source: Fingertips

HIV late diagnosis in people first diagnosed with HIV in the UK

[Show confidence intervals](#)

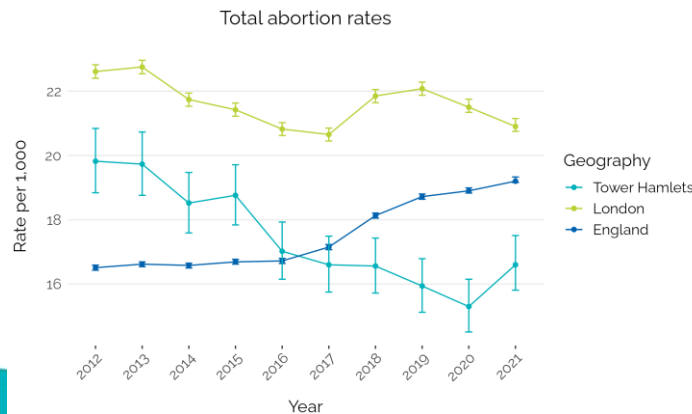
[Show 99.8% CI values](#)



# Sexual and Reproductive Health Need in Tower Hamlets (3) – Reproductive Health

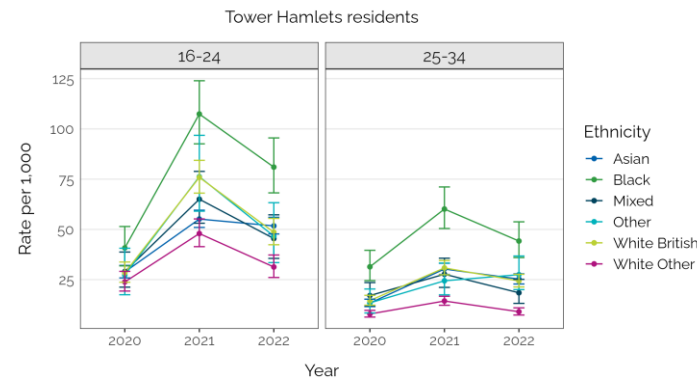


- Total abortion rates in Tower Hamlets are generally lower than London and England and have **declined by 16%** over the last decade; particularly sharp decline among under 18s and 18-25s.
- Emergency hormonal contraception ('morning after pill') rates are highest among black residents; suggesting there may be under-provision of alternative forms of contraception in this group.
- Long-acting reversible contraception (i.e. coils and implants) are the most reliable and cost-effective form of contraception. Our rates of LARC are slightly below London, despite young population.



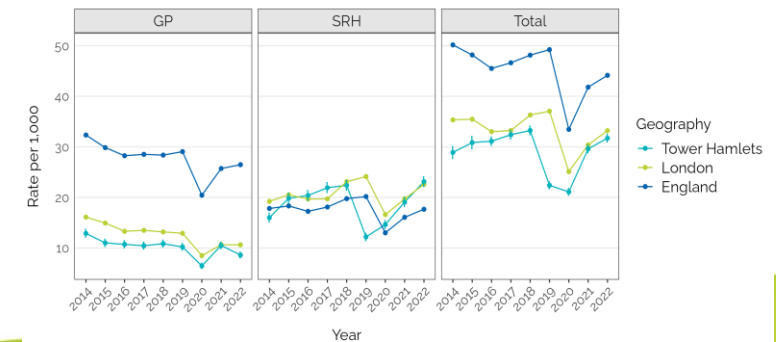
Source: Fingertips

Emergency hormone contraception use by age and ethnicity



Source: PharmOutcomes: Census (2021). note data applied to 2020 & 2022 denominators

Prescription of LARC excl. injections



Source: Fingertips



# Sexual and Reproductive Health Services in Tower Hamlets



# Sexual and Reproductive Health Services in Tower Hamlets



Sexual and reproductive health provision covers a wide range of services, including:

- Contraception,
- STI testing and treatment
- PrEP (Pre-exposure prophylaxis medication to reduce the risk of HIV),
- HIV testing, HIV treatment,
- vaccinations for hepatitis
- abortion services





# Commissioning and funding for SRH services



- Demand for SRH services has continued to increase, while funding available (via the Public Health Grant) has remained static. This means measures must be put in place to control costs.
- Tower Hamlets spends approximately **£6.8m** per year on sexual and reproductive health services. This is a substantial reduction over the last decade: in 2013, we spent approximately £8.9m. This reduction has occurred despite substantial population growth and increases in demand.

- Our spend can be broken down as:

All East in-clinic local services	£2,950k
In-clinic services elsewhere in London	£2,560k
Online e-service	£1,050k
GP enhanced services (STI & HIV testing, LARC)	£280k
Pharmacy	£150k

- Costs are contained via several measures:

- Introduction of e-service in 2017, and continued 'channel shift' since then. It is estimated that the existence of the e-service saves approximately £1.6m-£2.4m to the Council, compared to if the same Activity (STI testing) took place in in-clinic services.
- A 'Modified Block' payment model is in place for our in-clinic services. Under this arrangement, 20% of the contract value is held back, contingent on the achievement of performance-related KPIs.
- Tariff payments for other London providers, and negotiations with clinic to limit costs of the London tariff.



# Sexual and Reproductive Health Services – All East and our Centre of Excellence



- Activity has recovered to almost pre-pandemic levels; indicating improvements to access. 36,000 people accessed the service in 2022-23. In 2023-24, 1600 received LARC, and 560 started on PrEP.
- High quality provision – from patient satisfaction scores. A mystery shopping exercise at all NEL ISHS sites in December 2022 showed that participants highly rated the service
- Provision of the most effective forms of Long-Acting Reversible Contraception (LARC) increased by over 40% between 2017 and 2022.
- 55% increase in overall uptake of ‘Pre-Exposure Prophylaxis’ (PrEP) for the prevention of HIV between 2021-22 and 2022-23.
- Improved service access through the implementation of an online booking system and telephone call centre in 2022.



# Sexual and Reproductive Health Services – Online and Primary Care services



- Online e-service:
  - On average 30,000 STI kits from Tower Hamlets residents are requested on a yearly basis.
  - Strong service user satisfaction (98% of users rate the service highly),
  - Integration of treatment for chlamydia
  - Pathways with clinics.
- Primary care (GP and pharmacy)
  - Sexual Health provision available in 26 pharmacies across the borough
  - All East support to primary care & sexual health and contraception training
  - LARC delivery in primary care has increased; GPCG implemented a 'LARC Hub' in 2022; now achieving targets of 850 LARC fittings in 2023, over 19% increase from 2022.



# Areas of challenge / areas for improvement



- **Changing epidemiological picture:** Increasing levels of more serious forms of STIs among more vulnerable groups (e.g. syphilis and drug-resistant forms of gonorrhoea among Gay, Bisexual and other Men who have Sex with Men or 'GBMSM').
- **Resource limitations in SRH clinics, facing increasing complexity:**
- **Access, access, access.** Demand continues to exceed supply. National challenges around recruitment of NHS nurses. Access was highlighted in 2022 window shopping exercise (emerging from Mpox pressures). Currently walk-ins for emergency only. All East have implemented new call centre / booking process; and continue to address access via NEL SRH Strategy and Action Plan
- **Hepatitis A (Hep A) vaccine completion rates:** despite improvements in the overall uptake of Hep A vaccinations, there is still room for improvement in terms of the number of residents completing the full course of three doses: in 2023-24, completion rates were 55% against a target of 17%.



# Tower Hamlets services provide well against best practice.



Main areas of focus are around access, outreach, meeting complex needs in the best place **TOWER HAMLETS**

	Best practice guidance – What Works	Target Population	What we have in place for residents in Tower Hamlets	Gaps and next steps in Tower Hamlets
Education	Promote age appropriate Sex and Relationships Education in all schools and in a range of settings	Young people	Primary & secondary schools have variable SRE programmes as part of their PSHE programme.	Continue to ensure strong Sex and Relationship Education offer across all schools
	Promote an open and honest culture around sexual health & reproductive health, to reduce stigma and discrimination	All Residents & target groups	SRH local service All East deliver open access services & dedicated clinics for specific groups i.e. trans and non binary clinic.	Ensure that health care staff are confident in promoting good SRH with residents.
	Promote understanding of contraception options, testing, including effective LARC	Females	SRH providers: ALL East, GPs community pharmacies and women's health hub promote the use of LARC and provide LARC.	Continue existing work to promote LARC through community engagement, and services. Focus on specific wards in the borough and particular groups: Black and Asian women.
	Promote understanding of how to reduce STI & HIV risk, and how to access testing, PrEP and care.	Universal/targeted in high risk groups	SRH providers: ALL East, GPs community pharmacies and Positive East (community HIV prevention service), SHL (online testing) promote STI testing.	Continue to ensure prevention messages meet need among specific groups with high rates of STIs (GBMSM) and with low levels of STI testing (Black, Asian and specific wards in the borough).
Prevention	Establish and maintain appropriate condom distribution	Young people	Community pharmacy, young people's service and youth settings are outlets for condom distribution.	Work with pharmacies and sexual health providers to increase condom distribution which has decreased over the last 3 years
	Routine offer of chlamydia tests for young people	Young people	Young people service: Safe East, ALL East, Community pharmacy and GP offer chlamydia testing.	Chlamydia detection rate is below national target (like most places). Encourage more young people to get tested, and promote available options including e-service.
	Routine offer of HIV test in hospital and GPs and HIV self-sampling	All residents	HIV testing is offered in E&D and GPs	Ensure continued funding for HIV testing in emergency departments. Pilot HIV testing in other settings
	Provide contraception advice in abortion, pregnancy loss and in maternity services	Females	Contraception is provided in TOPs and maternity services.	Maintain existing strong links between SRH and TOPS and maternity services.
	Ensure access to emergency contraception and subsequent contraception	Females	Community Pharmacies provide emergency contraception and oral contraception.	High use of emergency contraception in some areas – need for system wide approaches to support the use of more suitable forms of contraception.
	Increase accessibility of HIV and STI services for key risk groups	High risk groups	Positive East and All East provide community outreach on HIV and STI testing to high risk groups.	Work with All East to implement improvements to access (website, booking system). More frequent outreach in hostels and hotel venues to support migrant populations. Need to understand the needs in migrant and asylum population.
	Increase access to PrEP	High risk groups		Need to understand access or Prep by demographics. Explore options to increase PrEP via outreach clinics in primary care, and e-service, and possible digital option
Services	Rapid referral into care after HIV or STI diagnosis, management of partners	Universal	All East and Grahame Hayton co-location and joint working. ALL East service manage partner notification. Positive East provide wider support	Ensure co-location of Positive East support workers into AKC and GHU.
	Treatment and retention in care of people living with HIV	Targeted/ Universal	Positive East work with Graham Hayton unit.	Lower than London and England use of antiretroviral therapy, but still meeting 95% target



# Strategy and improvement



# NEL Sexual and Reproductive Health strategy



A joint SRH strategy across North East London has been developed – covering councils and NHS. This will be launched in October 2024.

The NEL Strategy has been developed via extensive consultation over 1,600 residents and service users via surveys, groups and 1:1 interviews, and Clinicians and other professional stakeholders from across the SRH system

Structured around 4 Priority areas (see right)

Priority 1:  
Healthy and fulfilling  
sexual relationships



Priority 2:  
Good reproductive  
health across the life  
course



Priority 3:  
High quality and  
innovative STI testing  
and treatment



Priority 4:  
HIV - towards zero  
and living well



# NEL Sexual and Reproductive Health strategy



The Vision of the strategy is to: ***Empower residents to lead healthy and fulfilling lives, in which they have the knowledge and agency to make informed choices about their sexual and reproductive health, with timely access to high quality, equitable services***

High-level five-year aims for SRH that have been agreed for the NEL system are:

- Reverse the trend of increasing STI diagnoses by preventing and reducing the onward transmission of STIs through effective testing and treatment.
- Improved prevention and early diagnosis of HIV, with a focus on increasing the uptake of PrEP in all high risk communities
- Increase knowledge and choice around reproductive health for NEL residents, with increased uptake of the most reliable forms of contraception, especially LARC
- Reduce the number of unplanned and teenage conceptions.
- Reduce the number of abortions and repeat abortions, learning from models seen in Tower Hamlets and City & Hackney.
- Reduce demographic inequities in sexual health access and outcomes where they are known or identified in the future.
- Ensure that principles of 'Universal Proportionality' run through all of our work on SRH over the next five years, prioritising our most vulnerable and high risk residents wherever possible.

Priority 1:  
Healthy and fulfilling  
sexual relationships



Priority 2:  
Good reproductive  
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Priority 3:  
High quality and  
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# Sexual and reproductive health strategy

## A summary of the Tower Hamlets action plan for 2024-25



### Priority 1: Health fulfilling relationships

- Conduct a sexual and reproductive health needs survey with young people
- Map relationship, sex and health education delivered in secondary schools
- Young people's stakeholder event
- Frontline staff working with young people receive training/ refresher training on sexual violence and abuse

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

- Engagement /co-production community on contraception options
- Increased GP LARC provision
- Increasing awareness about contraception methods among BAME communities
- Training community champions
- Evaluation of Tower Hamlets women's health hub service

### Priority 3: high quality and innovative STI testing & treatment

- Communications messaging is developed that targets population with high burden of STIs
- Resident engagement plan is developed with outreach partners and delivered to support high risk residents that don't engage with services
- Increase PrEP use in high-risk groups

### Priority 4: HIV towards zero transmission & living well with HIV

- Increase PrEP use in high-risk groups
- HIV training sessions delivered for GPs and other primary care staff.
- Continuation of HIV testing service in emergency departments
- Develop a plan for implementing the new HIV Confidential Charter to tackle stigma

### Cross cutting priorities:

- Sexual and reproductive health needs assessment to review local and make recommendations for action
- Review the SRH support needs of underserved communities ( GBMSM groups, asylum seekers, people living in hostels & sex workers)
- Reducing sexual and reproductive health stigma events/training
- Annual resident feedback on accessibility of the sexual health service

- The Tower Hamlets action plan has been developed by the Sexual and reproductive health *Tower Hamlets Partnership Group*, made up of key partners:
  - CVS, HIV Prevention & wellbeing service and other charity organisations that work with local communities
  - Health Lives Team (schools)
  - Public health
  - Sexual health service & young people's service
  - Youth service
  - VAWG
  - Learning disabilities
  - Community pharmacy representative
  - Primary care representatives

The partnership group will oversee the implementation of the local action plan on a quarterly basis.

- Resident engagement took place in April/May 2024: focus groups to check that these were the right actions for 2024-2025.



# Our approach to quality assurance and improvement



## Best practice, evidence-based delivery:

- Clinical delivery based on sexual and reproductive health national standards, guidance and best practice
- Pathways in place for residents requiring specialist support e.g. sex workers and psychosexual support

## Continuous service improvement

- Continued service improvement and transformation through internal quality improvement practice (e.g. reviewing partner notification process to reduce onward transmission of STIs)
- External audit – such as mystery shopping exercises undertaken at regular intervals.
- Monitoring incidents and learning in sexual health services

## Contract structure and management

- Modified block improves quality and outcomes by incentivising the most beneficial types of activity; this enables us to improve prevention and reduce sexual and reproductive health inequalities (e.g. LARC and PrEP).
- Specific work packages to deliver improvements and innovation.
- Regular, joint contract monitoring with other NEL commissioners (including patient satisfaction review).
- Annual service equity audit & review to address inequalities in service provision.



# All East presentation



# Integrated Sexual Health Services

## Tower Hamlets Health and Adults Scrutiny Sub- Committee

Dr Andy Williams

Clinical Lead - Sexual Health Barts Health NHS Trust

# Specification: Work Packages

1 - Integrated sexual health services

2 - Leadership for the system, training for primary care and other professional and provision of PGDs

3 - Enhanced partner notification, whole system STI management

4 - Sexual Health Promotion and Targeted Outreach Provision Boroughs

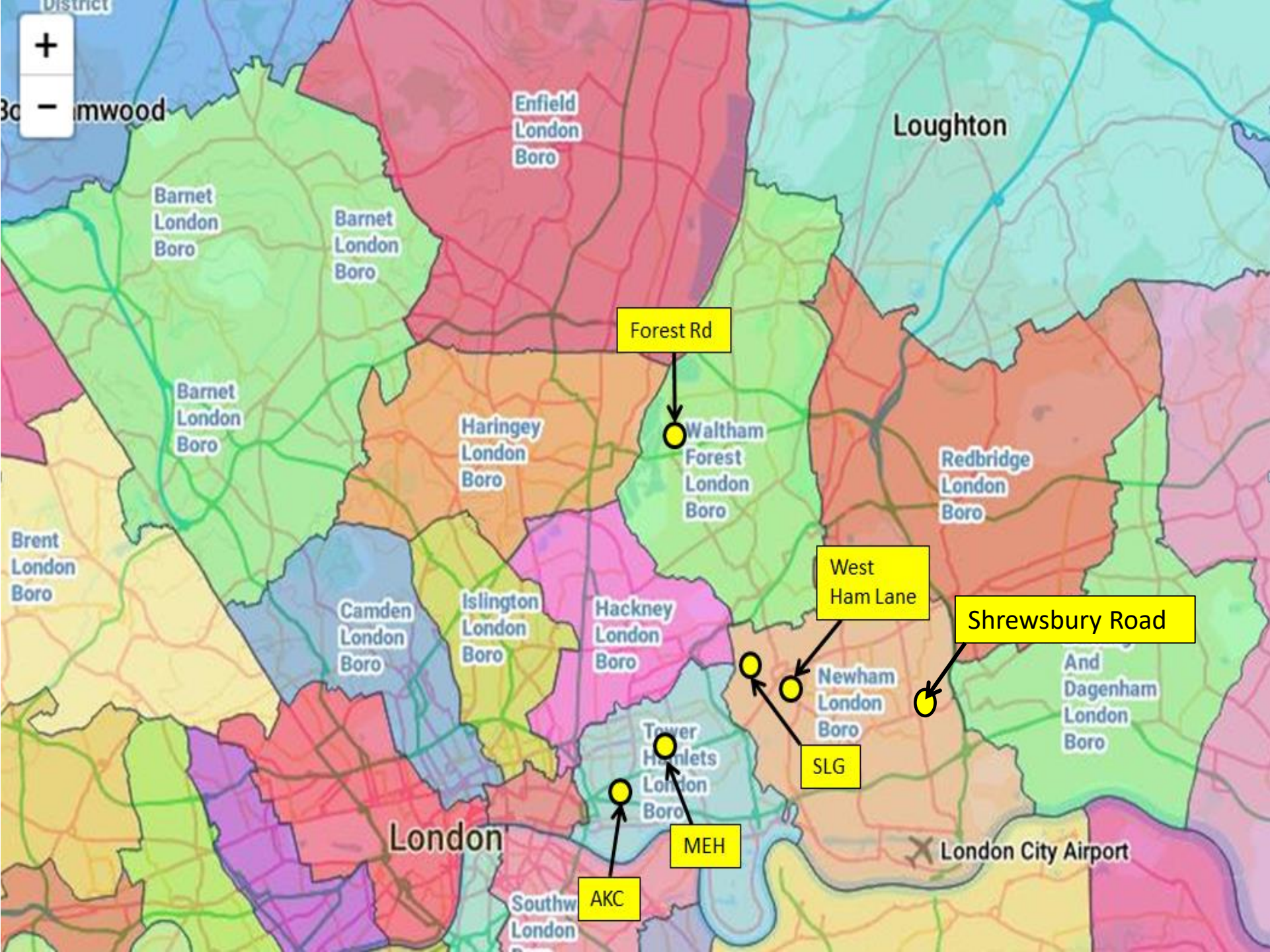
5 - Children and Young People's Additional (non-clinical) services (Newham)

6 - Chlamydia and Gonorrhoea self sampling kits for community and primary care

Separate contract for Community Women's Health Services – menopause, termination of pregnancy, FGM and also the Women's health hub pilot

# Our Sexual Health services, in brief...

- Appointments made online, via the call centre or walk-in
- A full range of consultant led level 3 sexual and reproductive health services – STI screening & treatment, simple and complex contraception, PrEP, PEP, referral clinics for complex cases plus male and female sexual wellbeing and a service for sex workers
- Routinely offer screening for all STIs (CT, GC, STS, HIV Hepatitis A,B&C, HSV, Mgen, TV) and vaccination Hepatitis A&B, HPV and Mpox
- Treatment for STIs – oral and injectable, follow up, partner notification through health advisors
- LARC and complex contraception
- PrEP/PEP
- Complemented by phone appointments for repeat contraception and online postal STI testing services for asymptomatic patients
- Peripatetic offer (co-location with other services, LARC in maternity)
- Good and improving links with primary care and community pharmacies
- Website is translatable, full range of interpreters available via language line and some in-house expertise



An orange graphic element on the left side of the slide, consisting of a rounded, trapezoidal shape with a white border. It contains the text 'AKC Centre of Excellence' in white.

# AKC Centre of Excellence

- Monday to Saturday
- Sexual health operate over ground and first floors
- HIV care in basement
- Booked online & via call centre if unable to access online
- Urgent appointments triaged (young people prioritised)

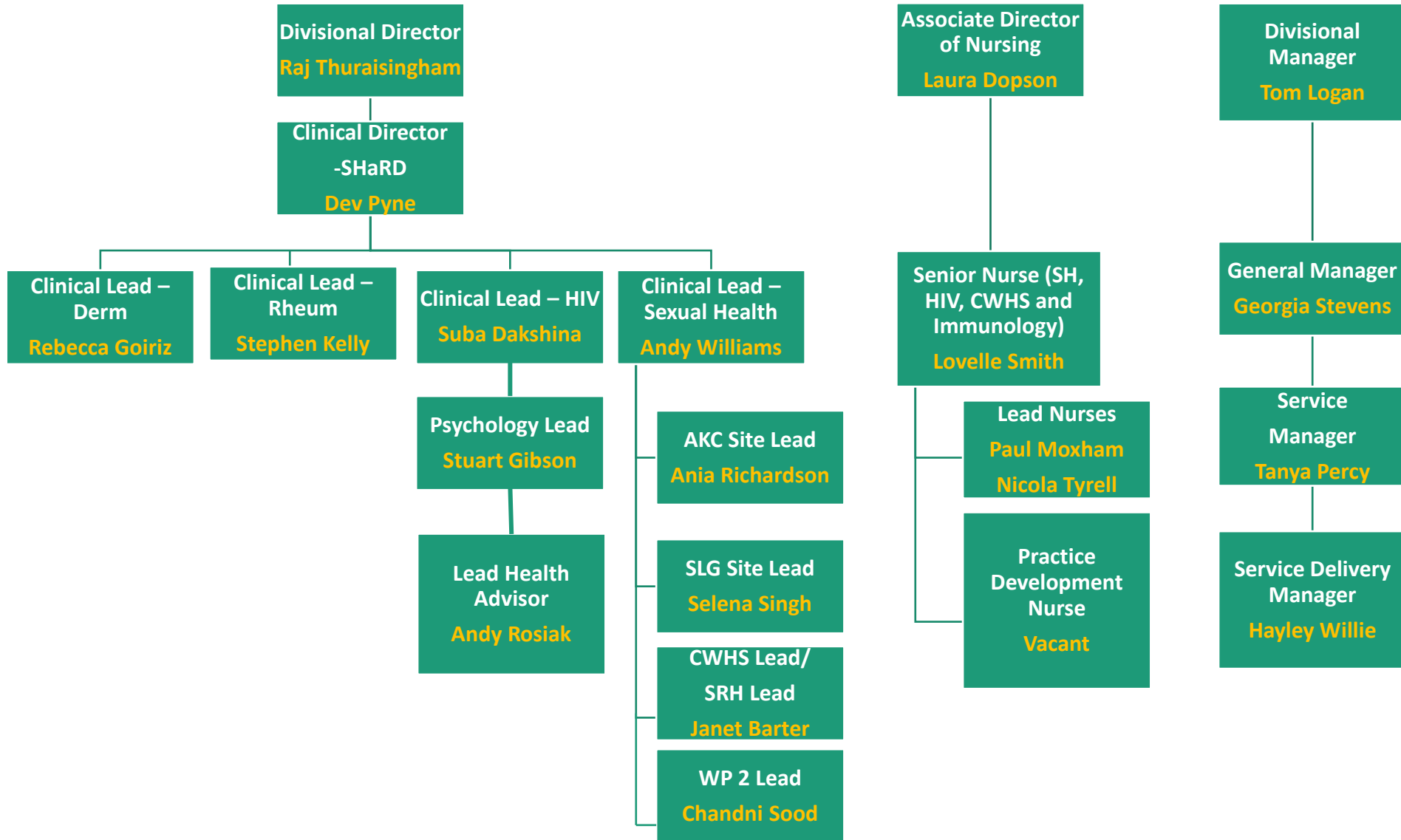


# Within the team

- Senior and junior doctors
- Health Advisors
- Nurses
- Clinical Psychologists
- Healthcare assistants (HCAs)
- Reception staff
- Admin staff



# SEXUAL HEALTH NETWORK ORGANOGRAM



# Improving access for patients post COVID-19 and Mpox

- Weekly activity planning meetings
- Clinical provision based on demand modelling
- Workforce optimisation – recruitment, sickness, job planning
- Call centre
- Access review including re-opening to walk-ins
- Leadership consistency and presence
- Website update
- Mystery shopper input

# Case Study

- Shanique is a 17yo female who attended following testing with an online testing service, with whom she had tested positive for Chlamydia, Gonorrhoea and Trichomonas vaginalis.
- Shanique also disclosed she was pregnant (6/52) and was being seen at North Middlesex. Shanique has a Social Worker who was unaware of the pregnancy. She was currently staying temporarily at her sister's house, as her mother had recently had a mental health breakdown following a miscarriage.
- She described a rather difficult relationship, she was with her 19yo regular male partner but they had recently broken up as he wanted her to terminate the pregnancy, and she was did not want to do this.
- The Health Advisor discussed with the Sexual Health Safeguarding Lead and we assessed a number of concerns;
  - She is pregnant and has not discussed with her social worker. Shanique had also not been clear about the reasons as to why she had a social worker (possibly wishing to conceal further concerns)
  - She had been diagnosed with multiple STIs which is concerning for her health, particularly whilst pregnant.
  - We were very concerned about the insecure support networks Shanique had. Her mum was not able to provide much support due to her own health issues, and her RMP had recently ended the relationship in difficult circumstances.
- We agreed that it was important to inform the Social Worker of the pregnancy, which Shanique agreed too. There were a number of conversations with the Social Worker, and further issues arose, which included a history of Shanique 'going missing' and concerns about her ability to raise a child.
- Within Sexual Health, we have been able to keep engaging Shanique in terms of attending for treatment and Test Of Cure (TOC) appointments. This is important as it helps show that Shanique is looking after her health, and now the Social Worker is aware, she has been able to help Shanique attend all of her ante-natal appointments.

# Reducing Inequalities in sexual health services and reaching those who are less represented in services

- Embedded in service offer:

*Statutory and mandatory training in equality, diversity and human rights for all staff, a diverse workforce and staff skilled/trained in engaging with different communities.*

Examples of specific additional work to reduce inequalities include:

- Projects focused on specific under-represented communities e.g. Women 4 Women, training women from black ethnicities as community sexual health champions to understand community barriers to PrEP and support their community to increase uptake of PreP, working with voluntary sector (Positive East)
- Focused key performance indicators on reducing inequalities relating to long acting reversible contraception (LARC) among under represented ethnic groups
- Annual equity report to review those attending the service and any areas for improvement
- Specific clinics for groups with additional needs e.g. E1 clinic (chemsex), sex workers etc
- Outreach sexual health promotion to increase awareness of service, including among under represented groups
- Support/leadership/clinical governance to wider community sexual health services (e.g. pharmacy/GP), which provide another access point for services

# What next?

- Optimisation and transformation work
- Enhance all work packages
- Continue to review locations of services (including co-location with other services) to ensure efficient offer whilst meeting needs of local people
- 3<sup>rd</sup> sector working - MECC
- Working together across NEL - monthly meetings with Hackney and BHR for shared strategy work