

Report for: Health and Wellbeing Board

Title: Sexual and Reproductive Health Strategy 2021-24

Report

Authorised by: Susan Otit, Assistant Director of Public Health

Lead Officer: Anna Martinez – Public Health Officer
Akeem Ogunyemi- Public Health Commissioner

1. Describe the issue under consideration

- 1.1 The Public Health team has updated the Sexual and Reproductive Health Strategy 2021-24 to:
- Ensure continued implementation of population-level interventions and prevention approaches included in the previous strategy.
 - Focus on supporting reducing health inequalities which have been exacerbated by the impact of the Covid-19 pandemic.
- 1.2 This strategy is embedded within the aims and values of Haringey' s 5-year Borough Plan and is informed by regional and national guidance and data.
- 1.3 This strategy aims to ensure our residents have the ability and freedom to make safe informed choices regarding their reproductive and sexual lives, to ensure they live well and achieve their potential, regardless of who they are or where they live.
- 1.4 The strategy will:
- Address the wider determinants of sexual and reproductive ill-health by prioritising prevention and early intervention, particularly in areas of high deprivation and need in the borough.
 - Ensure universal access to services whilst targeting those groups who are at higher risk, such as young people, BaME, MSM (men who have sex with men) and sex workers.
 - Commit to multi-agency collaboration and integrated working in the community to ensure the most vulnerable, such as those at risk of exploitation and violence, have access to support services.
 - Apply lessons learned from the impact of the Covid-19 pandemic to support future proofing of services.
 - Ensure good-quality intelligence about services and outcomes for monitoring purposes.
- 1.5 Priorities include:
- Commissioning high quality services with clear accountability.

- Support education and prevention programmes in collaboration with schools and youth settings.
- Develop effective communication and health promotion messaging.
- Contribute to a skilled and confident workforce.

2. Impact of the sexual health strategic approach to-date

2.1 Our approach has contributed to improved outcomes over the past 7 years such as:

- Haringey has dropped from having the 4th highest rates of sexually transmitted infections (STI) in England in 2013 to 10th.
- Haringey has exceeded the chlamydia diagnosis target for young people aged 15-24 years for 2 consecutive years.
- Haringey's HIV prevalence has reduced from a high of 7.1 per 1000 population in 2014 to 6.6 per 1000 population.
- The number of new HIV diagnosis in people living in Haringey has reduced from a high of 123 in 2013 to 47 new HIV diagnosis.
- Teenage conception rate in Haringey has decreased from 21.2 per 1,000 in 2015-2016 to 15.2 per 1,000 in 2017-2018.

2.2 To build on these positive outcomes, we must continue to develop our partnerships to align and imbed this updated Sexual and Reproductive Health Strategy.

3. Consultation and feedback

3.1 Feedback has been collected from a range of stakeholders and used to develop the strategy.

3.2 Young people and key stakeholders including services leads, a school nurse, pharmacy leads, VAWG, Healthy Schools and Public Health were asked their views on sexual health services and prevention programmes in Haringey including successes and areas for improvement.

3.3 Key themes included general positivity about the quality of services and the range of choice and commitment of staff. Areas for improvement included better promotion of services, messages to reduce stigma and embarrassment, better education in schools and improved communication across services with clearer referral pathways.

3.4 Following the first draft of the strategy it was shared with various committees and groups. The feedback included:

- Ensuring the learning from Covid-19 is reflected in the strategy particularly the importance of timely communications and service promotion via social media, the offer of online services and the vital role of face-to-face services for vulnerable high-risk groups.
- Having updated links to Haringey's contextual safeguarding work.
- Reference to how we can align the sexual reproductive health (SRH) programme with localities work e.g., mapping the cluster of services around each locality (GPs Pharmacies, CCard Outlets, etc... and sharing this with each locality lead)
- Outline a brief yearly workplan with our key deliverables/outcomes.

4. Recommendation

The Health and Wellbeing Board is asked:

- 4.1 To endorse the Sexual and Reproductive Health Strategy, attached as Appendix 1 to the report.
- 4.2 To nominate a Sexual and Reproductive Health Strategy Champion. The Champion would be a Health and Wellbeing Board member, with a particular interest in the topic and in reducing health inequalities particularly for young people, who would help raise the profile of the Sexual and Reproductive Health Strategy and support the vision and deliverables of the strategy.

5. Background Information

- 5.1 Over the past 7 years Haringey has made significant strides to improve the sexual health of our population by implementing a strategy focused on prevention and reducing the rates of HIV, STI and teenage pregnancy. In 2014, public health initiated the sexual health 'Step Change' transformation programme focused on the commissioning and delivery of integrated sexual health services in Haringey.
- 5.2 This refreshed strategy builds on good practice and lessons learned from the commissioning of services, whilst also taking into consideration the impact Covid-19 has and continues to have on service deliverables and outcomes. Our Sexual and Reproductive Health (SRH) strategy will continue to support and contribute to achieving the Borough Plan's strategic vision and objectives by ensuring that preventative approaches and commissioned services continue to imbed qualitative and tangible outcomes needed to meet the needs of residents.

6. Contribution to strategic outcomes

- 6.1 The SRH Strategy is guided by the delivery of Haringey's Borough Plan and is linked to the following outcomes:

Outcome 5: Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks and communities: *Objective (C) 'Children and young people will be physically and mentally healthy and well'.*

and;

Outcome 7: All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities; *Objective (A) 'Healthy life expectancy will increase across the borough, improving outcomes for all communities'.*

7. Statutory Officer Comments (Legal and Finance)

Legal

- 7.1 The contents of the report do not present any direct legal implications to partner agencies.

Finance

- 7.2 There are no direct resource implications for this paper, as it is not a project proposal for additional resourcing.

8. Resident and equalities implications

- 8.1 Working with marginalized communities who may face health inequalities is part of the landscape for sexual and reproductive health programmes.
- 8.2 As part of commissioning any new services, Equality Impact Assessments are completed.
- 8.3 Quarterly performance monitoring of commissioned services ensures data on service users with protected characteristics is monitored regularly. An annual 'Equalities' deep dive considers the impact of the service on reducing health inequalities.
- 8.4 Routinely engaging with residents in the commissioning of our sexual health services leads to better plans, more tailored to our local communities' needs.
- 8.5 Successes to date include:
- the commissioning of our dedicated young people sexual health and women's contraception service because of views gathered by a Health Watch survey,
 - 30 Healthy Living Pharmacies offering sexual health services in Haringey, predominantly located in localities of high STI prevalence.

8.6 On-going service user engagement, particularly with young people and those with protected characteristics is a part of the service contracts.

9. Use of Appendices

9.1 None.

10. Background Papers

10.1 None.