

Introduction

- Sexual and reproductive health (SRH) is multifaceted and complex, encompassing more than physical health.
- It is affected by wider determinants, and those who are most vulnerable to sexual ill-health are also those who may experience other challenges within their lives (1,2).
- In Haringey SRH continues to be a priority due to the rates of sexually transmitted infection (STIs), unplanned pregnancies and repeat abortions, trends which are echoed across inner London, and which disproportionately affect certain groups within the community (3).
- Reviewing the current landscape of SRH both nationally and locally, this strategy builds on the achievements of the last three years and takes stock of what we have learnt during Covid-19 in order to future-proof our services and interventions.
- This pandemic has brought health inequalities into sharp focus, particularly amongst the BAME community, and there is a call to create 'resilient, engaged and cohesive communities capable of withstanding and thriving despite the upcoming challenges' (4).
- Haringey's SRH approach has a long history of working with the marginalized, vulnerable and hard to reach communities. This strategy is embedded within Haringey's broader strategic vision of equality and fairness, continues to focus on prevention and early intervention and emphasises collaboration to address the wider determinants of SRH (5).



Context

Locally and nationally, sexual health and unplanned pregnancy continue to be important areas of public health, as most of the adult population of England are sexually active and the negative outcomes of sexual ill health are costly both to the individual and society (6,7).

- **Sexual health-** STIs remain one of the most important causes of illness due to infectious disease among young people (aged 16 – 24). Young people are also more likely to become re-infected with STIs, contributing to infection persistence, potential damage to the reproductive system and health service workload. This is a particular concern for Haringey which has a large youth population (27).
- **Diagnosed HIV prevalence & Late HIV diagnosis:** Late diagnosis is the most important predictor of HIV related morbidity and short-term mortality, contributing to health inequalities.
- **Reproductive health** - Around a third of pregnancies are unplanned, and women spend approximately 30 years of their life trying to avoid getting pregnant. Unplanned pregnancy is a concern because it can lead to poorer outcomes for the mother and child (8). Those at greatest risk of unplanned pregnancy include women from black and minority ethnic groups, women who have had two or more children and those under the age of 20 years.
- **Black, Asian and Minority Ethnic populations (BAME)-** Compared with the population as a whole, people from some BAME groups tend to suffer from poorer health and greater levels of socio-economic deprivation including bearing a disproportionate burden of **poor sexual, reproductive and HIV outcomes**. These health inequalities are a particular concern in Haringey which is characterised by its diversity, with 180 languages spoken (30% not speaking English as their first language) (27).
- **Men who have sex with men (MSM)-** There is a concerning increase in gonorrhoea and a re-emergence of syphilis in MSM and persistent high rates of STIs relative to the rest of the country. It is estimated that MSM, including gay and bisexual men, make up 2.3% of the male population of the UK (14). This population is diverse and cannot be defined as a single homogenous group due to the complexities of self-definition and 'outness'. This means that there are significant challenges in developing sexual health services that meet the needs of this population. Whilst some men identify as gay or bisexual, there are also men who have sex with men who self-identify as heterosexual and do not identify with messages targeted towards gay and bisexual men, especially for those from communities where this is a taboo.



Our Vision

This strategy is embedded within the aims and values of Haringey's ambitious 5-year Borough Plan, and is informed by regional and national policy and guidance*

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.

This will be achieved through four priority areas:

1. Commissioning high quality accountable services,
2. Supporting education and health promotion,
3. Developing effective communication and messaging,
4. Contributing to a skilled and confident workforce.



Guiding Principles

Our strategy is underpinned by:

- **Fairness and Equality** - ensuring all residents have access to universal services and education but with increased resource for those who need it most (**Proportionate universalism**).
- **Needs-Based** - responsive to expressed needs of residents, changing trends and evidence of effectiveness.
- **Positive and Inclusive**- free from stigma and embarrassment, non judgemental, promoting positive and inclusive messages about sexuality, healthy relationships, use of services and the importance of taking responsibility for our health and that of our partners.
- **Supportive of knowledge and resilience across the life-course**- to empower our residents to make informed choices and build resilience through life-long learning.
- **Safeguarding and free from violence and coercion**- ensuring our residents, particularly the most vulnerable, are safe from harm, and can form relationships whilst not fearing or experiencing any form of power imbalance or intimidation.
- **Partnerships and collaboration on wider determinants**-promotion and protection of SRH as a cross Council responsibility, within the shared duty to reduce health inequalities.

(Linked to the Themes in Priority 2 'People' Of the Borough Plan (5) and PHE's 6 Pillars of SRH 2020 (2))

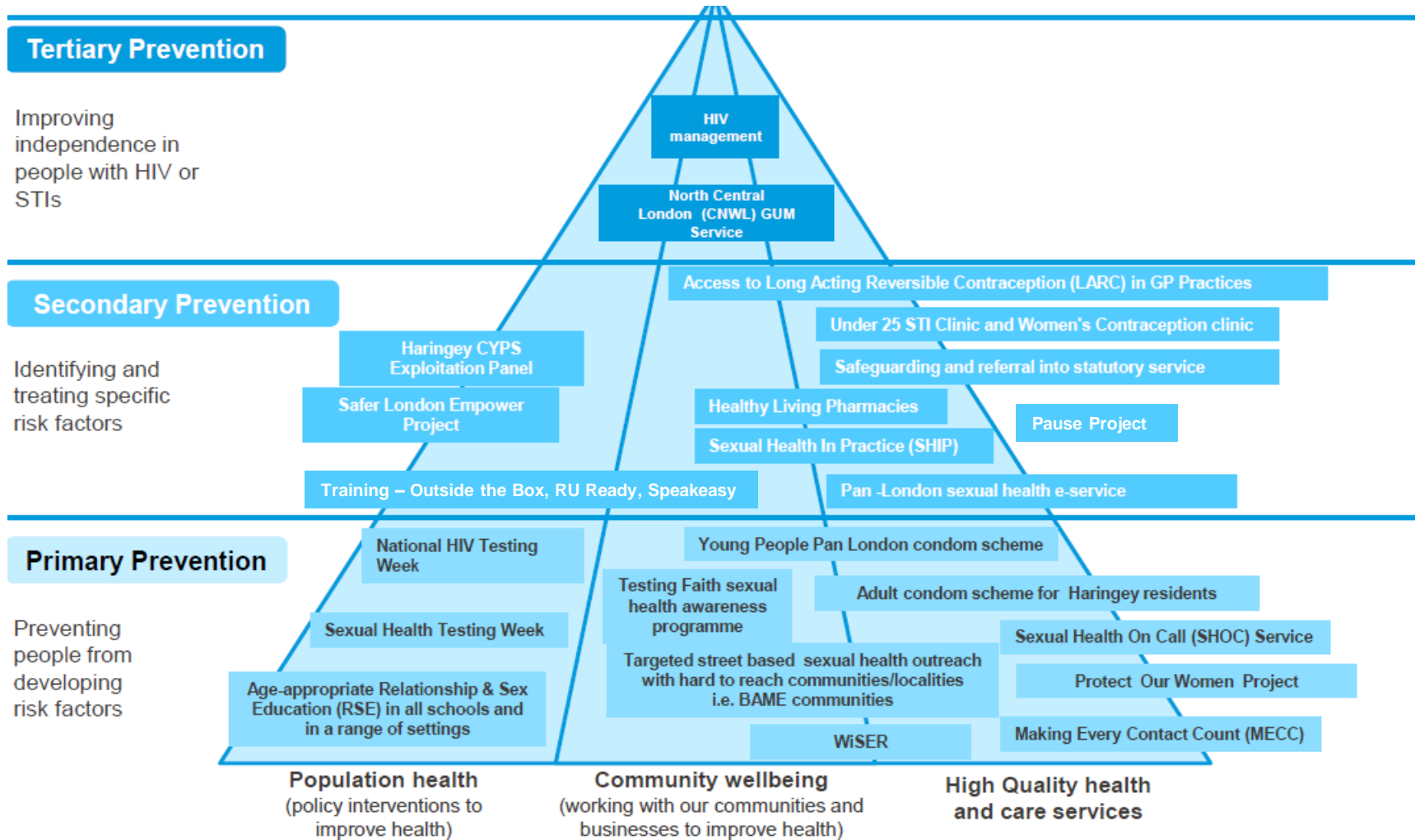


Prevention & Early Intervention

- Prevention and Early Intervention form a cornerstone of Haringey's 5-year Borough Plan, which aims to provide help early, before problems become entrenched, by responding to early warning signs that individuals may need help. This is particularly important for our young people.
- Protecting and supporting vulnerable young people from violence, abuse and exploitation is also a key priority. The Council's ten-year Young People at Risk Strategy (9) adopts a multi-agency approach, with public sector agencies, voluntary sector groups, communities, and young people themselves working collectively to reduce vulnerabilities and build their resilience.
- Safeguarding is extremely important in Haringey and to understand the experience of young people, Haringey is implementing a 'Contextual Safeguarding' approach to service development and delivery (28). This approach recognizes that young people are vulnerable to significant harm outside of their family and acknowledges that the circle of influence around a young person extends beyond home and includes their relationships within school, neighbourhood and online. Therefore, service providers need to *"recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices, and to be clear about their role in multi-agency collaborations"* (10).
- Building on the success of the Public Health led 'Step Change' Transformation Programme (11) which, based on the needs of Haringey residents, set out to improve the local offer and ensure a joined-up approach across London, this strategy will continue to put prevention at the heart.
- Haringey describes its approach using the 'Prevention Pyramid' (12), which maps out three levels of prevention across population, community and individuals. The following (figure 1) summarizes the assets and services which have been developed and which have been delivered successfully to residents across the borough.



Fig 1: Prevention Pyramid



Achievements from the Step-Change Transformation programme

“An essential service welcomed by users,” Pharmacy Provider, 2020

“Excellent, Empowering, Engaging, Helpful,” Community Provider, 2020

“Good services, but always room for improvement. Should always be a priority,” Sexual Health Specialist, 2020

Haringey has developed a broad offer of evidence-based interventions, responding to the needs of the community across the life course. These range from universal to targeted, including services for high-risk individuals through to upskilling professionals. Services are well received and engage many residents. The following summarises the main interventions delivered during the financial year 2019-20;



Over 4500 young people and women have accessed services at one of the Dedicated Young People’s Sexual Health and Women’s Contraception Clinics;



Our Condom Card scheme engaged with young people on 2384 occasions. Over half of those encounters were with residents who live in one of the top 6 most deprived wards.



Over 10,000 residents engaged with the community sexual health promotion and outreach service, offering a range of prevention and intervention services, targeted at BAME communities.



Over 7000 sexual health interventions to young people and adults in Haringey were delivered by our 30 ‘Healthy Living’ Pharmacies across the borough.



Over 20 GP’s and practice nurses attended sessions to improve their understanding and SRH practice.

42 Professionals who work with vulnerable young people and families attended training on relationships and sexual health, to help them have conversations about this topic.

On average we get 2000 visits to www.haringey.gov.uk/sexual-health PER MONTH





Dedicated young people STI Clinic (under 25) & women's contraceptive services;

- Information & advice on sexual & Reproductive health
- STI testing & treatment for young people
- Partner Notification
- Contraception advice and access including all forms of Long Acting Reversible Contraception to women of all age ages.
- Education and advice on Relationship and Sex Education
- Consent and confidentiality
- Safeguarding and referral into statutory service
- Child Sexual Exploitation (CSE)



Primary Care

- General practice offering Long Acting Reversible Contraception (LARC) as part of an open access agreement to Haringey GP registered residents
- Sexual Health In Practice (SHIP); free training & development for Haringey Doctors and Practice Nurses.



Age-appropriate Relationship & Sex Education (RSE) in all schools and in a range of settings



HIV management

- Partner notification
- Rapid referral into care after diagnosis
- Treatment and retention of care of people living with HIV



Sexual Health Outreach & Promotion programme for BaME communities; *Dedicated community based outreach & promotion prevention service engaging with at risk communities & marginalised groups*

- Targeted street based sexual health outreach with hard to reach communities/localities
- Faith Group engagement focused on HIV awareness, de-stigmatisation, testing and treatment
- STI testing for Chlamydia/Gonorrhoea
- HIV Point of Care Testing
- Information and advice
- Support for Newly diagnosed Pregnant Women
- Support for people living with HIV



Specialist services for vulnerable young people

- Safe Talk Nurses- dedicated support and guidance for vulnerable young people
- Safeguarding and referral into statutory service
- Child Sexual Exploitation (CSE)
- Violence Against Women & Girls (VAWG)



Healthy Living Pharmacies – Providing a healthy living ethos and prevention programme.

- STI testing and treatment
- HIV Point of Care Testing
- Emergency Contraception for women of all ages
- Pan-London Condom Scheme for young people under 25yrs
- Adult condom scheme for Haringey Residents



Specialist Genitourinary Medicines (GUM) services;

- Information & advice on STI
- Asymptomatic and Symptomatic STI testing
- Treatment of symptomatic STI infections
- Provision of LARC & complex/problematic LARC insertion
- Partner Notification

What does the data tell us?—STIs

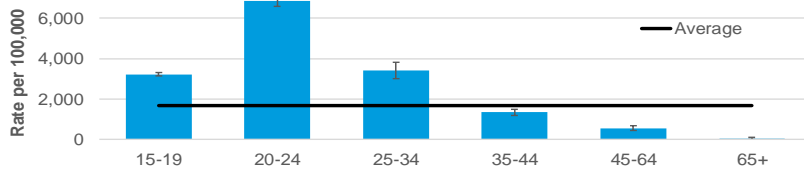
STI: Who is at risk?

STI diagnosis rate per 100,000 people, all ages, 2018³

Condition	Haringey	London	England
Gonorrhoea	368	279	98
Syphilis	47	39	13
Chlamydia	827	646	384
Genital warts	184	144	100
Genital herpes	121	95	59
All new STIs	1,923	1,490	784

In 2018, there were 5,216 new STI diagnoses in Haringey, including 2,245 Chlamydia and 1000 Gonorrhoea diagnoses. The diagnosis rate for all STI types in Haringey was **higher than London and England**.

STI diagnosis rate per 100,000 people, by age, Haringey, 2018⁴



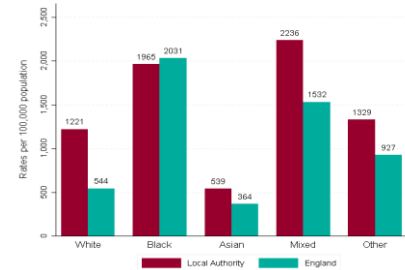
The rate of new STI diagnosis was four times higher than the Haringey average among **younger adults aged 20-24**. This diagnosis is **comparable in the same age group in 2017**. The rates of new STI diagnosis among adults aged 45 and over is below the borough average and is not significantly different compared to the same age group in 2017.

STI diagnoses among men who have sex with men, 2018⁵



In 2018, where sexual orientation was known, 46.3% of new STIs in men were amongst gay, bisexual and other men who had sex with men (MSM) in Haringey. The proportion has increased over the previous 5 years, from 40.7% in 2014.

STI incidence* by ethnic group, Haringey, 2018⁵



Haringey residents from **Mixed ethnic groups** had a significantly higher incidence rate of STIs (**2,236** per 100,000 people, respectively) compared to residents from other ethnic groups. However, the incidence rate among residents from Black ethnic groups in Haringey is in line with the national average.

* Excludes chlamydia data from non-specialist sexual health clinics (SHCs); Rates based on the 2011 ONS population estimates

Meanwhile, the incidence rate in Haringey was higher than the national average among residents from **Asian ethnic groups**.

Reinfection of STI diagnosis rate, Haringey, 2018⁵

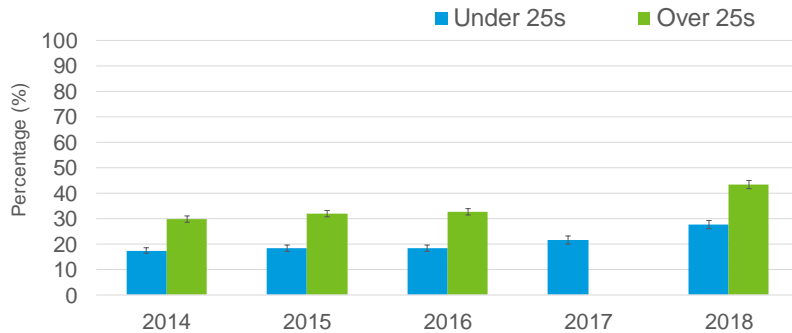
In Haringey, an estimated 8.7% of women and 12.8% of men presenting with a new sexually transmitted infection (STI) at a SHS during the 5 year period from 2014 to 2018 became re-infected with a new STI within 12 months. Nationally, during the same period of time, an estimated 7.0% of women and 9.7% of men presenting with a new STI at a sexual health service became re-infected with a new STI within 12 months.



What does the data tell us?– Contraception

Contraception

Proportion of women who chose LARC as main method of contraception by age group, Haringey female resident population, 2018³



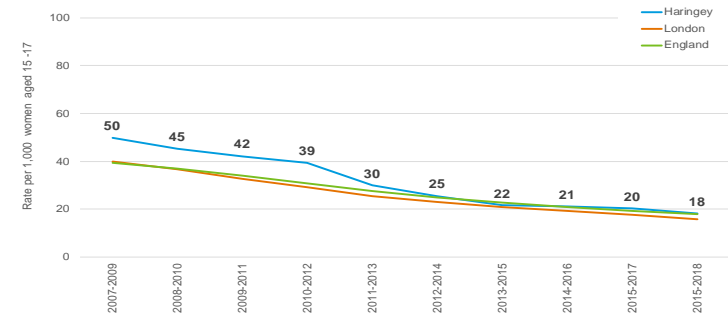
The proportion of women aged under 25 who chose long active reversible contraception (LARC) as their main method of contraception increased significantly from **17%** in 2014 to **28%** in 2018. Among women aged 25 and over, the use of LARC also significantly increased from **30%** in 2014 to **43%** in 2018. Use of LARC among both age groups were in line with the London average but significantly lower than the England average.

LARC Prescriptions, Haringey, 2018³

The rate of LARC prescriptions has increased among Haringey women, from a rate of 43 prescriptions per 1,000 women (2,803 prescriptions) in 2014, to a rate of 49 prescriptions per 1,000 women (3,051 prescriptions) in 2018. The current rate is significantly higher than the London average but significantly lower than the England average. In 2018, 62% of LARC prescriptions were made in sexual and reproductive health (SRH) services.

Teenage pregnancy

Under 18 conception rate per 1,000 girls aged 15-17, Haringey resident population, 2007-18 (3 year rolling average)¹³



The conception rate among **girls aged 15-17 years** has fallen by approximately 76% in the past 10 years. In 2018, almost 2/3 of pregnancies in **under 18s** led to an abortion in the borough.

Abortions

Overall **1,549 abortions** occurred in Haringey in 2019. This indicates that, on average, **23 in 1,000 women aged between 15 and 44** experienced an abortion which was **significantly higher** than London (21 per 1,000) but **significantly lower** than England (19 per 1,000).¹⁴

Repeat abortions, Haringey, 2019³

Out of about 470 girls and women aged **under 25** who had an abortion in 2019, **33%** had experienced a **previous abortion**. Among women aged **25 or over** who had an abortion, **45%** had had a previous abortion¹⁴.



What does the data tell us?– Young People

Haringey has the 11th highest rate (out of 317 local authorities in England) of new STIs excluding chlamydia diagnoses in 15-24's with a rate of 2,155.4 per 100,000 residents (compared to 851 per 100,000 in England) (6).

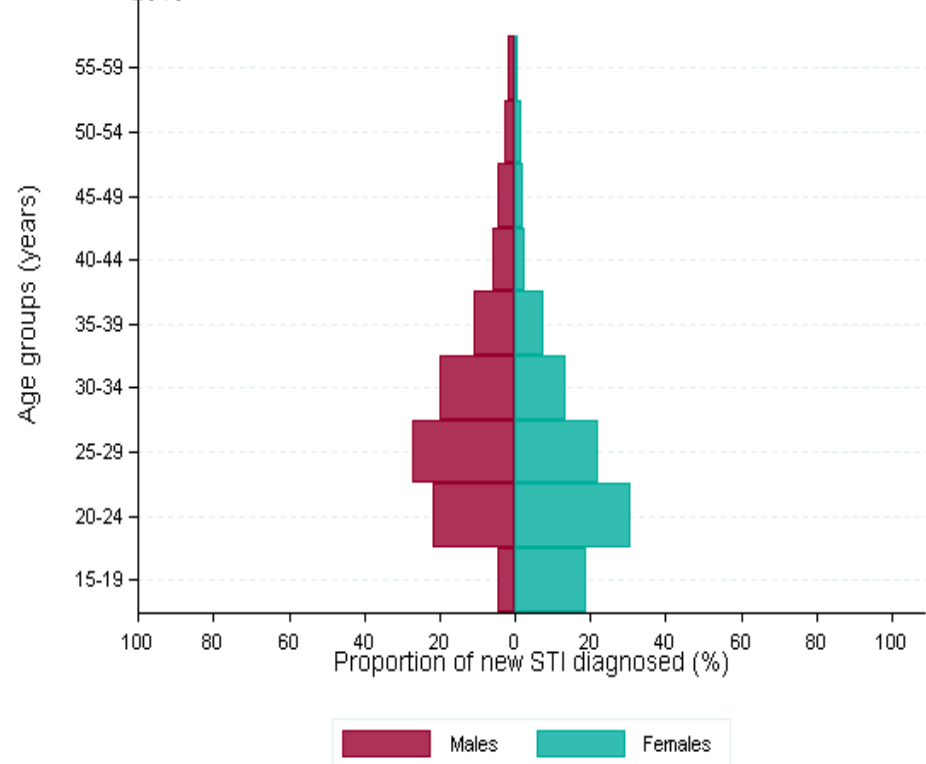
36% of diagnoses of new STIs in Haringey were in young people aged 15-24 years (compared to 48% in England). The age profile is shown in Figure 3. Young people are also more likely to become re-infected with STIs.

An estimated 17% of 15-19 year old women and 11.4% of 15-19 year old men presenting with a new STI at a SHS during the 5-year period from 2014 to 2018 became re-infected with an STI within 12 months. Teenagers may be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex.

Under-18s conception, which continue to decline locally and nationally, is 18.2 per 1,000 females (2018 3 year rolling average). 65.7% of under 18 conceptions end in abortion rates amongst under 18s, and under 25s, 30% are repeat abortions. All these rates are similar to London trends.

In 2018 HPV Vaccine coverage was good at 87%, which is within national target range.

Fig 3: New STI Diagnosis across age and gender. Source: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System and routine non-specialist sexual health services' returns to the CTAD Chlamydia Surveillance system 2018



Young People's Needs

This strategy considers SRH across the life course, however it shines a spotlight on young people, as this is a growing area of interest for Haringey Council following the publication of the Youth at Risk Strategy(9)

The National Survey of Sexual Attitudes and Lifestyles (NATSAL) (13) has shown that sexual behaviour and attitudes in Britain have changed in recent decades. This survey (which is carried out every 10 years) found that the age of first heterosexual intercourse has declined to an average of 16 years among 16-to-24-year-olds, and among this age group, about a third have first sex **before** age 16. Younger generations are also more liberal in their views of sexual behaviour and same sex partnerships (14). Access to information has increased exponentially due to the internet, however quality is not always guaranteed. These trends highlight the importance of having accessible SRH services and education for all young people and across the life course.

Many young people are unsure of where to go to get help” Young person, 2020

An online survey (15) of Haringey young people aged 15-16, found that only 1 in 10 (12%) knew where a sexual health clinic could be found in Haringey and only 25% think that young people in Haringey are well informed about services. These results are similar to recent school's survey (16). Of the 512 14-15 year olds who responded 55% of pupils responded that, if they needed sexual health advice, they would not know where to go. 67% of pupils responded that they would not know where they can get tested for chlamydia, which although is an improvement from the previous survey in 2017, is still a concern.

“It may be embarrassing to ask for help, there is a lot of stigma about it especially for women” Young person, 2020

When asked about main barriers to accessing services, responses included embarrassment, stigma and lack of knowledge. Better information, education in schools and positive messages to reduce stigma were reported as key suggestions for improvement.

“For young people to be better educated on the subject ,to normalise it and make them feel more comfortable”

“...make sure schools let young people know where to go and for schools to give the information”, Young person 2020

When asked what key messages they would give young people, the responses included to not be embarrassed or ashamed, that you should seek help and talk to someone,

“That no matter what, their health comes first, there is no judgement” Young person 2020

An emerging concern from the school survey of 12-15 years old is the reporting of sexual coercion and violence, including the use of social media. When asked about personal relationships, 3% reported that they had experienced pressure to have sex or do other sexual things by a romantic partner, 5% had been asked by the partner to send them photos or videos of a sexual nature, 33% responded they would not know what to do if this happened to them. 21% of pupils responded that, in the past year, they have received sexual videos or images from someone; 8% said they have done so 'several times'.



Key issues



PrEP

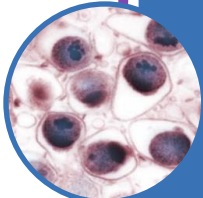
Participation in the development of National Evidence Base-HIV PrEP trial

Haringey will continue to be part of the ground breaking NHS England PrEP Impact Trial with 13,000 participants who are at a high risk of HIV until late 2020.



Focus on Priority Groups

Haringey will invest in initiatives which target those with the highest needs including young people, men who have sex with men, BAME community and women of reproductive age.



Reduction in STI reinfection

STI reinfection is a marker of persistent risky behavior, contributing to infection persistence. Haringey will ensure residents have access to RSE, health promotion, screening, prompt treatment and partner notification to reduce reinfections rates.



Unplanned Pregnancy

Unplanned pregnancies can end in abortion, maternity or miscarriage. Repeat abortion are of particular concern. Haringey will commit to better RSE, health promotion & improved pathways to contraceptive services can contribute to reducing unplanned pregnancies (21).

What Works?

The evidence (7) shows us that we need to continue with a universal and targeted multi agency approach which included these areas:

Dedicated & free young people's (under 25) integrated sexual health and contraceptive services

- Seeking consent and ensuring confidentiality
- Tailoring services for socially disadvantaged young people
- Information and advice
- Emergency contraception for women under 25
- Contraceptive services after a pregnancy
- Advising young women who have had an abortion and their partners
- Quality Assurance standards "You're Welcome"

Condom schemes

- Multicomponent for young people under 16-25
- Distributing free condoms (with lubricant) and information to people at most risk of STIs/HIV

Relationships and Sex Education

A planned comprehensive programme, in all secondary schools and youth settings, delivered by trained and supported staff.

STI services

- Identification
- Provision of information and advice
- Prompt notification
- Testing
- Treatment
- Follow-up of partners who have an STI (partner notification)

HIV testing

- Especially in populations at most risk
- Use or modify existing resources to help raise awareness of where HIV testing (including self sampling) is available.
- Materials and interventions for promoting awareness and increasing the uptake of HIV testing should be designed in line with the NICE pathways on behaviour change and patient experience.

HIV management

- Partner notification
- Rapid referral into care after diagnosis
- Treatment and retention of care of people living with HIV

Pre-exposure prophylaxis (PrEP) in combination with condom use

Ensure health professionals trained in providing contraceptive services to those under 25

Needle and syringe programme

- To meet needs of different groups of young people aged under 18 (including young people under 16) who inject drugs

Human papillomavirus (HPV) vaccination programme

Priority Groups

Sexual health is universal, however the strategy will prioritize the following groups, being mindful of intersectionality*

Young people

- Offer high quality services that meet the needs of young people and fulfill You're Welcome Standards.
- Promotion of services and how to access them.
- Develop strategies to increase engagement with young men
- Ensure access to education on relationships and sexual health, through schools and other community settings
- Build collaboration with other Youth Initiatives and services

Black and Minority Ethnic (BAME) Groups

- Offer a range of community based sexual health services , located in areas of prevalence and support clear pathways into sexual health clinics for complex cases, to improve patient experience is an ongoing focus of need in Haringey

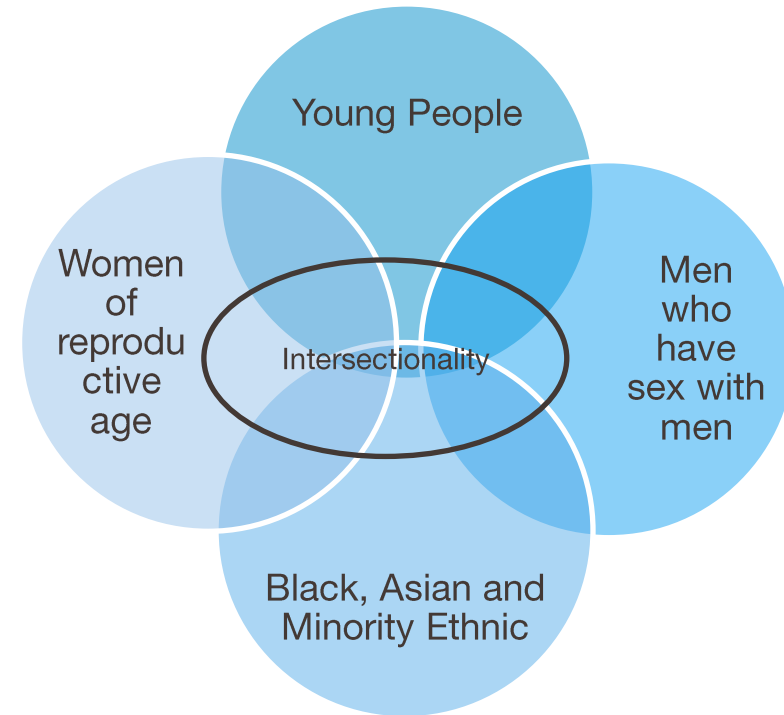
Men who have sex with Men (MSM)

- Ensure gay, bisexual and men who have sex with men (MSM) have access to services appropriate to their needs both locally and as part of the wider London sexual health provision.
- Develop our understanding of high risk behaviours including condom-less sex and Chemsex

Women of reproductive age

- Ensure vulnerable and high-risk women (of all ages) have access to face to face support, including safeguarding assessments, health promotion and access to contraception.
- Ensure strategies are in place to address repeat abortions, including clear pathways
- Increase knowledge of Long Acting Reversible Contraception (LARC) for young women within General Practice
- Build collaboration with VAWG services and initiatives on Modern Slavery

* the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.



Our Priorities Areas 2021-24

1. Commissioning high quality accountable **services**,
2. Supporting **education** and health promotion,
3. Developing effective **communication** and messaging,
4. Contributing to a skilled and confident **workforce**.



1. Services

“A sustained public health response is needed to reduce the transmission of HIV and STIs; based around early detection, successful treatment and partner notification, alongside promotion of condom use and health-care seeking. Open-access to sexual health services that provide rapid treatment and partner notification can reduce the risk of STI and HIV complications and infection spread.” National Recommendation, PHE 2020 (17)

- Building on the success of the last 3 years, Haringey will continue to commission high quality universal and targeted sexual and reproductive health services, responding to the needs of local communities and supporting the most vulnerable.
- Broadening choice of services, increasing access to online or telephone services for those who are safe to use them, including consultations, testing and treatment, CCard registration and contraception, (using our learning from C-19)
- Without compromising safeguarding, ensuring face to face services for those who are the most vulnerable and at risk particularly those under 19 continue.
- Ensure collaboration within services and other agencies, particularly those that work with young people, with a focus on supporting healthy relationships and good sexual health within a safeguarding context. Expand our outreach work with specialist services such as VAWG, substance misuse, Youth services including Haringey Gold and Youth Justice System and mental health
- To respond to repeat abortions, ensure pathways with termination services to ensure effective support to access health promotion and contraception follow a termination.
- To respond to repeat infections look at health promotion messaging and partner notification systems.



Health Living Pharmacies

The role of pharmacists as providers of contraception and sexual health advice and services has broadened over the last decade. An increasing number of pharmacies have been commissioned to prescribe emergency hormonal contraception (EHC) and to provide Chlamydia screening.

The further development of the role of pharmacists in the provision of sexual health services has been recommended in recent national policies and guidelines. Pharmacies provide a convenient and less formal environment for people to access health services. The provision of commissioned sexual health services, and the retailing of condoms & pregnancy testing kits, present opportunities for pharmacists and their colleagues to deliver sexual health promotion work.

Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The HLP framework is underpinned by three enablers:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

The council recognises the benefits of implementing the Healthy Living Pharmacy (HLP) framework as part of its strategic vision for improving sexual health services in the borough. Therefore, to imbed the HLP ethos, the council has made it a pre-requisite for all pharmacies wishing to deliver locally commissioned services to have achieved or be in the process of achieving HLP recognition before they can be considered as a provider.

Under the HLP banner, the council has commissioned a wide range of pharmacies, (specifically those located in deprived areas, have high STI prevalence and are close to educational providers i.e. schools & further education) to offer a broad range of free sexual health provisions comprising of; emergency hormonal contraception, Chlamydia & Gonorrhoea testing, Chlamydia treatment, The pan-London Come Correct Scheme (C-Card) for young people under the age of 25 years, Haringey local condom scheme for adults and HIV Point of Care Testing (within selected pharmacies

This strategic approach will aim and continue to re-focus and re-energise the pharmacy offer;

- To review level of sexual health service provision in pharmacies
- To further develop sexual health service provision in pharmacies located in the areas of greatest need
- To maintain and improve access to STI testing, emergency hormonal contraception and the C-Card scheme from pharmacies
- To further promote the provision of sexual health services from pharmacies– especially for those under 25 years of age, and in the long term ALL adults.
- To support pharmacies providing sexual health services to achieve both Healthy Living Pharmacy status and You're Welcome accreditation.

Community sexual health services

Given the high prevalence and incidence of STIs in local population, Haringey Council will continue to proactively explore ways in which we can prevent the levels of infection increasing further by;

- Promoting early detection and treatment of asymptomatic infection;
- Reducing onward transmission to sexual partners;
- Preventing the consequences of untreated infection.

Dedicated locally based young people STI & women's contraception service

Haringey's approach has built on the successful roll-out of the Chlamydia screening programme, by commissioning a locally based dedicated young people sexual health service which continues to offer free, opportunistic screening, treatment, partner management and prevention to sexually active young men and women under the age of 25.

The implementation of this service aims to produce healthier sexual and reproductive outcomes for young people in Haringey, whilst also reducing unwanted pregnancies for women over 25 in the borough through the provision of LARC. These services will be committed to providing a confidential, non-judgemental sexual health service, with onward signposting to level 3 services where required.

Dedicated community engagement sexual and reproductive health promotion service

The service delivers sexual health promotion and prevention services through direct access to sexual health services, safer sex promotion and signposting to other local sexual health services, including pharmacists and general practice via outreach and community settings. The main focus of the service is to engage and provide support for all of Haringey's diverse population with particular focus on the following Haringey residents;

- BME Adult Communities (over 18's) in Haringey. Particular attention will be given to Black African, Caribbean and Latin American communities
- BME men who have sex with men (MSM)
- BME LGBT
- Other communities in Haringey who may not be accessing services and support due to language barriers

Our strategic approach will aim and continue to re-focus and re-energise the community offer by ensuring that;

Both Haringey's dedicated community based sexual health and reproductive service and dedicated community sexual health promotion and outreach programmes continue to be integrated within Haringey's wider strategic initiative for Sexual & Reproductive health to ensure equity in provision across the borough, so that hard to reach groups are targeted and supported effectively.



Sexual Health services across London

Pan London integrated sexual health services

The London Sexual Health Services Transformation Programme has brought together over 20 London boroughs to deliver a new collaborative commissioning model for open access sexual health services across much of the capital, including Genito-Urinary Medicine (GUM) (services for the screening and treatment of Sexually Transmitted infections (STIs) and Sexual and Reproductive Health Services (SRH) (community contraceptive services).

The aim of the Integrated Sexual Health transformation programme is to implement measurably improved and cost effective public health outcomes, to meet increasing demand for sexual and reproductive service and deliver better value. In 2017, Haringey Council along with 3 other councils as part of the North Central London partnership commissioned a service that is able to meet the needs of our respective residents with complex sexual & reproductive needs.

Pan-London online sexual health service

Sexual Health London (SHL) is a sexual health e-service that provides free and easy access to sexual health testing via the internet and local venues. The service is available to people aged 16 and over who are residents in most Boroughs of London which includes Haringey.

The service provides testing for a range of sexually transmitted infections including chlamydia, gonorrhoea, HIV, syphilis, hepatitis B and hepatitis C via samples you can collect at home.

London HIV Prevention Programme

The London HIV Prevention Programme (LHPP) is a London-wide sexual health promotion initiative. It aims to increase HIV testing and promote prevention choices. The programme also provides a free condom distribution, outreach and rapid HIV testing service for men who have sex with men (MSM).

Our strategic approach will aim to ensure that;

- Haringey Council proactively continues to work with London Boroughs as well as our North Central London partners to provide efficient, innovative services that is open access and cost effective in-order to meet the sexual & reproductive needs of our residents.



2. Education

“Statutory, high-quality relationship and sex education in secondary schools will equip young people with the skills to improve their sexual health and overall wellbeing..... The RSHE [statutory guidance](#) requires schools to ensure young people know how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment”.
National Recommendation, PHE 2020 (6)

- As schools start to work towards the provision of statutory RSE, work with key stakeholders to ensure schools deliver RSE with confidence(22).
- Use our data from our schools’ surveys to raise awareness about the needs of young people and monitor improvements in RSE.
- Continue to commission creative programmes such as Theatre in Education SEX FM to complement schools RSE teaching.
- Continue the ‘gold standard’ provision (18) of linking specialist school nurse provision and clinical services providing an essential bridge for vulnerable young people.
- Ensure other education and youth services have the tools they need to deliver RSE.



3. Communications

“Promote services and key sexual health messages to the local population, via the use of innovative and appropriate media and marketing techniques tailored to specific audiences”. Key objectives within an integrated service PHE 2018 (17)

“Residents get the right information and advice first time and find it easy to interact digitally” Outcome 19: Borough Plan 2019-20 (5)

- Develop a Communications Plan which outlines how we will improve and expand the methods of promoting services and imparting positive messages around relationships and sexual health through the many channels available. Ongoing messaging around health including SRH, and real time updates on services across social media are essential.
- The use of the media to communicate health promotion messages and promote services has been particularly important during Covid-19. What can we learn? It is also important to be mindful of inclusion and diversity which is vital when developing communications materials, particularly the range of languages spoken in Haringey.
- Update the SRH communications strategy and embed joint working with the Councils Comms team and Commissioned Services ensuring all channels are used to communicate service information, updates and positive health promotion messages.
- In order to respond to residents SRH questions, particularly young people, work will continue to improve the Council SRH webpages. This will include an interactive function ‘ChatBot’ which provides real time answers to questions typed in the chat.



4. Workforce

“Our workforce is really important in driving ambitious outcomes and change we are seeking. We need a highly skilled and responsive workforce....and works alongside residents to build their resilience..” Priority 2: People. Borough Plan (5)

- Building on the commitment to professional development, ensure all practitioners are aware of where they can get updated information of SRH in Haringey and have the training and support to have conversations about healthy relationships, particularly with young people.
- Ensure training content reflects the experiences of service users, particularly young people, and our guiding principles i.e. free from stigma and embarrassment, non judgemental, promoting positive and inclusive messages about sexuality, healthy relationships, use of services and the importance of taking responsibility for our health and that of our partners.
- Working with existing training offers and programmes across the Council (such as ‘Making Every Contact Count’), including conversation about SRH by building confidence and capacity among the professionals,
- Develop and Commission training programmes for professionals including online ‘Bitesize Updates’, and in-depth training on Condom Card scheme, Outside the Box, Sexual Health In Practice, and workshops for parents and carers.
- Thinking about how we can use online technology to make awareness raising /upskilling and building capacity easier and more cost-effective than face to face training. Ensuring all those who work with vulnerable groups including young people are fully aware of how to discuss relationships and SRH, be sensitive to additional risks of exploitation and unhealthy relationships and able to refer to services.



Annual Workplan 2021-21

Priority Area	Activities	Deliverables	Outcomes	Partners
1. Services	Performance management of services	Quarterly data and Annual Reports	Services will continue to deliver high quality interventions which meet the needs of residents.	PH Commissioners, Service Leads
	Scoping meetings	Initial Feasibility Report	Commissioners will understand the feasibility of a collaborative North London Sexual Health Service Partnership for a dedicated YP and Women's Contraception Service.	PH Commissioners (SH, VAWG) NCL Commissioners CCG
	Re-procurement of services and award of new contracts	New Pharmacy and GP contracts	Providers to deliver and promote ongoing high-quality community- based services for residents.	Procurement Team PH Commissioners CCG
	Transfer of PREP to Council management NCL Collaboration activities	Mainstreamed access to PREP	Increased the awareness and accessibility of PREP specifically for high-risk communities.	NCL Partners CCG
2. Education	Relationships and Sex Education (RSE) Strategy to support schools via 'learning clusters'	A programme to 'embed' RSE	Schools deliver quality RSE in-line with Government Guidance, ensuring young residents have the knowledge and skills to be safe and healthy.	PH Commissioners (SH and Health Schools) Haringey Education partnership (HEP) Safe Talk Nurse/SNs
	Pilot a new online chat function, embedded in sexual health webpage	'Chat Bot'	Residents have access to 'real time' Q&A regarding sexual and reproductive health advice and services.	PH Commissioners Digital Team Positive East

Priority Area	Activities	Deliverables	Outcomes	Partners
3. Communication	<p>Young People's Campaign "We're Open" Multi- media Campaign targeted at young residents using social media platforms</p> <p>Phase 2- Youth coproduction and targeted promotion through 'Localities'.</p>	Campaign materials, social media 'followers'	<p>Young Residents are aware of the range of services available to them in Haringey and how to access them, leading to an increase in service use.</p> <p>Young residents are involved I the design of the Phase 2.</p> <p>Localities Team are aware of what services are in their area.</p>	<p>PH Commissioners (SH and Healthy Schools)</p> <p>CNWL</p> <p>Communications Team</p> <p>CYPS- Youth Team, Localities Teams</p>
	A media campaign to promote Healthy Living Pharmacies	Pharmacy Campaign materials, 'followers'	Residents are aware of the Health Living Pharmacies & the range of services they offer, leading to an increase in service use.	<p>PH Commissioners (SH and Lifestyle)</p> <p>Comms Team</p> <p>Pharmacies</p>
4. Workforce	An on-line training programme to be included in Children's Workforce Academy	Bitesize Films - Training Programme	Practitioners who work with YP have increased confidence, skills and knowledge on how to talk about relationships and sexual health.	<p>PH Commissioners</p> <p>Service Leads</p> <p>CYPS- Children's Workforce Academy</p> <p>Safe Talk Nurse/SNs</p>
	GP Primary Care Training Programme part of Sexual Health in Practice (SHIP) Training	SHIP training programme	Doctors and practice nurses will increase the delivery of sexual health services within their practice, ensuring greater choice for residents	<p>PH Commissioners</p> <p>GP Champion</p> <p>CCG</p>

Measuring impact

To ensure we are reaching those who need the services, quality of interventions are high and that we can see positive impact of this strategy on SRH we will

- Ensure this strategy is owned by all stakeholders across the Partnership.
- Through Governance structures, including the People and Partnerships Boards, secure commitment to collaboration particularly for young people and BAME.
- Annual reporting on progress with the strategy, utilising council and national toolkits to inform value for money and strategic sustainability (19).
- Annual reporting to include monitoring data from individual services to ensuring we meet our targets and performance indicators i.e. we are reaching those who need the service (20).
- Prevalence data on SRH will be regularly analyzed to understand the rates and trends in Haringey compared to London and England benchmarks.
- Regular 'touch point' feedback from service users, residents and providers to ensure quality and experience



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Appendix 2: Local Authority Responsibilities to Promote and Protect Sexual Reproductive Health

The legal duties of Local Authorities in relation to SRH are well established, and key legislation is contained within the Health and Social Care Act 2012(23). This Act brought public health functions into the local authority and introduces duties on reducing health inequalities. The responsibility of advancing equality was already established in the Equality Act 2010 (24) . The Social Value Act 2012 (25) introduces the requirement that economic, environmental and social wellbeing needs to be considered by local authorities when commissioning services, ensuring the social determinants of health are addressed.

The prioritization and provision of appropriate services should be shaped locally via Joint Strategic Needs Assessments (JSNAs) and guided by the Public Health Outcomes Framework (PHOF)¹ and Framework for Sexual Health Improvement 2013 (26). Key requirements for commissioning SRH is contained within the Public Health Ring Fenced Grant (2020/21) Local Authorities are expected to provide open access sexual health and contraceptive services in keeping with the DHSC's service specification for integrated sexual health services. Commissioners are expected to work collaboratively with providers to determine the most effective mechanisms by which to measure these outcomes (17).

"An integrated sexual health service model aims to improve sexual health by providing non-judgmental and confidential services through open access, where the majority of sexual health and contraceptive needs can be met at one site, often by one health professional, in services with extended opening hours (evenings after 6pm and weekends) and locations which are accessible by public transport..... Providers must ensure commissioned services are in accordance with this evidence base and in line with current national guidance, standards of training and care and quality indicators."

The three main sexual health Public Health Outcomes Frameworks measures:

- Under 18 conceptions
- Chlamydia detection (15-24-year olds)
- People presenting with HIV at a late stage of infection
-

As well as ensuring universal provision and health promotion for the local population as a whole, changes to risks within the population need to be monitored. Targeted work needs to be carried out for those at highest risk, and sexual health inequalities need to be addressed. Additional outcomes include:

- Clear accessible and up to date information about services
- Increased uptake of the most effective methods of contraception.
- Focus on reducing unplanned pregnancies in all ages.
- Improved access to services for those at highest risk.
- Increased timely diagnosis and management of STIs
- Repeat and frequent testing of these that remain at risk.
- Increased uptake of HIV testing especially first-time service users and repeat testing.
- Monitor uptake of late diagnosis and partner notification.
- Increase availability of condoms and safer sex practices.

Overarching:

- Increased development of evidence-based practice and ensure patient consultation, involvement and development.
- Maintenance of arrangements to participate in trials e.g. PrEP impact trial, ensuring continuity if services change.



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