



Source: Professional views on sexual and reproductive health in Haringey (2020)

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 nine 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 marginalized, vulnerable and hard to reach communities. This strategy is embedded within Haringey's broader strategic vision of equality and fairness. It continues to focus on prevention and early intervention, and inclusive interventions which emphasise collaboration to address the wider determinants of SRH (5).



Context

Locally and nationally, SRH continues to be a public health priority as the negative outcomes of sexual ill health are costly to the individual, family and society (6,7). Understanding the local context is essential when developing inclusive interventions which meet the needs of our residents.

Haringey has a young, ethnically diverse population. The total population is 282,904, 51% are under 34 years of age, and 63% of residents do not identify as White British. 180 different languages are spoken and 30% of residents do not speak English as their first language. Haringey ranks the 4th most deprived borough in London, with deprivation more concentrated in the northeast (27).

The impact of inequality on health outcomes are well documented (29), but the relationship between these factors is complex. Sexual and reproductive health is influenced by a range of ‘determinants’ including individual lifestyle factors and health-care seeking behaviours; friends and family; education; availability, acceptability and accessibility of health services; as well as culture, stigma and discrimination (26). Key determinants include:

Poverty: A known determinant of poor health outcomes is socio-economic deprivation (SED) and there is a strong positive correlation between rates of new sexually transmitted infections (STIs) and the index of multiple deprivation across England. Deprivation is also linked to homelessness and higher risk behaviors such as sex work and substance misuse.



Context

Ethnicity: Compared with the general population, people from some Black, Asian and Minority Ethnic 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. Late diagnosis of HIV is of particular concern amongst Black African Communities, as it is the most important predictor of HIV related morbidity and short-term mortality, which in turn contributes to health inequalities.

Age: 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 impact on fertility and maybe be an indicator of unhealthy or exploitative relationships.

Gender: 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. Women are also at higher risk of sexual violence, with an estimated 20% of women having experienced some type of sexual assault since the age of 16 (31).

Sexual preference: Men who have sex with men (MSM) including gay and bisexual men continue to be a higher risk of STIs including HIV. However, whilst some men identify as gay or bisexual, there are also men who have sex with men who self-identify as heterosexual, especially for those from community's where being gay is a taboo. This means that there are significant challenges in developing sexual health messages and interventions that meet the needs of this high-risk population.



Our Vision

This strategy is embedded within the aims and values of Haringey's 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, inclusive and accountable services,
2. Supporting education and health promotion,
3. Developing effective communication and messaging,
4. Contributing to a skilled and confident workforce.

At the time of writing the most recent guidance was referenced. For an overview of statutory duties and guidance see Appendix 1.



Guiding Principles

Our strategy is underpinned by:

- **Fairness and Equality** – working to reduce health inequalities by ensuring all residents have access to services and education, but with increased resource for those who need it most (**Proportionate universalism**).
- **Needs-Based** –responding to expressed needs of residents, changing trends and evidence of effectiveness.
- **Positive and Inclusive**- 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, free from stigma, embarrassment and judgement.
- **Supportive of knowledge and resilience across the life-course**- empowering 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**-promoting and protecting 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. To support this work, this SRH Strategy pay particular attention on the need's young residents.
- 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).

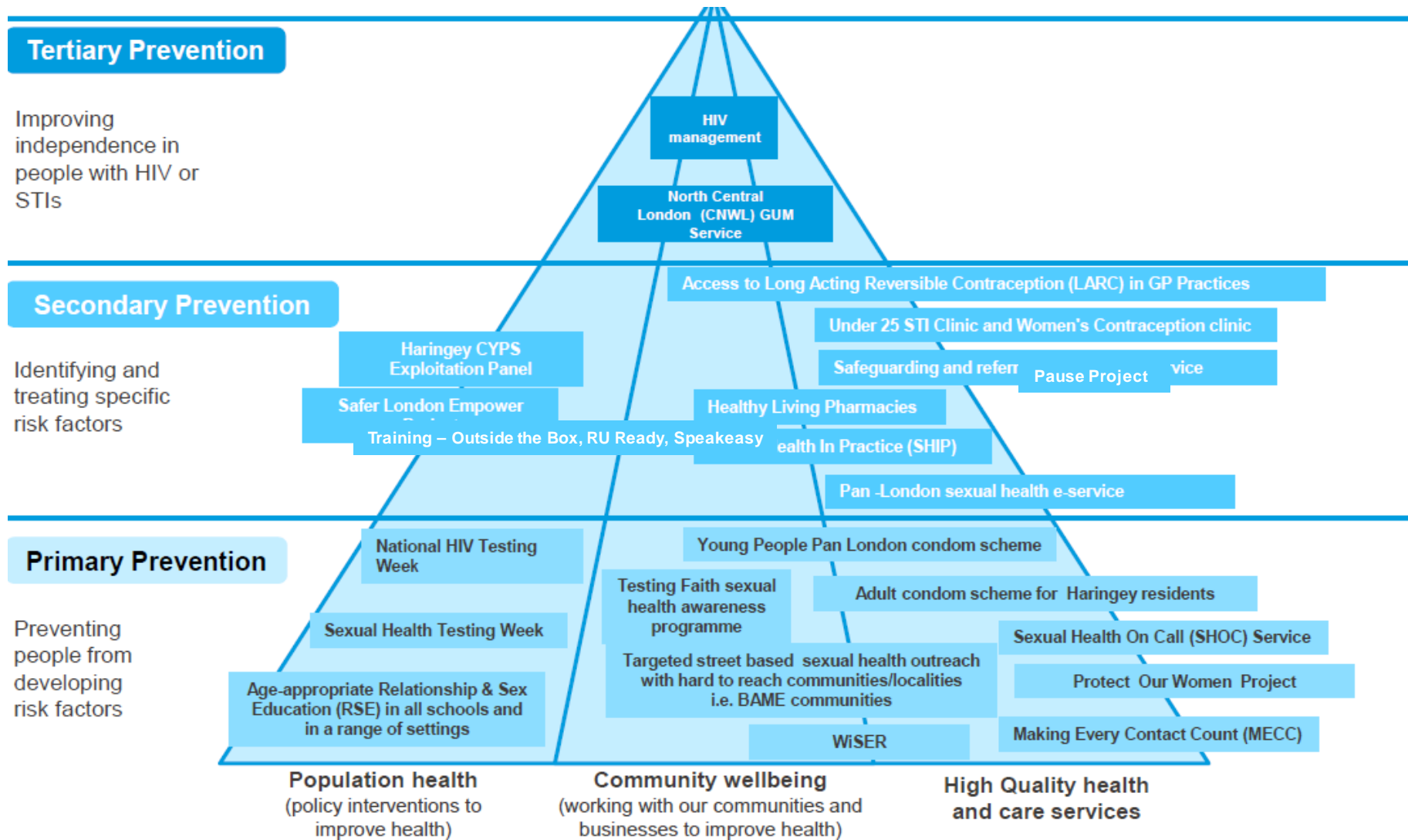


Prevention & Early Intervention

- Haringey has a 10-year Violence Against Women and Girls Strategy (2016-26), and we are committed to working alongside its priorities, in particular Priority 2- Prevention and the ambition to challenge and change *“views and behaviours that condone or support violence against women and girls; education and community initiatives promote non-abusive, healthy ways of relating”*. (32)
- 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



Examples of our current assets & services



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)



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)



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



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



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 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

Achievements

Following the Step Change Transformation Programme, Haringey developed a broad offer of evidence-based interventions, including integrating sexual and reproductive services and increasing community-based provision. Services are well received and engage many residents.

The following summarises the main interventions delivered during the financial year 2019-20;

“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



Achievements

- ★ 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](http://www.haringey.gov.uk/sexual%20health) PER MONTH



What does the data tell us?—STIs

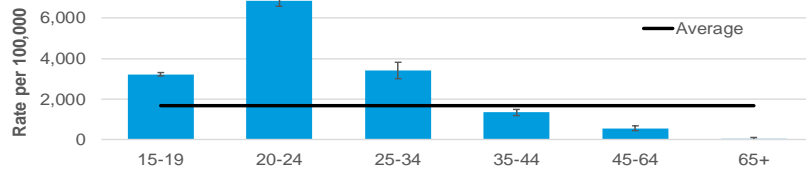
STI: Who is at risk?

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



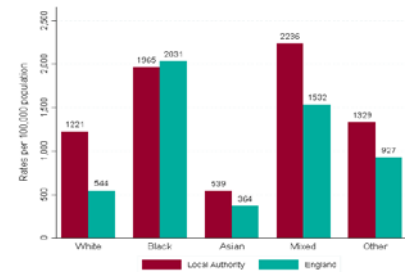
The rate of new STI diagnosis was four times higher than the Haringey average among **younger adults aged 20-24**. This diagnosis is **comparable in the same age group in 2017**. The rates of new STI diagnosis among adults aged 45 and over is below the borough average and is not significantly different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

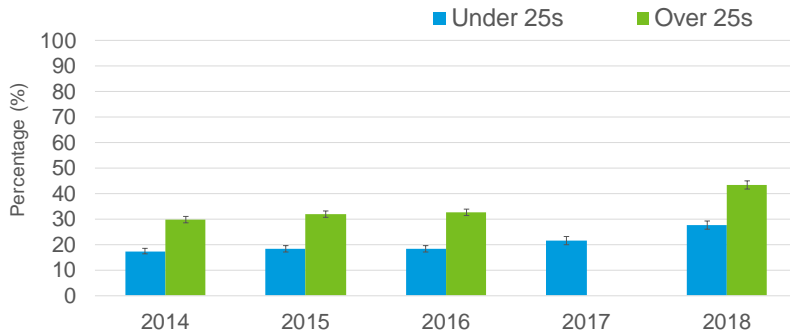
In Haringey, an estimated 8.7% of women and 12.8% of men presenting with a new sexually transmitted infection (STI) at a SHS during the 5 year period from 2014 to 2018 became re-infected with a new STI within 12 months. Nationally, during the same period of time, an estimated 7.0% of women and 9.7% of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



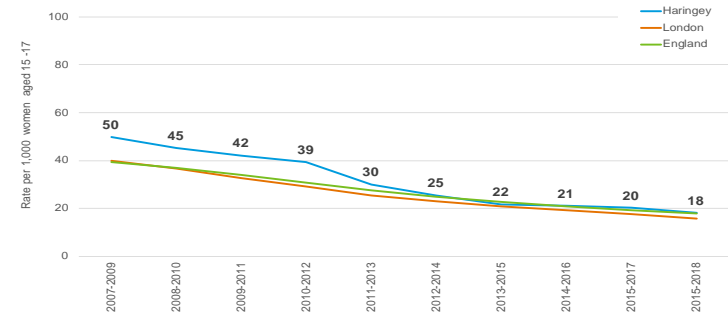
The proportion of women aged under 25 who chose long active reversible contraception (LARC) as their main method of contraception increased significantly from **17%** in 2014 to **28%** in 2018. Among women aged 25 and over, the use of LARC also significantly increased from **30%** in 2014 to **43%** 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?– Under 25s

Of all age-groups, the highest STI diagnosis rates in England are in young people aged 15-24 years.

Haringey has a high incidence of new sexually transmitted infections (STIs) for all ages. In 2018 a rate of 1,923.1 per 100,000 residents, were diagnosed, which is over double the national rate (784 per 100,000). 36% of these new STIs were in young people aged 15-24 years, ranking Haringey 11th highest out of 317 local authorities in England for of new STIs excluding chlamydia for this age group.

Amongst this age group, the chlamydia detection rate is 3,278 per 100,000 population (higher than PHEs recommended 2,300 per 100,000). The detection rate is not a however measure of prevalence, and Haringey's high detection rate reflects success at identifying this STI through its community screening programme particularly opportunistic screening in outreach, youth settings and pharmacies.

As chlamydia is frequently asymptomatic, if it is left undetected and untreated, there is an increased risk of onward transmission to other partners and can cause serious reproductive health problems. Of those screened, positivity rates were (10.6%) similar to those nationally (9.7%).

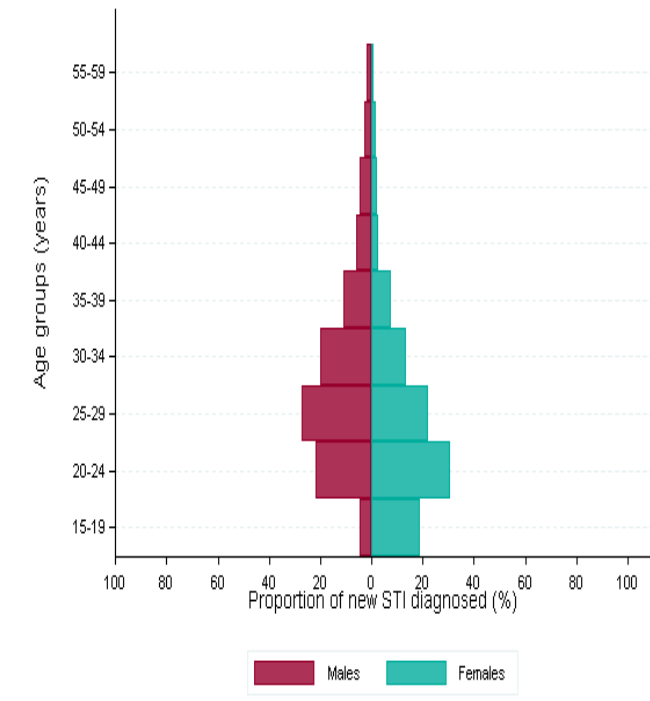
One concern is that an estimated 17% of 15–19-year-old females and 11.4% of 15–19-year-old males presenting with a new STI became re-infected with an STI within 12 months. Reinfection can indicate lack of knowledge and skills to prevent infection, but may also indicate additional vulnerabilities, unhealthy relationships or exploitation.

Haringey has seen a steep decline in under 18 conception rates, in-line with national rate. The conception rate among girls aged 15-17 years has fallen by approximately 76% in the past 10 years. (50 to 18 I per 1000 females). In 2018, almost 2/3 of pregnancies in under 18s led to an abortion and 30% of abortions to under 25s are repeat abortions, (rates are similar to London trends).

Young women who experience early pregnancy are also at higher risk of substance misuse, CSE, repeat pregnancies, and other vulnerabilities such as LAC, education underachievement, NEET.

In 2018 HPV Vaccine coverage was good at 87%, which is within national target range. We would expect to see an impact on HPV rates in the future.

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, highlights the needs of young Haringey residents. The data clearly demonstrates their health needs, but this is within a broader context of changing attitudes and behavior towards relationships and sex. The National Survey of Sexual Attitudes and Lifestyles (13) has shown that over the decades the age of first heterosexual intercourse has declined to an average of 16 years, with about a third having first sex before age 16. Younger generations are also more liberal in their views of sexual behaviour and same sex partnerships (14). At the same time access to information of varying quality has increased exponentially due to the internet.

*“Many young people are unsure of where to get help....they could be scared, embarrassed, ashamed... there is a lot of stigma especially for women”**

However, despite the increase in information, young people tell us that they don't not feel well informed about sexual health services and in a 2020 survey only 1 in 10 (12%) knew where they could find a sexual health clinic in Haringey (15a). These results are similar to a 2019 school's survey (15b) which found that 67% respondents would not know where they can get tested for chlamydia.

“Opening up is hard because of factors such as Family issues, their religion and culture, social standards and how they are being portrayed.”

We also asked why they thought young people may not access services, as well as lack of knowledge, responses included embarrassment, fear, and concerns about confidentiality. Stigma was also mentioned in relation to families were talking about these issues is a taboo due to religion or culture.

The schools survey (15b) also asked 12-15 years about their personal relationships, which indicates some level of pressure and coercion

- 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,
- 21% of pupils responded that, in the past year, they have received sexual videos or images



Young People's Needs

*“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...” **

So, despite young people seeming more liberal in their views, talking about relationships and sexual health and seeking advice continues to be a challenge. Tensions may also exist between the culture/ expectations within the home and youth culture and peer influences. The main themes emerging in the survey indicate that young people need to be better informed and feel confident to ask for help from non-judgmental sources(15a). Messages about sexual health need to be positive and inclusive, should encourage young people talk, and this is particularly important if there is any pressure within their relationships. Young people's services need to be well promoted and be clear about confidentiality.

*“That no matter what, their health comes first, there is no judgement”**

In addition to providing education and services to young people, we need to consider how we support the significant adults in their lives. A consultation in 2019 with youth practitioners (16) highlighted the importance of creating a safe non-judgmental environment for young people to have meaningful conversations, to be taken seriously and to be helped to access services. However, practitioners also identified the need for training to build their own confidence to initiate conversation about safe, healthy and consensual relationships as well as sexual and reproductive health.

*Quotes from young people (15a)



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. Haringey aims to reduce HIV infections aligned with the London Mayor's aim for zero new HIV infections in London by 2030.



Focus on High Need Groups

Haringey will invest in initiatives which target those with the highest needs including young people, men who have sex with men, BAME community, women of reproductive age and in particularly those who are highly vulnerable such as sex workers and homeless.



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 integrated sexual health and contraceptive services for Under 25s

- Inclusive services developed to meet the needs of local populations
- 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 standards for YP friendly services "You're Welcome" (appendix 2)
- Links to schools via school nursing services

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

Promoting early detection and treatment of asymptomatic infection- health promotion and universal screening for chlamydia, easy access to testing/

Reducing onward transmission to sexual partners – prompt partner notification;

Preventing the consequences of untreated infection- timely treatment .

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

Professional training

Community Provision including Pharmacies and Street Outreach

Human papillomavirus (HPV) vaccination programme

Target Groups

Sexual and reproductive health is universal, and services must be inclusive and serve our diverse community, particularly in areas of higher need. **The data indicates the need to target particular risk groups (being mindful of intersectionality*)**

Young people

- Offer dedicated & inclusive YP services, which meet 'Youth Friendliness Criteria' (Appendix 2).
- Strategies to address repeat STI infection
- Increase engagement of harder to reach groups e.g., young men, LGBT
- Support schools and youth setting to deliver RSE
- Build collaborations with other Youth Initiatives and services

Black and Minority Ethnic (BAME) Groups

- Offer a range of inclusive community-based services, in areas of prevalence
- Support clear pathways into sexual health clinics for complex cases,
- Improve patient experience is an ongoing focus of need in Haringey.

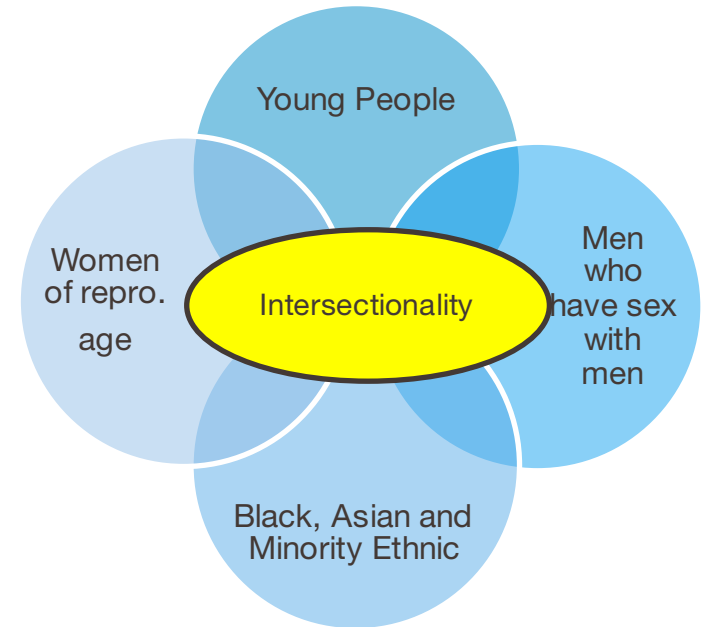
Men who have sex with Men (MSM)

- Ensure gay, bisexual and 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/ high-risk women, eg Homeless and Sex Working, have access to face-to-face support, safeguarding assessments, health promotion and contraception.
- Strategies in place to address repeat abortions, including clear pathways
- Increase LARC provision 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.*



Moving Forward

Our Priorities Areas 2021-24

1. Commissioning high quality, inclusive and 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)

- 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 groups, including Community Services, Healthy Living Pharmacy and Pan- London Services .
- Broaden the 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)
- Continue to offer face-to-face services for those who are the most vulnerable and at risk particularly those under 19, to ensure extra safeguarding measures are in place.
- 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
- Respond to repeat abortions, by ensuring pathways with termination services provide effective support to access health promotion and contraception.
- Respond to repeat infections by improving health promotion messaging, partner notification systems, and continuing to ensure our Chlamydia screening is offered universally and opportunistically to both male and females.



Community sexual health services

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.

Community Outreach 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.



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.

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 imbue 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.

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 ‘relationships and sex education’ (RSE), work with key stakeholders to ensure schools deliver RSE with confidence through training and support(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 and support they need to deliver RSE.
- Work in collaboration with the VAWG team, CYP Service and schools to ensure joined up approach to prevention.



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- 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 web pages. This will include an interactive function ‘ChatBot’ which provides real time answers to questions types 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 and tackling health inequalities through collaboration, 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 reflects the ‘guiding principles’ which underpin our vision, in particular the promotion of 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, free from stigma, embarrassment and judgement.
- 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 an 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.



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 and annual F, 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 key 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



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 and 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.
- 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.



Appendix 2: DH Quality criteria for young people friendly health services 'You're Welcome'

To improve the health and wellbeing of young people it is essential they engage with services and access appropriate care. To ensure this, services must be designed to meet the particular needs of young people, be sensitive to their experiences and perceived concerns and barriers. The following is a set of key quality criteria (30) which help address these issues, providing a useful framework for the design and delivery of youth friendly services, and for monitoring the quality of existing services.

| | |
|--|---|
| 1. Accessibility | 6. Joined-up working |
| By public transport? | Are any other relevant services co-located within the service? Is there collaboration with other services? |
| At convenient opening times for young people? | Is service info shared with other key professionals? |
| Can they attend with a friend? | 7. Youth participation and coproduction |
| Are there opportunities for self-referral? | Are young people routinely consulted about current services? Regular feedback on experience? |
| Is it inclusive in terms of disability, sexual orientation, gender and ethnicity? | Are young people involved in service development including promotional materials |
| 2. Publicity | Are young people routinely involved in reviewing the services against these Criteria? (mystery shopper?) |
| What types of promotional materials and what methods are used to communicate? | 8. Health Issues and Transition for young people |
| Are promotional materials inclusive and accessible i.e. language, disability? | Do services also promote of healthy lifestyles? Eg drug and alcohol, mental health etc... |
| Do materials state...a) Young people's entitlement to a confidential service? | Does the service meet emotional & psychological needs of young people with clear referral pathways |
| b) If they can attend alone without a parent/carer? | Are there clear procedures to prepare young people for the transition to adult health services |
| Is information accurate and up to date? | Are there staff trained to help young people with the transition? |
| 3. Confidentiality and consent | 9. Services which offer Sexual and reproductive health advice |
| Is there a written policy on confidentiality and consent to treatment? Is it displayed? | Does your service offer a range of sexual health services, contraception, advice and information? |
| Are staff regularly trained on these issues? | Does your service offer STI testing and treatment? |
| Are young people and parents/carers aware? | Are young people supported to make safe, informed choices in a respectful non judgemental way? E.g., understanding consent, delaying early sex and resisting peer pressure |
| 4. Environment | Is information provided easy to understand and inclusive? |
| Is it a safe, suitable and young people friendly environment? | Is the service flexible about involving other people in the assessment and treatment process? |
| Are the reception, waiting, treatment areas comfortable, and welcoming? Mixed with other ages? | Are staff trained and confident to: |
| Do staff routinely explain who they are, and what the service can/cannot provide? | <ul style="list-style-type: none"> • Talk to young people about sexual health issues, • Knowledgeable about the full range of contraceptive options, • Clear about what they can and cannot do to help young people, and who they are able to help, • Able to recognise and respond the different health needs relating to gender, sexual orientation, ethnicity and age, • Able to recognise and facilitate informed consent and work within Fraser guidelines? |
| 5. Staff training, skills, attitudes, and values | |
| Are staff trained on understanding, engaging and communicating with young people? Regular supervision? | |
| Does staff training, supervision and relevant appraisal ensure they are competent to | |
| <ul style="list-style-type: none"> • Discuss health issues with young people, • Work with parents/carers in culturally appropriate ways, • Make appropriate referrals, • Manage sensitive consultations, • Support young people in making informed choices? | |



Lead Officers

Anna Martinez- Public Health Officer, Youth Prevention and Early Intervention

Akeem Ogunyemi - Commissioner for Sexual health

www.haringey.gov.uk/sexualhealth

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