

LSL Sexual Health Strategy 2018-2023

Draft consultation event

27 September 2018

Lambeth, Southwark, and Lewisham Public Health



AGENDA

- 13:00** **Welcome**
Jennifer Reiter
- 13:10** **Introduction to the 2018-23 strategy**
Kirsten Watters
- 13:15** **Overview of epidemiology**
Nora Cooke O'Dowd
- 13:25** **Healthy and fulfilling sexual relationships**
Talia Boshari
- 13:30** **Good reproductive health**
Talia Boshari
- 13:35** **High-quality and innovative STI testing and treatment**
Kirsten Watters
- 13:40** **Living well with HIV**
Rachel Scantlebury
- 13:55** **Comfort break**
- 14:15** **Flipchart station feedback**
- 15:30** **Whole group feedback**
- 15:45** **Next steps**
Jennifer Reiter
- 16:00** **Event close**

Introduction to 2018-23 LSL strategy

Kirsten Watters

Consultant in Public Health, Southwark Council



What have we been doing since December?

2018-23 STRATEGY DEVELOPMENT

Since we last consulted in December, we have:

- Conducted evidence reviews and epidemiological reviews
- Developed logic models
- Held co-creation workshops with women
- Remembered what we don't know and what we need to know more about
- Reaffirmed our commitment to working together across Lambeth, Southwark, and Lewisham
- Acknowledged our need to localise some work to make the most of partnerships
- Had lots and lots of meetings...

Why do LSL work in partnership to improve sexual and reproductive health?

- We want to align action across the system and to do this we need a shared and clear strategic direction for action

The vision of our 2014-17 strategy recap remains relevant today

2014-17 RECAP

To improve sexual health in LSL by building effective, responsive and high quality sexual health services, which effectively meet the needs of our local communities



What have we been doing since December?

2018-23 STRATEGY DEVELOPMENT

The most common critique of strategies is that they are overly descriptive, somewhat vague, light on action...

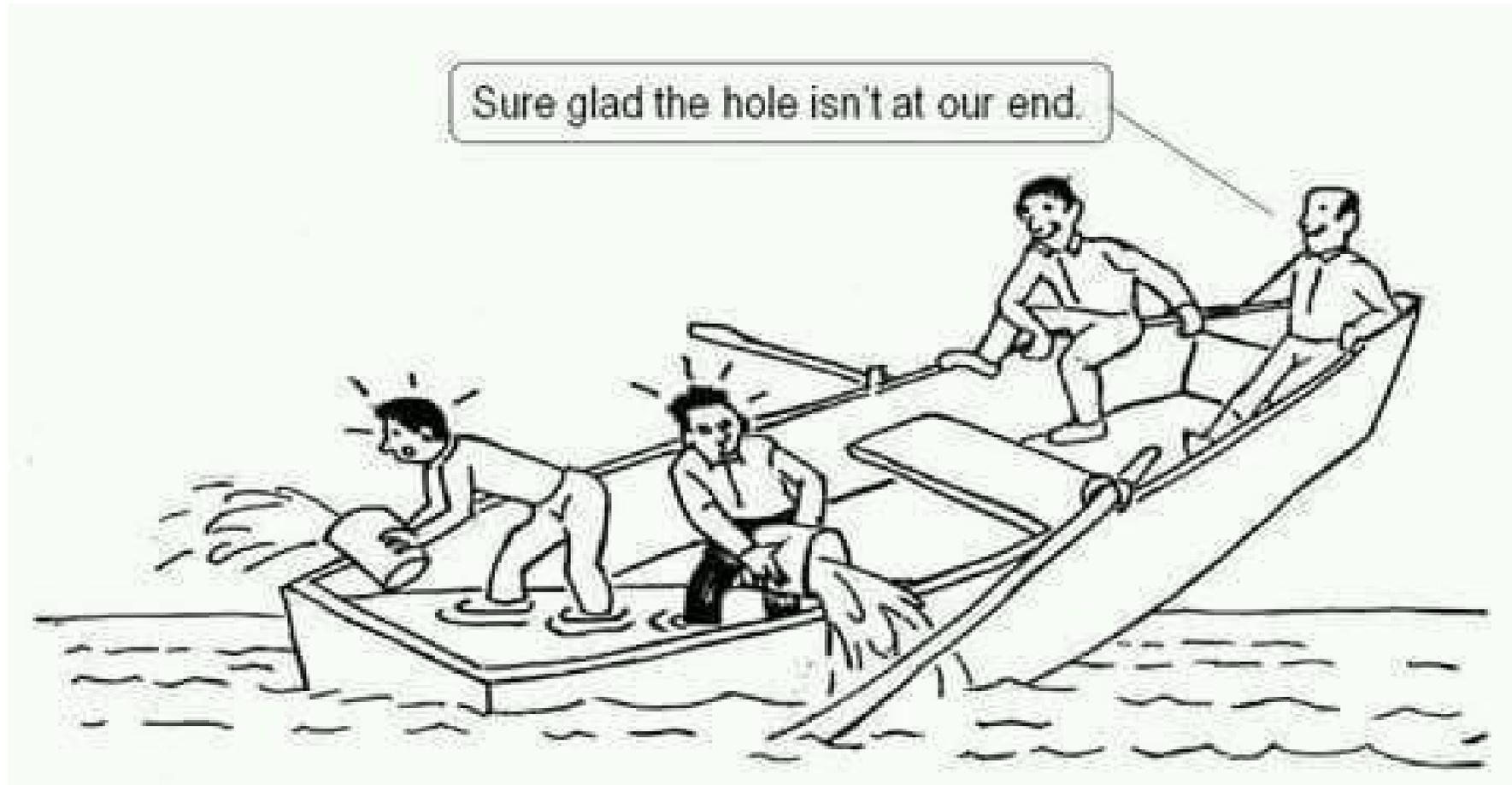
The best strategies are directions not plans.

- No surprises
- Building on what we have achieved to date
- Align action across the system – in a way which supports our 125 GP practices, 3 clinical commissioning groups, 3 local authorities, 3 acute trust providers, 15 voluntary sector partners to have a shared understanding



What have we been doing since December?

2018-23 STRATEGY DEVELOPMENT



Our 2018-23 Strategic Priorities

Healthy and fulfilling sexual relationships

- **VISION:** People have healthy, safe and fulfilling sexual relationships

Good reproductive health across the life course

- **VISION:** People effectively manage their fertility and reproductive health, understand what impacts on it, and have knowledge of and access to contraceptives

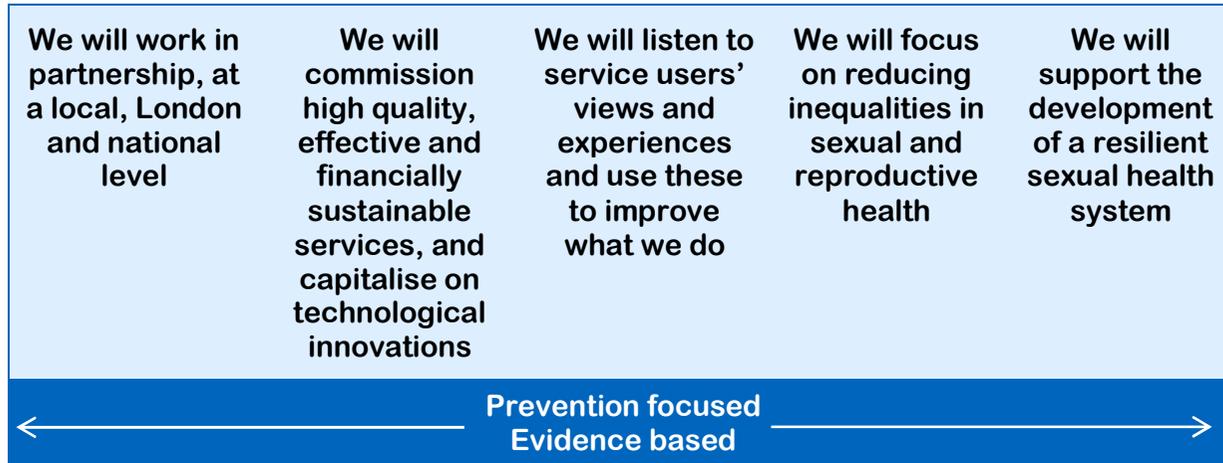
High quality and innovative STI testing and treatment

- **VISION:** The local burden of STIs is reduced, in particular among those who are disproportionately affected

Living well with HIV

- **VISION:** We move towards achievement of 0-0-0: zero HIV-related stigma, zero HIV transmissions, and zero HIV-related deaths

Our 2018-23 Strategic Principles



- We will continue our history of strong partnerships both locally and at London level
- We recognise the need to strong national partnerships in light of PrEP
- We are committed to our shared commissioning model and repository of expertise we have locally
- We recognise the challenges we're facing as a system
- We recognise the diversity of need within our populations and we will listen and use to improve what we do
- We acknowledge the we can't reduce health inequalities without improving sexual health
- As organisations and commissioners, we will support a resilient sexual health system

What will happen next?

NEXT STEPS

To accompany and in follow-up to the 2018-23 Strategy, we will work to develop and publish the following:

- Suite of Joint Strategic Needs Assessment Documents, evidence review and logic models published alongside the Strategy
- Action plans
- Commissioning intentions



Sexual health epidemiology overview

Nora Cooke O'Dowd
Public Health Analyst, Southwark Council



LSL is a diverse area of inner South-East London, but is not a demographically homogenous area

DEMOGRAPHICS

The population of Lambeth and Southwark is younger than Lewisham.

- Southwark and Lambeth have a slightly younger profile than Lewisham and London, with a median age of 33 compared to 35 in Lewisham
- This stems from a much larger proportion of the population aged 25-34

A higher proportion of Lambeth and Southwark residents identify as gay, lesbian or bisexual.

- In Lambeth and Southwark, 6% of adults identify as gay, lesbian or bisexual, compared to 3% in London
- Figures on sexual orientation are not available for Lewisham due to a very small sample size and thus we can assume figures are smaller

There is a similar ethnic population mix across LSL with a higher proportion of people from Black ethnic groups.

- As in London, 55% of the LSL population are from White ethnic groups
- A quarter of the LSL population are from Black ethnic groups – this differs from the rest of London where people from Black ethnic groups account for only 14% of the population of greater London

Healthy and fulfilling sexual relationships forms a preventative chapter of the strategy

HEALTHY AND FULFILLING SEXUAL RELATIONSHIPS

Enabling people to navigate sexual experiences and to identify unhealthy relationship behaviours is hugely important, but there are limited data.

- SHEU survey captures some knowledge of sex and relationships among young people - fewer children in Lewisham learned about sex in school
- There are other proxy measures which are available e.g. domestic abuse, sexual violence crime statistics
- Broadly, we acknowledge there is insufficient data to describe healthy and fulfilling sexual relationships in the way we would like to

Reliance on user dependent methods of contraception may contribute to high rates of EHC and abortion in LSL

GOOD REPRODUCTIVE HEALTH

User dependent contraceptive methods (e.g. condoms, or the pill) are the most common form of contraception used in LSL with high use of EHC, particularly in Southwark.

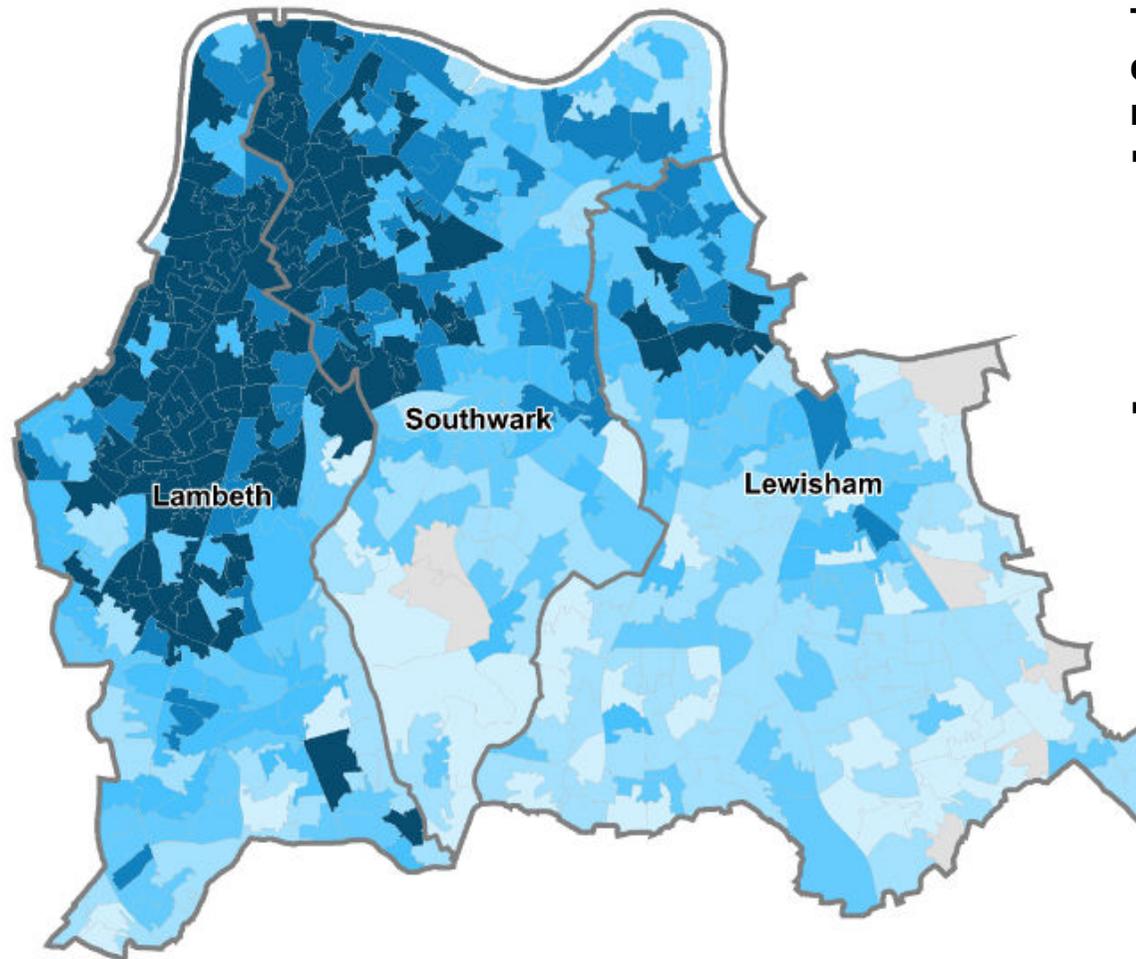
- Two-thirds of women in LSL reported user dependent methods as their main method of contraception
- LARC does not rely on daily compliance. Prescribing rates of LARC across LSL are lower than England, but higher than London. Southwark has the lowest total LARC prescribing in LSL
- Use of EHC is high, particularly in Southwark. Repeat use of EHC is also high with 60% of women self-declared previous users within the last 6 months

Rates of pelvic inflammatory disease admissions are highest in Lewisham, but are decreasing.

- Across LSL in 2016/17, there were just over 500 cases of pelvic inflammatory disease
- Lewisham has had the highest rates of pelvic inflammatory disease and ectopic pregnancies, however this has converged with the rest of LSL over time

There is substantial variation in the diagnosis rate of new STIs across the region

STI TESTING AND TREATMENT



There is substantial variation in the diagnosis rate of new STIs across the region.

- New diagnoses of STIs are not evenly distributed across LSL, with rates particularly high in northern and central Lambeth, north-west Southwark and north Lewisham
- However the picture is complex. Lower diagnosis rates in some communities may reflect lower levels of access / attendance rather than lower levels of need

Diagnosis rate of new sexually transmitted infections across LSL, 2017

References

1. GUMCADv2
2. © Crown copyright and database right 2018, Ordnance Survey (0) 100019252

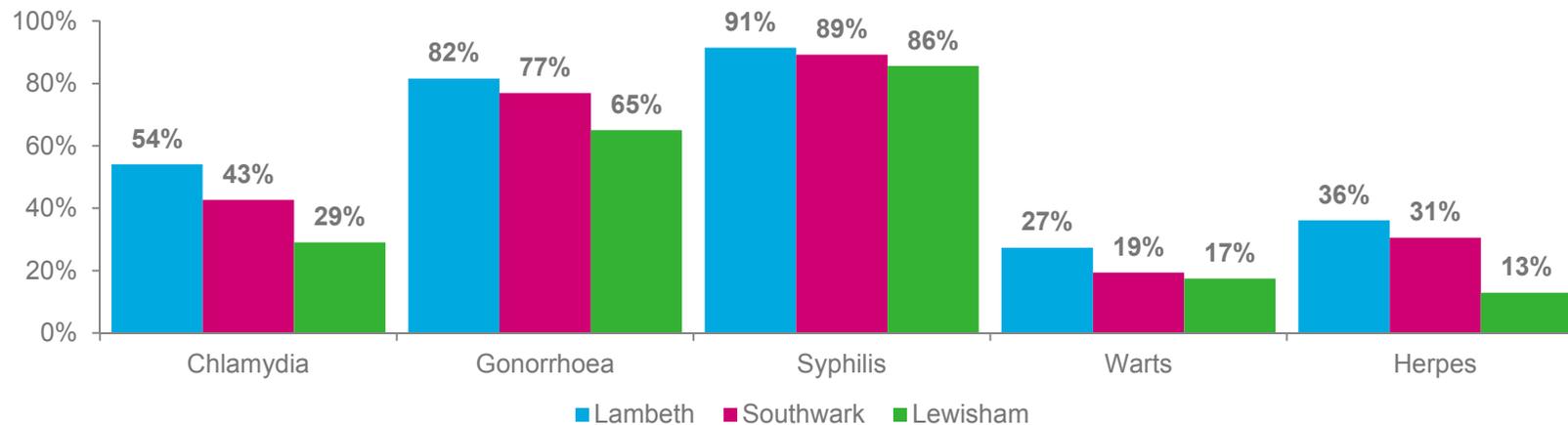
The demographic patterns of the most common STIs are similar across LSL, with some local variation

STI TESTING AND TREATMENT

Lambeth and Southwark have consistently higher rates of STIs than Lewisham.

- While rates of chlamydia, gonorrhoea, syphilis, genital warts and herpes are similar in Lewisham to London, rates are considerably higher in Lambeth and Southwark
- Lewisham has considerably higher rates of STI re-infection within 12 months for people aged 15-19 years than Lambeth or Southwark
- Some of the demographic differences seen across the three boroughs are reflected in the distribution of STIs

The proportion of men diagnosed with each of the five most common STIs who identified as gay



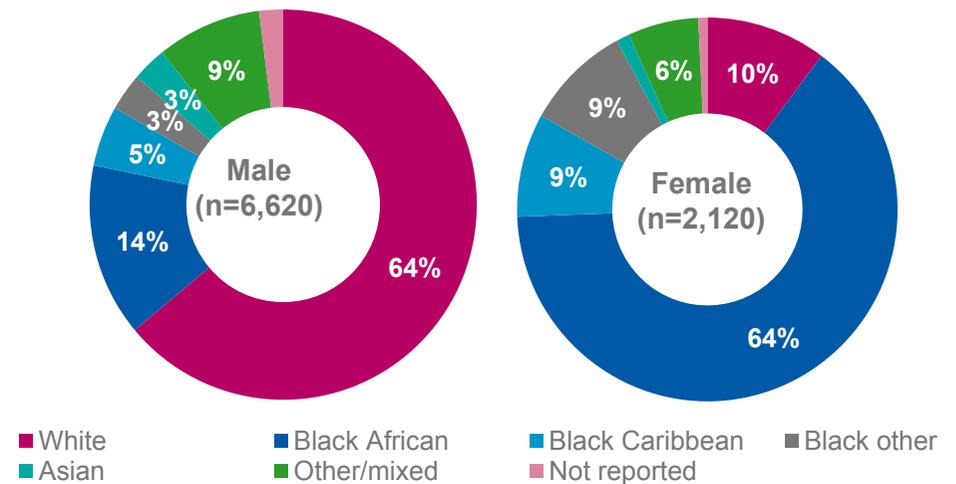
Highest HIV diagnosis seen in those aged 35-64, men of White ethnicity and women of Black African ethnicity

LIVING WELL WITH HIV

The ethnic breakdown of people with HIV across LSL is very different among men and women.

- Just over 8,700 people in LSL are living with a HIV diagnosis
- The majority (76%) of HIV diagnoses are in men
- Of all men diagnosed with HIV, 64% were White, and of all women diagnosed with HIV, 64% were Black African
- The lowest proportion of cases came from Black Caribbean, Asian and Other/Mixed ethnicities
- Just under 500 new cases of HIV were diagnosed in LSL in 2016 – a 26% decrease in the number of cases compared to 2012

Proportion of all diagnosed HIV cases seen for care by sex and ethnicity in LSL, 2016



Sexual health strategy chapter overviews

Talia Boshari
Public Health Policy Officer, Southwark Council

Kirsten Watters
Consultant in Public Health, Southwark Council

Rachel Scantlebury
Public Health Registrar, Lambeth Council



Empowering people to make their sexual relationships healthy and fulfilling is integral to a holistic SRH strategy

HEALTHY AND FULFILLING SEXUAL RELATIONSHIPS

Why healthy and fulfilling sexual relationships?

A large part of improving sexual and reproductive health outcomes is supporting people to develop the skills to negotiate the sex (and sexual relationships) that they want to have.

- Knowledge and guidance is an important resource in enabling people to navigate sexual experiences and to identify unhealthy relationship behaviours
- Public Health has a role in supporting sex and relationships education (SRE)
- We can promote and encourage partner organisations to champion healthy relationships

Mirroring strategic directions

- The Department for Education has legislated statutory SRE across the UK as of September 2020
- NHSE set out the five-year strategic direction for sexual assault and abuse services and emphasises prevention

Empowering people to make their sexual relationships healthy and fulfilling is integral to a holistic SRH strategy

HEALTHY AND FULFILLING SEXUAL RELATIONSHIPS

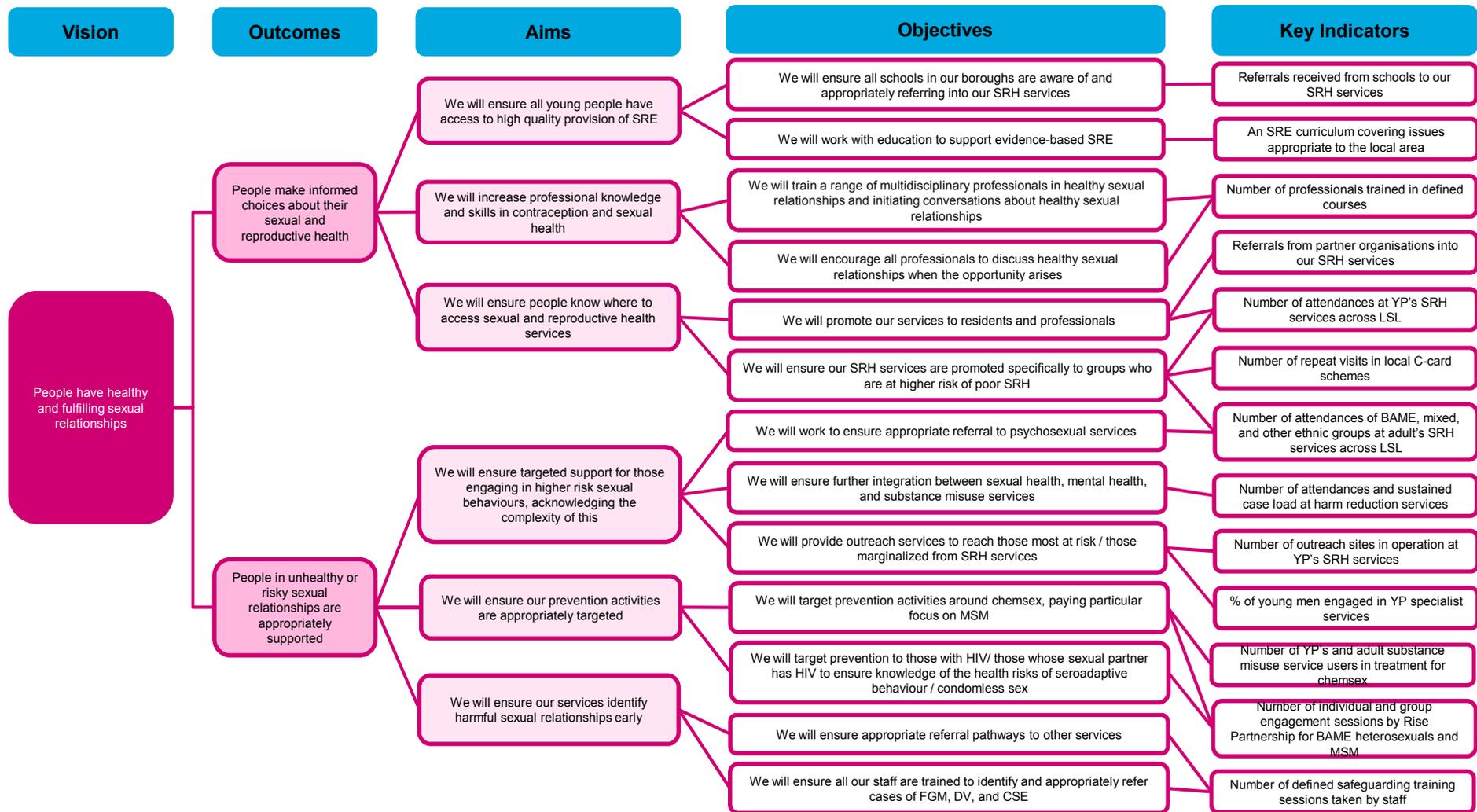
Our vision is for all people in our boroughs to be informed and empowered to make their sexual relationships healthy and fulfilling

- SRE sufficiently inclusive of all levels of disability, sexual orientation, and life circumstances
- Accessible contraception services
- Support for people in unhealthy or risky sexual relationships

In looking to achieve this vision, we are faced with ongoing and emerging challenges:

- Insufficient data to describe and quantify inequalities in achieving healthy relationships
- Serious youth violence and women and girls as invisible victims
- Online relationships and safety

This chapter serves as the preventative strand of our strategy.



Reproductive health is a core component of overall health and wellbeing across the life course

GOOD REPRODUCTIVE HEALTH

Consequences of poor reproductive health exacerbate inequalities in health, education, and socio-economic status and conversely, these factors also impact on reproductive health.

For many people, good reproductive health includes the capability to have children and the freedom to decide if and when to do so.

- This strategy does not focus on conception support but rather the wider factors affecting reproductive health

STIs have often dominated the conversation around sexual health and local and regional strategies. We want to redress this balance and focus on improving reproductive wellbeing.

- The recent (June 2018) report from Public Health England sets out a five-year framework for reproductive health improvement
- We have captured the results of their engagement with women and professionals - and our own - in this strategy

Reproductive health is a core component of overall health and wellbeing across the life course

GOOD REPRODUCTIVE HEALTH

Our ambition is for all people – but especially women and people with uteri – in our boroughs to have the skills, knowledge, and access to services that allow them to effectively manage their fertility and reproductive health

- A reduction in reproductive health inequalities
- The full range of contraceptive methods are available in a variety of settings
- Knowledge and understanding of reproductive health and fertility are increased among professionals and residents

Inequalities persist in good reproductive health but we continue to innovate to improve access to contraception and work with local women to co-design services and programmes.

Supporting and fostering cross-section innovation to ensure financial stability and a reduction in STIs

STI TESTING & TREATMENT

STIs are a significant contributor to and result of health inequalities but early access to comprehensive, high-quality testing and treatment can help to reduce these.

Our sexual health services has a history of innovation.

- From the integration of sexual and reproductive health provision...
- ...to online services
- However, we want to do more to ensure quality across the totality of our system

Despite advancements and improvements in STI testing and treatment, some groups remain disproportionately affected by STIs.

- Young people, MSM, and Black and minority ethnic groups are at higher risk of poor sexual health
- LSL have a large population of these groups and there must be a balance between accessible, open-access services and targeted, proactive testing for those most at risk

Supporting and fostering cross-section innovation to ensure financial stability and a reduction in STIs

STI TESTING & TREATMENT

Our vision is for LSL to see a reduction in the burden of STIs, in particular among those who are disproportionately affected

- Ensure the effective and efficient use of services
- Tackle the stigma associated with using SRH services
- Maintain high testing rates while focusing on increasing testing among those disproportionately affected
- Maximise the opportunities for condom distribution
- Maximise the input of SRE by linking education, prevention, and promotion to SRH services
- Increase the effectiveness of partner notification

These outcomes must be considered within the context of emerging trends in SRH, including increasing use of HIV PrEP and rising incidence of multi-drug resistant STIs.

Providing our populations with the support and services to enable them to live and age well with HIV

LIVING WELL WITH HIV

Widespread use of ART has meant that HIV is, for many, a long-term condition, rather than a life-threatening illness.

- This relies on early diagnosis, timely treatment, and retention in care. HIV is still frequently stigmatising, which can affect outcomes at each stage
- The greatest proportion of diagnosed HIV cases are in White males and Black African females
- Late diagnoses are more common among those aged 50-64, Black African and Other ethnicities, women, and exposure through heterosexual contacts

To ensure that people live and age well with HIV, we need to focus on a holistic care approach that manages HIV together with other chronic health conditions.

- We aim to better understand and manage the social aspects of HIV and the wellbeing of PLHIV

Providing our populations with the support and services to enable them to live and age well with HIV

LIVING WELL WITH HIV

**Our vision is to move towards 0-0-0:
0 HIV stigma, 0 HIV transmissions, and 0 deaths from HIV/AIDS**

- Maximise testing
- Reduce late diagnoses, addressing inequalities
- Continue to host and run the London HIV prevention programme
- Ensure care and support services are fit for purpose
- Commissioning HIV prevention and promotion services for the most at-risk
- Work to ensure mainstream services are relevant for PLHIV
- Support evidence-based SRE

Table discussions and feedback

2018-23 Strategy

QUESTIONS

1. Do you agree with each chapter's vision, aims, outcomes and objectives?
2. What do you want us to prioritise within each priority area within the next two years and why?
3. Are there any notable omissions?



Next steps...



LSL Sexual Health Strategy 2018-2023

Draft consultation event

Thank you

Lambeth, Southwark, and Lewisham Public Health

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