

	<h2>Health and Wellbeing Board</h2>
<p style="text-align: center;"><b>Title</b></p>	<p>London Borough of Barnet Sexual Health Needs Assessment 2023</p>
<p style="text-align: center;"><b>Date of meeting</b></p>	<p>27<sup>th</sup> July 2023</p>
<p style="text-align: center;"><b>Report of</b></p>	<p>Tamara Djuretic, Joint Director of Public Health, and Prevention</p>
<p style="text-align: center;"><b>Wards</b></p>	<p>All</p>
<p style="text-align: center;"><b>Status</b></p>	<p>Public</p>
<p style="text-align: center;"><b>Urgent</b></p>	<p>No</p>
<p style="text-align: center;"><b>Appendices</b></p>	<p>Appendix A – PowerPoint Presentation to present at the HWBB Appendix B – Sexual Health Needs Assessment</p>
<p style="text-align: center;"><b>Officer Contact Details</b></p>	<p>Calisha Allen Public Health Speciality Registrar <a href="mailto:Calisha.allen@barnet.gov.uk">Calisha.allen@barnet.gov.uk</a></p> <p>Luke Kwamya Head Of Public Health Commissioning, Adults &amp; Health - Public Health &amp; Prevention <a href="mailto:luke.kwamya@barnet.gov.uk">luke.kwamya@barnet.gov.uk</a></p>
<h3>Summary</h3>	
<p>This report provides an overview and update to the Health and Wellbeing Board on key findings of the Directorate of Public Health recently completed Population Sexual Health Needs Assessment.</p> <p>The Barnet 2023 Sexual Health Needs Assessment looks at data from the last 5 years and uses 2021 census demographic data to help better understand the needs of the Barnet population. The last 5 years have seen unprecedented pressures and changes to sexual health provision and healthcare more broadly both regionally and nationally, due to the COVID-19 pandemic and monkey pox. This needs</p>	

assessment provides an insight into the use of services over the last 5 years but should also be read with this in mind.

Here below is an overview and findings from the needs assessment on key sexual health service areas:

**1. Overview of sexual health services in the London of Borough of Barnet**

- a. Improve eligible resident's knowledge of commissioned Emergency Hormonal Contraception (EHC) and how they can access it, including from community pharmacies
- b. Improve residents' knowledge of and uptake of Long-Acting Reversible Contraception (LARC)
- c. Improve residents' knowledge of sexual health services across the borough through improvements on Central and North- West London NHS Foundation Trust (CNWL) and council websites including signposting to services across the system both face-to-face services and online and improved layout and readability scores on the websites.

**2. Integrated Sexual health (ISH) services**

- a. Staff within CNWL to update the CNWL online booking form questions to improve the recording of attendance to ISH clinic services by different ethnic groups, to better understand any inequality in access or use.

**3. Sexual Health Outcomes**

- a. Increase opportunities for and uptake of STI testing across the population, through increased promotion across the services, social media, and signposting from pharmacy services.
- b. Continue to improve outcomes relating to Pre-Exposure Prophylaxis (PrEP) by creating clearer pathways for patients and enhancing web pages across the system to help residents understand where and how to access consultations for PrEP.
- c. Increase testing in hard-to-reach groups such as through co-location of services and provision of point-of-care HIV testing
- d. Increase understanding and why uptake of HPV vaccination is low in school children post-pandemic and support the school-age immunisation team to improve uptake
- e. Support individuals who have had a termination of pregnancy to get appropriate and timely post-termination contraception
- f. A further understanding is needed around Female Genital Mutilation (FGM) prevalence and need.

**4. Needs arising in the population**

- a. Further research is needed to understand the current Relationships and Sex Education (RSE) offer to students with a learning disability both in mainstream and specialist schools
- b. To improve the access to and knowledge of sexual health services in the homeless population in Barnet, through in-reach days, co-location of services, signposting, and the provision of translated materials to the Homeless Action in Barnet Day Centre.

**5. Education and Health promotion**

- a. Increase contact and support for school link governors to support them in their role and provide opportunities for increased continuity between schools and supporting services.

## **Recommendations**

- 1. The Health and Wellbeing Board to note and approve recommendations from this needs assessment that will go on to inform the writing and implementation of the Barnet Sexual Health strategy.**
- 2. The Health and Wellbeing Board further to note that all recommendations from the sexual health needs assessment were agreed by the steering committee which was comprised of a**

range of professionals working in sexual health including members from the council, professionals and healthcare professionals within NHS services and the charity sector.

## **1. Reasons for the Recommendations**

- 1.1 The need to commission and procure sexual health services is a mandatory statutory requirement for the Local Authority under the Health and Social Care Act 2012 and therefore, a population health needs assessment is a good measure or indicator to better plan for future recommissioning of sexual and reproductive health services based on current need.

### **Overview of sexual health services in the London Borough of Barnet**

- 1.2 There are a number of providers across Barnet providing sexual health services both to Barnet residents and patients from other areas. Commissioning of providers is done by a mix of local authority, NHS England and the ICB dependent on the service.
- 1.3 There was a significant reduction in the number of interventions in sexual health clinics (also known as Integrated Sexual health (ISH) services) at the start of the pandemic as services were reconfigured to support national efforts against COVID-19. Clinic activity remains below previous pre-pandemic activity. Post-pandemic activity in Vale Drive Primary Care Centre has significantly dropped from a 3 year- average of 16.6% of interventions over the 3 years preceding the pandemic to 2.9-5%. Following the pandemic, more care to Barnet residents was provided outside of the borough with the most popular ISH clinic for Barnet residents was Mortimer Market in Camden, followed by Edgware Community Hospital and the Archway Centre in Islington.
- 1.4 The use of in-clinic services by different ethnic groups is difficult to determine as there is no recorded ethnicity for over a third of responses. There was no statistical association between the number of interventions and deprivation as measured through IMD.
- 1.5 Commissioned online services provided through Sexual Health London (SHL) provides STI and HIV self-sampling kits that are delivered and collected through the postal system or collected from sexual health clinics. There has been a steady increase in the number of self-sampling STI kits ordered online since the service started with a sharper increase in use in-line with the start of the pandemic. In 2021/22 73.3% of STI tests completed by Barnet residents were ordered online. Sexual Health London (SHL) also provide some forms of contraception including the emergency pills, the combined and progestogen-only pills, contraceptive patches, and vaginal ring contraceptive.
- 1.6 Targeted services for young people include dedicated ISH clinics, the condom distribution scheme (c-card) and commissioned free EHC from 15 community pharmacies for those under 25. The CNWL Bridge Clinic provides a dedicated and comprehensive clinic led by a senior specialist learning disability nurse for people with learning disability and autism who are over 16.

### **Sexual Health Outcomes and service access**

- 1.7 The rate of new STI diagnosis have consistently remained below the regional London average but have been above the national average since 2015. However, STI testing rate in Barnet is greater than the national average but below the regional London average. Use of services varies between different ethnic groups, with the Asian or Asian British population being under-represented, this

group is also under-represented in the number of positive tests, this may indicate a need for increased testing in this group.

- 1.8 HIV prevalence in Barnet for the reporting period 2021 was 2.1 per 100, 000 putting Barnet in the high category. There has been no significant change in the prevalence of HIV over the last 5 years. The incidence and prevalence of HIV in Barnet is below the London average but above the national average.
- 1.9 There was a significant drop in the number of school-age HPV vaccinations due to the disruption of the school immunisation programme caused by national lockdowns and school closures. Where vaccinations have been subsequently offered uptake has been below pre-pandemic levels for the borough and lower than the London regional average.
- 1.10 There has been no change in the number of people having terminations of pregnancies over the last 5 years. In Barnet, 41.1% of abortions were repeat abortion, similar to regional and national averages, and 88.1% of abortions were at 3 to 9 weeks. 2 Professionals have expressed a concern around unmet need around post-termination contraception, with many patients not attending post-termination contraception appointments. At NUPAS, pre-pandemic post-TOP contraception care was provided to 43% of patients' pre-pandemic but only 22.6% post-pandemic.
- 1.11 Knowing the true incidence and prevalence of sexual abuse and FGM is difficult as need is not always expressed. Specialist services and pathways exist for those who have been a victim with a range of services provided by the council, CNWL and the voluntary and community sector.
- 1.12 Discussions with professionals working at Homeless Action in Barnet and interviews with its clients revealed multiple practical barriers to accessing sexual health services for those experiencing homelessness. These include cost barriers from transport and difficulties booking and keeping scheduled rather than walk-in appointments.

### **Education and Health promotion**

- 1.13 Most of PSHE education became statutory for all schools from September 2020 under the Children and Social Work Act 2017. The main responsibility for PSHE/RSE delivery firmly sits with each school and support is available from services including Health Education Partnership (HEP), Brook and School Nurses which are commissioned by Barnet Public Health. Barnet schools are also supported through Barnet Education and Learning Service (BELS) who offer support guidance and direct support through their traded service Barnet Partnership School Improvement (BPSI).
- 1.14 Health promotion is also provided in the community with work targeted both for young people and adults through Brook.
- 1.15 The sexual health needs assessment is a broad document reviewing many areas of sexual health though it is acknowledged that there are areas relating to sexual health that have fallen outside of the scope of the document. It provided an opportunity to create an overview of the sexual health needs of Barnet residents and was closely supported by many partners working in this area. As we move away from the pandemic and adopt to new ways of working as well as changing health-seeking behaviours from our population we will continue to review the needs of our population.

## **2. Alternative Options Considered and Not Recommended**

- 2.1 This piece of work was a needs assessment and recommendations were co-created alongside a range of stakeholders and brought to consensus. This needs assessment compiles the necessary evidence to create an evidence-based strategy.

2.2 Not conducting a sexual health needs assessment was an option not considered and/or recommended.

### **3. Post Decision Implementation**

3.1 The recommendations from the needs assessment will be used to inform the work of the Barnet Sexual Health Strategy 2023-2028

### **4. Corporate Priorities, Performance and Other Considerations**

#### **Corporate Plan**

4.1 Sexual health services form part of the Council's statutory duties under the Health and Social Care Act 2012 to commission and provide appropriate access to sexual health services.

4.2 This report aligns strongly with stated priorities with the 2023-2026 Corporate Plan:

- Caring for people: Tackling inequalities
  - This report specifically looked to identify priority groups including MSM, young people, asylum seekers and refugees and those experiencing homelessness in relation to sexual health and where data was available reviewed outcomes in relation to deprivation, ethnicity, gender, and sexual orientation.
  - By analysing the data by these different characteristics, we were able to identify groups that were under-represented or had difficulties accessing services and make recommendations to improve equal access for all.
- Being an engaged and effective council: Improving access to our services
  - Consideration of access to services and knowledge about services was explicitly explored within the needs assessment. Accessibility to services were considered in relation to opening hours of face-to-face services, public transport access of face-to-face services and readability of service websites.

#### **Corporate Performance / Outcome Measures**

4.3 UKHSA recommends that local authorities should be working towards the revised female-only minimum detection rate of 3,250 per 100,000 women aged 15 to 24 years

UKHSA publishes a range of indicators that support the council to understand sexual health outcomes. These are published through fingertips and covers data in the following areas: teenage pregnancy, abortions, contraception, HIV, sexually transmitted infections (STIs) and sexual offences.

#### **Sustainability**

4.4 There is no direct environmental impacts of this needs assessment.

#### **Corporate Parenting**

4.5 It is the intent that the needs assessment improves the access to sexual health services for all Barnet residents including those in care.

#### **Risk Management**

4.6 There are not direct risks in relation to this needs assessment as a standalone piece of work.

The needs assessment has been created to inform the strategy and if there are any errors in analysis or topic areas or indicators missing these areas may be overlooked in the final strategy document.

The risk of this has been managed through a steering committee comprised of experts across different domains of public health. The steering committee were involved in setting the direction and content of the needs assessment and reviewed the final document.

### **Insight**

- 4.7 Insight data has been used to create these recommendations to ensure that recommendations are evidence-based as part of the pillars of public health practice.

Data was reviewed and considered historical trends where data for this was available. The report took a 5-year timeline and explicitly considered how the pandemic and Mpox effected trends. The quality of the data was also considered throughout and known limitations discussed throughout the report. When data was lacking this formed one of the recommendations to improve the quality of future analysis.

Analysis was completed with the support of the Intelligence and Insight team.

The document is extensively referenced to ensure that data sources are clear.

Data comes from a range of publicly and non-publicly available data sources. All reported data within the document is appropriately aggregated to maintain patient confidentiality.

### **Social Value**

- 4.8 The needs assessment aims to improve the sexual health of Barnet residents and those who seek care in Barnet in relation to sexual health. Sexual health plays an important part in overall health and wellbeing in different ways at different times in an individual's life.

As part of the needs assessment the author had the opportunity to meet and bring together professionals working across the sexual health landscape in Barnet who had not worked together before. This strengthened the network of professionals across Barnet creating a long-lasting impact for the sector in Barnet beyond the needs assessment work.

## **5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

- 5.1 There are no current financial implications associated with the recommendations of this report.

## **6. Legal Implications and Constitution References**

- 6.1 There are no current legal implications associated with the recommendations of this report.

- 6.2 However, there are commissioning responsibilities to note:

The commissioning responsibility was set out in the Government 2013 national framework for sexual health improvement in England, last updated in 2018, and the 2013 publication of best practice guidance for commissioning sexual health services and interventions.

Local authorities commissioning responsibilities provision includes:

- comprehensive sexual health services including most contraceptive services and all prescribing costs but excluding GP additionally provided contraception. Contraceptive services should be open-access and free.

- sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing. STI testing should be open access and free at the point of use. Provision should also include the notification of sexual partners. [Click or tap here to enter text.](#)
- specialist services, including young people’s sexual health, teenage pregnancy services, outreach, HIV prevention (including PrEP), sexual health promotion, services in schools, college and pharmacies

Since publication of this framework in 2018 there has been a restructuring which now places the previous responsibilities of CCGs on ICBs. Their provision responsibilities include:

- most abortion services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes

NHS England commissions:

- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for PEPSE)
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres
- cervical screening
- specialist foetal medicine service

## 7. Consultation

7.1 Not relevant in relation to this report

7.1 Collating information for the needs assessment was done through an organised steering committee which was comprised of a range of professionals working in sexual health including members from the council, professionals and healthcare professionals within NHS services and the charity sector including a focus group discussion which gathered views on sexual health and homelessness in the Borough.

## 8. Equalities and Diversity

8.1 In recognition of its public sector equality duty, the Council is committed to using commissioning as a strategic tool to help promote equality of opportunity.

8.2 This piece of work ensured inclusion of Public Health and the Council commissioning priorities in addressing relevant equalities issues as identified and reference at key stages in the whole process of the needs assessment as highlighted in the key findings.

## 9. Background Papers

9.1 London Borough of Barnet Sexual Health Needs Assessment 2023

9.2 HWBB Sexual Health Needs Assessment PowerPoint presentation

9.3