# Health and Wellbeing Board London Borough of Barnet Sexual Health Needs Assessment

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#### How and why

- The Sexual Health Needs Assessment (SHNA) was written to inform the sexual health strategy that is needed to inform commissioning of local sexual health services
- The SHNA was informed by a diverse steering committee
- Collected a range of quantitative and qualitative data from a range of sources
- COVID-19 and mpox and how this reflects in the data



# **Summary of Key Findings**



**57.8%** of women choose user-dependent contraception



**41.1%** of abortions in Barnet were repeat abortions



**70.6%** of STI tests were completed through online self-sample kits



Gonorrhoea rates are above pre-pandemic levels and syphilis rates continue to rise including throughout the pandemic



STI testing levels have not yet returned to prepandemic levels



HIV rates in Barnet are classified as high but remain below regional levels

Uptake of PrEP is an area of focus but is improving and is **76.9%** 



#### **Contraception – Long-Acting Reversible Contraception (LARC)**

• LARC is used by 2120 women in Barnet (26.5 per 1000) at a similar rate to the London average. 32% of LARC is prescribed by GP whilst 68% is prescribed by sexual and reproductive health services

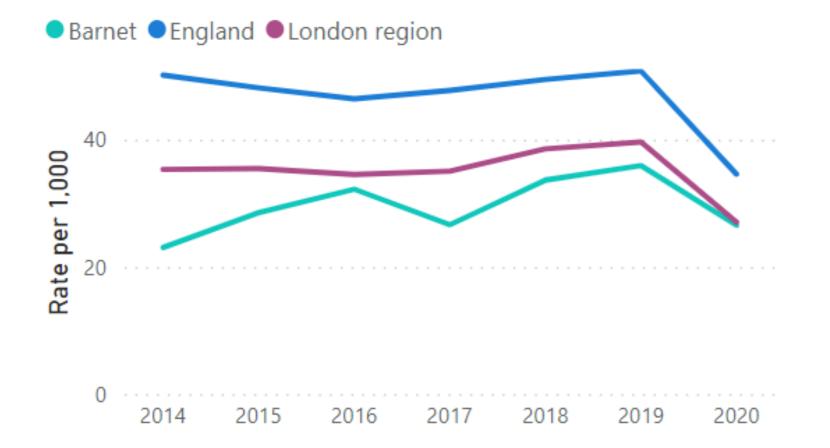


Figure 62: Total prescribed LARC excluding injections, per 100, 000, comparing Barnet, London and England

In Barnet and reflecting the national picture, LARC continues to be a more popular choice in over 25s than under 25s (24.8% versus 44.3%). There is an increasing trend in popularity in LARC for under 25s over the last 5 years, increasing from 19.7% (95% CI 18.1%, 21.4%) in 2017 to 34.9% (95% CI 32.3%, 37.6%) in 2021.



#### **Contraception: user-dependent\* contraception**

• User dependent contraception remains the most popular choice for women in Barnet, with 57.8% of women attending SRH services choosing it in 2020. In the last 5-years there has been a significant decrease in the number of women choosing user-dependent methods.

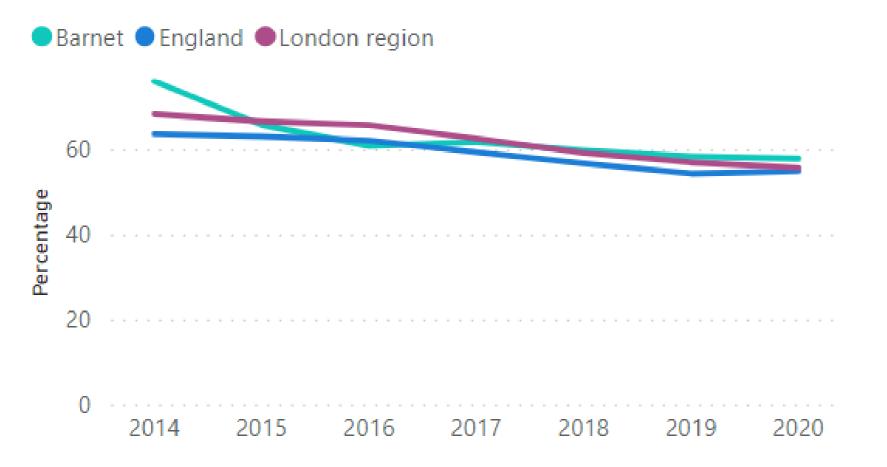
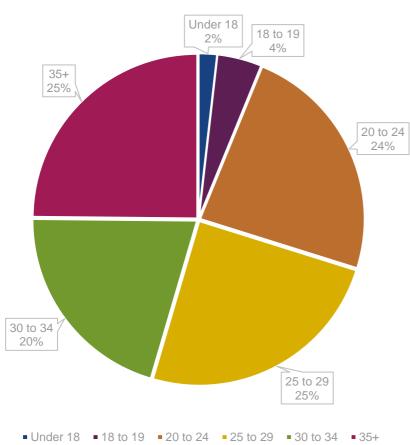


Figure 67: Percentage of women attending SRH services with a main recorded contraceptive method, who are using a user-dependent method, comparing Barnet, London and England



#### **Contraception – Post termination contraception care**

Proportion of abortions by age (by absolute number), of Barnet residents 2021



ONS data shows that in 2021 there were 1441 (95% CI 1368 – 1517) terminations of pregnancy for Barnet residents. The greatest number of abortions were amongst the 35+ year old age group and the 25-29 years old group. The highest rate was amongst the 20-24 year olds at a crude rate of 33.4 per 1,000.

- In the 2021 reporting period in Barnet, 41.1% of abortions were repeat abortions this compares to 43.4% regionally across London and 42.6% across England. 35.6% of abortions for those under 25 were repeat abortions in Barnet, this compares to 33.3% regionally and 29.7% nationally. Repeat abortions are higher in the over 25-year-old group accounting for 43.4% locally.
- In the 2021 reporting period, in Barnet, 88.1% of terminations were at 3 to 9 weeks
- In 2018-19 looking at one provider of TOP care in Barnet, 43% of termination encounters received contraception care post-TOP from the TOP provider, this was down in the reporting year 2021-22 to 22.6%



#### **Contraception: Emergency Hormonal Contraception**

- Emergency Hormonal Contraception (EHC) delivered through CNWL clinics decreased during the pandemic and currently remains below pre-pandemic levels.
- Commissioned EHC, free to those under 25, is available from 15 of the 75 pharmacies in Barnet. Uptake has been CNWL clinic interventions - sexual and reproductive health

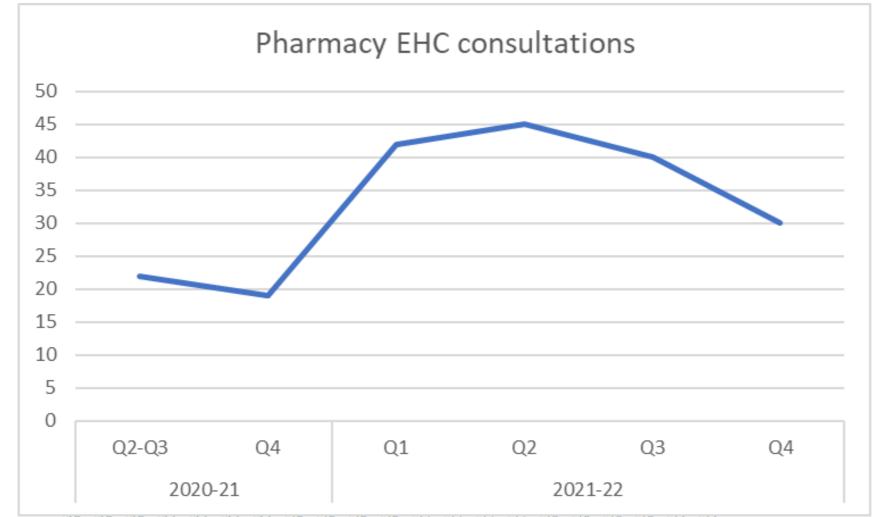


Figure 73: Number of consultations in pharmacy for commissioned EHC Figure 72: number of EHC interventions for Barnet residents in CNWL clinics



### **Contraception recommendations**



### **STI testing**

• In the 2021 reporting period, STI testing rate in Barnet is 4569.8 per 100, 000, with a total of 18, 234 tests in the reporting period. This rate is greater than the England average however below the London average. STI testing rates have increased between 2012 and 2019 however decreased in 2020.



Figure 36: Proportion of tests by financial year including STI tests completed online and in-clinic



### **STI testing - Chlamydia**

- The UKHSA recommends that local authorities should work towards the revised female-only PHOF benchmark detection rate indicator of 3,250 per 100, 000 aged 15 to 24 (female). In the reporting period 2021 chlamydia detection rates in females aged 15 to 24 are below the national recommendation, at 1502 per 100, 000.
- As with the national average, and likely reflecting changes caused by the COVID-19 pandemic, there was a notable decline in screening between 2019 and 2020 from 21.6% to 14.9%.

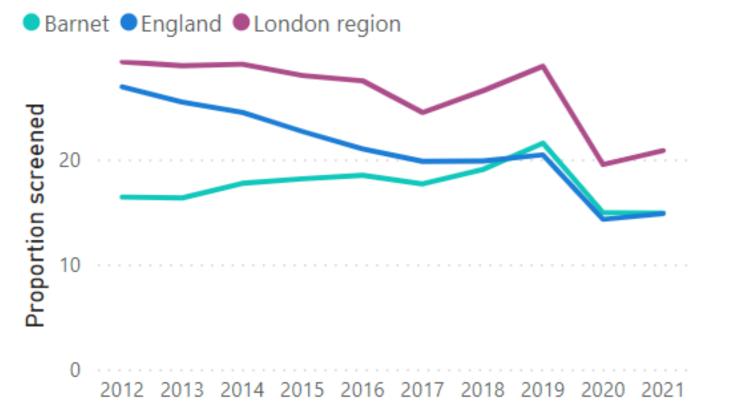


Figure 22: Proportion of young people aged 15 to 24 years old screened for Chlamydia, comparing Barnet, London regional and England screening



## **STI testing - ethnicity**

- Data, for Barnet residents attending ISH services or patients receiving ISH care in Barnet, around ethnicity and country of origin is quite incomplete. In 2021-22, 37.2% of appointments had no reported patient ethnicity.
- Unlike clinic-based data, online STI testing data is complete for over 99% of patients.
- Comparing access of online services to the ethnicity of the borough more widely we see that the Asian population is under-represented and whilst they make up 7.7%% of online STI testing patients they account for 19% of the borough's population.

Test kits ordered online by upper ethnicity group

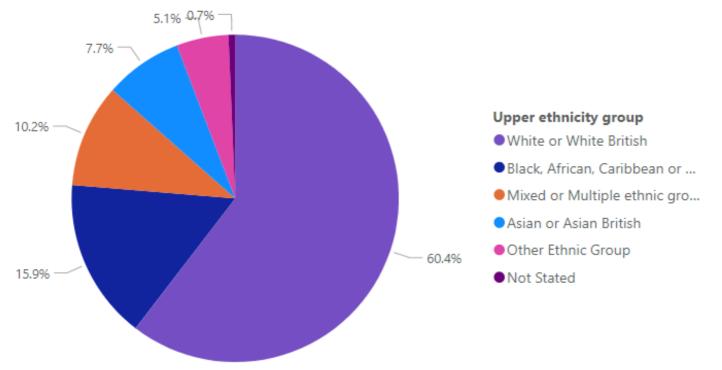


Figure 44: online tests kits ordered by ethnicity for Barnet residents



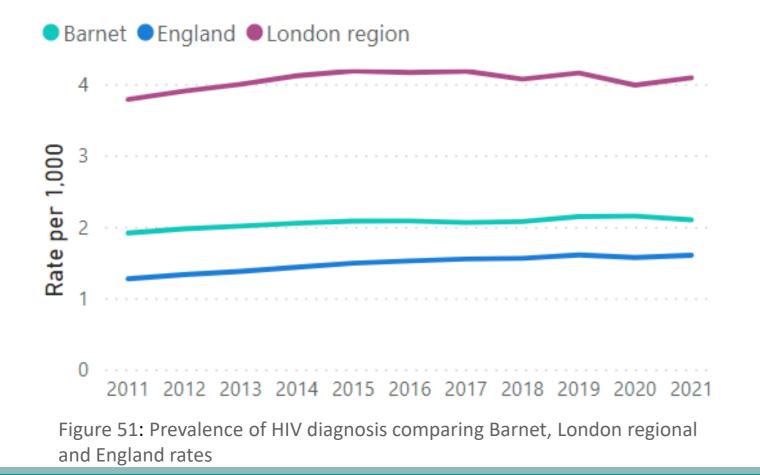
### **STI testing recommendations**

STIs Recommendations		
Identified needs	Recommended actions	Partners
<ul> <li>Increase testing as part of the National Chlamydia screening programme to reach national targets</li> <li>Increase STI testing across the population</li> <li>Get the population back into the habit of testing postpandemic</li> <li>To understand why some ethnic groups test less than other groups.</li> </ul>	<ul> <li>Increase the opportunity to screen for Chlamydia such as through pharmacies and health promotion events</li> <li>Increase the opportunity to screen for STIs when receiving EHC in community pharmacies</li> <li>Better promotion of all local services available on all partner websites and social media</li> <li>Review uptake of STI testing at least annually over the next 3-5 years as behaviours are likely to change as we move away from the pandemic and target health promotion activities around testing accordingly</li> </ul>	<ul> <li>CNWL</li> <li>SHL</li> <li>Barnet Public Health team</li> <li>Local pharmacies</li> <li>GP</li> </ul>



### **HIV prevention and early detection**

- The Department for Health and Social Care set out its Action Plan with a commitment to zero new transmission of HIV, AIDS and HIV-related deaths in England by 2030; with an interim commitment to an 80% reduction in transmissions by 2025.
- Prevention through education, barrier methods, PrEP and PEP are key
- HIV prevalence can be compared against benchmarking thresholds where <2 is low, 2 to 5 is high and ≥5 is extremely high. HIV prevalence for the reporting year 2021 in Barnet residents is 2.11 per 100, 000, this puts Barnet in the high category.





#### **HIV prevention and early detection**

In the 2021 reporting period, amongst those with PrEP need in Barnet, 76.9% of those in Barnet were initiated on or continued their PrEP. This is below the London region average of 79.4% but above the England average of 69.6%.
 There has however been an overall increase in the number of appointments for PrEP from 2021 to 2023

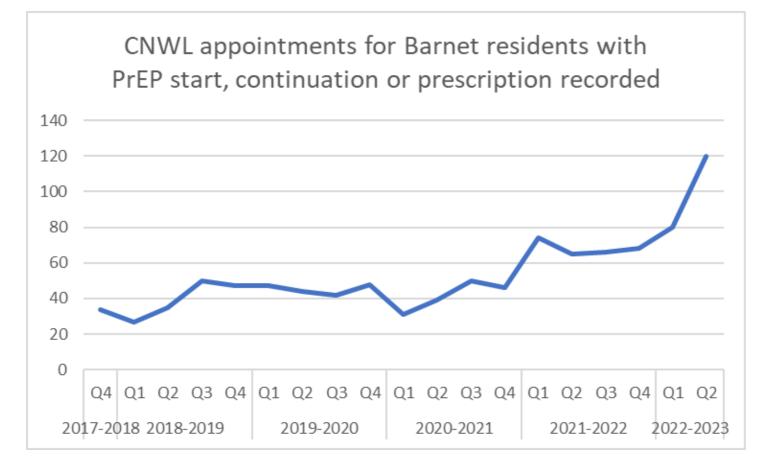


Figure 45: number of appointments for Barnet residents in CNWL clinics with PrEP



#### HIV prevention and early detection recommendations

Identified needs
<ul> <li>The government's Towards Zero Action plan details England's action plan to reduce new HIV transmissions for 80% by 2025 and to have zero new transmissions by 2030. As part of the action plan local authorities have been asked to develop their own local plan on how they will contribute to this plan.</li> <li>Improve access to PrEP by creating a clearer pathway for patients to enquire about PrEP</li> <li>HIV testing in hard-to-reach groups</li> </ul>



# **Reducing inequalities**

#### Access

- CNWL clinics landing webpages had a Flesch-Kincaid readability score of 52.3 and 51.3 which is described as fairly difficult to read.
- CNWL clinics are accessible by multiple public transport routes.

#### Young people

• Young people aged 17 and under are able to access in-clinic services as a drop-in and there is a dedicated clinics for young people once a week at Edgware. The services provide clinics outside of school hours 2 days a week at Edgware Community Hospital and once a week at Vale Drive Primary Care Centre.

#### People experiencing homelessness

- Interviews with those experiencing homelessness and professionals working with this population found that:
  - There were barriers to accessing the two current ISH clinics due to the cost of transport to get there.
  - English language was also a barrier for those speaking English as a second language when looking up information online or trying to book appointments online.
  - It could be difficult to follow care plans after clinic due to barriers such as not having a place to store medication or a private place to administer medication.

#### Ethnicity

• Data, for CNWL clinics around ethnicity and country of origin is quite incomplete. In 2021-22, 37.2% of appointments had no reported patient ethnicity.



## **Reducing inequalities**

Aco	Access to services Recommendations				
Ide	ntified needs	Recommended actions	Partners		
•	Improved accessibility of CNWL and council website Limited clinic times in the evening and no weekend options	<ul> <li>Improved readability of CNWL landing pages</li> <li>Improved layout, accessibility and update of council website in relation to sexual health including translated versions</li> <li>Consider increasing flexibility of clinic opening times and provide more out of school hour clinics</li> </ul>	<ul> <li>CNWL</li> <li>Barnet Public Health</li> </ul>		
	meless Recommendations				
Ide	ntified needs	Recommended actions	Partners		
•	Improved geographical access Improved access to services caused by language barrier Promotion of the service and option to the population	<ul> <li>Co-location of sexual health services with other services already accessed by those experiencing homelessness</li> <li>In-reach from ISH clinics into Homeless Action Barnet Day Centre e.g. at the health fair</li> <li>Collaboration and signposting between HAB and HAB based services to SHL and in-clinic CNWL services to promote testing, treatment and prevention including PrEP and PEP.</li> <li>Provision of translated leaflets for the HAB day centre</li> </ul>	Barnet Public Health Team		
CN	WL interventions Recommendations				
Ide	entified needs	Recommended actions	Partners		
•	It is unclear if any ethnic groups are less likely to attend ISH clinics due to incomplete data and therefore to understand if there is need or inequality in access	<ul> <li>To update the CNWL online booking form to include a question on ethnicity. There is precedent and high uptake of this in the SHL online form.</li> <li>(Under action at the time of publication with training provided to clinic staff and changes to online forms)</li> </ul>	• CNWL		



#### **Healthy sexual relationships**

- Relationship and sex education are a compulsory subject within Personal, Social, Health and Economic (PSHE) for secondary schools. The main responsibility for PSHE/RSE delivery firmly sits with each school with support available from services including: Health Education Partnership (HEP), Brook and School Nurses, Barnet Education and Learning Service (BELS).
- Brook, a charity focussing on sexual health, are commissioned by LBB Public Health to provide health promotion services in the community to young people and other priority groups.
- Brook also manage the c-card programme. Outlets include clinics, pharmacies, schools, colleges and youth organisations. The Barnet scheme has currently (2022) 27 outlets, 10 of which are community pharmacies.

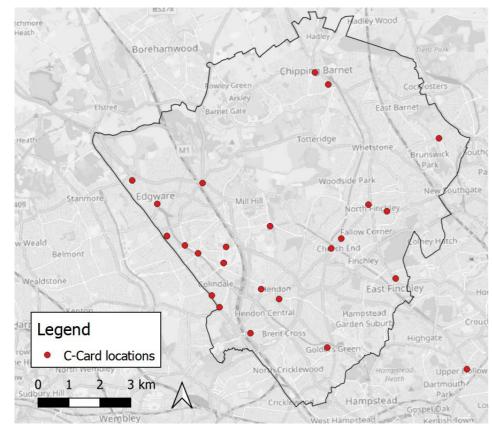


Figure 82: Map of outlets providing c-card



# Healthy sexual relationships

Identified needs	Recommended actions	Partners
<ul> <li>Increasing work with RSE school link governors</li> <li>C-cards Recommendations</li> </ul>	<ul> <li>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</li> </ul>	<ul> <li>Health Education Partners</li> <li>Barnet Education and Learning Servic</li> </ul>
<ul> <li>Identified needs</li> <li>Increase awareness of the c-card scheme</li> </ul>	<ul> <li>Promote the c-card scheme on sexual health</li> </ul>	Partners     Barnet Public health team
<ul> <li>and where outlets are located</li> <li>Increase the number of c-card outlets in the borough</li> <li>Complete C card review and use to inform further recommended actions</li> </ul>	<ul> <li>Provide the clear scheme on sexual health services websites using a hyperlink</li> <li>Work with community pharmacies and youth centres to increase the number of outlets offering c-cards</li> <li>Re-establish the c-card outlet at Middlesex University Campus</li> <li>Link contracts for c-card and EHC to incentivise uptake of the c-card scheme by community pharmacy partners</li> </ul>	<ul> <li>CNWL</li> <li>SHL</li> <li>Brook</li> <li>Community pharmacies</li> </ul>
Learning Disabilities Recommendations Identified needs	Recommended actions	Partners
<ul> <li>Further research is needed to understand the current RSE offer to students with a learning disability both in mainstream and specialist schools</li> <li>Improve RSE knowledge for adults with learning disability, especially as they went through the schooling system where RSE was not part of the statutory guidance.</li> </ul>	<ul> <li>Undertake a review and apply the findings to ensure a comprehensive education provision for RSE to SEND pupils and children electively home educated.</li> <li>To ensure that the Bridge clinic specialist nurse can deliver sessions to students with learning disabilities</li> <li>Bridge nurse specialist nurse to deliver adult outreach health promotion sessions in community sessions</li> </ul>	<ul> <li>Bridge Clinic, CNWL</li> <li>HEP</li> <li>Brook</li> <li>Barnet Public Health Team</li> <li>BELS</li> <li>Barnet schools</li> </ul>



#### **Barnet Sexual Health Strategy 2023 to 2028**

- The needs assessment provides an evidence base on which to build the strategy
- The strategy will support commissioning of sexual health services by the local authority
- Our key priorities are:
  - Contraception and preventative care for reproductive health
  - STI testing and preventing transmission
  - Prevention and early detection of HIV
  - Reducing inequalities in services access and uptake of services
  - Safe, healthy and fulfilling relationships



# Thank you

Any questions?

