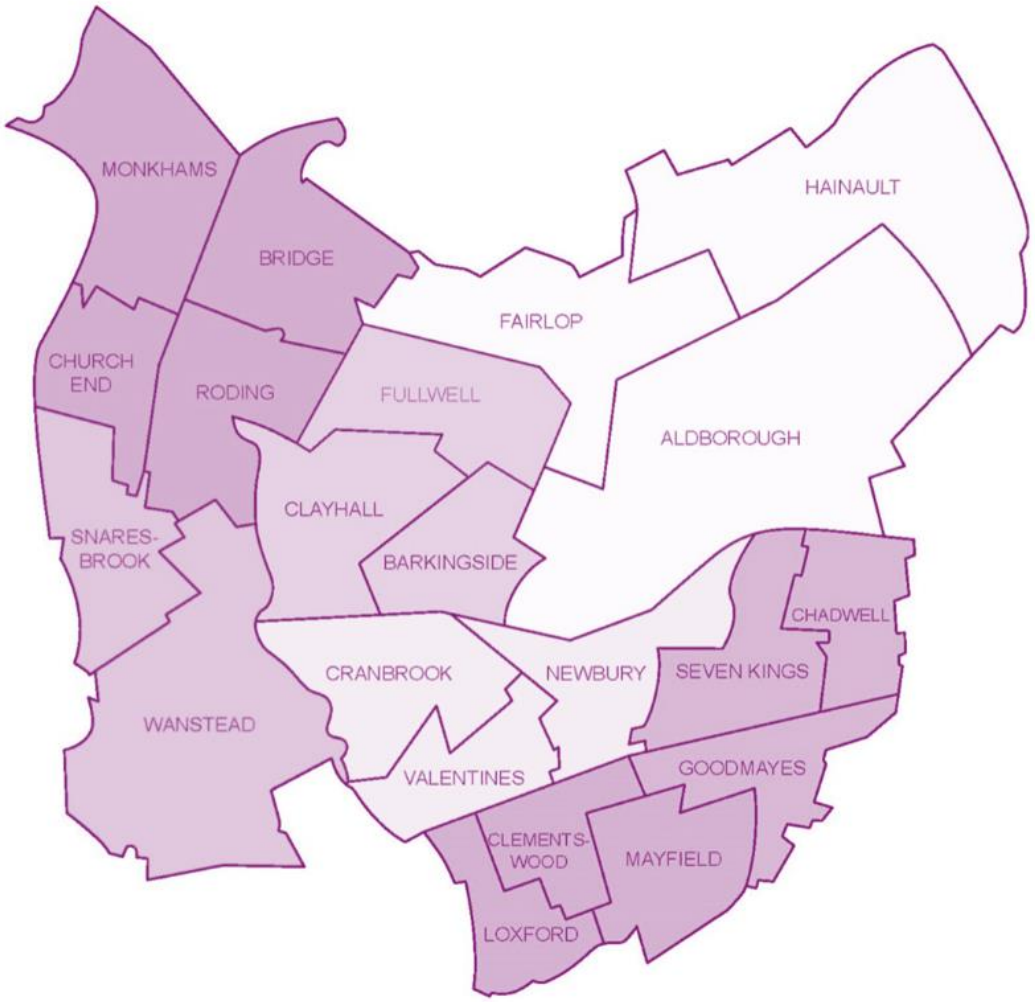
London Borough of Redbridge

Redbridge Sexual and Reproductive Health Strategy 2025-2029



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1. Foreword from the Director of Public Health

I am pleased to introduce the Redbridge Sexual and Reproductive Health Strategy for 2025-2029, which outlines our vision and strategic priorities for the next five years. This strategy builds on the success of previous strategies and reconfirms our ongoing commitment to improve the sexual and reproductive health and wellbeing of our residents. It also aligns with the recent North East London joint Sexual and Reproductive Health strategy, taking into account our unique population and their specific sexual health and reproductive challenges.

Good sexual and reproductive health is vital to the overall health and wellbeing of individuals, families and communities. It is a complex area that encompasses Relationship and Sex Education, sexual wellbeing, contraception, sexually transmitted infections, and living well with HIV. Therefore, it requires a range of services to work together to deliver high quality treatment, prevention and health promotion so that everyone can access the care they need at the right time and place for them.

Nevertheless, significant inequalities in sexual health and wellbeing persist at national and local levels. It is key priority of this strategy to identify those most in need in Redbridge, and work together to reduce adverse health outcomes and inequalities. Through this strategy, we aim to empower all residents to have safe, healthy and fulfilling relationships, supporting them with high-quality services that are welcoming and free from discrimination. This ambitious vision requires us to work together in partnership to build a resilient and comprehensive sexual health system so we can better support our diverse population throughout the life course.

Gladys Xavier
Director of Public Health & Commissioning

2. Executive summary

Sexual and reproductive health (SRH) has a significant impact on overall health and wellbeing. Good sexual health goes beyond the mere treatment of sexually transmitted infections (STIs); it extends to good reproductive health and maintaining healthy and fulfilling relationships. Prevention and health promotion are at the heart of good SRH, empowering people with the knowledge they need to make the right choice for them. Individual needs vary across the life course, and health services must support people throughout their journeys, providing the right care at the right time and place.

North East London (NEL) recently produced its joint SRH Strategy for 2024-2029, which was jointly developed and agreed across a range of professionals and organisations at a regional level. The Redbridge SRH Strategy for 2025-2029 aims to provide a local context to this regional strategy, considering Redbridge's unique and diverse population and the specific services that support them. It summarises 'where we are now' (population needs and services), where we want to be (aims and outcomes), and how we will know when we have achieved our vision. Following this strategy, the Redbridge Sexual Health Strategy Group will develop an action plan stating the specific activities required to deliver on our commitments.

The jointly developed vision for the Redbridge Sexual and Reproductive Health strategy is:

> To empower all residents to have safe, healthy and fulfilling relationships; and to provide a high-quality and comprehensive sexual and reproductive health service that meets the needs of every resident, is easily accessible, welcoming and free from discrimination. Health promotion and prevention will remain at the heart of our strategy, so all residents can make informed choices to support their sexual health.

In alignment with the NEL SRH strategy, this strategy focuses on four key priorities:

- Priority 1: Healthy and fulfilling sexual relationships
- Priority 2: Good reproductive health across the life course
- Priority 3: High quality and innovative STI testing and treatment
- Priority 4: HIV – towards zero and living well with HIV

Key points identified in the strategy are outlined below against these four priorities.

Priority 1: Healthy and fulfilling sexual relationships

Good sexual and reproductive health relies on fostering safe, fulfilling and supportive relationships. High quality and comprehensive Relationships and Sex Education (RSE) can prevent harm by reducing unprotected and unwanted sex, and harmful behaviours such as sexual assault and abuse. Engagement with NEL residents tells us that RSE is a priority area; however, 20 eligible schools have been offered support with RSE through VIA BEWISE, and only 7 schools have engaged with the service. This is an improvement on previous years, but challenges exist around establishing more sustained support across all eligible schools.

Additionally, there are significant inequities in sexual wellbeing. The NEL sexual health strategy identified several groups at risk of poorer outcomes and within these groups, people's experiences vary based on multiple intersecting factors. Whilst there is limited data available at a local level for many of these groups, services can be co-designed with residents to help meet their needs and create inclusive environments. This is particularly important considering the emerging trends in high-risk behaviours, including Chemsex (sex under the influence of drugs).

Sexual abuse and violence affect women and men and can lead to life-changing and long-lasting impacts, such as mental health issues, unwanted pregnancy, and risk of STIs. Too many women and girls in Redbridge experience and are fearful of harassment and assault in public spaces, ranging from unwanted sexual remarks to rape. The London Borough of Redbridge has taken significant steps towards tackling sexual violence and coercion, including strengthening safeguarding systems, enforcing against catcalling and street harassment, and launching the 'ThisHasToStop', campaign. RSE also has an important role in reducing sexual violence, tackling rape culture and encouraging the disclosure of abuse. Therefore, ongoing collaboration between partners tackling the growing issues of sexual violence and child sexual abuse remains a key priority of this strategy.

Priority 2: Good reproductive health across the life course

All women should feel empowered to make the right choice for them regarding their reproductive health, and their needs will vary across the life course. The under 18s birth rate in Redbridge has remained relatively static for the past 5 years, despite a decline in conception rates. This may be because a smaller proportion of under 18s conceptions amongst Redbridge residents lead to abortion compared to the London average; it will be important to ensure this difference reflects young people's personal choice, and not difficulty accessing termination of pregnancy (ToP) services or any undue coercion to continue their pregnancy.

In 2022, there were over 1500 legal abortions performed for Redbridge residents; this was the 4th highest abortion rate in NEL. Furthermore, 42.1% of all women in Redbridge choosing an abortion through ToP services in 2022 had used this service at least once previously. The need for emergency hormonal contraception further indicates that some residents are practising unprotected sex, increasing their risk of unwanted pregnancies and STIs. Therefore, it is especially important to increase the uptake of reliable contraception methods, such as Long-Acting Reversible Contraception (LARC). LARC methods, such as intrauterine devices (IUDs) and the birth control implant, are the most effective methods of contraception. However, the number of LARCs inserted in General Practice has fallen dramatically since 2019/20. Providing more LARC in primary care could reduce some of the barriers residents face when accessing specialist sexual health services, such as inability to travel and embarrassment of being recognised. To ensure LARC uptake is equitable across the borough, data sharing regarding who is accessing LARC through which routes must also improve.

Condoms remain the simplest and cheapest way to prevent STIs. The Pan London C-Card scheme offers free condoms to Redbridge residents aged 15-25 years old through community pharmacies. Unfortunately, the number of C-Card registrations and encounters fell dramatically during the covid-19 pandemic and has not recovered significantly since. Therefore, increasing condom uptake is a key priority moving forwards.

Priority 3: High quality and innovative STI testing and treatment

Despite often being asymptomatic, STIs can have wide-reaching effects from infertility to severe cardiovascular and neurological complications. Following the Covid-19 pandemic, the incidence of new STI diagnoses has continued to rise in Redbridge, as it has done nationally. Nevertheless, new STI diagnosis rates in Redbridge have remained below the London average for over a decade. However, Redbridge has the 10th highest Pelvic Inflammatory Disease (PID) rate of all London boroughs, which could suggest a higher level of undiagnosed and untreated STIs. Furthermore, STI testing rates in Redbridge were the 2nd lowest of all London boroughs in 2023. This suggests not enough people, or not the 'right' (highest risk) people are being tested for STIs in Redbridge.

In 2023, the most commonly diagnosed STIs in Redbridge were chlamydia and gonorrhoea. The new diagnosis rate for syphilis in Redbridge was considerably higher than the England average and remains a pathogen of concern in the borough. Highest priority groups vary according to pathogen by age, gender and ethnicity; key priority groups in Redbridge are as follows:

- Young people aged 15-24 years old for chlamydia and gonorrhoea (especially young females who are at risk of significant harm, including PID and infertility)
- Males (especially those aged 20-34 years old) when considering gonorrhoea
- Males (especially those aged 25-64 years old) when considering syphilis
- People of Black and Mixed ethnicity when considering chlamydia and gonorrhoea
- People of Mixed ethnicity when considering syphilis
- Men who have sex with Men (MSM) for all STIs, especially syphilis

It is essential that services are welcoming, friendly and non-discriminatory towards all Redbridge residents. They must be young people friendly, inclusive for LGBTQ+ residents and equitably accessed across different ethnic groups. Data intelligence surrounding vulnerable people (such as commercial sex workers and people experiencing homelessness) must improve, as these residents are often underrepresented in datasets, despite being some of the highest risk groups.

Prevention is key - condoms remain the simplest and cheapest way to avoid STI infection and onward transmission. Re-infection remains a significant issue across NEL, highlighting the importance of repeat screening and partner notification. As per the STI prioritisation framework, prevention should not be sacrificed when resources are limited.

Priority 4: HIV – Towards Zero and living well with HIV

Since the 1990s, the development of new treatments has transformed care for those with HIV, and life expectancy is now near that of the general population. However, significant inequities still exist around HIV care. For example, HIV disproportionately affects the heterosexual Black African population in Redbridge and in 2023, over a third of Redbridge residents seen for HIV care were from the two most deprived quintiles. Late diagnosis of HIV remains an issue in Redbridge, with males in the borough now having the highest proportion of diagnoses that are late. This is particularly important given preventing transmission depends on individuals knowing their HIV status. In 2023, Redbridge had the lowest new HIV diagnosis rate of all London boroughs; but it also had the 2nd lowest HIV testing rate. As such, it is possible the lower HIV diagnosis rate reflects lower rates of

detection, as opposed to a truly lower incidence. Therefore, increasing testing rates amongst high-risk groups will be a key priority of this strategy. This will involve challenging HIV-related stigma, as fear of stigma and discrimination is one of the main reasons why people are reluctant to get tested and disclose their HIV status.

Preventative medication also has an important role in reducing HIV transmission. In Redbridge, the need for Pre-Exposure Prophylaxis (PrEP) amongst HIV negative individuals accessing specialist Sexual and Reproductive Health Services (SRHS) has increased year on year since 2021. Of those identified as having a need for PrEP, a smaller proportion initiated or continued treatment in 2023 compared to 2021. Outreach work has an important role in HIV prevention, from increasing awareness of preventative medications to increasing uptake of condoms. It also provides an opportunity to identify people who are lost to care, providing support for re-engagement, so everyone can access the care they need.

3. Introduction

Sexual and reproductive health (SRH) is an essential element of our overall health and well-being. It is a fundamental aspect of life for individuals, families, and wider communities. Good sexual health depends on access to good quality information about sex, sexuality, and reproduction, access to high-quality care, and living in a sexual health affirming environment. It also involves health promotion and education, so that individuals feel empowered to make informed choices that are best for them.

A commonly accepted definition of sexual and reproductive health is "a state of physical, mental and social well-being in all matters relating to the reproductive system… [in which] people are able to have a satisfying and safe sex life … the capability to reproduce and the freedom to decide if, when, and how often to do so" (ICD 1994). As a result, reproductive health is more than just the absence of sexually transmitted infections or problems with reproduction. It includes fostering safe and supportive relationships, providing education and information, and ensuring individuals can make sexual and reproductive choices freely whatever their identity or background.

North East London (NEL) boroughs have recently collaborated and produced the joint NEL Sexual and Reproductive Health Strategy for 2024-2029; it was developed and agreed across a range of professionals and organisations at a regional level[1]. It advocates for a more joined-up and integrated way of working across NEL, and identified four key priority areas to address the challenges facing the region in terms of sexual and reproductive health:

- Priority 1: Healthy and fulfilling sexual relationships
- Priority 2: Good reproductive health across the life course
- Priority 3: High quality and innovative STI testing and treatment
- Priority 4: HIV – Towards Zero and living well with HIV

The NEL strategy acknowledges that each local authority has a unique population with specific sexual health and reproductive challenges. Therefore, the Redbridge Sexual Health and Relationship Strategy for 2025-2029 aims to provide this local context in alignment with the NEL strategy and its priorities. Through our strategy, we aim to target Redbridge's resources to meet our resident's needs by summarising where we are now, where we want to be and how we will know when we have achieved our goals.

This strategy has been developed in partnership through Redbridge's Sexual Health Strategy Group. A workshop was held with group members to develop and agree the strategy's strategic priorities and key themes for the development of commitments. We will use the strategy group as a forum to strengthen our collaborative approach, as well as hold ourselves to account, in order to ensure we deliver on the commitments outlined in this strategy.

Our vision

To empower all residents to have safe, healthy and fulfilling relationships; and to provide a high-quality and comprehensive sexual and reproductive health service that meets the needs of every resident, is easily accessible, welcoming and free from discrimination. Health promotion and prevention will remain at the heart of our strategy, so all residents can make informed choices to support their sexual health.

Our guiding principles

1. Work together in partnership to build a resilient sexual health system
2. Co-design services with residents and other stakeholders, so that services are more accessible and reflect the needs of our diverse population
3. Take a life course approach to provide residents with the right care at the right time and place
4. Good reproductive health is as important as preventing STIs for overall wellbeing across the life course
5. Prioritise prevention and promotion to achieve better health for our residents
6. Reduce inequalities and focus on the wider determinants of health
7. Ensure services are suitable for our diverse population, and free from stigma and discrimination
8. Recognise that some people, including some more at-risk people, are more likely to access targeted services, particularly those led by and for specific groups, than mainstream services
9. Provide services that are welcoming to young people and easy for them to find and use
10. Protect children and vulnerable adults through an effective and robust safeguarding provision
11. Use wide-reaching communication strategies, whilst utilising more tailored approaches for particular groups
12. Strengthen local data surveillance and health intelligence; where possible, share data updates with key statutory and non-statutory stakeholders
13. Take a data-informed approach and regularly reassess residents' needs, reviewing and adapting services in an evidence-based way
14. Evaluation is essential to understand if services have achieved their intended impact and inform future practice
15. Be realistic with available resources, prioritising those that are at the highest risk of harm whilst ensuring all residents have access to the care they need (in alignment with the STI Prioritisation Framework[2])

4. Further context

4.1 STI prioritisation framework

In October 2024, the UK Heath Security Agency (UKHSA) published a new STI prioritisation framework which sets out an evidence-based approach to guide those responsible for sexual health service planning, to assist them with decision-making at a local level[2]. The aim of the framework is to shift the focus of STI control resources and efforts towards reducing adverse health outcomes and reducing inequalities. This may involve modifying current target groups for interventions and starting/stopping/reducing/increasing interventions where appropriate.

The framework sets out twelve guiding principles to guide local priority-setting for STI prevention and control, in the context of limited resources. It recommends a 3-part approach to prioritisation:

- **S**ituation: first, consider the local situation.
- **T**arget groups: identify population groups and infections that should be prioritised to reduce adverse health outcomes and inequalities associated with STIs.
- **I**nterventions: for each priority target group, identify, implement and evaluate the most appropriate interventions; this should be a locally-led and evidence informed process.

The STI prioritisation framework provides a summary of key evidence related to different STI interventions, and an expert consensus on which population groups should be prioritised for different interventions. In line with the STI prioritisation framework, this strategy seeks to identify the local situation and target groups within Redbridge, and consider the interventions currently in place for managing STIs. It has also provided an evidence-based guide for 'where we want to be in the future' and will directly inform the Action Plan that will follow on from this strategy.

4.2 Women's Health Strategy in England (2022)

As summarised in the NEL SRH strategy, the previous government published a Women's Health Strategy for England, setting out a 10-year plan to improve women's health across the life course[1,3]. It provides a 6-point long-term plan for transformational change, including a commitment to ensuring women's voices are heard, access to services improve, disparities in outcomes are reduced, and women are empowered through better information and education. The NEL SRH strategy's vision for better reproductive health outcomes amongst NEL residents was underpinned by aims and objectives of the Women's Health Strategy in England, and thus the Redbridge SRH strategy has also been informed by this key document.

4.3 Towards Zero: the HIV Action Plan for England 2022-2025

The government is committed to achieving zero new HIV infections, AIDS and HIV-related deaths in England by 2030[4]. As a result, this vital, highly stretching and world-leading ambition will require a doubling down on existing efforts and the adoption of new strategies to reach everyone. The Government aims to continue with the existing progress made with key vulnerable groups and significantly improve diagnoses for other groups. More progress is needed for people who are heterosexual, and people with Black African ethnicity remain the group with the highest rate of HIV, making them a priority for HIV prevention and testing. To achieve this, it is essential that focus is targeted on a combination of prevention and testing, including opt-out testing in high and very high prevalence areas, which must rapidly increase.

National Health Service England and NHS Improvement (NHSEI) will expand opt-out testing in emergency departments in the highest prevalence local authority areas, a proven way to identify new cases, and will invest £20m over the next three years to support this activity. We also need to make up lost ground due to the impact of the COVID-19 pandemic and understand how it has affected HIV prevention, testing, diagnosis, HIV care and the health of people living with HIV. As new infections reduce, they become harder to find, so we will need to continually adapt and evolve our strategy, tailoring our efforts to new groups and needs.

5. Current Sexual and Reproductive Health Services in Redbridge

Sexual health commissioning is complex. As summarised by the NEL Sexual Health Strategy, local authorities commission the majority of sexual health services, however certain responsibilities for sexual health provision remain with NHS England or Integrated Care Partnership Boards[1]. As a consequence, Sexual and Reproductive Health Services (SRHS) for Redbridge residents are provided within a wide range of settings, including GPs, acute hospitals, community services, pharmacies and the voluntary sector. This is why the first guiding principle for this strategy is to '*work together in partnership to build a resilient sexual health system*'.

1. Integrated sexual and reproductive health services

Integrated sexual health services (ISHS), which are sometimes known as 'GUM' services or clinics, provide diagnosis and treatment for most aspects of sexual health and allow a single point of access for all sexual and reproductive health needs. This includes: STI testing and treatment, contraception, psychosexual counselling, Pre- and Post- Exposure Prophylaxis (PrEP and PEP), as well as the provision of information and advice.

Local services are provided by **Barking, Havering and Redbridge University Trust (BHRUT).** Redbridge satellite services have recently moved to the **Ilford Exchange Health centre**; appointments are open for contraception and limited sexual health services by booked appointment on Wednesdays and Thursdays. The Ilford Exchange Health centre has been designed as a "one stop shop" and offers easy access to a range of healthcare services in a central location. Through the health centre, residents can access sexual health services without needing to attend a designated sexual health clinic; this could reduce fears around being recognised when accessing sexual health services, as residents could be attending the centre for a wide range of reasons and the clinic's location feels more discreet and anonymous.

Clinics are also available at **Barking Hospital and Queens Hospital, Romford** but these can require a significant amount of travel for residents.

Barts Health NHS Trust also provides sexual health services for residents in NEL including **the Ambrose King Centre in Whitechapel (Tower Hamlets)** and **Sir Ludwig Guttmann health and Wellbeing centre in Stratford (Newham).**

2. Primary care

Accessing sexual and reproductive support via **trained GPs and pharmacies** provides a point of access for residents, which is likely to be much closer to home than ISHS. For example, GPs can offer opportunistic STI testing, and some can provide long-acting reversible contraception (LARC). Pharmacies in Redbridge currently offer STI testing kits (including gonorrhoea and chlamydia testing), access to free condoms through Redbridge's C-Card scheme (a Pan London scheme which allows young people to access free condoms in a variety of locations), emergency hormonal contraception (EHC) and sexual health advice and information.

3. Community and voluntary sector (CVS) organisations

Redbridge also commissions two voluntary sector organisations to provide specialist support to residents, including:

Positive East

Positive East is a charity that has been on the forefront of HIV service and care for over 30 years, providing a wide range of advice services for those living with and affected by HIV in Redbridge. Services include HIV and STI testing, prevention activities (including condom distribution) and outreach work (including training sessions for professionals, from providing up-to date knowledge on HIV to addressing HIV stigma and fear).

BEWIZE VIA

BEWIZE VIA provide the sexual health service for 15–25-year-olds in Redbridge. The service is also available for vulnerable or at-risk adults over the age of 25, which includes: people living with HIV, people living in temporary accommodation/with no fixed abode, substance users, people diagnosed with mental health conditions, sex workers, or if someone's partner falls into any of these categories.

BEWIZE VIA focuses on STI testing and the promotion of the C-Card scheme, alongside outreach and engagement work. For example, BEWIZE VIA currently provides training and resources to pharmacies to support them with providing STI kits to young people. They also offer support with Relationship and Sex Education (RSE) to eligible schools.

4. London-wide and national initiatives

There are a number of London-wide services that Redbridge residents can access. For example:

- **Sexual Health London** is a pan-London sexual health e-service, providing home self-sampling kits for HIV and STIs to asymptomatic service users, where clinically appropriate, via the internet
- The **C-Card programme** (see above)
- The **London HIV Prevention Programme (LHPP)** is a London-wide sexual health promotion initiative. It aims to increase HIV testing and promote prevention choices to Londoners. The LHPP is funded by all London boroughs and managed by Lambeth Council on their behalf.
- **Opt-out testing in London A&Es** – NHS England has expanded opt-out routine HIV testing to all A&Es in London

In addition, Redbridge residents can access a wide range of support through national initiatives; for example:

- **HIV Prevention England** is the national HIV prevention programme for England. It is part of Terrence Higgins Trust and funded by the Office for Health Improvement and Disparities.

- **National CVSs** such as: National Society for the Prevention of Cruelty to Children (NSPCC) and Rape Crisis in England and Wales. Whilst not all CVS organisations can be referenced in this strategy, it is important to acknowledge their vital role in providing services and support related to sexual health for Redbridge residents.

The next page provides a summary of the main provisions that support the sexual health of Redbridge residents; a further summary is provided in Appendix one.

Sexual Health in Redbridge: who provides what services and support?

London Borough of Redbridge

Priority		Healthy and fulfilling sexual relationships	Good reproductive health across the life course	High quality and innovative STI testing and treatment	Living well with HIV
Commissioner	**Council**	High quality RSE in schools	High quality RSE in schools	High quality RSE in schools	Tackling stigma and promoting good sexual health
		Targeted work to young people	Young People Friendly services	Young People Friendly services	Community outreach/targeted health promotion work
		Tackling stigma related to sexual health	Knowledge of and access to full range of contraceptive offers	Come Correct condom scheme for under-25s and vulnerable people	Online STI self-sampling or testing
		Community outreach / targeted health promotion work	Come Correct condom scheme for under-25s and vulnerable people	Online STI self-sampling or testing	Integrated reproductive and sexual health services
		Targeted Chemsex work	Integrated reproductive and sexual health services	Integrated reproductive and sexual health services	
		Tackling domestic violence, VAWG, and improving community safety	Community outreach / targeted health promotion work	Community outreach / targeted health promotion work	
		Strengthening safeguarding provisions		Specialist clinical services	
	Council & ICB	Psycho-sexual health services	Pharmacy and primary care	Pharmacy and primary care testing	Pharmacy and primary care testing
	ICB		High quality abortion services		HIV-related care and support
			Vasectomy and sterilisation services		
	NHSE		Vaccinations (inc. HPV)	PrEP	HIV treatment services
			Cervical screening		
			Contraception under GP contract		

Adapted from Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy 2019-2024

6. Redbridge's Priorities

Sexual and reproductive health is an important issue for people of all ages and communities, but individual needs can vary substantially by age, sex, gender, sexual orientation, and ethnicity. To fully understand the impact of sexual and reproductive health, it's important to take a life-course approach and consider the impact of wider determinants of health facing those from different backgrounds. This means considering how reproductive health needs change across a person's lifetime as well as the impact of broader issues such as poverty, housing, employment, crime, and the environment.

As part of this strategy, we have used the latest available evidence and intelligence to complete an epidemiological needs assessment to identify our residents' needs in relation to the NEL SRH strategy priorities. We have then considered best practice with respect to meeting these needs and developed our ambitions within this context. We have also described how we will know when we have achieved our goals for each priority.

6.1 Our population

Redbridge is a large and diverse borough. As of 2021 there were 310,260 residents in Redbridge making it the 11th largest borough in London[5]. Our residents represent different age groups, ethnic backgrounds, faith, and beliefs (see Figure 1). Therefore, a key aim for our strategy is to ensure all residents have access to high-quality, holistic care that is free of stigma and discrimination, and is appropriate for our diverse population.

Our Population

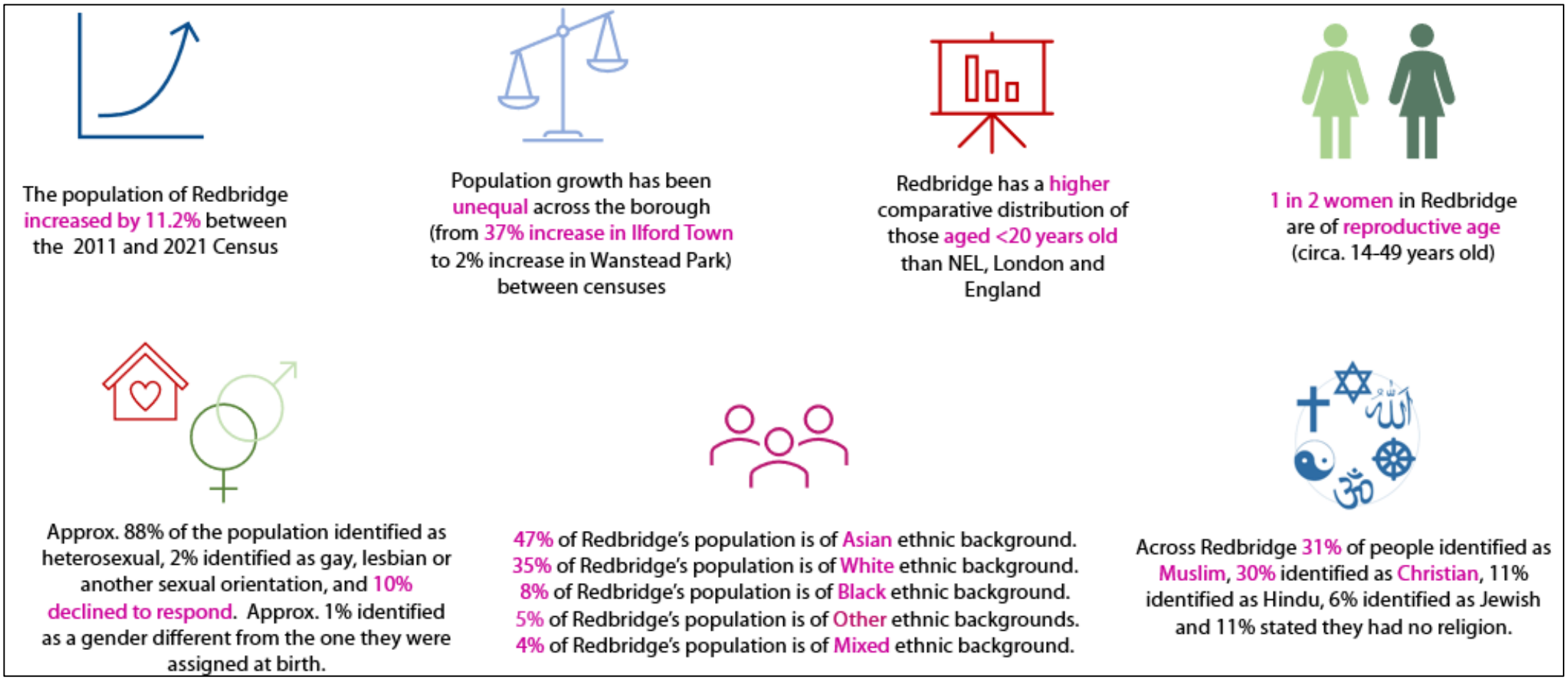


Figure 1: Population profile of Redbridge (Census, 2021)[5]

6.2 Priority 1: Healthy and fulfilling sexual relationships

6.2.1 Background

Sexual wellbeing goes beyond the prevention and management of sexually transmitted infections[6]. Good sexual and reproductive health relies on fostering safe, fulfilling and supportive relationships. A life free from sexual abuse and violence is a fundamental right, but many people are exposed to unhealthy or risky sexual relationships on a daily basis; this has negative impacts on mental, physical, sexual and reproductive health.

Whilst everyone's experience of sexual relationships will be different, there are general approaches that can be taken to help empower everyone to have healthy and fulfilling relationships. These involve supporting people currently in risky sexual relationships, as well as preventing their development. It also includes prioritising people at higher risk of unhealthy relationships, and ensuring support and services meet their needs.

6.2.2 Local context

Relationships and Sex Education (RSE)

The foundations for developing healthy relationships are formed during childhood and adolescence. In the UK, RSE is a legal requirement within secondary schools, and primary schools are mandated to teach relationship education. High quality and comprehensive RSE contributes to lifelong positive health outcomes[7]. It does not encourage early or risky sexual experiences. It focuses on preventing harm by reducing unprotected and unwanted sex, and harmful behaviours such as sexual assault and abuse. It can reduce early sexual activity and increase the likelihood that young people use condoms and contraception when they first have sex.

A recent NEL resident survey (2023) found that 88% of respondents strongly agreed that young people should have access to high quality RSE, but that there was a lack of confidence about the quality and content of current RSE provision[1]. Residents would also like RSE to be more LGBTQ+ inclusive and more culturally sensitive, with safety and safeguarding at the heart of the curriculum. The sexual health service for 15-25 year olds in Redbridge is run by BEWIZE VIA. This service provides a wide range of free and confidential sexual health services within schools tailored to young people, including:

- **Age-appropriate workshops** that educate young people on a variety of sexual health topics, intended to provide them with information on their bodies, healthy relationships and safer sex practices
- **Drop-in sessions** at schools and community centres across Redbridge, where young people can ask sexual health practitioners questions and access STI testing kits and free condoms
- **Training sessions** to professionals within schools, teaching them how to discuss sexual health with students.

20 eligible schools have been offered support through BEWISE VIA, but only 7 schools have engaged with the service. This is an improvement on previous years, but challenges exist around establishing more sustained support across all eligible schools. There is often a misconception that RSE is promoting early sexual behaviour, and a fear that the provision will not be culturally and faith sensitive. One approach involves co-designing provisions with schools, parents and students to address these concerns. High-quality RSE

is needed now more than ever to combat the vast amount of misinformation on the internet and social media. As such, RSE has a vital role to play in improving the health literacy of every young person in Redbridge.

Supporting high risk groups

There are significant inequities in sexual wellbeing, particularly in relation to gender and sexual identity, and the challenges people navigate vary across the life course. For example, young people may face particular challenges navigating their sexual orientation and gender identity[8]. For many women, domestic abuse begins or escalates during pregnancy[9]. And for women aged 60 years and older, a recent WHO review found that physical and/or sexual intimate partner violence remained the most frequently experienced forms of abuse[10].

The NEL sexual health strategy identified several groups at risk of poorer outcomes and/or with more complex needs, including[1]:

- Substance users and people engaging in Chemsex (sex under the influence of drugs)
- The LGBTQ+ community
- People experiencing homelessness and rough sleepers, asylum seekers and migrants
- Commercial sex workers
- People with disabilities (learning and physical)
- Young people in foster care, leaving care or known to the Youth Justice Service

Within these groups, people's experiences vary based on multiple intersecting factors. For example, evidence indicates that LGBT people may be at greater risk of becoming homeless, and that affected individuals are more likely to engage in survival sex (engaging in sexual exchanges to meet a survival need)[11]. Evidence also shows that women with disabilities experience higher levels of violence, including intimate partner violence and sexual violence[12]. Whilst there is limited data available at a local level for many of these groups, services can be co-designed with these residents to help meet their needs and create inclusive environments.

An audit conducted by the NEL Working Group for 'Chemsex and High-Risk Sexual Behaviour' identified that the number of NEL residents accessing local support pathways for these behaviours was 42% higher in 2021-2022, compared to the previous year[1]. This demand is expected to grow, and whilst Men who have Sex with Men (MSM) are more likely to engage in Chemsex, there is growing incidence amongst heterosexual people too. Emergency contraception use and teenage conception rates across the borough indicate that people are engaging in unprotected sex, increasing their risk of STIs. An important step will involve increasing the use of condoms within these groups, but a better understanding of the barriers affecting high-risk groups is still needed.

Sexual violence and coercion

Sexual abuse and violence affect both women and men and can lead to life-changing and long-lasting impacts, such as mental health issues, unwanted pregnancy, and risk of STIs[13].

Over two-thirds of domestic abuse victims are women[14]. The term "Violence Against Women and Girls (VAWG)" refers to acts of violence or abuse that disproportionality affect women and girls, including rape, sexual harassment, childhood abuse and domestic abuse (amongst many others)[15].

In 2021, the London Borough of Redbridge held a series of listening exercises to gain a better understanding of women and girls' experiences of violence and abuse in Redbridge, as part of the local Community Crime Commission[13]. This involved gathering local residents' experiences through workshops and online surveys.

Results identified:

- **65% of women** felt either **high or quite high levels of risk** to their safety when out in public in Redbridge
- **90% of women** had experienced **some form of street harassment** in Redbridge (higher than the national average of 70%). This included experiences of verbal abuse, intimidation, sexual harassment, being followed and catcalling.
- Of those women who had experienced public harassment, **only 10% had reported an incident to the police**, Reasons for not reporting included fear of the police, concerns about there being no proof or fears that no one would believe or take them seriously.

Due to particular concerns around women's safety in Ilford, the Redbridge Community Safety Team collected young women's experiences of the area using an online survey, that received over 1,800 responses from local women. Responses showed a substantial issue locally around women's safety. In November 2022, the London Borough of Redbridge became the first council in the country to enforce against catcalling and street harassment. And in March 2023, they launched 'ThisHasToStop', a campaign that builds on the previous work of the Redbridge Community Crime Commission. The programme aims to end the harassment and abuse of women and girls, and includes projects with schools, community groups, service providers and businesses[16]. RSE also has an important role in reducing sexual violence, tackling rape culture and encouraging the disclosure of abuse[17].

Views from women living in Redbridge collected through a Community Listening Conversation (Apr-July 2021)

"Parks are unfortunately places where women and girls are being harassed or attacked, I would not go to a park on my own and can't go for a run even during the day."

"In primary school, teachers have said that 'boys will be boys' so we are taught that it is ok, so it continues as we grow up. There should be sessions for adults and teachers that saying small things like this can have a big impact."

"I have noticed some of the places in Redbridge are very male dominated in the evenings, there are less women and mixed groups, a lot more men hanging around than when I was younger. This then makes women feel less safe and less likely to go out continuing this cycle."

Child sexual abuse

Child sexual exploitation (CSE) is a form of child sexual abuse (CSA) and involves children and young people being exploited to engage in sexual activity either for financial gain or social status by the perpetrator[13]. CSE can take many forms, including (but not limited to):

- Sexually exploitative relationships in which a young person may or may not believe they are in a consensual relationship
- Exploitation by a third party in which someone facilitates the involvement of others in the abuse
- Online abuse (including messaging or manipulating a young person to send explicit photos)
- Trafficking for sexual exploitation.

Understanding the extent of CSA and CSE nationally and in Redbridge is extremely challenging, and the research shows young people rarely report experiences of abuse. This may be due to fears of not being believed, loyalty or fear of the perpetrator, or feelings of shame and guilt. Professionals may not always identify CSA, and so many cases go unreported.

An estimated 1 in 20 children in the UK have been sexually abused and over a third of all police-recorded sexual offences in England are against children[18]. The data suggests that:

- Girls are more likely to experience sexual abuse than boys
- Older children are more likely to experience sexual abuse than younger children
- Over 90% of children who experience contact sexual abuse were abused by someone they knew
- Around a third of sexual abuse is by other children

The effects of CSA and CSE have wide-reaching and profound impacts on young people, resulting in a range of physical, sexual and mental health difficulties. Preventing CSA and supporting those who have been subjected to abuse remains a key priority both nationally and in Redbridge.

6.2.3 Our ambitions for healthy and fulfilling sexual relationships

Redbridge's ambitions for healthy and fulfilling relationships are closely aligned with the ambitions of the NEL sexual health strategy. The following pages outline where we want to be in the future, which includes our aims and the outcomes that relate to these. We have also included a section on how we will know when we have reached our goals. From this, a detailed action plan will be created with appropriate indicators, to provide the detail on how we will achieve our ambitions over the next 5 years.

Aims

People make informed choices about their sexual and reproductive health

Residents have access to timely, high quality and inclusive services to support their needs

People feel safe, happy and fulfilled in their relationships

People in unhealthy or risky sexual relationships are identified and supported appropriately

Outcomes

Young people have access to high quality, comprehensive and inclusive RSE	RSE teachers, health professionals and front-line staff are equipped with the skills and knowledge to deliver high quality SHR support at every opportunity	People know where and how to access sexual and reproductive health services	People have a positive experience, free of stigma and discrimination, when accessing sexual and reproductive health services
Prevention activities are appropriately targeted to those at greater risk for poor sexual health outcomes	Increased collaboration between partners working on helping residents feel safe in their homes and in the community	People can recognise when they are in unhealthy or risky relationships, and are appropriately supported at every opportunity	Vulnerable people who are at risk or subject to abuse are protected through effective safeguarding mechanisms

How will we know when we get there?

Area of focus	How we will know we have achieved our goals for healthy and fulfilling relationships
Education	• More eligible schools will be engaged with RSE support services • More health professionals will have received SRH awareness training • Outreach work will increase awareness of SRH amongst residents (especially high priority groups, such as young people and people engaged in high-risk behaviours such as Chemsex)
Access	• There will be an increase in the number of residents accessing the SRH services they need • There will be an increase in the proportion of young people and other vulnerable groups accessing SRH services • There will be an increase in the number of defined referral pathways from partner organisations into our SRH services, so that partners work together to seamlessly support vulnerable residents • There will be an increase in the number of condoms distributed to high-risk groups (inc. young people), and increased uptake of the C-Card scheme
Safety	• There will be increased collaboration between partners working together to help residents feel safer in their homes and in the community • There will be a robust safeguarding provision across systems, to ensure vulnerable people at risk or subject to abuse are protected

6.3 Priority 2: Good reproductive health across the life course

6.3.1 Background

All women should feel empowered to make the right choice for them regarding their reproductive health, and their needs will vary across the life course. For example, throughout adolescence, young people may become sexually active for the first time, requiring access to high quality contraception services to prevent unplanned teenage pregnancies. Throughout their lives, women may need support with menstruation and fertility; and in later life, women may need help through the process of menopause. Services must be able to follow women throughout their journeys, providing the right care at the right time and place for them.

6.3.2 Local context

Teenage pregnancy rates and birth rates

Teenage conceptions, often unplanned, are linked with poorer health and social outcomes for young parents and their children. The under 18s conception rate in Redbridge has decreased significantly over the past 10 years[19]. In 2021, Redbridge's under 18s conception rate was substantially below the London average (see figure 2), and Redbridge had the 2nd lowest under 18 conception rate of all NEL boroughs.

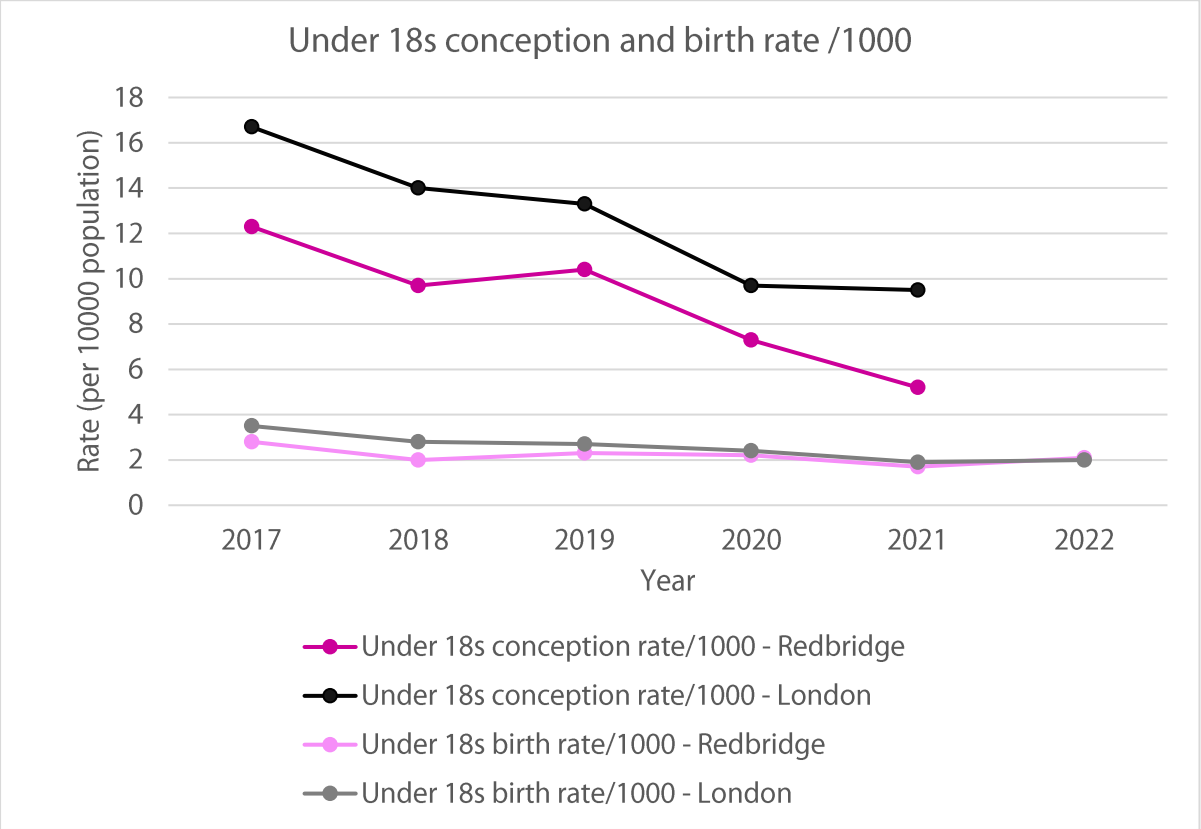


Figure 2: under 18s conception and birth rate (per 1000) in Redbridge, compared to the London average[19].

The under 18s birth rate in Redbridge has remained relatively static over the past 5 years, at approximately 2 conceptions per 1000 of the under 18s population[19]. Despite a lower conception rate, the under 18s birth rate in Redbridge is very similar to the London average (figure 2). This may be partly explained by a larger proportion of women aged under 18 continuing with their pregnancy in Redbridge, compared to the London average (see figure 3). Moving forwards, it will be important to ensure that the larger proportion of under 18s continuing with their pregnancy in Redbridge is a reflection of young people's personal choice, and not a difficulty with accessing termination of pregnancy (ToP) services or any undue coercion to continue their pregnancy. Support for young parents and their children should continue through programmes such as the Family Nurse Partnership.

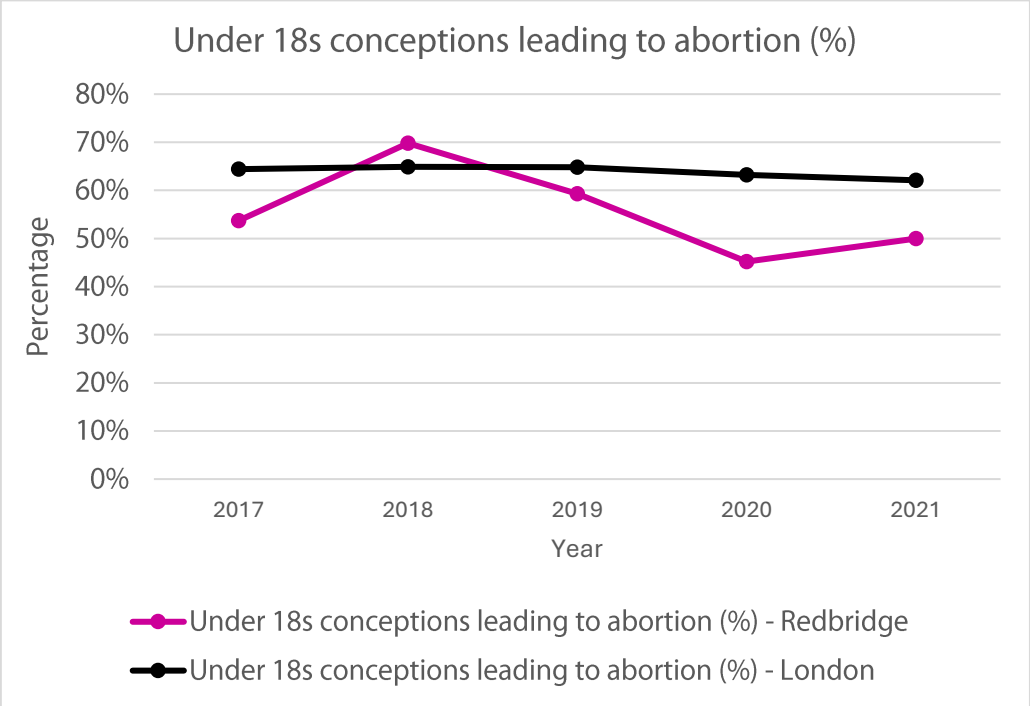


Figure 3: the percentage of under 18s conceptions leading to abortion in Redbridge, compared to the London average[19].

Termination of Pregnancy (ToP)

Approximately half of all pregnancies are unplanned, and as many as 1 in 3 women in the UK has an abortion at some time in their life. Abortions are generally very safe; however, some women will experience complications, and they can have a large emotional impact on individuals. Significant inequalities exist, as higher rates of abortion tend to be seen in more deprived communities and where LARC rates are lowest[20]. Furthermore, abortions result in a significant cost to healthcare services, given the unit cost of an abortion can range from £450 to £3600.

In 2022, there were over 1500 legal abortions performed for Redbridge residents; this was the 4th highest abortion rate in NEL (22.9 abortions per 1000 women)[21]. For those aged under 19 years old, the abortion rate for Redbridge residents was lower than the England and London averages, however it was higher for all other age groups (figure 4). The

highest abortion rate was seen amongst Redbridge women aged 20-24 years old, at 41.5 abortions per 1000 women.

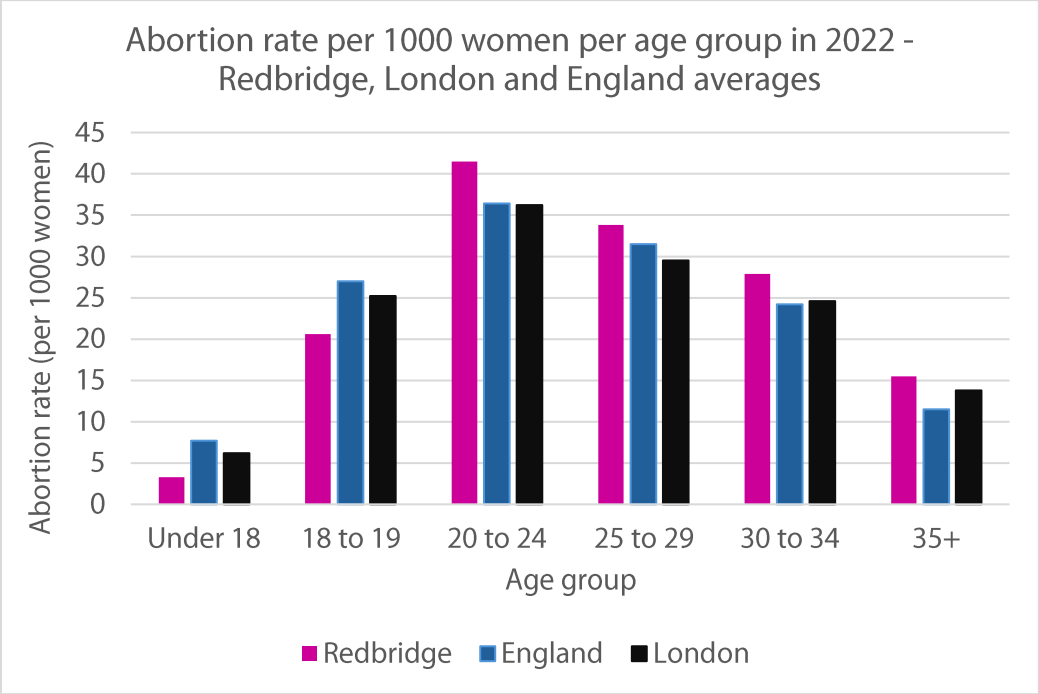


Figure 4: 2022 abortion rates per 1000 women per age group for Redbridge, London and England[21]

In 2022, 42.1% of all women in Redbridge choosing an abortion through ToP services had used this service at least once previously (higher than the London and England averages); for Redbridge women aged under 25 years old, this figure was 30.9%[21]. These proportions have been relatively unchanged since 2019. Therefore, reducing the rate of unwanted pregnancies and repeat abortions will be an important aim moving forwards.

Emergency hormonal contraception (EHC)

It is challenging to estimate the total use of EHC across Redbridge, because it can now be purchased over the counter without a prescription; in these cases, the data may not be captured in reporting systems. Furthermore, given the range of services that provide EHC, the data regarding its use is fragmented.

In 2023/24 approximately 88% of all EHC provided by pharmacies to Redbridge women was for women aged 16-24 years old[22]. Data suggests that women from older age groups may access EHC from sexual health services more[23]. This may be because Redbridge women under 25 years old can access EHC for free from pharmacies. The need for EHC use, particularly in younger age groups, indicates that some residents are practising unprotected sex, increasing their risk of unwanted pregnancies and STIs. The high abortion rates and EHC use from pharmacies amongst women aged 20-24 years old suggests it is especially important to increase the uptake of reliable contraception methods within this age group.

Contraception: Long-Acting Reversible Contraception (LARC)

LARC methods, such as intrauterine devices (IUDs) and the birth control implant, are the most effective methods of contraception. They last for several years and are user-independent and reversible. Increasing access to LARC will most likely lead to increased uptake amongst women in a local area, resulting in several savings on healthcare costs by reducing unplanned pregnancies. Public Health England estimate the savings to government per averted pregnancy, across both healthcare and non-healthcare sectors, to be £23,976 over a 10-year period[20].

Local authorities are responsible for commissioning LARC in their area. LARC can be provided in a number of settings, including hospitals, specialist sexual and reproductive health services, and in General Practice. During the covid pandemic, total LARC prescription rates for Redbridge residents fell, but this has since increased back to pre-pandemic levels[19]. This recovery has largely been seen within sexual and reproductive health services; the same increase has not been seen within General Practice (see figure 5).

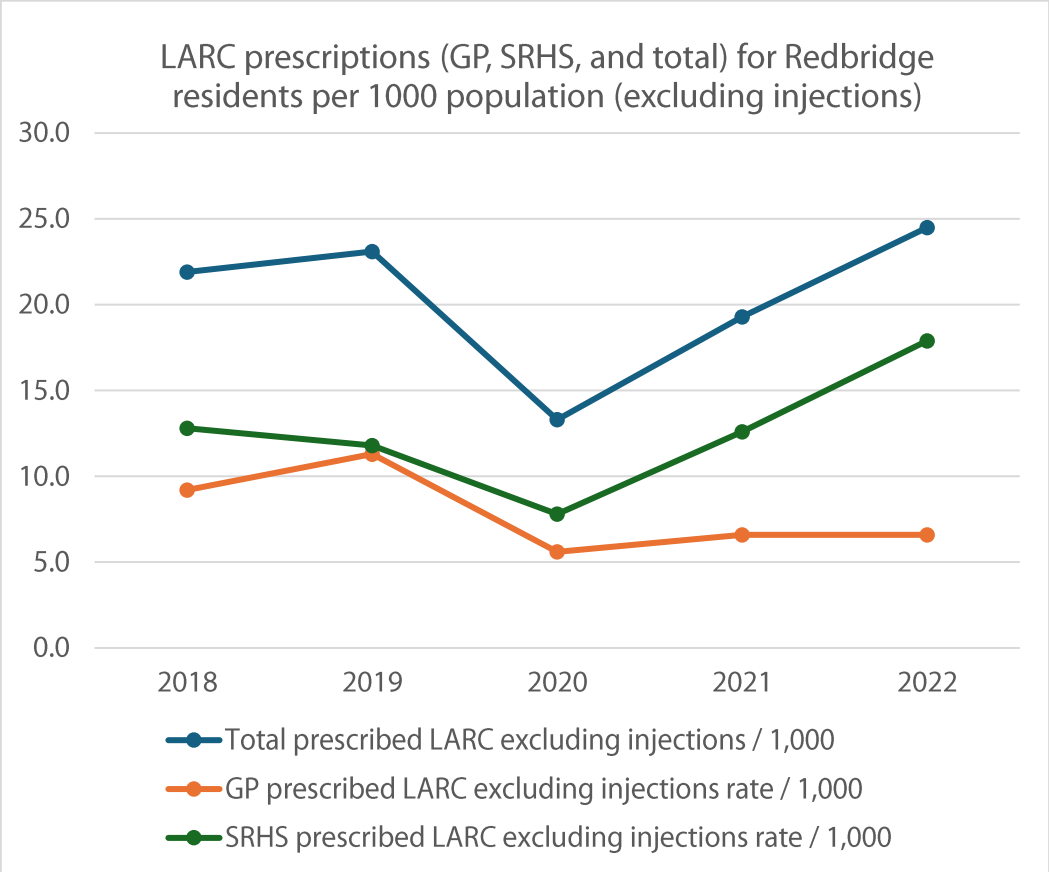


Figure 5: LARC prescriptions rates (excluding injections) for Redbridge residents by prescription source[19].

When comparing 2019/20 to 2023/24, there has been an approximately 45% decrease in the number of Redbridge GP practices invoicing for IUD fittings and a 60% decrease in the number of practices invoicing for implant insertion. This has resulted in a 54% decrease in the number of invoices received for IUD fittings, and a 60% decrease in the number received for implant insertions (see figure 6).

	19/20	23/24
No. GP practices invoicing for IUD fittings	11	6
No. invoices received for IUD fitting	272	126
% decrease in IUD fittings compared to 19/20		↓ 54%
% decrease in no. GP practices invoicing for IUD fittings compared to 19/20		↓ 45%
No. GP practices invoicing for implant insertion	5	2
No. invoices received for implant fitting	68	41
% decrease in implant insertions compared to 19/20		↓ 40%
% decrease in no. GP practices invoicing for implant insertions compared to 19/20		↓ 60%

Figure 6: a table summarising the number of GP practices invoicing for IUD and implant fittings and the number of invoices received for fitting these devices in 2019/20 and 2023/24. N.B – invoice data is an approximate guide of LARC activity in primary care. If invoices are not completed/are incomplete, this data will go unrepresented.

A recent NEL resident survey (2023) found that the main reasons stopping NEL residents from accessing their local Sexual Services are: difficulties in getting an appointment, inability to travel, stigma, embarrassment and risk of being recognised[1]. In 2023/24, approximately 70% of contacts with Sexual and Reproductive Health Services (SRHS) by Redbridge residents occurred within NEL boroughs[23]. Of these contacts, the vast majority (approx. 73%) attended Barking hospital, which can be a considerable distance for residents to travel, depending on where they live in the borough. Indeed, only approx. 5% of contacts with SRHS by Redbridge residents occurred within Redbridge, specifically at the Loxford polyclinic (now moved to the Ilford Exchange). Increasing access to sexual health services, such as LARC and STI testing, through primary care and the new Ilford Exchange satellite clinic is therefore a major priority for Redbridge. Patients visit their GP and the Ilford Exchange clinic for a variety of reasons, and women could attend appointments without anyone else knowing they have attended for reasons related to their sexual health.

The NEL sexual health strategy also highlighted specific concerns regarding equity in LARC uptake. In 2022, only 1 in 4 women accessing LARC at All East was of non-white origin[1]. Data related to LARC uptake across the borough is fragmented and often incomplete. For example, 92% of LARC invoices received from General Practice did not include the ethnicity of the patient; therefore, it is very challenging to determine if LARC uptake across Redbridge is equitable. Data from BHRUT regarding LARC insertions between October 2022 and Sept 2023 revealed that two thirds of LARC was inserted for women of non-white ethnic background. However, this is just one service and data collection across the system needs to improve, especially in relation to LARC, so that any potential barriers can be identified and examined fully.

Age was recorded on 70% of LARC invoices received from general practices across Redbridge. When age was recorded, invoices suggested that less than 5% of LARC fittings in general practice occurred in women aged under 25 years old. Within BHRUT services, 14% of LARC insertions occurred within this age group. Considering the high abortion, repeat abortion, and EHC usage within this group, it is vital that access to LARC increases for women aged under 25 in Redbridge. Beyond access, other potential barriers to LARC uptake for young people could include: lack of knowledge regarding LARC and its benefits, concerns regarding pain or embarrassment during insertion, and misconceptions regarding the risks of LARC.

Contraception: Condoms

Condoms are the simplest and cheapest way to prevent STIs[2]. The Pan London C-Card scheme offers free condoms to Redbridge residents aged 15-25 years old through community pharmacies. Unfortunately, the number of C-Card registrations and encounters fell dramatically during the covid-19 pandemic and has not recovered significantly since (Figure 7)[24].

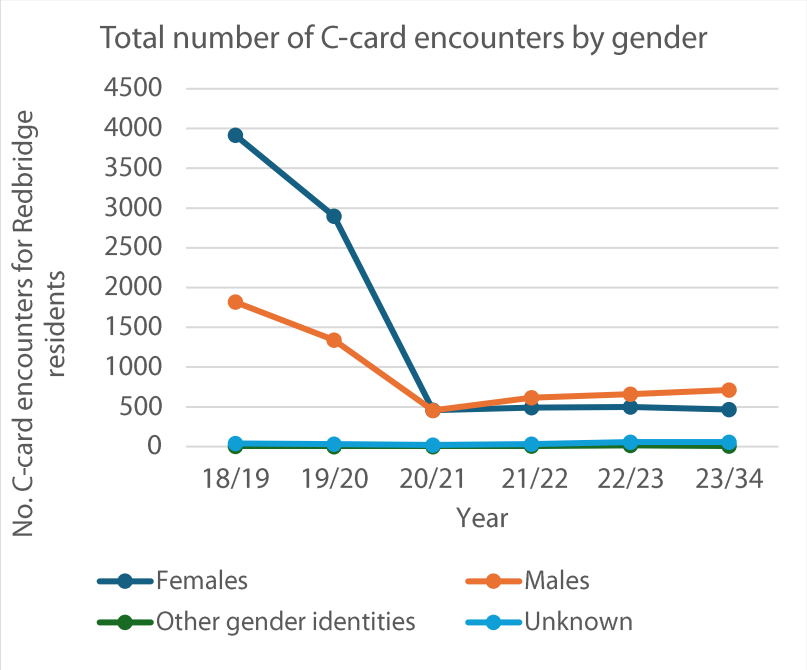


Figure 7: a graph showing the total number of C-Card encounters by Redbridge residents according to gender.

Differences in C-card registrations and encounters were identified by gender, ethnicity and sexuality[24]:

- There has been a reversal in the proportion of people registering and using the C-Card by gender. In 2018/19, 73% of registrations were by females; in 2023/24, only 37% of registrations are now by females, and males make up the majority of new registrations. This may be a reflection of an increase in LARC uptake; whilst LARC prevents unwanted pregnancy, it does not prevent STIs and therefore condom uptake must still be promoted.
- In 2023/24, there was an over-representation of people of Black and Mixed ethnicities registering for C-Cards compared to the Census 2021 general population estimates; and there was an under-representation of people of Asian and White ethnicities registering for C-cards.
- In 2023/24, sexual orientation was unknown for 81% of C-Card registrations. When it was recorded, the vast majority of people identified as heterosexual. When sexual orientation was unknown, patient refusal was only documented as the reason in less than 1% of cases. The patient not being asked was recorded in 2% of cases. The remaining 98% of cases were 'not recorded' due to unknown reasons. This is an area for improvement regarding data collection in the future.

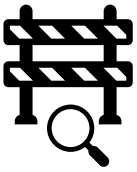
6.3.3 Our ambitions for good reproductive health across the life course

Aims

People feel empowered to make informed choices that support good reproductive health

Residents have access to timely, high quality and inclusive services to support their reproductive health needs

Targeted interventions support vulnerable residents with their reproductive health



Any barriers to the effectiveness of reproductive health services are identified and fully examined

Outcomes

People are informed about the options available to improve their reproductive health and make the right choice for them	People know about their contraception choices (including LARC) and have access in a variety of settings to suit their preference	Better understanding of the barriers to LARC uptake so that services meet all residents' needs (especially those at highest risk of poor health outcomes)	Reduced teenage pregnancies and unplanned pregnancies, resulting in reduced need for abortions and repeat abortions
Provide services that are co-designed with residents and address inequalities by being accessible, welcoming and non-discriminatory	Consistently timely access to high-quality services that address people's needs across the life course, are client-centred and responsive, and offer wellbeing support at every opportunity	Pathways into and out of closely aligned services are optimised so residents experience seamless and quality reproductive health provision across the system	Prevention activities are appropriately targeted to those at greater risk for poor sexual health outcomes

How will we know when we get there?

Area of focus	How we will know we have achieved our goals of good reproductive health across the life course
Teenage pregnancy	• There will a decrease in the teenage pregnancy rates
Termination of pregnancy and emergency contraception	• There will be a decrease in total abortion rate, especially amongst age groups with the highest abortion rates and those aged under 18 • There will be a decrease in the percentage of repeat abortions (total and for those aged under 25) • There will be a better understanding (at a service level) of how abortion rate varies by ethnicity and age, so prevention work can be targeted to the highest priority groups • Better contraception will result in fewer women needing to access Emergency Hormonal Contraception
Access to contraception and other services	• More women accessing SRHS will have a main method of contraception in use • LARC prescriptions rates will increase in SRHS and GP settings • Access to LARC in General Practices will increase, resulting in an increased number of LARCs being inserted across each PCN • There will be better data insight regarding LARC equity (i.e. data will be reported regularly regarding the % of LARC inserted amongst ethnic minority women and young women) • LARC provision in Termination of Pregnancy services will be explored and promoted • There will be an increase in the number of condoms distributed to high-risk groups (inc. young people), and increased uptake of the C-Card scheme • There will be an increase in the number of health promotion events and outreach advice contacts (particularly focusing on supporting highest priority groups)

6.4 Priority 3: High quality and innovative STI screening and treatment

6.4.1 Background

Despite often being asymptomatic, STIs can have wide-reaching effects, from infertility to severe cardiovascular and neurological complications. Significant inequalities exist, and amongst people in England, the impact of STIs remains greatest in young people aged 15-24 years old, gay and bisexual men who have sex with men (GBMSM) and some minority ethnic groups[25]. In line with the STI Prioritisation Framework, understanding the local situation (by identifying high priority target groups within Redbridge's population) will help focus finite resources to achieve the biggest public health impact[2]. The STI prioritisation Framework details 3 priority groups:

Priority group 1

This is the highest priority group for preventing serious harm resulting from STIs and reducing health inequalities. This group includes:

- Residents experiencing STI symptoms
- Residents experiencing the greatest adverse health outcomes from STIs
- Residents experiencing inequalities

Examples include:

- **Female sex workers at high risk of syphilis** (due to potential severe harm from syphilis and risk of vertical transmission during pregnancy leading to congenital syphilis)
- **Young women at high risk of chlamydia or gonorrhoea** (due to fertility implications)
- **GBMSM at high risk of syphilis** (due to potential severe harm from syphilis)
- Those at **increased risk of HIV** (discussed later).

Priority group 2

This priority group refers to residents experiencing the highest rates of STIs, which will overlap with the groups above but also extend to those where harm is less severe or non-apparent. This group includes **residents experiencing the greatest rates of STIs**.

Priority group 3

This group includes the broader population, where remaining resources should be utilised to offer services, emphasising the importance of open access provisions (**widespread access**).

6.4.2 Local context

Low prevalence or low testing?

Following the Covid-19 pandemic, the incidence of new STI diagnoses has continued to rise in Redbridge, as it has done nationally[19]. Nevertheless, new STI diagnosis rates in Redbridge have remained below the London and England average for over a decade and were the 4th lowest in the capital in 2023.

The diagnosis rates of STIs depends both on the real prevalence of the infection in the community and the likelihood that an infected resident is tested. This leads to two very important questions:

1. Are new STI diagnosis rates in Redbridge low because **fewer residents are infected with STIs?**

   OR

2. Are new STI diagnosis rates in Redbridge low because **fewer residents (especially those at the highest risk) are being tested,** with many remaining undiagnosed and at significant risk of harm?

It is very challenging to estimate the true prevalence of STIs in a population because many infections are asymptomatic, meaning patients remain undiagnosed unless engaging in regular screening tests. One approach involves analysing the rates of harmful outcomes associated with STIs; because higher rates of poor outcomes with lower diagnosis rates could suggest infections are going undetected. One such outcome is Pelvic Inflammatory Disease (PID), which is general term for infection of a woman's reproductive organs, which typically affects sexually active young women and is commonly (but not exclusively) caused by STIs. Redbridge has the **10th highest PID admission rate** of all London boroughs, which could suggest a higher level of untreated STIs[19].

Furthermore, **STI testing rates in Redbridge** were the **2nd lowest of all London boroughs** in 2023; and Redbridge had the lowest proportion of females aged 15-24 years old screened for chlamydia (Figure 8)[19]. This information suggests that **not enough people, or not the 'right' (highest risk) people, are being tested for STIs in Redbridge**, which could be contributing to a higher rate of adverse outcomes. Furthermore, **re-infection remains a significant issue across NEL**; between 2016-2020, it was estimated that **7.3% of women and 12.5% of men** living in NEL who presented with a new STI at a sexual health clinic **became re-infected within 12 months**; this highlights the importance of repeat screening and partner notification[1].

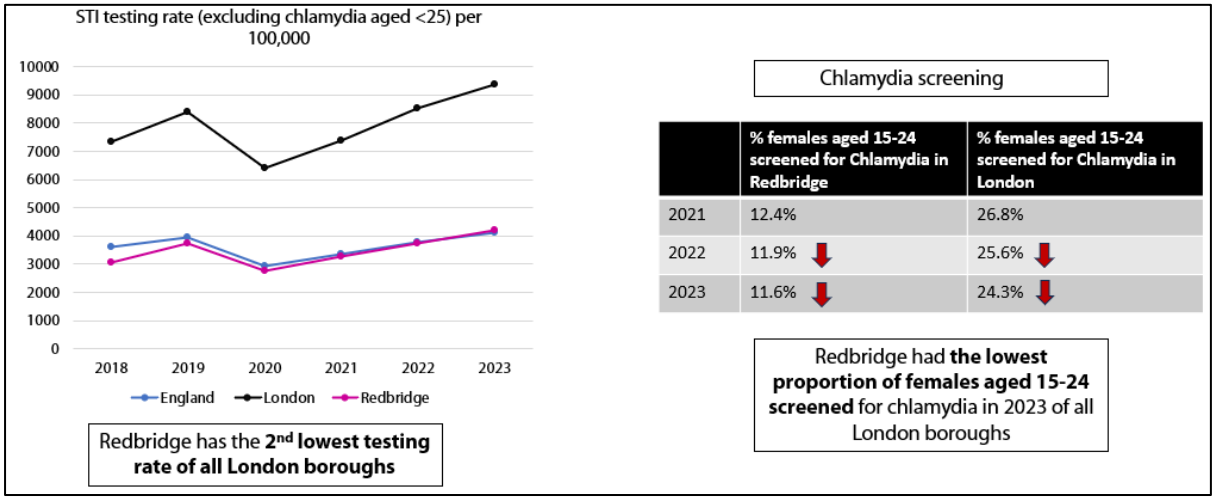
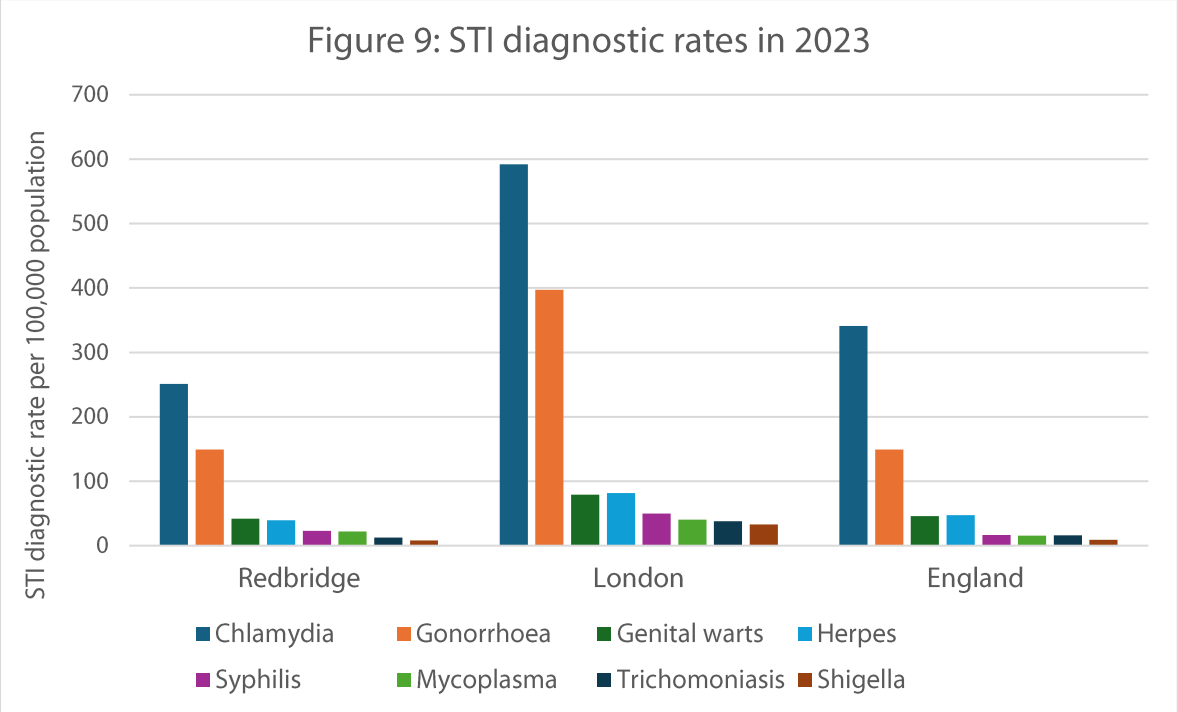


Figure 8: the graph on the left shows STI testing rate (excluding chlamydia for those aged <25 years old) per 100,000 of the population for Redbridge, compared to the London and England averages[19]. The table on the right shows the proportion (%) of females aged 15-24 years old screened for chlamydia in Redbridge compared to the London average. Red downward arrows indicate the proportion screened has decreased year-on-year.

High priority pathogens

In 2023, the most commonly diagnosed STIs in Redbridge were chlamydia and gonorrhoea (Figure 9)[19]. Of note, the new diagnosis rate for syphilis in Redbridge was considerably higher than the England average (35th highest out of 153 upper tier local authorities) and remains a pathogen of concern in the borough.



High priority patient groups

As mentioned in '*Priority 1: Healthy and Fulfilling relationships*', the NEL sexual health strategy identified a number of groups at particular risk of poorer outcomes and/or with more complex needs. These groups include (but are not limited to): commercial sex workers, people experiencing homelessness, people with drug and alcohol dependence and people with disabilities[1]. Unfortunately, data related to the sexual health needs of these groups in Redbridge is not readily available, and insights are limited even at a national level; however, significant inequalities persist amongst these population groups. For example, sex work can lead to the exploitation of women and involve sex trafficking and modern slavery. It may also lead to harms arising from the inherent vulnerabilities involved[15]. It will be a key ambition moving forwards to improve data intelligence for these groups in Redbridge, and to co-produce services with representatives from these communities.

Data was more readily available for STI testing and diagnosis rates by certain demographics, revealing high risk groups in Redbridge by age, ethnicity and sexuality[26]:

Age and gender

In Redbridge in 2023, the rates of STIs amongst different age groups varied considerably according to gender and the pathogen involved. The following key priority groups were identified for the 3 highest priority pathogens in Redbridge:

Young people when considering chlamydia and gonorrhoea:

In 2023 amongst Redbridge residents, 43% of all new chlamydia diagnoses and at least 29% of all new gonorrhoea diagnoses occurred in young people aged 15-24 years old[26]. Young people are also at higher risk of STI re-infection; it has been estimated that approximately 17% of young women (15-19) and 11% of young men (15-19) become re-infected within 12 months[1].

- Females:
    - Approximately **1 in 4 new chlamydia diagnoses occurred in young females** (15-24 years old). As per the STI prioritisation framework, this is one of the highest priority groups because chlamydia can cause infertility, resulting in significant harm to young women.
    - Whilst gonorrhoea diagnosis rates were significantly lower amongst females than males overall, **63% of new gonorrhoea cases in females occurred in younger age groups** (15-24 years old).
- Males:
    - **32% of all new chlamydia diagnoses** and **at least 20% of all new gonorrhoea diagnoses in males** occurred amongst those aged **15-24 years old**.

Service highlight

Young People Friendly (YPF) Services is a scheme operated as an advice and support service for young people in Redbridge[27]. It was created to ensure sexual health services are easier for young people to find and use. If a service displays the YPF logo, it means the place has been checked by the Redbridge Youth Service and young people. The scheme has been in place in Redbridge since 2007. All services are audited by trained young people on an annual basis to ensure the smooth running of services providing sexual health services within a YPF framework. Historically, confidentiality has been highlighted as a challenge; this can be because private areas are not always available, or because new staff have joined the team and not been trained yet. As such, pharmacies are offered continuous training whenever new staff join. YPF services must remain a particular area of focus given the significant decline in C-Card registration and encounters since the Covid-19 pandemic.

Males (especially those aged 20-34 years old) when considering gonorrhoea:

- In 2023, **over 77% of all new gonorrhoea diagnoses amongst Redbridge residents occurred in males**; of these, **over 60% of new cases** occurred in males aged **20-34 years old**[26].

Males (especially those aged 25-64 years old) when considering syphilis:

- In 2023, **over 90% of new syphilis diagnoses** amongst Redbridge residents occurred in **males**[26]. The vast majority of diagnoses were seen in **men aged 25-64 years old**, with the highest number being seen amongst those aged **25-34 years old**.

Ethnicity

In Redbridge in 2023, the rates of different STIs amongst different ethnic groups varied considerably according to gender and the pathogen involved. The following key priority groups were identified for the 3 highest priority pathogens in Redbridge[26]:

People of Black or Mixed ethnicity

- The estimated rate of new **chlamydia** diagnoses amongst people of **Black or Mixed** ethnicity was approximately **3 times higher** than for people of White ethnicity[26].
    - At least 40% of all new chlamydia diagnoses were recorded in people of Black or Mixed ethnicity
- The estimated rate of new **gonorrhoea** diagnoses amongst people of **Black or Mixed** ethnicity was approximately **1.5-2 times higher** than people of White ethnicity.
    - At least 27% of all new gonorrhoea diagnoses were recorded in people of Black or Mixed ethnicity.
- The estimated rate of new **syphilis** diagnoses was approximately **3 times higher** amongst people of **Mixed** ethnicity compared to people of **White or Black** ethnicity.
    - Approximately 11% of new syphilis diagnoses were recorded in people of Mixed ethnicity. Whilst this appears to be a relatively small percentage, approximately 4% of Redbridge's population are of Mixed ethnicity, so this group is particularly over-represented in new syphilis diagnoses.
    - It should be noted that 40% of new syphilis diagnoses occurred amongst people of White ethnic background, but this is a smaller over-representation given 35% of Redbridge residents are of White ethnic backgrounds.

Sexual orientation

Estimating diagnosis and testing rates for STIs according to sexual orientation is challenging, because approximately 10% of Redbridge residents declined to answer this question in the 2021 Census (and it was only asked for residents aged 16 years and over)[5]. Furthermore, it is recognised that some people may not feel comfortable discussing their sexual orientation with healthcare providers, leading to an over-representation of people identifying as heterosexual in the data. Bearing these limitations in mind, in 2023, the following key priority groups were identified for the 3 highest priority pathogens in Redbridge[26]:

Men who have sex with Men (MSM)

- Approximately **1 in 4 new diagnoses of chlamydia** occurred amongst **males** who identified as **gay or bisexual**
- Approximately **1 in 2 new diagnoses of gonorrhoea** occurred amongst **males** who identified as **gay or bisexual**
- Approximately **3 in 4 new diagnoses of syphilis** occurred amongst **males** who identified as **gay or bisexual**

Young heterosexual females

- **Over 90% of females** who received a new diagnosis of **chlamydia** identified as **heterosexual**. As stated earlier, these are more commonly young heterosexual females at higher risk of harm from untreated STIs. Young women may be more likely to be diagnosed with an STI due to disassortative sexual mixing by age and gender (some young women may have older male partners)[19].

Service perspective

In 2024, Redbridge Rainbow Community published a report exploring LGBTQ+ experiences of health and care services[28]. Highlighted issues included: challenges around sharing LGBTQ+ identities, mixed visibility and clarity around LGBTQ+ inclusion, assumptions and misconceptions, apparent variability in levels of training, awareness or comfort among health and care professionals, as well as some specific gaps in services for LGBTQ+ people and concerns about whether care services are future-proofed for LGBTQ+ inclusion.

One resident said:

> *'I think the lady that had asked me these questions, obviously typical questions around the number of sexual partners. Except once she gathered that I wasn't heteronormative, **she didn't know how to handle the situation.** I think she walked away from her table and said "oh, I just need to speak to somebody" and **looked quite sort of confused** by it. If I'm honest, then it left me feeling a bit, you know, uncomfortable, **like I'd done something wrong**.'*

LGBTQ+ people also shared the positive impact where services are proactively inclusive of LGBTQ+ people and professionals are knowledgeable, confident and open to learning more. One resident commented:

> *'I feel like **the sexual health side** of the NHS is **much more up with this**. Their doctors are trained to be more **open** and more **understanding**. They're very **much freer** and they seem **more comfortable** talking to people.'*

A different community survey report by Redbridge Rainbow Community asked people **what services they thought should be prioritised for targeted work** to ensure they are **more LGBTQ+ inclusive. Sexual health was amongst the top 5 priorities**, with over 4 in 5 (**81%**) of respondents identifying this service area as a priority. It is therefore important that all services take proactive and regular action to be LGBTQ+ inclusive. Redbridge Rainbow's report provides a set of simple action planning questions to help services understand their current situation and identify opportunities to address gaps.

Prevention: vaccinations

Human Papillomavirus (HPV) is a group of viruses that can be caught through any sexual or physical contact with another person who has it. Research has shown that almost all cases of cervical cancer in the UK are linked to HPV infection. The introduction of the HPV vaccination programme has been estimated to have reduced the rate of cervical cancer in women in their 20s by almost 90%. The national target in England was for over 90% of all girls aged 13-14 years old to have received 2 doses (a completed course) of the HPV vaccine[19]. In Redbridge, population vaccination coverage for two doses amongst females aged 13 to 14 years old has declined since 2019/20, from 83.4% to just 64.3% in 2022/23[19]. This is the lowest coverage seen over the last 8 years. For males aged 13 to 14 years old, coverage has also declined, from 77.5% in 2020/21 to 59.0% in 2022/23. Further health promotion work is needed to increase the uptake of HPV amongst eligible groups. Of note, the HPV programme has been modified since September 2023, so that people under 25 years old will only require one dose.

Other important vaccines to consider are Hepatitis A and Hepatitis B vaccinations, which confer over 95 and 90% protection respectively (depending on schedule)[2]. Data regarding uptake of these vaccines across eligible populations in Redbridge is limited, but SRHS have a vital role in promoting opportunistic vaccination amongst high-risk groups, and condom distribution at every contact.

Service implications - STIs

- **Prevention is key**: condoms remain the simplest and cheapest way to avoid STI infection and onward transmission. As noted in '*Priority 2: good reproductive health across the life course*', there has been a significant decline in the Pan London C-Card Scheme since the Covid-19 pandemic. Increasing uptake of this scheme and condom distribution amongst high-risk groups is of utmost importance, given the increasing incidence of STIs in Redbridge and their harmful consequences.
- **Increased data intelligence** is required surrounding the **highest risk (and therefore highest priority) groups** in Redbridge including: commercial sex workers, people experiencing homelessness and people using drugs and/or alcohol.
- All services should be **Young People Friendly**: this must involve services being welcoming and non-discriminatory to young people and ensuring that their concerns can be discussed confidentially. Very high priority actions include:
    - Increasing chlamydia screening coverage amongst females aged 15-24 years old
    - Increasing gonorrhoea testing rates amongst females aged 15-24 years old and males aged 16-64 (especially those aged 20-34 years old)
    - Increasing syphilis testing rates amongst males aged 25-64 years old

  This will likely involve increasing testing opportunities and access across a variety of settings, including pharmacies and general practice. With increasing STI incidence and antibiotic resistance in the 3 highest priority pathogens in Redbridge, treatment and partner notification will likely become more complex, requiring a more joined-up approach across services.
- Services should **collect and share** (where appropriate) **data regarding STI testing and diagnosis rates by key demographics** (age, gender, ethnicity and sexual orientation). This should be fully examined to understand how different population groups are using services. Any differences must be explored further to understand and address inequities.
    - Current data suggest very high priority groups include people of Black and Mixed ethnic backgrounds, and GBMSM
- Sexual health services are amongst the top 5 services that LGBTQ+ residents feel should be prioritised with targeted work to **make them more LGBTQ+ inclusive**. This is imperative given the significantly higher STI rates amongst Redbridge's GBMSM population.

6.4.3 Our ambitions for high quality and innovative STI screening and treatment

Aims

Residents have equitable access to innovative, confidential, respectful and easy to access STI screening and treatment in line with their preferences

Increased awareness and knowledge of STI infections amongst residents by taking a systems approach

Increased targeted interventions for vulnerable communities and at-risk populations in line with the STI prioritisation framework

Provide services and support that is free from stigma and discrimination

Outcomes

Increase testing coverage in vulnerable and high-risk communities, reducing the gap between known and expected incidence	Increase testing opportunities for syphilis and gonorrhoea and monitor treatment resistant strains in line with NICE/BASHH guidance	Consistently timely access to services and time to treatment for all residents	Meet recommendations for BASHH partner notification and reduce reinfection rates
Maximise opportunities for condom distribution and promotion	Increase vaccination coverage in vulnerable and high-risk communities	Joined communications and social marketing plan for the borough focusing on prevention: universal messaging	Strengthen local surveillance and health intelligence systems

How will we know when we get there?

Area of focus	How we will know we have achieved our goals for high quality and innovative STI screening and treatment
Prevention	• There will be an increase in the number of STI prevention outreach sessions and campaigns targeted at the highest priority groups (inc. social media campaigns where appropriate) • There will be an increase in the number of condoms distributed to high-risk groups (inc. young people), and increased uptake of the C-Card scheme • There will be an increase in vaccination coverage (inc. HPV vaccinations, Hepatitis A vaccinations and Hepatitis B vaccinations) • More eligible schools will be engaged with RSE support services (see priority one)
Testing and diagnosis	• There will be increased testing coverage across the population (especially amongst high priority groups) for chlamydia, gonorrhoea and syphilis • There will be an increase in the number of sites offering STI testing • There will be fewer late diagnoses of STIs, and pelvic inflammatory disease admission rates will decline
Management and treatment	• There will be an increase in the number of residents accessing the SRH services they need in a timely manner • There will be an increase in the proportion of young people and other vulnerable groups accessing SRH services • There be an increase in the number of defined referral pathways from partner organisations into our SRH services, so that partners work together to seamlessly support vulnerable residents • We will work together to achieve a more consistent approach to partner notification (and data collection surrounding this) across the borough • There will be a decrease in reinfection rates amongst residents (especially amongst young people and MSM)

6.5 Priority 4: HIV – Towards Zero and living well with HIV

6.5.1 Background

Since the 1990s, the development of new treatments has transformed care for those with HIV, with life expectancy now near that of the general population. However, new cases of HIV are diagnosed each year and significant inequalities persist; for example, in England Black Africans remain the ethnic group with the highest rate of HIV[29]. The government is committed to achieving zero new HIV infections, AIDS and HIV-related deaths in England by 2030[4]. To achieve these ambitions, we must look locally at HIV prevention, diagnosis and testing, and HIV care.

As summarised in the NEL strategy, commissioning for HIV is fragmented[1]:

- NHS England is responsible for commissioning HIV treatment through its specialised commissioning programme.
- Local authorities are responsible for HIV testing and prevention as part of their public health functions. Local authorities are also responsible for commissioning broader sexual health services to prevent, diagnose and treat STIs.
- ICB's are responsible for HIV testing and diagnosis within other treatment episodes that they fund. They are also responsible for commissioning the treatment of most other co-morbidities (such as hypertension) that are experienced by people living with HIV.

Towards Zero requires all parts of the system to work together, because many of these responsibilities interact. For example, prevention work in local authorities includes reducing transmission, which could involve raising awareness of the importance of prompt treatment initiation following a HIV diagnosis, even if they do not commission treatment services specifically.

5.5.2 Local context

Low prevalence or low testing?

Unlike the London and England averages, the rate of new HIV diagnoses in Redbridge increased from 2019 to 2021 during the Covid-19 pandemic (Figure 10a)[19]. Since then, rates have declined rapidly, and in 2023, Redbridge had the lowest new HIV diagnosis rate of all London boroughs. HIV prevalence in the borough has remained largely static from 2018-2023, at approximately 2 per 1000 residents (prevalence <2 per 1000 residents is considered low).

However, as seen previously when analysing STI diagnosis rates, a low HIV diagnosis rate doesn't necessarily indicate a truly lower prevalence. Redbridge had the 2nd lowest HIV testing rate of all London boroughs (Figure 10b)[19] and residents could be living with HIV undiagnosed. A key focus moving forwards will be to increase testing rates, especially amongst high-risk groups.

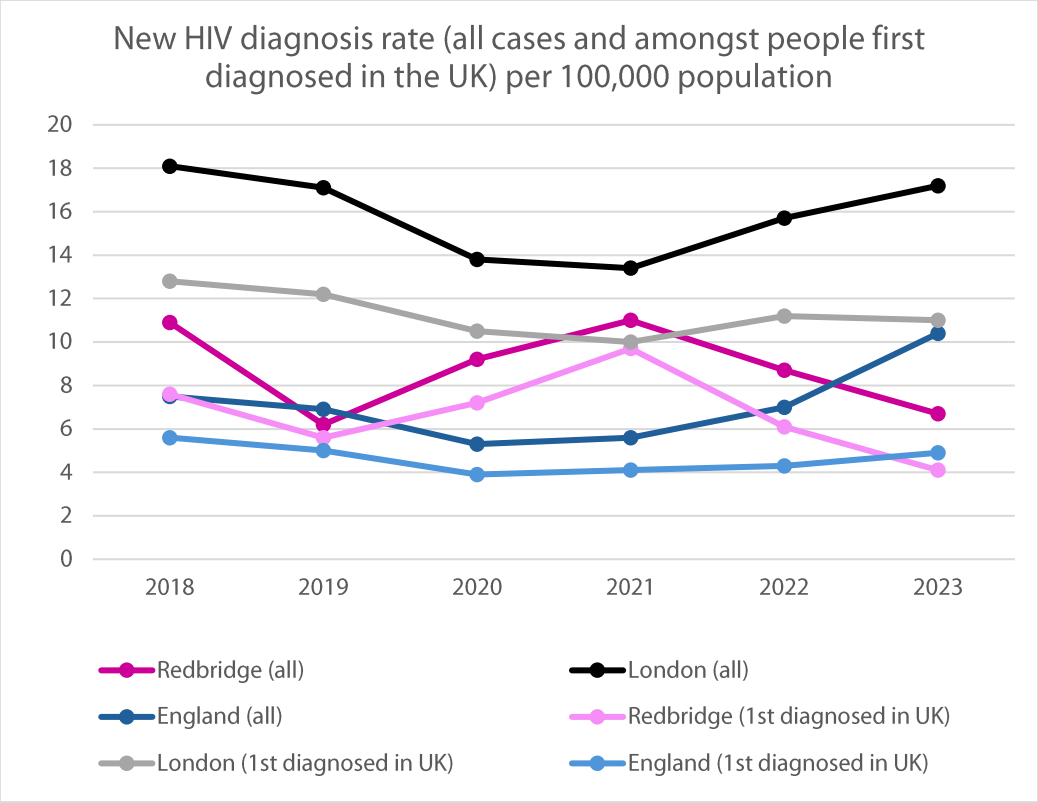


Figure 10a: this graph shows new HIV diagnosis rates (all cases and amongst those first diagnosed in the UK) per 100,000 population in Redbridge compared to the London and England averages[19].

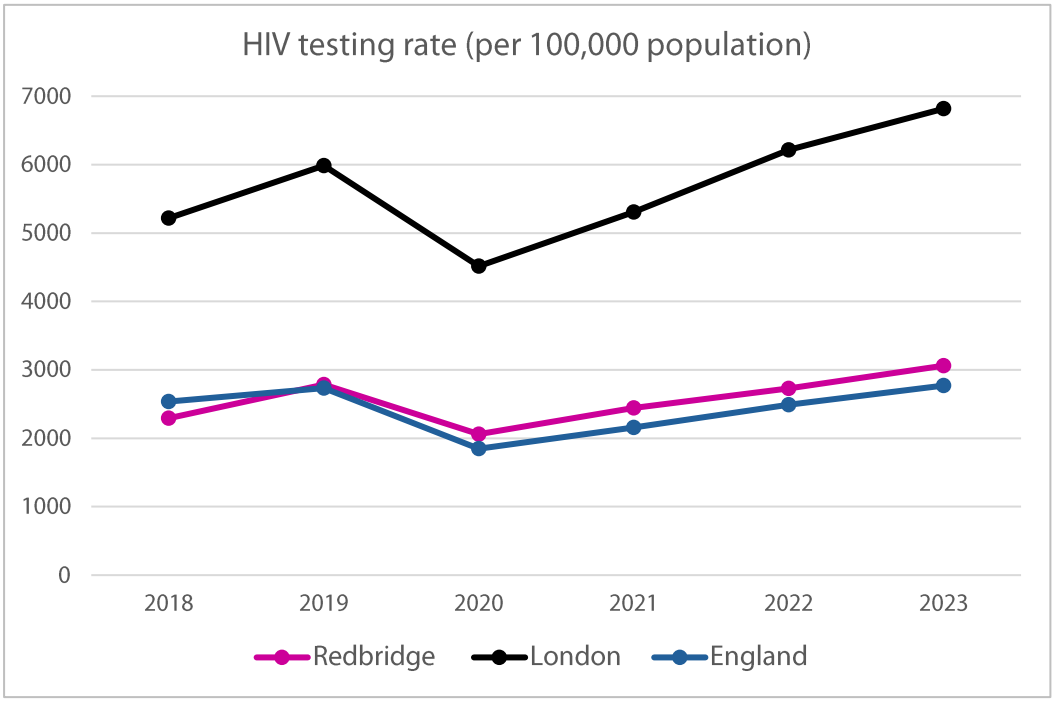


Figure 10b: this graph shows HIV testing rates (per 100,000 population) for Redbridge compared to the London and England averages[19].

High priority groups

Lost to care

It is estimated that up to 14,393 people in England have been previously diagnosed as living with HIV but are not currently accessing care[30]. This is a significant proportion of people diagnosed with HIV who are not currently in HIV care, and therefore are under-represented in the data. In 2018, a UK study reviewed the status of people 10 years after their diagnosis with HIV (in 2000-2004) and found nearly 25% were classed as "lost to follow up"[31]. When these patients reappeared, they often did so because they were very ill. A recent study of people with HIV who were admitted to St Thomas' and King's College hospitals found 41% and at least 63% (respectively) of admittances were amongst people who had been lost to follow up[31]. The median viral load in hospitalised patients was 18,000. Research shows that these patients are at significant risk of severe complications from untreated HIV and are often experiencing the most inequalities, therefore they are amongst the highest priority groups in Redbridge.

Late diagnosis

Late diagnosis is the most important predictor of morbidity and premature mortality amongst people living with HIV. The late HIV diagnosis rate in Redbridge has declined significantly in recent years; despite this, over a third (39.1%) of all HIV diagnoses in people first diagnosed with HIV in the UK (aged 15-59 years old) were late between 2021-2023[19]. The proportion of people receiving a late diagnosis varied significantly according to gender and sexual orientation (Figure 11).

For 2021-2023	Redbridge	London	England
HIV late diagnosis in gay, bisexual and other men who have sex with men first diagnosed with HIV in the UK	44.4%	29.8%	32.3%
HIV late diagnosis in heterosexual men first diagnosed with HIV in the UK	50.0%	29.8%	56.6%
HIV late diagnosis in heterosexual and bisexual women first diagnosed with HIV in the UK	16.7%	50.2%	46.4%
HIV late diagnosis in people who inject drugs first diagnosed with HIV in the UK			53.6%

Figure 11: this table shows the proportion of diagnoses that were late amongst Redbridge residents between 2021-2023 by gender and sexual orientation[19].

Key points are as follows:

- There has been a **sharp decline** in the percentage of heterosexual and bisexual females receiving a late diagnosis of HIV in Redbridge; for example, in 2018-2020, over 70% of diagnoses were late amongst this group. This is a **significant success for Redbridge**, however **further work is still needed** as **over 1 in 7 diagnoses remain late** in this population group.
- **Males** receive the **largest proportion of late HIV diagnoses in Redbridge**.

    - For **heterosexual males, progress has been made**, because the proportion of late diagnoses was as high at 77.8% in 2019-2021; nevertheless, they remain the group receiving the largest proportion of late diagnoses in Redbridge.
    - The proportion of late diagnoses amongst **gay, bisexual and other MSM has fluctuated** from 30.0% to 44.4% between 2017 and 2023, **but is now at the highest it has been** during this time period.
- The **success** in reducing late diagnoses amongst heterosexual and bisexual women in Redbridge needs to **be maintained (and improved upon)** and the lessons from this applied to **achieve the same success amongst Redbridge's male population**.
- Statistics are not available at a local level for the proportion of HIV late diagnoses in people who **inject drugs**, however this is available at a **national level** (Figure 11). If this proportion of late diagnoses was similar in Redbridge, **people who inject drugs** would be the population group with the **highest proportion of late diagnoses**.

New diagnoses for people first ever diagnosed with HIV

In Redbridge in 2023, the total number of new diagnoses for people first ever diagnosed with HIV was low. Diagnosis rates varied according to demographics and exposure group; key findings were as follows[32]:

- The number of new diagnoses amongst **men and women** were **largely similar**
- The **highest proportion** of new diagnoses occurred in people aged **25-34 years** old
- **Heterosexual contact and sex between men** were the **most common probable exposure** categories for Redbridge residents first ever diagnosed with HIV in 2023

People seen for HIV care

In Redbridge in 2023, the total number of people seen for HIV care varied according to demographics and exposure group; key findings were as follows[32]:

- Approximately **3 in 4 Redbridge residents seen for HIV care** were aged **between 35-64 years old**
- People of **Black African ethnicity** represented approximately **40% of all Redbridge residents** seen for HIV care. Within this group, nearly **twice as many women were seen for care as men**.
- Probable exposure of **heterosexual contact** accounted for approximately **60% of Redbridge residents** seen for HIV care.
- Probable exposure of **sex between men** accounted for approximately **30% of all Redbridge residents** seen for HIV care.
- **Over a third of Redbridge residents** seen for HIV care were from the **two most deprived quintiles**.

Treatment

When considering treatment in Redbridge, the proportion of residents seen for HIV care that have been prescribed ART is above the benchmark of >95%[19]. This is promising, but again it is important to remember that these are residents **in care** and does not consider residents lost to follow up, many of whom may not be accessing any HIV care. Outreach work provides an opportunity to identify people who are lost to care, providing support for re-engagement.

Importantly, of Redbridge residents seen for HIV care, approximately 1 in 3 people did not promptly initiate treatment[19].

In Redbridge, **98.6% of people seen for HIV care** had been **prescribed Anti-Retroviral Therapy (ART) in 2023**. However, **only 67.6%** of people started ART within **91 days of a new HIV diagnosis** (defined as prompt initiation; this is considerably lower than the England avg. of 84.4%)[19].

In 2023, **98.2%** of Redbridge residents accessing HIV care (with at least one viral load count reported) had an **undetectable viral load** (VL ≤200 copies/ml)[19].

Prevention

Preventative medications

Pre-exposure prophylaxis (PrEP) is an orally administered anti-viral treatment taken before having sex or the use of intra-venous drugs and can effectively reduce the risk of acquiring HIV. PrEP has been rolled out across local authorities in England and is available free on the NHS from sexual health clinics.

Post exposure prophylaxis (PEP) is a combination of drugs that can be administered as an emergency measure after someone has been potentially exposed to HIV. PEP is available on the NHS, but is normally administered through sexual health services.

Key findings regarding preventative medication use amongst Redbridge residents are as follows[19]:

- In 2023, it was estimated that 10.9% of HIV negative individuals accessing specialty SHRS had a need for PrEP; this need has increased year on year, from 8.3% in 2021.
- Of those identified as having a need for PrEP, 66.5% initiated or continued treatment in 2023; this has decreased year on year, from 72.2% in 2021.

Service perspective

- In 2023, when PrEP eligibility was recorded, the vast majority of instances were amongst MSM[26]. This was also the case when PrEP uptake was recorded.
- In 2023, when PEP was recorded, only 30% of instances were amongst heterosexual people[26]. Given heterosexual contact is the probable exposure category responsible for the highest number of new HIV diagnosis in Redbridge[32], PEP uptake amongst high-risk exposed heterosexual individuals should be explored further.

Condoms

As highlighted in the STI prioritisation framework, introducing and normalising correct and consistent condom use is essential for preventing HIV and other STIs[2]. This is particularly important amongst people taking preventative medications for HIV; in these cases, people may not use condoms due to the reduced risk of acquiring HIV, resulting in an increase in the transmission of other STIs such a chlamydia, gonorrhoea and syphilis.

Condom promotion has been discussed throughout this strategy, but increasing uptake of the C-card amongst young people and eligible vulnerable groups must be a key priority moving forwards. Relationship and Sex education must provide the correct advice on how to use condoms and their importance in preventing STIs (not just preventing pregnancy). A Making Every Contact Count approach should ensure condoms are routinely promoted amongst all healthcare professionals providing information related to sex and relationships, across all age groups.

Stigma

HIV infection is still regarded as a highly stigmatising condition. UNAIDS and the WHO cites fear of stigma and discrimination as the main reason why people are reluctant to get tested, disclose their HIV status and take antiretroviral drugs[33]. HIV stigma and discrimination therefore increases the risk of onward HIV transmission, late HIV diagnosis, and poorer health outcomes for those living with HIV. Furthermore, we have an ageing population of individuals living with HIV who feel stigmatised by both their age and their HIV status. As a consequence, these individuals are not only at a higher risk of poorer health, but are also at increased risk of social issues such as loneliness and isolation[34].

6.5.3 Our ambitions for Towards Zero and living well with HIV

Aims

Residents have access to rapid HIV testing in line with their preferences

Residents living with HIV have equitable access to high-quality HIV support and the best HIV treatment and care

Residents at risk for HIV are informed about prevention measures and have access to HIV prevention methods

Residents' lives are free from stigma and discrimination related to HIV

Outcomes

Achieve Fast Track Cities aim of 0-0-0 by 2030: zero new HIV infections, zero HIV related deaths, and zero HIV stigma	Increase testing rates (especially amongst high-risk groups), so that more people know their HIV status and receive appropriate care	Better understanding of the barriers to testing and accessing care, so that services are co-designed with residents, accessible and welcoming	Improved health intelligence around HIV testing and treatment (including insights regarding people lost to HIV care)
Late HIV diagnoses are reviewed to understand missed opportunities for earlier identification	Increase the awareness and uptake of preventative medications (PrEP and PEP) amongst eligible groups	Meet recommendations for BASHH partner notification	Increase STI infection testing rates and maximise opportunities for condom distribution and promotion (especially amongst people receiving preventative medications for HIV)

How will we know when we get there?

Area of focus	How we will know we have achieved our goals for HIV: Towards Zero and living well with HIV
Prevention	• Prevention efforts will decrease the number of new HIV infections • There will be an increase in the number of PrEP awareness campaigns (particularly promoting uptake amongst heterosexual individuals) • There will be an increase in the number of eligible patients accessing PrEP and PEP (especially amongst heterosexual individuals) • There will be an increase in the uptake of routine STI screening amongst people living with HIV (especially amongst those taking PrEP)
Testing and diagnosis	• There will be increase in the number of people tested for HIV in A&E, primary care and through outreach work • HIV testing coverage rates will increase, particularly amongst heterosexual individuals and residents from ethnic minorities • There will be reduction in the proportion of HIV diagnoses that are late (especially amongst heterosexual males, MSM and people who inject drugs)
Management and treatment	• There will be increased efforts to re-engage people living with HIV who are not currently engaged in care • The proportion of people with new HIV diagnoses initiating treatment within 91 days will increase • We will work together to achieve a more consistent approach to partner notification (and data collection surrounding this) across the borough • The number of people accessing HIV support will increase

7 Implementation

The Redbridge Sexual Health Strategy Group will develop an action plan that will state the specific activities required to deliver on our commitments, as well as who will be responsible for those activities, and when they will be delivered.

This multi-partner approach to developing the action plan will ensure that all partners are aware of, and take ownership of specific actions. We will use the Sexual Health Strategy Group as a forum to support the implementation of this action plan and ensure its successful delivery. Redbridge's Health and Wellbeing Boards will have oversight of the strategy from a governance perspective.

Figure 12: Members of the Redbridge's Sexual Health Strategy Group include a wide range of stakeholders

8 Glossary

The following list provides a glossary of common terms used throughout this strategy:

C-Card	Come Correct card which is part of the Condom distribution scheme
Chemsex	Sex that occurs under the influence of drugs
CSE	Child sexual exploitation
CVS	Community and Voluntary Sector
EHC	Emergency hormonal contraception
GP	General practice
GUM	Genitourinary medicine
HIV	Human immunodeficiency virus
ISHS	Integrated sexual health and contraception services
LARC	Long-acting reversible contraception
LBR	London borough of Redbridge
LGBT+	Lesbian, gay, bisexual, transgender and other
LHPP	London HIV Prevention Programme
MECC	Making every contact count
MSM	Men who have sex with men
NCSP	National Chlamydia screening programme
NHS	National Health Service
PEP	Post-exposure prophylaxis
PID	Pelvic inflammatory disease
PHE	Public Health England
PrEP	Pre-exposure prophylaxis (for HIV)
RSE	Relationships and sex education
SHL	London's sexual health e-service, 'Sexual Health London'
SRH	Sexual and Reproductive Health
SRHS	Sexual and Reproductive Health Service
STI	Sexually transmitted infection

9 Appendices

Appendix 1: Redbridge sexual and reproductive health providers and the services they provide to residents[13]

	ISHS		PRIMARY CARE		COMMUNITY & VOLUNTARY SECTOR		PAN LONDON INITIATIVES		NATIONAL INITIATIVES	
	BHRUT	NEL BARTS	General Practice	Pharmacy	VIA Bewize	Positive East	Sexual Health London	HIV Prevention Programme	HIV Self-Sampling Service	HIV Prevention England
STI testing (excluding chlamydia & gonorrhoea)	■	■					■		■	
STI treatment	■	■		■						
Gonorrhoea screening	■	■	■	■	■		■			
Chlamydia screening (NCSP)	■	■	■	■	■		■			
HIV prevention						■	■	■		■
HIV support						■				
PrEP	■	■								
HIV Testing	■	■				■	■	■	■	
Condom distribution	■		■	■	■	■		■		
Emergency contraception	■	■		■						
Contraception including LARC	■	■	■							

Appendix 2: Limitations of Sexual and Reproductive Health data used in this report

There are a number of limitations when utilising Sexual and Reproductive health data that should be considered when interpreting some of the findings included in this strategy.

Fragmentation of data across a large number of providers with different data sets

Sexual and Reproductive Health Services (SRHS) for Redbridge residents are provided within a wide range of settings. As such, the data is fragmented across these providers, and it is very challenging to estimate certain parameters for the borough as a whole. For example, some data is available through GUMCAD[26], such as STI diagnoses across the borough by key demographics; but testing rates and percentage positivity were not available (at a borough level) when writing this strategy, which limited interpretation.

Provider activity reports are very insightful, however different data is reported in different formats, which makes it challenging to compare and contrast how different services are being used by different population groups in Redbridge. This is very important, because when data has been available at a provider level, it became clear that the demographics of users varied between services. The diagnosis rates of different STIs also varied between services, and varied within different population groups using the same service. One approach could involve developing a minimum data set for each provider, so it would be easier to understand how services are used by different population groups to identify inequalities or any unmet needs.

Incomplete and unknown data

Stigma related to sexual and reproductive health has a large impact on how people interact with sexual health services. Data sets are often incomplete, with a number of 'unknown' entries against different demographics. This may be because people wish to remain 'invisible' when using sexual health services. In some cases, the issue stems from incomplete data recording – for example, the invoices for LARC received by GPs often did not include the age or ethnicity of the patient, resulting in incomplete data. In the case of the C-Card, sexual orientation was unknown for 81% of C-Card registrations. In 98% of these cases, sexuality was 'not recorded' due to unknown reasons. This introduces significant limitations into needs assessments, because it is challenging to establish who is using services (and who is not), and where there may be an unmet need.

Limited intelligence regarding the most vulnerable population groups

Unfortunately, data is not readily available in Redbridge related to the sexual health needs of certain groups at particular risk of poorer outcomes and/or with more complex needs; insights for these groups is often limited even at a national level. These groups include (but are not limited to): commercial sex workers, people experiencing homelessness, people with drug and alcohol dependence and people with disabilities[1]. Whilst often underrepresented in the data, significant inequalities persist amongst these population groups. As such, data intelligence surrounding these groups must improve, perhaps through the use of focus groups and outreach work to better understand the needs of these cohorts.

2021 population estimates

The population profile for Redbridge was produced from the Census 2021 data. Estimated rates also used these population estimates; the composition of the population may have changed since the 2021 estimates, introducing limitations to the rates produced for data outside of 2021.

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