

JSNA Factsheet: Sexual health Tower Hamlets Joint Strategic Needs Assessment 2010-2011

Executive Summary

- Tower Hamlets has the 8th highest rate of Sexually Transmitted Infections (STIs) per 100,000 populations in the country¹, with higher numbers of new infections being seen in men aged 20-44 years compared to women.
- Tower Hamlets has met the national Chlamydia screening target for the past two years. However, the positivity of the Chlamydia screens remains low at 4.6 % of all screens compared to an average of 6.5% in London.
- Just over a half of Tower Hamlets patients (52%) accessed GUM (Genito Urinary Medicine) clinic at the Ambrose King Centre (AKC) and 8% at Barts Sexual Health Clinic, the remaining 40% used GUM clinics outside the borough.
- HIV infections in Tower Hamlets increased by 39% in 2009. HIV patients that were diagnosed late (CD4 count of less than 350) were 38% compared to 51% in London and 52% in England.
- There is a downward trend in under 18 conceptions in Tower Hamlets since 1998, with a major fall in numbers in 2008. However conceptions increased by 12.5% in 2009 compared to 2008 rate.
- There was an increase in abortion rates in Tower Hamlets in 2010 compared to 2009 (1,587 vs 1,506) in line with an increase in London and England. The highest rates of abortion are in the 20-24 years age group followed by 18-19 years age group. 66% of conceptions under the age of 18 led to an abortion which higher than the London and England averages.
- A number of sexual health promotion activities have taken place in Tower Hamlets aimed at encouraging safer sex through promoting knowledge and use of a wide range of contraceptives including condoms and signposting to local sexual health services.
- To increase capacity, competency and to ensure consistency of practice across providers a programme of training (STIF, LARC, STI) for healthcare professionals was put in place locally.
- Tower Hamlets has developed an improved sexual health service model with three sexual health hubs: Tower Hamlets Contraceptive and Sexual Health centre (THCASH), AKC and Barkantine Centre that provide integrated sexual health services.
- Emergency hormonal contraception prescription is much lower via GPs than that supplied at community pharmacies.

¹ Health Protection Weekly Report Vol. 4(34), 27th August 2010. Excludes HIV diagnoses and includes data on chlamydia diagnoses from community-based test settings.

Recommendations

- Develop a revised sexual health/HIV strategy for Tower Hamlets for the next 3 years that reflects changes in local needs and changes in national policy.
- Performance monitoring of service delivery to ensure that the quality of sexual health services is maintained and the expected cost effectiveness achieved.
- Carry out an impact assessment of the tariffs on NHS Tower Hamlets and its commissioned sexual health services.
- Close working with Olympic boroughs and London on sexual health in preparation to the 2012 Olympics.
- Review the local abortion service in light of possible changes in London's commissioning of termination of pregnancy services.
- Implement a programme of health promotion work for sexual health based on the recommendations of the social marketing scoping report on 'behaviour change strategy for sexual health'.
- Work with local stakeholders and National Chlamydia Screening Programme (NCSP) to ensure the new Chlamydia target from 2011/12 onward is met, and particularly to achieve an increase in Chlamydia positive tests.
- Continue to engage with users and measure user satisfaction via mystery shopper programme, young assessors programme and NELNET survey.
- Increase uptake of sexual health services by men and young people in particular.

1. What is Sexual health?

*'Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.'*²

2. What is the local picture?

Incidence and Prevalence of sexually transmitted infections (STIs)

- All STIs

According to the latest HPA report³, Tower Hamlets had the 8th highest rate of Sexually Transmitted infections (STIs) per 100,000 population in the country in 2009. This upward trend has continued into 2010, with increases seen across all STI diagnosis rates. It is not clear however if this increase is due to higher rates of infections or more testing for STIs locally. There is a strong correlation between the year on year increase in testing for STIs and positivity for Hepatitis C infection ($r=0.91$) and for Chlamydia infection ($r=0.94$) but not for Hepatitis B infection ($r=-0.19$).

² National Strategy for Sexual Health and HIV, 2001.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4058945.pdf

³ Health Protection Weekly Report Vol. 4(34), 27th August 2010. Excludes HIV diagnoses and includes data on chlamydia diagnoses from community-based test settings

Men in Tower Hamlets have the highest numbers of diagnoses for the key five STIs⁴ (Chlamydia, Gonorrhoea, Syphilis, ano-genital Herpes, ano-genital Warts). Men who have sex with men (MSM) have disproportionately high levels of STI diagnoses (23% of all male diagnosis) and 74% of them were in white MSM. However, apart from syphilis and anogenital herpes, heterosexual men remain the group most commonly diagnosed with STIs. By age men aged between 20-44 year olds are those mostly affected by STIs.

Asian men and women have relatively low STI diagnoses considering their high demographic presence in Tower Hamlets.

- Chlamydia and Gonorrhoea

Gonorrhoea and Chlamydia diagnoses have risen by 49% and 26% respectively between 2008 and 2009 in Tower Hamlets, with higher numbers of new infections being seen in men compared with women for both infections.

The age adjusted rate for Chlamydia in Tower Hamlets is 16.92 per 1000 population (aged 15-24); markedly lower than London (24.28) and England (22.12) rates. Overall, 16-19 year old women were most likely to have a positive result, therefore classified as the highest 'at risk' population.

Gonorrhoea rates in Tower Hamlets are high (125.6 per 100,000 population) compared to London (72.8) and England (29.7).

Where ethnicity was reported (71%), highest positivity was seen amongst young people of mixed race (7.4%), followed by Black (6.4%), White (5.4%), Other (4.5%), Chinese (3%), and Asian (1%). These infections are also high in heterosexuals compared to MSM.

- Syphilis

The rates of Syphilis in Tower Hamlets in 2009 was much higher (25.4 per 100,000 population) compared to London (14.1 per 100,000 population) and England (5.5 per 100,000 population). Whilst numbers of new diagnosis overall remained stable between 2008 and 2009, the highest increase of diagnosis was seen in men particularly white MSM and those aged between 25-34 years⁵.

- Hepatitis B & Hepatitis C

The proportion of pregnant women (20.3%) who were Hepatitis B carriers is relatively high which would fit with the large Bangladeshi population resident in Tower Hamlets. Hepatitis B infection is frequent in most of Asia and sub Sahara Africa and about 8-10% of people in the general population become chronically infected.⁶

There was an overall increase in trends of Hepatitis C detection by general practice, although there was a drop in infections diagnosed in 2009.

- HIV infection (please refer to HIV factsheet)

⁴ Sexual Health Needs Assessment and Equity Audit in Tower Hamlets with Main Focus on Young People under 25', Options UK, October 2010

⁵ GUMCAD, December-January 2009

⁶ http://www.vaccinationnews.com/Scandals/may_24_02/WHOHepBFactS.htm

Incidence of HIV has risen by 39% in the last year in Tower Hamlets and the prevalence is around 5.7 per 1000 population aged 15-59 compared to 5.2 per 1000 in London and 1.8 per 1000 in England. In 2009, 38% of people with HIV in Tower Hamlets were diagnosed late (CD4 count of less than 350) compared to 51% in London and 52% in England.

Conceptions (please refer Teenage pregnancy factsheet)

The provisional 2009 under-18 conception rate for Tower Hamlets was 40.7 per 1000 females aged 15-17 – a decrease of 29.6% from the baseline (1998) compared with a national decrease of 18.1% and a London decrease of 20.3%. The under-18 conception in Tower Hamlets increased however by 12.5% in 2009 compared to 2008 rate.

Contraception

- For the year 2008-2009 there were 6,200 first contacts with contraception services in Tower Hamlets. Of these, 5,100 were attending for contraception reasons only. Attendances in under 20s, are much lower than the London (16%) and England (29%) averages.
- 23% of first contacts were provided with LARC, which is in line with London and England averages.
- There is wide variation in the rate of contraceptive prescribing activity amongst the 36 general practices in Tower Hamlets.
- Annual emergency contraception prescription is much lower via general practitioners (GPs) than that supplied at community pharmacies.
- There is significant variance in activity between pharmacies supplying emergency hormonal contraception (EHC), ranging from 2-60 consultations per month.

Abortions

- There was an increase in number of abortions in Tower Hamlets in 2010 compared to 2009 (1,587 vs 1,506) in line with an increase in London and England. The abortion rate per 1000 Tower Hamlets residents aged 15-44 years in 2010 is 21.8 compared to London rate of 25.7.
- The highest rates of abortion in Tower Hamlets and London are in the 20-24 years age group followed by 18-19 years age group. Under 18 abortions rate in Tower Hamlets is similar to London rate at 22 per 1000 women.
- In 2009, 66% of conceptions under the age of 18 led to an abortion. This is higher than the London average of 61% and England average of 49%.
- Repeat abortions in women aged under 25 in Tower Hamlets is 29% compared to 32% in London and 25.1% in England.
- Since 2005 there has been a steady increase in the number of abortions taking place at Mile End Hospital; the number of medical abortions has decreased by 13% whilst the number of surgical abortions has increased by 31%.

Access to Sexual health services

- Relatively low proportions of Chlamydia screens were performed in general practice (5.8%) and community pharmacies (1.1%); the highest proportion being performed during outreach (41.2%). Positivity of Chlamydia

tests in Tower Hamlets in 2009 was 4.6 % of all screens compared to an average of 6.5% in London.

- Tower Hamlets residents use both GUM and non GUM services to get tested for STIs. 52% of patients accessed GUM clinic at the Ambrose King Centre (AKC) and 8% at Barts Sexual Health Clinic, the remaining 40% used GUM clinics outside the borough.
- In 2009/10, 100% of new attendances at GUM clinics were offered an appointment within 48 hours of contacting the service and on average 93% (range: 91-94%) were seen within 48 hours of contacting the service.
- In Tower Hamlets there are outreach services for women working both on and off-street, as well as a drop-in centre specifically for women involved in prostitution and the only exclusively female drug support centre in London. There are however some gaps due to a lack of funds and coordination amongst groups involved in work with prostitutes.

3. What are the effective interventions?

- Prioritizing sexual health as a key public health issue and sustaining high level leadership at local and regional level through⁷ (i) designated accountability for driving forward sexual health improvement at PCT and local authority level, (ii) comprehensive sexual health needs assessments and review of local sexual health strategies and (iii) partnership working.
- Adopting a holistic commissioning model which looks at sexual health in an integrated way and commissions along the care pathway and at an appropriate level to ensure fair, effective and best value provision.
- Ensuring effective sexual health promotion and HIV prevention is commissioned according to local need and is adequately resourced.
- Making Personal, Social, Health and Economic (PHSE) education and all elements of SRE a statutory subject.
- Ensuring prevention is an integral part of all sexual health service provision.
- Implementing , the National Institute for Clinical Excellence (NICE) published guidance on Long Acting Reversible Contraception (LARC), and the guidance on increasing the uptake of HIV testing among men who have sex with men and another one among black Africans in England⁸.
- Implementing 'The standards of management of STIs' produced by MedFASH on behalf of British Association for Sexual Health and HIV (BASHH) in July 2010.
- Reducing inequalities in sexual health by targeted intervention to specific groups as stated in the 'Equality Impact Assessment for sexual health strategy' DH, January 2010.

4. What are we doing locally to address this issue?

⁷ 'Progress and priorities-working together for high quality sexual health'. Review of the National Strategy for Sexual Health and HIV. MEDFASH, July 2008

⁸ NICE publication guidance 33 and 34.

Tower Hamlets Sexual Health Strategy has been in place since 2006 with five aims: (i) reducing inequalities in sexual health, (ii) improve the experience and involvement of service users, (iii) develop integrated and more localised services, (iv) promoting independence and supporting empowerment and (v) target resources of all service providers effectively.

This strategy was delivered through the sexual health strategy group, a partnership of NHS organisations, local authority, voluntary sector organizations and service users.

A sexual health needs assessment and equity audit took place between March-September 2010 to inform the development of a revised sexual health strategy for the next 3 years.

Prevention

Sexual health promotion takes place throughout the year targeting mainly MSM and young people and aims to encourage safer sex through promoting knowledge and use of a wide range of contraceptives including condoms and signposting to local sexual health services. Sexual services leaflet, awareness posters and other materials (pens, key rings, mints, etc) were developed and distributed to various venues such as Freshers' fairs, youth clubs, further education settings, etc. The information provided through NHS Tower Hamlets and SHO-me websites was improved. Pharmacists were involved in promoting and sign posting people to sexual health services.

A new sexual health marketing and communication group helped better coordinate the information going out from various sexual health services providers in Tower Hamlets to avoid duplication and unnecessary information overload and provide consistent messages to local population .

A new branding for sexual health services was developed to provide a common identity to sexual health services and is used in all sexual health promotional materials.

Primary Care

A programme of training for healthcare professionals such as sexually transmitted infections (STIF) course and long acting reversible contraception (LARC) training was put in place to increase capacity, competency and to ensure consistency of practice across providers. Also clear referral pathways between providers have been developed. The locally enhanced service (LES) for sexual health with primary care practices has resulted in an increase in testing activity. A new network improved service (NIS) for sexual health was agreed for 2011/12 that incentivize improved performance across a network of GP practices.

Secondary care

Tower Hamlets has developed an improved sexual health service model, in order to make its services more efficient and increase capacity. There are currently three sexual health hubs (THCASH, AKC and Barkantine Centre) that provide integrated sexual health services. This change is expected to drive down the financial cost of service delivery and improve quality, equity and access.

Tower Hamlets has good sexual health service coverage across the week, including evenings and Saturday mornings. There are specialist services for young people, men who have sex with men, FGM (female genital mutilation) reversal, menopause, LARC (Long Acting Reversible Contraception) fitting and removal, psychosexual services and comprehensive HIV services and condom access to young people.

5. What evidence is there that we are making a difference?

The majority of the milestones in the 5 years Tower Hamlets strategy were achieved which resulted in an

improvement in services provided, patient experience and meeting some of the national and London targets.

Tower Hamlets has achieved a Chlamydia screening target of 29.5% for 15-24 years old, well above the national target for Chlamydia screening of 25% for 2009/10.

GUM services in Tower Hamlets have met the 48 hours access target⁹. 100% of patients were offered an appointment within 48 hours of contacting the service and on average 93% were seen within 48 hours of contacting the service.

The rate of teenage conception in women aged 15-17 In 2009 was 40.7/1000, which is a 29.6% decrease from 1998 baseline compared with a national decrease of 18.1% and London decrease of 20.3%. Even though this falls short of the national target of 50% (from the 1998 baseline)¹⁰, the 42.1% reduction since 1998 is the highest reduction in London and ranked 3rd in England.

In terms of contraception, data from sexual health needs assessment shows that 23% of first contacts at contraception clinics were provided with LARC, which is in line with London and England averages. With more staff currently been trained, it is expected that an even better outcome for contraception services will be achieved in future.

The public engagement exercise and local surveys conducted by North East London HIV & Sexual Health Clinical Network (NELNET) and Barts and the London trust showed an increased satisfaction with services delivered and better knowledge and information about sexual health.

6. What is the perspective of the public on support available to them?

The NELNET survey and NHS Tower Hamlets mystery Shopper survey are carried out on a yearly basis. Separately, a major patient and public engagement exercise has taken between March-September 2010 as part of the Sexual Health needs assessment and equity audit (SHNA). Overall there was a positive feedback about services from service users. Friendliness and professionalism of the staffs were highly commended. 88% of mystery shoppers said they will recommend the services to their friends (an improvement from 50% in 2009). Gaps were highlighted particularly around cleanliness (reception areas & toilets), lack/inappropriate signage, design of reception areas (confidentiality may be an issue) and waiting times.

The finding from the SHNA survey showed a clear preference amongst young people for being able to access sexual and contraceptive services through their GPs (including for general contraception, STI and HIV testing). Confidentiality was raised as the main concern as young people are actively seeking reassurance from services that they are indeed confidential and suggested it is included in advertising/promotional materials.

7. What more do we need to know?

Tower Hamlets has taken part in the work around sexual health tariffs which are been developed by NHS London. The tariffs are expected to be implemented in shadow format from October 2011. This may have a profound impact on costs, access and quality of sexual health services in Tower Hamlets.

⁹ The Operating framework for 2010/11 for the NHS in England. DH/NHS Finance, Performance & Operations, Dec 2009.

¹⁰ As an original commitment in the Teenage Pregnancy Strategy (1999), reduction in the under-18 conception rate by 50% by 2010 has been a Public Service Agreement target since 2005.

The major reduction in sexual health budget will have an impact on sexual health promotion and service delivery locally.

8. What are the priorities for improvement over the next 5 years?

Key insights

- Tower Hamlets has the 8th highest rate of Sexually Transmitted infections (STIs) per 100,000 populations in the country in 2009. The highest numbers of diagnoses for the key five STIs are in men aged 20-44 years and Gay men are disproportionately affected.
- Gonorrhoea and Chlamydia diagnoses have risen by 49% and 26% respectively between 2008 and 2009 in Tower Hamlets, however Chlamydia rate still remains lower than London and England rates. Gonorrhoea and syphilis rates are on the other hand higher than London and England rates.
- Tower Hamlets has achieved the national Chlamydia screening targets for the last two years.
- 38% of people with HIV in Tower Hamlets were diagnosed late (CD4 count of less than 350) compared to 51% in London and 52% in England.
- There is a downward trend in under 18 conceptions in Tower Hamlets since 1998, with a major fall in numbers in 2008. However conceptions increased by 12.5% in 2009 compared to 2008 rate.
- 23% of women were provided with LARC at their first contact, which is in line with London and England averages. The provision of EHC in primary care and pharmacies is variable.
- There was an increase in abortion rates in Tower Hamlets in 2009 with highest rates of abortion in the 20-24 years age group followed by 18-19 years age group. 66% of conceptions under the age of 18 led to an abortion which higher than the London and England averages.
- Sexual health promotion that has taken place in Tower Hamlets aimed at encouraging safer sex through promoting knowledge and use of a wide range of contraceptives including condoms and signposting to local sexual health services.
- To increase capacity, competency and to ensure consistency of practice across providers a programme of training (STIF, LARC, STI) for healthcare professionals was put in place locally.
- Tower Hamlets has developed an improved sexual health service model with three sexual health hubs (THCASH, AKC and Barkantine Centre) that provide integrated sexual health services.

Key recommendations:

- Produce a revised sexual health/HIV strategy for Tower Hamlets for the next 3 years
- Performance monitoring of service delivery of the SRH services to ensure that the quality of the services is maintained and the expected cost effectiveness achieved.
- Carry out an impact assessment of the tariffs on NHS Tower Hamlets and its commissioned sexual health services
- Close working with Olympic boroughs and London on sexual health in preparation to the 2012 Olympics.
- Review the local abortion service in light of possible changes in London's commissioning of termination of pregnancy services.
- Implement a programme of health promotion work for sexual health based on the recommendations of the social marketing scoping report on 'behaviour change strategy for sexual health'.
- Work with local stakeholders and National Chlamydia Screening Programme (NCSP) to ensure the new Chlamydia target from 2011/12 onward is met particularly increasing in Chlamydia positive tests.
- Continue to engage with users and measure user satisfaction via mystery shopper programme,

young assessors programme and NELNET survey.

- Increase uptake of sexual health services by men and young people.

9. Key Contacts & Links to Further Information

- Khadidja Bichbiche, Senior Public Health Strategist: khadidja.bichbiche@thpct.nhs.uk
- JSNA@towerhamlets.gov.uk

Date updated:	June 2011	Updated by:	Khadidja Bichbiche	Next Update Due:	Annual
----------------------	-----------	--------------------	--------------------	-------------------------	--------