

Improving Sexual Health

A strategy for sexual health and improving health and well-being in Tower Hamlets

Foreword



Tower Hamlets is moving forward. Regeneration is transforming the landscape. More jobs and housing are coming to the borough. The population is growing rapidly. We have a young population and a diverse community.

But Tower Hamlets has inequalities too. There is significant deprivation in the borough. The local authority and the Tower Hamlets Partnership are successfully putting into effect plans to improve education and the opportunities for all in our communities.

Last year, in 2006, the Primary Care Trust, the local authority and all in the Tower Hamlets Partnership, including the important third sector community groups, agreed an *Improving Health and Well-being Strategy*. This set out plans to improve health over the next ten years.

Since then more strategies have been developed, all supporting the partnership work to improve health. That means both ensuring that services are right for local people, whether provided by statutory or community organisations, and that people are able to maintain their own health.

Improving sexual health is the latest of these strategies. There is clear evidence that sexual ill health is linked to deprivation. We have high levels of preventable disease, including sexually transmitted disease and HIV.

Sexually transmitted infections (STIs) and associated problems are a major public health concern. Unintended pregnancies and STIs can have a long lasting impact on people's lives.

The aim of this strategy is to provide a framework that will shape sexual health services in Tower Hamlets over the next three to five years. The work it outlines will reduce the inequalities that compromise the sexual health of individuals and the community.

Developed through consultation with a wide range of local individuals and groups, the strategy and action plan show how the PCT, the local authority, Barts and The London NHS Trust, and community organisations will provide, design and commission services that meet the sexual health needs of local residents.

A handwritten signature in black ink that reads "Alwen Williams." The signature is written in a cursive, flowing style.

Alwen Williams
Chief Executive
Tower Hamlets Primary Care Trust

September 2007

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Part one: introduction and background

Why have a strategy for sexual health in Tower Hamlets?

The sexual health needs of the population of Tower Hamlets are met by a range of services in a variety of settings across secondary and primary care, non-statutory and statutory services. Sexual health has been prioritised, locally and nationally, as a key objective for sustained improvement in meeting the local communities' health needs.

We need to deliver this in the context of evolving change and modernisation of health services via policy, technology, education and research. We therefore need to be flexible, creative and responsive to focus on priorities and optimise the use of available resources. We wish to have a strategy, which incorporates a vision for future sexual health services, with clear aims and objectives that will support delivering improved sexual health for all in Tower Hamlets.

Tower Hamlets sexual health strategy aims to build upon the key priorities of the 'National Sexual Health and HIV Strategy', 'Tower Hamlets Primary Care Trust's (PCT) local delivery plan - 2005-2008' and the core principles laid down in 'Improving health and well-being in Tower Hamlets' i.e. to deliver flexible, accessible, equitable and high quality sexual health services and in doing so achieve sustained good sexual health for

the people of Tower Hamlets. The strategy has been developed by representatives of key stakeholder organisations, all members of the 'Tower Hamlets Sexual Health Strategy Group', which is led and co-ordinated by the PCT. Throughout the development of the strategy we have aimed to consult and involve stakeholders and service users via community forums. This process will continue throughout the course of the implementation of this strategy.

Additionally, as part of north east London we wish to ensure that Tower Hamlets actively contributes to the work and aims of the of the north east London Sexual Health and HIV Clinical Network (NELNET) that is to;

“Achieve equity in access to the same high level of care to all people regardless of where they choose to seek care within north east London through service modernisation and standardisation in the screening, treatment and prevention of HIV and sexually transmitted infections (STIs).” (NELNET Workplan 2006/2007)

Vision

The purpose of this strategy is to support the sustained development of sexual health services for the people of Tower Hamlets and to create a culture of positive health. We will ensure every individual has access to the information and services they need, without fear of stigma and embarrassment, in order to make informed decisions about their own sexual health. Service modernisation and redesign will be supported by

primary, secondary, voluntary and independent care providers working in partnership to provide level one, two and three sexual health services, to improve access across the whole borough.

Through this guiding philosophy the strategy will contribute to a co-ordinated improvement in sexual health services provided to local residents. It will also, through the promotion of good sexual health and prevention of sexual ill health, aim to prevent the spread of STIs, HIV, and to reduce the number of teenage pregnancies in Tower Hamlets.

Definition of sexual health

Sexual health is the capacity and freedom to enjoy and express sexuality without exploitation, oppression, physical or emotional harm with equitable access to services to maintain and improve well-being (National Strategy for Sexual Health and HIV, 2001).

Values

This strategy recognises and respects the diversity of relationships and is underpinned by the following core values;

- Sexual health is vital to the individual, relationships and communities
- The right to have sexuality accepted without fear of discrimination
- Sexual health is central to health and well-being
- Everyone has a right to sex and relationships education, information and confidential services

Aims

The proposed aims of the strategy are to;

1. Reduce inequalities in sexual health - reduce stigma regarding HIV, STIs and teenage pregnancy. Ensure the provision of culturally appropriate services that meet the needs of minority and marginalised groups. To provide and commission services that respect confidentiality and are accessible to all the communities we serve.
2. Improve the experience and involvement of service users - we wish to provide services that meet the needs of the community and are also well regarded by the community. The services will value the contribution and perspectives that service users make to the continuing development, design and delivery of services.
3. Develop excellent integrated localised services - ensure partnership working and service planning and delivery, in order to support greater choice in sexual health services based on individual need.
4. Promote independence and supporting empowerment - empower the individual to make healthy choices and to manage their own sexual health, through education and support, which recognises lifestyle, culture and religion. This, will take into consideration, the adverse impact of material disadvantage, social exclusion and stigma.

5. Target resources of all service providers effectively - ensure resources are focused on the key priorities and deliver value for money, based on identified need, and incorporating collaboration between different sectors and providers.

Background

The PCT prioritised sexual health as a key corporate objective for 2005-06 and is working towards key reporting targets set by the local delivery plan, the National Strategy for HIV and Sexual Health and Healthcare Commission targets. This strategy will build on the substantial work already being done in the borough (particularly in relation to reducing teenage conception rates) and provide further strategic direction in meeting the key national targets.



Part two : Sexual health in Tower Hamlets

1

Sexual health has been highlighted as a national priority by being included in the key Healthcare Commission targets to be achieved by PCTs for 2006. This national target had previously been identified as a key priority for Tower Hamlets in the local delivery plan (LDP) for 2005-2008,

1. The percentage of patients attending Genito-Urinary Medicine (GUM) clinics who are offered an appointment to be seen within 48 hours of contacting a service, to reach 100% by 2008.

The other LDP targets include;

2. Reduce the under-18 conception rate by 50% by 2010 (from the 1998 baseline) – with a local target of 55% reduction by 2010.
3. Decrease the rate of new diagnoses of gonorrhoea (2002 – 2008).
4. Roll-out of the national chlamydia screening programme by 2007 (targeting those aged 15-25).
5. HIV testing - increase uptake of HIV testing to specific groups including those attending GUM or contraception services, those with TB, those receiving antenatal care, and young people.

6. Establish a framework to share protocols, pathways and auditable standards across all sexual health providers

The Healthcare Commission targets for sexual health (2006-2007) include the above indicators with the addition of:

- Access to termination of pregnancy services: linked to access to services for early-unintended pregnancy. Ensure all women are able to access an NHS funded abortion within 3 weeks of referral, with 51% being carried out before 10 weeks gestation.

1.1 A maximum 48 hour waiting time and agreed minimum standards for NHS funded GUM services

An audit of GUM waiting times published in May 2006 showed that 80% of patients were seen within the 48 hour target time in Tower Hamlets. This compares favourably to the UK and London figures, of 54% and 69% respectively. The PCT local delivery plan set trajectories for achievement of this target.

In 2005, access and waiting times of GUM services were reviewed. A recent review of Ambrose Kings Centre by the Medical Foundation for AIDS and Sexual Health (MEDFASH) is enabling the development of a joint action plan across all sectors in Tower Hamlets. Contributing to the achievement of this target will be the distribution of

workload with the development of GP and Pharmacy based sexual health services, in addition to increases in the capacity of the GUM services themselves.

Furthermore, the North East London Sexual Health and HIV Clinical Network (NELNET) is providing and enabling a sector wide overview of sexual health. NELNET is also leading the development of a work programme to meet to achieve GUM access target across the sector. This includes the development of a minimum data set and standardised reporting process across the sector. This dataset and reporting system will enable individual PCTs' to access a centralised data record and assess their performance on a range of indicators. The dataset will be valuable for monitoring progress towards our strategy objectives.

1.2 Reducing the under 18 conception rate by 50% by 2010 (from the 1998 baseline)

Tower Hamlets has set a local target of achieving a 55% reduction in teenage conception rates from 1998 baseline figures. Tower Hamlets has achieved (upto 2004 data) a 25.3% reduction in the local teenage conception rates from the 1998 baseline (57.8 per 1000 women under 18 years), significantly outperforming England and inner London, with reductions of 11.1% and 13.2% respectively.

In 2004, the teenage conception rate in Tower Hamlets was 42.3 per 1000 women aged 15-17 years. This is slightly higher than the rate in England (41.5 per 1000

women aged 15-17 years), and significantly lower than inner London (58.0 per 1000 women aged 15-17 years).

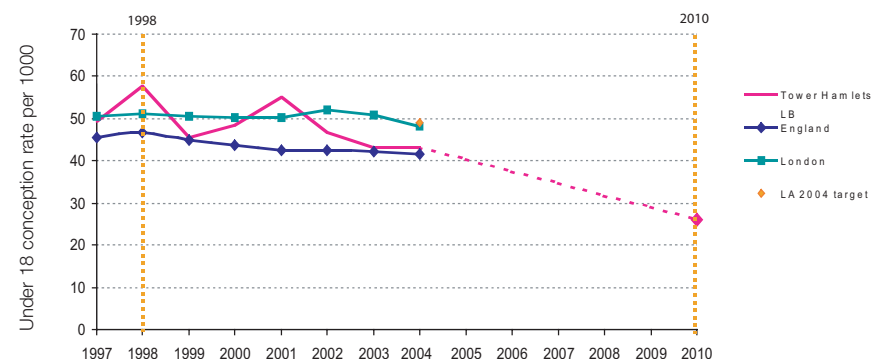


Table 2. Change in under-18 conception rate, 1998-Year

A key focus of the local teenage pregnancy strategy (from 2006 onwards) will include prioritising preventive programmes in local wards with highest conceptions, among vulnerable groups and reducing repeat teenage conceptions. In Tower Hamlets this will mean increased activity on the east of the borough (particularly LAP 5), focussed activity in LAP 1 (particularly Bethnal Green North, Mile End and Globe Town) and targeted prevention among looked after young people and young offenders. Review of local data also suggests targeted activity with vulnerable groups aged over 16-17 who are not participating in education, training and employment is important.

1.3 To reduce by 25% the number of newly acquired HIV and gonorrhoea infections (annual incidence) by the end of 2007 - National Strategy for Sexual Health and HIV (2001)

Data for north east London suggests that this target may be achieved by 2007. Between 2004 and 2005, gonorrhoea decreased by 19% in north east London, compared with the 13% national reduction. North east London, did however, see a marked increase in the percentage of sexually transmitted infections (STIs) among men who have sex with men.

Work in this area will involve targeting young people, as gonorrhoea is most common in males aged between 25 and 34, and in females between ages 16-19. White English, black Caribbean and black UK tend to have the highest rates. A combination of new and improved services will help to raise the profile of STI services and increase screening amongst this age group.

Its important to emphasise that while the information above refers to the key PCT current reporting targets there are other national targets which any local sexual health strategy should take account of. They include:

Making it count (2003)

To contribute to the national target of reducing by 25% the annual incidence of HIV infection during sex between men, from approximately 1,300 infections per year to approximately 975 infections per year, by 2007.

Providing cohesive services that reach those most in need will enable a reduction in sexually transmitted infections, HIV and teenage conceptions, while ensuring promotion of positive sexual health.



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Sexual health services

2

In Tower Hamlets a wide range of statutory and voluntary services provide a role in the prevention, diagnosis and treatment of HIV and STIs, and the promotion of sexual health. This covers Tower Hamlets PCT, Barts and the London NHS Trust, London Borough of Tower Hamlets, East London and City Mental Health Trust, London wide and specific Tower Hamlets voluntary and community groups.

Specialist services include:

- GUM clinics
- HIV clinical nurse specialists
- Family planning services
- Termination services
- Young peoples sexual health services (*Options*)
- Primary care (local enhanced sexual health services)
- Positive East
- Step Forward (voluntary youth sector)

The national strategy prioritises establishing service standards, definitive care pathways and developing targeted and appropriate services such as one-stop shops, and increasing chlamydia screening, HIV and STI testing. The Tower Hamlets strategy reflects these priorities.

Therefore improving sexual health services and access to care is a priority. The goal is to attain prompt diagnosis and treatment and therefore reducing the spread of infection whilst improving in the patient experience of sexual health services. The involvement of patients and users of sexual health services is important to ensure community needs are central to service development and redesign.

Specific consultation has been undertaken for teenage pregnancy strategy and for youth sexual health services. Respondents in an audit of young people's sexual health services thought that it was important to involve young people in developing sexual health services (HUSH, 2004). Sustaining effective user involvement will be key, and should link with the work programme of the North East London Sexual Health and Clinical Network.

2.1 GUM services

Sexual health services at Barts and The London NHS Trust are delivered out of the Ambrose King Centre (AKC), at the Royal London Hospital and Barts Sexual Health Centre (BSHC) at St Bartholomew's Hospital. Both clinics operate walk in services.

In the last three years activity has remained constant with approximately 50,000 attendances. Service modernisation has facilitated improvements in the new to follow up ratio with more new patients being seen and fewer patients returning for follow up appointments. These ratios are significantly better than national guidelines. These

clinical efficiencies have allowed improved access with the AKC increasing its opening hours by 20 % and BSHC by 10%. Changes to the booking in system at AKC have reduced total patient time in the clinic by 30%.

AKC has sustained constant improvement and is well utilised by Tower Hamlets residents. The HPA audit of waiting times in November 2006 demonstrated that 97% of patients were seen within 48 hours compared with an average for London of 82 % and an average for England of 69 %.

2.2 Women and young people's service

Attendances at the women and young people's service (WYPS) in Tower Hamlets have steadily increased in the last 8 years from 1998-2006. The service saw 19,044 women and young people in 2005-2006 for contraception services alone, an increase of 188% over the 8 years.

The WYPS is well utilised by the young people of Tower Hamlets with statistics showing that it is accessed by all ethnic groups proportionally reflective of the local demographics. However a higher proportion of Bengali users are seen in both the contraception and termination services than the local demographics. This has been achieved due to the emphasis on ethnically appropriate services plus young people friendly environments and processes, which include prioritising confidentiality. An evaluation of young people's sexual health services in Tower Hamlets found that confidentiality is still a top priority for young people accessing sexual health services, (HUSH 2004).

2.3 Termination services

Teenage pregnancy in London is characterised by a high proportion of teenage conceptions leading to terminations (60% in 2002). In Tower Hamlets, the main provider of terminations the women and young people's service, has experienced a 95% percent increase in terminations performed in the last 8 years.

There is evidence that the earlier in pregnancy an abortion is performed the lower the risk of complications. If women can access services before they are 9 weeks pregnant, they can potentially have a choice of an early medical or surgical abortion - medical abortion avoids the need for anaesthesia and surgery. The National Sexual Health and HIV strategy highlighted that there are wide variations in access to NHS abortion services and the methods available, and that there is evidence that women who choose to seek an abortion can wait up to 4 or 5 weeks in some areas of the country.

The strategy's implementation action plan set a national target that women who meet the legal requirements should have access to an abortion within three weeks of the first appointment with the referring doctor. The Department of Health allocated pump priming funding in 2003/04 to those PCTs where 40% or more of NHS funded abortions were performed at 10 weeks gestation or later. This funding was to improve access to abortion services and to help these PCTs achieve the recommended national standard.

Tower Hamlets through WYPS has vastly improved its performance, in 2003-2004, 44% of terminations were available within 9 weeks of gestation, however in 2005-2006 we over performed at 75%. Waiting times have decreased from 4 weeks from first contact to termination to the current 2 weeks.

2.4 Chlamydia screening

Genital chlamydia is now the most common sexually transmitted infection diagnosed in GUM clinics in England with high prevalence being documented among young men and women under aged 25 attending a variety of specialist and general health care settings. However, many people do not know they are infected due to asymptomatic disease. Consequences of undiagnosed disease include transmission to other sexual partners, pelvic inflammatory disease and subsequent infertility plus increased risk of ectopic pregnancy. Therefore risk reduction programmes and targeted testing, i.e. to young people, are being introduced to increase the uptake of testing.

A national chlamydia screening programme (NCSP) is a major new public health programme that will be implemented across PCTs in the northeast sector. The screening programme aims to reduce the prevalence of chlamydia infections and its complications. Dual testing (for chlamydia and gonorrhoeal infections) is to be implemented across Tower Hamlets. This programme will bring together health professionals to develop and implement a chlamydia screening service that is sensitive to local needs and encourages innovation, collaboration and partnership working across a wide range of stakeholders.

The screening programme will target 34964 young persons (15 to 24 years old) in Tower Hamlets. The LDP for chlamydia expects PCTs to achieve a minimum of 6% of ONS total population aged 15-24 accepting screens within the first six months until March 2008. For Tower Hamlets this means about 2076 tests would be undertaken to meet this target in the first six months of the programme.

2.5 Specific population groups: HIV

In 2005, there were 756 residents diagnosed with HIV infection. About 20% of these are from Black Minority Ethnic group. Eighty-five percent of diagnosed patients are men. The probable route of HIV infection were sex between men (71%), sex between men and women (21%), injecting drug use (2%), mother to child transmission (1.5%). It is vital that prevention strategies and programmes are informed by the local epidemiology of HIV infection. Prevention should also target sub-groups of the local populations at highest risk.

Gay and bisexual men

Tower Hamlet PCT contributes to pan London commissioning of HIV voluntary sector services including HIV prevention among gay and bisexual men. Additionally there is a gay, lesbian and bisexual youth group running in Tower Hamlets, facilitated by Step Forward and the PCT (*Options*).

African communities

Tower Hamlets and other PCTs in the north east sector held joint community consultations on HIV prevention and sexual health promotion in African and BME communities, which identified some gaps in service provision. The PCT is currently scoping potential preventive work programmes, including sexual health promotion workshops with faith leaders. A health equity audit of HIV prevention will inform commissioning of services.

2.6 Healthy schools

The Teenage Pregnancy Steering Group is currently working alongside the healthy schools programme on the Personal Social Health Education Continuing Education professional development scheme. This scheme aims to train 13 trained teachers and 6 trained nurses, with clustered allocation to secondary schools/ Pupil Referral Unit/ Behavioural Units. The PCT continues to work in partnership with healthy schools team to ensure that good quality sex relationship education (SRE) is provided and that the



government target of 50% of all secondary schools has achieved a 'healthy schools' status by 2006.

Women and young people service through the Options team work alongside the healthy schools team to ensure that SRE coverage to schools is strategic and co-ordinated. Options are currently working with healthy schools on a standardised contract for external agencies who deliver SRE in schools.

2.7 Prevention

The key principles of sexual health and HIV prevention are;

- To reduce the levels of unsafe sex
- To reduce the numbers of newly acquired STIs and HIV
- To reduce the numbers of unplanned conceptions
- To raise awareness of services

The sexual health team, in the public health directorate assesses the evidence of effectiveness of sexual health promotion strategies. It contributes in the delivery of sexual health promotion and the commissioning of projects to reduce teenage pregnancy rates and sexually transmitted infections among the general population and high-risk groups/and or areas with high prevalence rates.

The public health team has collaborated with statutory and non-statutory organisations

to promote sexual health – including a condom poster campaign among young men, promotion of condom distribution for under 25 year olds. Public health has also aided in the development of enhanced sexual health services in primary care, campaigns during sexual health week and World AIDS day, sexual health development among social workers. In collaboration with the local authority developed the guidance on sex relationship education in informal settings. Future prevention programmes will build on successes achieved and contribute to the implementation local strategies on teenage pregnancy, sexual health and HIV prevention.

There are a number of national information campaigns aimed at younger men and women to improve their awareness of unprotected sex; these have been discussed in the national Strategy and again in *Choosing Health* (2004). An evaluation of the 'Sex lottery campaign' reported that 25% of 18-30 year olds had changed their behaviour as a result of this campaign. Focus groups with young people in London have been testing the proposed 'key themes' for the next 'rethinking' campaign and will be using this feedback to inform local promotions. Increasing accessibility of information for the general public is also a priority within *Choosing Health*, in which new mediums such as email services; internet sites and interactive materials are encouraged. Ensuring that information is appropriate is also important as young people from the HUSH study reported that publicity such as leaflets and posters were not always representative of black and minority ethnic groups, people with disabilities or gay, lesbian and bisexual young people, and many of the leaflets were aimed at very young teenagers rather than young people and adults (HUSH, 2004).

Sexual health scrutiny review panel

3

Between July and December 2004, London Borough of Tower Hamlets (LBTH) health scrutiny review panel undertook a review of young people's access to sexual health services. The publication of the public health white paper (*Choosing Health*), and local concern about rising STI rates, promoted the review and focus on access to services for young people. This area provides an opportunity to highlight joint working across the PCT and LA, as sexual health could be addressed through several local plans: teenage pregnancy strategy, the community plan and Council's strategic plans.

Several local services presented evidence of work in sexual health to the scrutiny panel: public health, the women and young people's service (including *Options*), HIV clinical nurse specialist (THPCT), genito-urinary medicine service (Barts and London NHS Trust), the healthy schools team (local education authority), some east London/London-wide sexual health services accessed by local residents, including Terrence Higgins Trust, NAZ project.

Key actions identified from this review include:

- To develop and agree a borough-wide sexual health strategy
- Consider the best way of collecting and sharing information on sexual health services in a consistent way (including the demography of service users)

- Service providers should maintain and continue effective programmes funded through short-term funding sources (e.g. Neighbourhood Renewal Fund (NRF)).
- The teenage pregnancy programme needed to remain a priority when the funding was mainstreamed into the Children's Trust in 2006.
- The panel was concerned about the difference in waiting times that clients can experience at the various sexual health services and clinics throughout the borough and was keen to see strategies to address capacity.
- The development of more challenging targets for the local healthy schools programme in relation to the number of all primary, secondary, special and Pupil Referral Units with up-to-date and consulted, governor approved SRE policy and programme.

The Tower Hamlets sexual health strategy has been shaped by the information provided by these mapping exercises. Statistics on sexual health in Tower Hamlets, information and data from audits, monitoring reports on sexual health have provided a baseline picture. These have guided the forward action plans aimed at improving the delivery of local sexual health services in Tower Hamlets. MedFASH (2005) guidelines and standards will be used to benchmark and monitor the local sexual health strategy.

Commissioning structures and service models

4

Local commissioning arrangements

The PCT is responsible for commissioning sexual health services for local residents. In Tower Hamlets PCT, the Directorate of Public Health and Health Improvement is the identified local lead for sexual health and HIV. Its role is to oversee the local implementation of the national strategy for sexual health and HIV, plus *Choosing Health*. This work is done in partnership with other commissioners and stakeholders. The PCT is the host for specialist commissioning within north east London, lead commissioner for Barts and the London Trust, practice-based commissioning, service improvement and commissioning and local authority commissioning.

To achieve these, the public health directorate established a sexual health programme group, comprising of public health professionals that undertake various tasks including;

- Sexual health needs assessment
- Critical appraisal of literature, to identify the evidence base for local service provision
- Contribute to the planning, implementation and evaluation of sexual health initiatives and projects
- Advocate and support the prevention of STIs, HIV and reduction in teenage conception rates

The public health directorate also organises and supports the sexual health strategy group and assesses local sexual health needs that should inform the commissioning of future services. Task-focused working sub-groups such as the chlamydia steering group and teenage pregnancy steering group oversee the implementation of specific work areas, and report to the sexual health strategy group.

A lead commissioner for sexual health has been in post since January 2006. Services commissioned should address identified local sexual health needs and be based on effective interventions. The framework of service provision would cover areas of activity specified in the Ottawa Charter:

- Creating environments that are supportive of sexual health
- Developing personal and social skills related to sexual health and HIV
- Strengthening community action
- Building on the evidence base and developing staff skill, knowledge and attitudes

The specialist sexual health services currently commissioned in Tower Hamlets are;

- GUM services are provided by Ambrose King Centre, at the Royal London Hospital and St. Bartholomew's Sexual Health Clinic
- Women and young people's services in the Sylvia Pankhurst Centre, provides contraception services, termination of pregnancy, sexual health and prevention services, HIV clinical nurse specialists and the religious and cultural male circumcision service.

- Step Forward (a counselling and information service for young people under 25)
- HIV and care services are commissioned through the specialist commissioning consortium arrangements
- Chlamydia screening for young people in 2007-08, in community settings through the women and young people's service, general practice, third sector organisations and supported by specimen testing in Bart's and the London NHS Trust laboratory.
- Teenage pregnancy initiatives and projects are commissioned and coordinated by the Teenage Pregnancy Coordinator. From April 2006, commissioning for these will be undertaken in accordance with the Children's Trust commissioning and outcomes framework.

All commissioned sexual health services aim to support and promote the values set out below:

- Ensure sexual health promotion is accessible to all
- Affirm diversity
- Support the development of self-esteem
- Support positive and holistic model of sexuality and sexual health

4.1 Service models

Several service models for sexual healthcare have been identified in the literature:

- Integrated service model, which incorporates sexual health promotion, provision of contraception, management of STIs and sexual dysfunction. This is the model used for the Step Forward sexual health 'Forward Thinking' clinic, for young people 25 years and under. The sexual health clinic for young people is run in partnership with the Women and Young People's Service, Ambrose King Centre (GUM service Royal London Hospital), and Step Forward – a local voluntary organisation.
- Targeted service for subgroups of the population e.g. young people, refugees, ethnic minority group.
- Traditional vertical service such as traditional family planning service, genitourinary medicine. However, in Tower Hamlets both the family planning and GU services provide limited joint service provision of both contraception and GU work.

The literature reviews identified some fundamental features of a good sexual health service, which affect the service utilisation. These are: confidentiality, accessibility, acceptability, high clinical quality and range of service provision, liaison with other services.

The key elements of a modern comprehensive service are:

- Contraceptive and abortion
- Diagnosis and treatment of sexually transmitted infections and HIV
- Prevention of sexually transmitted infections and HIV and
- Services that address psychological and sexual problems

In 2001, the national strategy for sexual health set out three levels of service provision expected within any model of comprehensive care (see Appendix one). To achieve these, commissioners and services providers work in partnership within the 'North East London Sexual Health and HIV Clinical Network (NELNET) to meet the local population needs. These underlying features, key elements and levels of care should be reflected in services for Tower Hamlets residents.

A programme of education and training should underpin these service models for local health and social care professionals, to increase local capacity, expertise and skill-mix. This will require focused service redesign and workforce development/planning for the delivery of local sexual healthcare that is culturally sensitive and appropriate for the diverse communities, ethnic groups and faiths with in Tower Hamlets communities.

Tower Hamlets **NHS**
Primary Care Trust

OPTIONS

♀ Young Peoples Sexual Health
Service for 25's and under.
INCLUDING UNDER 16'S

Want to talk about sex,
relationships, contraception or anything else
about your sexual health in full confidence?
Give us a ring or drop into a clinic and ask to
speak to one of the workers

4 Free
Confidential Advice*

Mon-Fri 9-5

PHONE: 020 8981 2316
TEXT: 07813 698029

(*All messages picked up & dealt with in confidence)

Free pregnancy testing, free condoms, free contraception, information and support

Future services

5

48 hours GUM access

We wish to continue to build on the excellent achievements to date at Barts and the London Trust and the Ambrose King Centre in achieving the 48 hour access target.

Several initiatives are planned to continue to improve access to local service delivery:

- Sexual health clinics will be developed in community settings: Positive East (Stepney site), and through partnership with leisure centres and saunas
- Funding through the Neighbourhood Renewal Fund to produce sexual health services at a youth centre in Parnell Road.
- Increase the capacity of general practitioners to manage STIs, by increasing the number of GPs that undertake the STIF course (offered by Ambrose King Centre)
- Renovation and upgrading of the AKC, to facilitate access to its services.

5.1 National chlamydia screening programme

Chlamydia is the most common sexually transmitted infection in the UK. The national chlamydia screening programme for young people aged 15-25 years, will be offered in non-GUM settings by April 2007. In the initial phase, the screening programme will be offered in local community settings through the women and young people's service, and possibly expanded to general practice, pharmacy and community sexual health clinics.

5.2 Enhanced services for sexual health in general practice

Primary care is highly accessible to all people (including young people) and offers opportunities for delivering sexual healthcare.

- In the initial phase, local enhanced services for sexual health provided sexual health assessment and condom distribution for people of all ages. Future phases would cover levels 1-3 of the national sexual health strategy consistent with planning on a network, locality and borough wide levels.

All enhanced services will be underpinned by annual sexual health assessment (sexual history and risk assessment, contraceptive information) and an auditable register of all people treated under the enhanced service. Enhanced service providers will act as a resource and be providers for sexual healthcare in primary care.

5.3 Emergency contraception in community pharmacies

Access to care via other providers such as pharmacies will be key to improving access and choice to our communities. Pharmacies are an important additional access route for emergency hormonal oral contraception (EHOC), particularly at weekends and bank holidays when other services may not be available. It is intended that local community pharmacies will supply hormonal emergency contraception using patient group directions (PGD). A strategy for funding and providing access to EHOC at pharmacies across Tower Hamlets will help to ensure equitable access.

5.4 HIV as a long-term condition

Since the advent of anti-retroviral therapy in 1996 death rates have declined dramatically and many people with HIV live in relatively good health with HIV now a manageable long-term condition. The Medical Foundation for AIDS and Sexual Health (MedFASH, 2003) recommended standards for HIV services, in partnership with the Department of Health. The British HIV Association has also published standards for HIV clinical care (BHIVA 2007) which address HIV as an incurable chronic medical condition requiring complex monitoring, treatment and care. Other significant factors relating to the planning of HIV care are increasing prevalence, improved survival due to decreased morbidity and mortality and co-morbidity. HIV also continues to predominantly affect minority groups, gay men, people from sub-Saharan Africa, refugees and asylum seekers and injecting drug users often already at risk of social exclusion, who may also experience stigma due to the diagnosis itself.

The HIV model of care requires the delivery of clinical care via managed clinical networks developed following the recommendations of the National Sexual Health and HIV Strategy (2001). The strategy aims to ensure that future planning for HIV and sexual health services are underpinned by these standards to effectively manage the health needs of all people tested, diagnosed and living with HIV. This will ensure a defined level of care for the HIV care pathway in Tower Hamlets, which is equitable, consistent, and of high quality, with services that are accessible to all. In addition, many people with HIV live with other long-term conditions and ill-health, requiring the

involvement of general practitioners, other clinicians, and professionals in their care. Therefore delivering services and defined patient care pathways to manage HIV, as a long-term condition effectively should include;

- Retaining responsibility for HIV drug treatment, monitoring and the management of opportunistic infection/illness within specialist HIV services.
- Increasing the capacity of GP services to provide primary care to people with HIV, e.g. via local enhanced services.
- Ensuring the provision of good quality primary care encompassing prevention, diagnosis, treatment and care, by establishing new ways of delivering primary care to people with HIV e.g. Practitioners SI/GPSI, outreach or joint clinics with HIV specialist clinics.
- Supporting the ongoing development of HIV self-care through expert patient/Living Well programmes to maximise health and independence.
- Integrating delivery of health and social care for HIV complex needs to support a single assessment process for planning care.

The model — the future of sexual health services

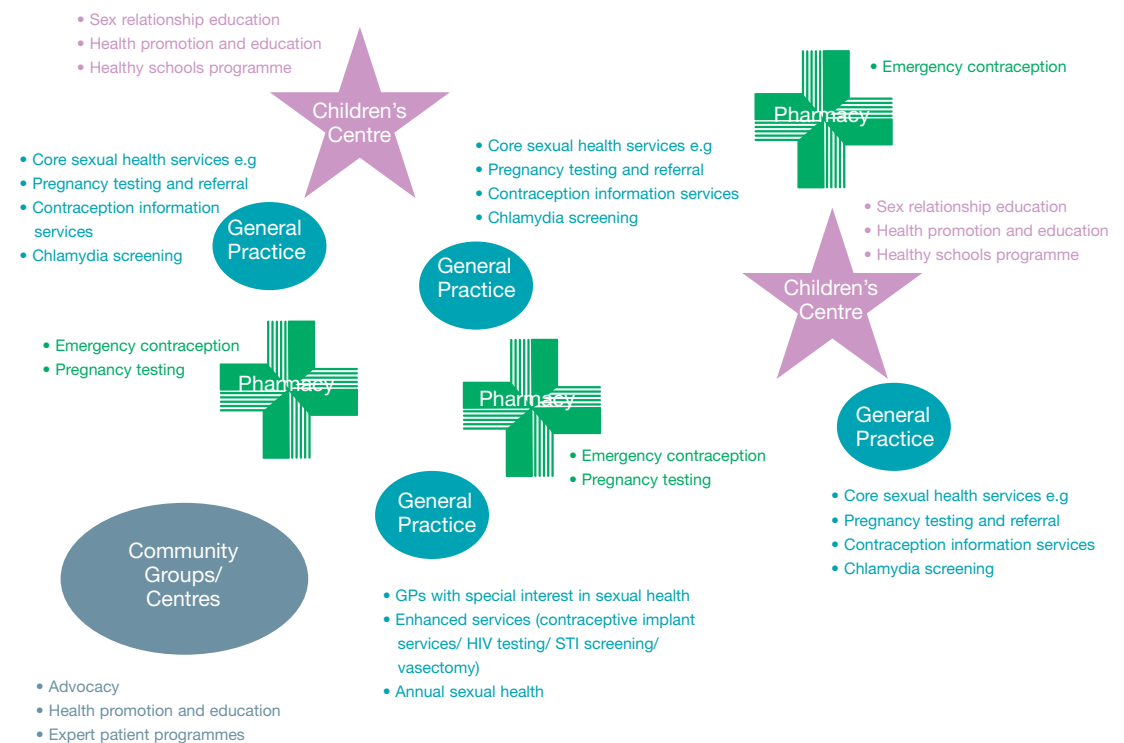
6

We have developed a model to describe our vision of how services should be planned across Tower Hamlets to ensure equitable access to the range of services that will effectively meet the sexual health needs of our community. The model describes existing services and the levels of sexual health care provided and our aims for service delivery in 3 years time.

After 2008 we propose a 3 years cycle for the ongoing development of services underpinned by the proposed model. Service delivery post 2008 will be influenced by variables such as new technology development, demographics, disease progression, resources and the continued modernisation of health services. The diagram on this page defines the variety of services at a population 'network level' that provide or could provide sexual healthcare.

Network providers of future health services in Tower Hamlets

The Networks (10-20K)

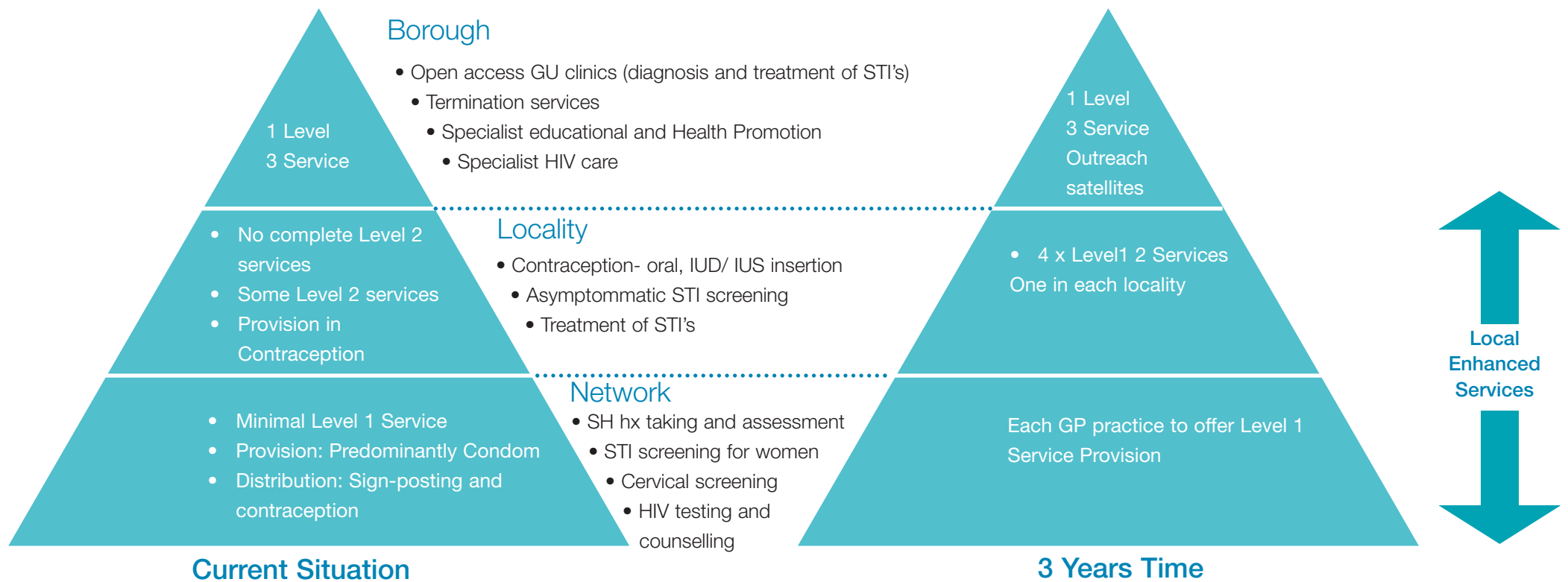




The model below describes our vision for future provision of sexual health services in Tower Hamlets

The Model: 3 year cycle

Access to GUM and Sexual Health Services



Part three: The action plan: longer term indicators of progress

7

To ensure we achieve our vision for sexual health in Tower Hamlets an action plan has been developed for the strategic aims with the key priorities for development and indicators for measuring progress. This will also inform the next 3 years cycle of service development once each 2-year stage has been achieved.

The Tower Hamlets sexual health strategy group will co-ordinate the implementation of the strategy and action plan to ensure the commissioning and provision of modern, flexible and accessible sexual health services to the people of Tower Hamlets, with sustained service improvement across a range and choice of providers.

Longer-term indicators for progress and action plan over next 3 years – see next page

PCT Strategic Aim 1: Reduce inequalities in health	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
Reduction in teenage pregnancy	<ul style="list-style-type: none"> Reducing the teenage conception rate by 50% by 2010 	<ul style="list-style-type: none"> Prioritise work in LAP 5 and LAP 1, looked after young people and young offenders, vulnerable groups aged 16-17 (not participating in education, training and employment) Develop mainstreaming strategy for local teenage pregnancy programme Development of school based sexual health service Local SRE accreditation scheme for teachers/school nurses Develop targets for local healthy schools programme Local campaign supporting parents talking to sons and daughters about sex via secondary schools and community centres Secure permanent display opportunities in secondary schools supporting sexual health education Sexual health education and parenting classes at young offenders institutions - linked to public health work plan and local area agreement
Reduction in sexually transmitted infections	<ul style="list-style-type: none"> Reduce by 25% the number of newly acquired gonorrhoea infections by the end of 2007 and to be no higher than the national average rate by 2016 Sustained provision of the national chlamydia programme from 2006 achieving reduction in presentation of chlamydia by 2016 below the London average 	<ul style="list-style-type: none"> Targeting young people <25years old and MSM 25-34 years old to increase uptake of testing Accelerated national roll out of chlamydia screening by 2006 Expansion of screening to general practice, pharmacy and community sexual health clinics. See strategy for an outline.
Reduction in HIV infections	<ul style="list-style-type: none"> Reduce by 25% the number of newly acquired HIV infections (annual incidence) by the end of 2007 Increase HIV testing to specific groups including those attending GUM, contraceptive services and general practice, those with TB, antenatal care and young people 	<ul style="list-style-type: none"> Provide cohesive services that reach those most in need Achieve level one provision for HIV testing and counselling at all GP practices by 2008 Develop protocols and referral pathways for GP practices/ and other providers in undertaking HIV testing Target development of alternative screening and testing sites via alternative providers i.e. leisure centres, non-statutory sector, youth service Ensure appropriate pathways with Substance Addiction Unit, Blood-Borne Virus team and Drug Action Team to ensure the needs of injecting drug users are met appropriately

PCT Strategic Aim 1: Reduce inequalities in health	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
Reduction of Hepatitis B and Hepatitis C infections	<ul style="list-style-type: none"> All homosexual and bi-sexual men to be offered hepatitis B vaccine on first attendance to GUM clinics 	<ul style="list-style-type: none"> Establish baselines of Hepatitis B among key at risk groups Promoting 'Sorted' Hepatitis B campaign Reviewing GUM protocols for offering test and Hepatitis B data collection systems Ensure level one provision of Hepatitis B screening and immunisation at all GP practices by 2008 Develop local information campaigns targeting young people, injecting drug users, MSM and those already infected with HBV and HCV Ensure guidance developed by NEL Hepatitis C network is adhered to re testing and treatment
Reducing stigma regarding HIV, STIs and teenage pregnancy	<ul style="list-style-type: none"> Increase in early diagnosis of HIV, particularly in target groups and those who do not access testing until symptomatic i.e. African men some African communities e.g. Somali, Bengali community, young people Increase in presentation for sexual health screening Reduction in rise of STIs and HIV infection diagnosed by 2016 Increased partner notification leading to screening and diagnosis Increase percentage of teenage girls presenting before 10/40s rather over 10/40 for termination of pregnancy 	<ul style="list-style-type: none"> Link in with schools re PSHE programme re homophobia and teenage pregnancy Increase public awareness through local media campaigns to normalise issues Increase training for GPs and client point of contact service providers in primary care settings Incorporate diversity issues into health promotion programmes Train staff in high quality sexual health history taking and risk assessment to include delivery of targeted advice in non-judgemental manner. Supported by agreed proforma across all delivery settings Train advocates from BME communities e.g. Bengali and Somali to support undertaking sexual health needs assessment
Development of population based and targeted education and awareness with young people, in particular, with at risk groups/communities, including STI prevention as well as fertility control and pregnancy advice, and HIV prevention	<ul style="list-style-type: none"> Increase in young people (<25yrs) accessing services for information, counselling and screening for STIs, HIV and pregnancy 	<ul style="list-style-type: none"> Review prevention/information resources, programmes and campaigns, e.g. Pan-London Teenage Pregnancy Media Network, R U Thinking about it Youth Headlines campaign, Bus stop campaign, TH sexual health service directory, sexwise database, playing safely awareness campaign Review sexual health information to ensure targeted and appropriate, available in a range of settings, in different languages and media Ensure sexual health promotion integral to local delivery plan Direct delivery of a rolling programme of SRE in PRUs by the Options team

PCT Strategic Aim 1: Reduce inequalities in health	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
		<ul style="list-style-type: none"> • Delivery of targeted awareness campaigns and workshops to young people at risk in informal settings such as Somali youth groups, Life skills (e2e) programmes, Looked After Young People, and work with the Step Forward Step Out LGBT group • Provide individual care packages for pregnant teenagers, their partners and families, in dealing with pregnancy, termination, future contraceptive needs, access to education/employment, and support until their child is one year old, through the Under 18s pregnancy and parenting service • Undertake strategic planning with Children's' Trust, and Children's' service providers and explore the potential within extended schools
<p>To improve contraceptive advice and information for young people, developing the personal and social skills to support their decisions and choices about sexual health</p>	<ul style="list-style-type: none"> • Reduce the under 18 conception rate by 50% by 2010 from the baseline in 1998 	<ul style="list-style-type: none"> • Supporting and strengthening the work of the teenage pregnancy unit and the local teenage pregnancy partnerships • To monitor implementation of the teenage pregnancy programme annual action plans • To continue to focus work on key at risk groups • Healthy schools SRE and PSHE training • Explore the opportunities within the 'Tower Hamlets Children's Plan, such as parenting academies and 'Parent line Plus' • Advice in conjunction with Condom Distribution Schemes – GP, Youth Service, Connexions, Youth Offenders • Train practitioners in locally enhanced sexual health services in sexual health history taking • Obtain and review data from locally enhanced sexual health services • Support the development of a locally agreed proforma or structured case note template for sexual health assessments, including evidence from case notes of informed involvement of individual users in decisions about their care, including discussion of consent, testing or treatment options and offer and uptake of chaperone. (Service users feel adequately involved in their care, as measured by audit sample questionnaire responses) • Evidence of integrated, multi-component health promotion interventions • Direct delivery of SRE in secondary schools using a spiral curriculum

PCT Strategic Aim 1: Reduce inequalities in health	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
		<ul style="list-style-type: none"> • Train teachers in SRE delivery and support by co-facilitation (with Options workers) of SRE lessons in their schools after training • Provide a spiral curriculum with lesson plans, resources and glossaries to build capacity within the schools • Provide basic sexual health awareness training for professionals working with young people, to include signposting to sexual health services • To work in partnership with the third sector to train and support a network of 'Spirited Fusion' volunteers to deliver SRE in schools or to provide personal development support for vulnerable young people, for example by study support or anger management group workshops
Ensure the provision of culturally appropriate services	<ul style="list-style-type: none"> • Increased uptake of advocacy services leading to referral, screening and diagnosis • Increased demand for information resources and campaigns • Increased numbers diagnosed from BME and other target groups • Incremental increase in percentage of staff identified in annual primary care survey who are aware of anti-discriminatory and confidentiality policies 	<ul style="list-style-type: none"> • Expand expert patient programme to incorporate service users in all relevant parts of the strategic and operational decision making process • Ensure that service users involvement meets standards of section 11 of the Health and Social Care Act 2001 • Review commissioning structures in line with programmes such as CHAPS to ensure best practice • Use Making IT Count East London for the basis of locally commissioned services for MSM communities • Ensure that all staff induction, training and development in statutory and non-statutory sectors includes relevant diversity issues • Conduct an audit and service mapping exercise, which focuses on diversity issues to include access, uptake, feedback and exclusion etc. Key issues for identification to include services for marginalised and socially excluded groups (BME, MSM, Injecting Drug Users, People living with HIV, Commercial Sex Workers, Asylum seekers and Homeless) • Implement audit findings to include development of appropriate resources and potential service reconfiguration • Ensure proportionate representation of marginalised groups within key decision making forums whilst avoiding tokenism

PCT Strategic Aim 1: Reduce inequalities in health	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
		<ul style="list-style-type: none"> • Ensure that the sexual health needs of people with learning disability are met effectively through joint working arrangements and care-pathways • Ensure the needs of Bengali and Somali communities are supported via effective communication/collaboration with community representatives and forums to ensure the provision and use of specialist advocacy, training and information resources • Link STI prevention and treatment to other blood borne viruses such as Hepatitis • Develop agreed and shared service standards across the sexual health service delivery network to include all agencies delivering services • Delivery of services in non clinical settings that identified groups attend • Involvement of LA structure to ensure effective interventions • Review service user feedback mechanisms to ascertain effectiveness of methods used • Investigate how the sexual health needs of asylum seekers are currently being met and ensure effective signposting to health and social services

<p>Strategic Aim 2: Improve the experience and involvement of service users</p>	<p>Long-term indicators of progress for 2016 and for points on the way</p>	<p>Priorities for development: 2006 - 2009</p>
<p>Improving access to GUM services</p>	<ul style="list-style-type: none"> • Increase percentage of patients attending GUM offered an appointment within 48 hours of contacting a service (from 2004) to 100% by 2008 	<ul style="list-style-type: none"> • Ensure the development of the strategy model to support achieving access targets • Influence pan-London decision-making to support achieving targets by benchmarking and collaborating in the work undertaken by the NEL Sexual Health and HIV clinical network • Ensure the development of joint action plan across all sectors in borough • Support the development of enhanced services to provide level one sexual health services at all GP practice by 2008 as described in the strategy model • Increasing capacity of general practice to manage STIs by increasing the number of GPs and practice nurses that undertake the STIF course • Enhanced services for sexual health developed via the GMS should support improving access via provision of specifically identified sexual health services in primary care and ensuring robust referral pathways to level three providers • Support a co-ordinated approach to ensure equitable access to provide emergency contraception in community pharmacies • Sexual health clinics to be established in community settings, e.g. Positive East and York Hall (Greenwich Leisure) • Provide improved capacity and access via renovation and upgrading of the Ambrose King Centre, and clinical rooms at York Hall and Positive East (independent/alternative service providers) • Ensure communication pathways with independent sector providers to support appropriate referral pathways, e.g. Canary Wharf Walk-in Centre

Strategic Aim 2: Improve the experience and involvement of service users	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
Improving access to services	<ul style="list-style-type: none"> Sexual health needs assessment to be undertaken for all registered general practice patients Achieve access and referral pathways for levels one, two and three sexual health services at network, locality and borough level supporting increased uptake of screening, diagnosis and treatment 	<ul style="list-style-type: none"> The SHSG should inform and support a co-ordinated approach to ensure that all patients referred to GUM services are seen within 48 hours for diagnostics, treatment and care Annual capital and revenue allocation of resources should reflect a strategy to build upon existing services and develop new capacity to meet the ongoing needs of the local community to access STI and HIV testing to support increased uptake of testing and to reduce transmission A programme to establish, roll out and utilise patient group directions in a range of settings, e.g. pharmacies, via nurse prescribers should be supported to increase access to the treatment of STIs, contraception and management of HIV as a long- term condition Increased capacity for community HIV testing should be established in community based settings, e.g. GP's and Women and Young People's Service, should be managed to increase access for patients and to reduce referrals for testing to specialist GUM settings. Robust care pathways should be established for persons that test positive Access and co-ordination for sexual health training. e.g. STIF courses, and accreditation should be integrated into a planned approach to ensuring equity of access to enhanced services across the borough. This might be supported by the development of beacon practices and 'satellite' clinics with in localities Promoting GUM 'Sorted' Clinic to gay and bisexual men Establish which minority ethnic groups are presenting at GP practices for sexual health services Negotiate entry of sexual health services on to 'Quality and Outcome Framework' database to ensure quality assurance and baseline assessment Explore innovative practice targeting young people including provision via alternative venues e.g. urine testing at youth clubs, leisure centres, clubs/bars

Strategic Aim 2: Improve the experience and involvement of service users	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
Improving access to termination services	<ul style="list-style-type: none"> • Improve access to termination services prior to 10 weeks for a minimum of 51% of patients • To achieve 70% by 2008 	<ul style="list-style-type: none"> • Develop care pathways for making referrals for NHS termination of pregnancy • To develop nurse led services in regard to early medical termination • To explore procurement processes in relation to the independent sector to support patient choice of provider
Access to contraception	<ul style="list-style-type: none"> • To be announced by health care commission • Achieve NICE guidance on LARCs 	<ul style="list-style-type: none"> • Increasing capacity across PCT service providers to provide appropriate contraceptive services by ensuring the provision of level one and two services as proposed in the strategy model for sexual health services • Increasing the use of Patient Group Directives (PGDs) across the borough for practice nurses, pharmacists and non-medical prescribers • Train appropriate health care professionals in IUD/S and implant insertion and removal
Respect confidentiality and provide open access to information about services	<ul style="list-style-type: none"> • Increased percentage of population access primary care based services for level one and two care provision • Access to primary care practitioners. Patients to have level one1 needs met in primary care by 2008, and level two by 2010 • Annual increase in HIV positive patients registering and disclosing diagnosis to GPs by 2010 	<ul style="list-style-type: none"> • Ensure that all organisations have evidenced confidentiality policies in place and that all staff are aware of them. Policy to include coordinated information pathways and referral protocols • Train all relevant staff regarding confidentiality issues with a specific but not exclusive focus on the care pathway(s) including referral and care co-ordination • Ensure that all service users are aware of their rights pertaining to confidentiality and the mechanisms pertaining thereto. • Ensure that there are multiple forms of information provision – e.g. website, leaflets in appropriate languages etc. • All services to provide a directory of services- to be updated regularly (annually) • Introduce standards of information provision to include care available, where and when services available and criteria for access • All services- particularly general practice, providing access to level one and above care should access BMA guidance • To develop GP register for sexual health as part of the 'quality and outcomes framework'

Strategic Aim 2: Improve the experience and involvement of service users	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
<p>Improve and develop patient and public involvement (PPI) strategies by valuing and supporting the contribution of service users to the development and delivery of sexual health and HIV services</p>	<ul style="list-style-type: none"> • Improve the patient experience amongst people using sexual health services by 2007, and achieve continued improvement annually to 2016 	<ul style="list-style-type: none"> • Patient representation and feedback mechanisms are established at network, locality and borough level for sexual health care providers • Involvement of service users in development, redesign and commissioning of existing and future sexual health services. • Ensure the principles of effective patient and public involvement are integral to the delivery of all sexual health services and care across the borough • Support effective PPI by utilising a variety of methods to 'test' the patient/service user experience, e.g. mystery shoppers, focus groups, semi-structured interviews, questionnaires, spot cards and utilise audit results • Identify and make recommendations which will ensure the views of service users continue to inform service delivery and design • Involve patients to assess their own and communities needs to inform the design and development of new services. • Living Well and Expert patient programmes are accessed and evaluated by people living with HIV

<p>Strategic Aim 3: Develop excellent integrated and more localised services</p>	<p>Long-term indicators of progress for 2016 and for points on the way</p>	<p>Priorities for development: 2006 - 2009</p>
<p>Improve co-ordination and development of health and social services for users of service users of all types of sexual care and service in Tower Hamlets</p>	<ul style="list-style-type: none"> NHS and LA services, including education and leisure, will be integrated to meet sexual health needs as a 'single' organisation at network, locality and borough level NHS and LA services, including education and leisure, will be integrated to meet sexual health needs as a 'single' organisation at network, locality and borough level 	<ul style="list-style-type: none"> Ensure a co-ordinated approach to the planning, design and delivery of sexual health services by tasking the Tower Hamlets sexual health strategy group (SHSG) to be the key informant in the decision making for service modernisation, commissioning, resource allocation and delivery of sexual health services in Tower Hamlets Forward Thinking (Family Planning and GUM services in Voluntary Sector Building) to act as a 'blue print' for future service delivery Integrated work between AKC and WYPS and voluntary sector Ensure the SHSG has designated representation in the SH and HIV clinical network for north east London to achieve a co-ordinated approach to achieving the key national targets for sexual health within a clinically governed framework
<p>Services will be delivered in modern buildings, near to where people live and work</p>	<ul style="list-style-type: none"> LIFT and capital resource allocation should reflect sustained investment in planned improvement of sexual health services up to 2016 	<ul style="list-style-type: none"> Sexual health services be an integral part of services in new build, e.g. St Stephen's Health Centre/Barkantine/Newby Place and Bethnal Green Health Centres, and future estates planning Bids for annual allocation of capital monies will be co-ordinated to deliver sustained improvement in the provision of sexual health services that are user friendly in pleasant, local, modern and refurbished buildings which support people accessing screening, treatment and care Opportunities via GMS funding should explored to support the modernisation and upgrading of premise used to deliver sexual health services

<p>Strategic Aim 4: Promoting independence and supporting empowerment</p>	<p>Long-term indicators of progress for 2016 and for points on the way</p>	<p>Priorities for development: 2006 - 2009</p>
<p>Improve information that is accessible to service users and referrers which supports achieving good sexual health via prevention and treatment strategies</p>	<ul style="list-style-type: none"> • Bench mark to Scrutiny Committee findings in 2004 of the lack of knowledge among local young people of sexual health services. • Questionnaire annually local young people and to see year on year improvement on their knowledge of services 	<ul style="list-style-type: none"> • Work towards achieving strong and effective patient leadership by empowering service users to take responsibility for personal sexual health by providing health information and support utilising a range of strategies, e.g. outreach, community forums, ICT, Expert Pt programmes, Living Well programmes • Ensure increased sexual health focus within existing patient involvement fora • Review the accessibility and access to information regarding sexual health and HIV in Tower Hamlets, identify potential gaps e.g. advocacy for communities/individual due to language, gender, sexuality or culture • Establish effective links/representation with all existing patient and public fora for key stakeholders, i.e. BLT, PCT, THSS, Positive East, Living Well, Expert Patient Programmes, PALS, Local Area Partnerships (LAPs) and the Sexual Health and HIV clinical network • Support the development of greater focus for self-management to support people to take a greater role in maintaining their sexual health • Develop and maintain a 'current' directory of services to support improved access to information and services available in hard copy and electronically via internet and trust/service websites

Strategic Aim 4: Promoting independence and supporting empowerment	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
Expanding choice - putting patients and service users in control	<ul style="list-style-type: none"> By 2008 there should be choice of level one and two providers, including independent providers, accessible to all patients 	<ul style="list-style-type: none"> Empower patients to exercise choice over which services they use by ensuring a range of sexual health service providers are commissioned across Tower Hamlets to ensure equitable access and that meet the needs of the local community. Build capacity and plurality of services in secondary, primary care, social and independent provider settings, to support a choice of opening hours in a range of locations and venues across the borough Support the development of effective patient leadership via provision of easily accessible information and involving patient led voluntary and community groups in the planning and delivery of sexual health services Involve patients in community needs assessment and evaluation to inform service redesign Benchmark planned development of services against existing service provision
Develop strategies for the management of HIV as a long-term condition	<ul style="list-style-type: none"> Increased numbers of people with HIV accessing general practice for primary care led or shared care by 2008 	<ul style="list-style-type: none"> Establish a care pathway for management of HIV as a long-term condition to strengthen self-management Strengthen the ability for the Ambrose King Centre, as the borough specialist HIV centre, to support the management of increasing numbers of people with HIV by supporting people with HIV to play a greater role in managing their health and strengthening the capability of primary care to provide non-specialist HIV care and shared care. This should include assessing the need to implement HIV enhanced services Improve integration of health and social care provision and commissioning for people with complex care needs

Strategic Aim 5: Target resources of all service providers effectively	Long-term indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
Improving productivity and reducing the cost per unit of service	<ul style="list-style-type: none"> To establish cost effectiveness savings for reference costs from current baseline by 2010 in line with national tariffs 	<ul style="list-style-type: none"> Development of PbC processes in conjunction with effective utilisation of new PbR mechanisms Benchmark reference costs for sexual health services to comparable services pan-London Establish a baseline for investment and to evaluate the impact of investment on service improvements and quality
To ensure provision of effective evidence-based HIV prevention, teenage pregnancy programmes and health promotion services	<ul style="list-style-type: none"> Evidence of increased uptake of screening and treatment following targeted health promotion programmes Increased uptake of testing for targeted groups, reduction in diagnosed infections and reduction in unplanned teenage conceptions. 	<ul style="list-style-type: none"> To review pan London commissioning arrangements for HIV prevention in voluntary sector Identify and support local capacity to provide HIV/STI prevention in the community Monitor work of London gay men's commissioning work in line with 'Making it Count' Ensure representation and feedback mechanisms to the proposed HIV sector commissioning group Review of evidence base in relation to HIV prevention programmes. Ensure key target groups are focused on in HIV prevention work e.g. African communities, gay men Review of HIV literature available in local services, including full range of health and social care services available (statutory, voluntary and run by people with HIV), available in all commonly spoken languages and relevant to different sexes, sexualities, minority ethnic groups and new immigrants Involvement of service users in development of their own care plans, as documented in their treatment clinic and social cares notes Target resources based on local expertise (represented at the SHSG) and knowledge, ensuring coverage across Tower Hamlets of level one, two, and three services

Strategic Aim 5: Target resources of all service providers effectively	Long-term Indicators of progress for 2016 and for points on the way	Priorities for development: 2006 - 2009
Establishing effective commissioning of services	<ul style="list-style-type: none"> Commissioning for sexual health across borough wide services is informed by the sexual health strategy group via a co-ordinated approach between Specialist commissioning, Public, Practice-Based Commissioning and local authority commissioning 	<ul style="list-style-type: none"> Utilise minimum data set developed by the network to inform reporting across the sector Consideration of best way of collecting and sharing information Review data collection systems for HIV testing in GP practices and use outcomes to inform service development and development of 'STIFF' GP programme Submissions for annual allocation of resources to develop services for sexual health are reviewed by the SHSG to ensure develops underpin the aims of the sexual health strategy
Achieving cost savings in the provision of borough wide services for sexual health	<ul style="list-style-type: none"> Achieve annual cost savings of 2.5% by 2008 	<ul style="list-style-type: none"> Develop sexual health services in multi-purpose settings to ensure optimum use of resources Via skill mix review establish non-medical prescribing and nurse/AHP led services to ensure optimum use of practitioners and reduce unnecessary referrals for additional appointments with physicians and to secondary care

Appendix One

Policy context

National strategy for sexual health and HIV (DH, 2001)

This strategy aims to address the rising prevalence of sexually transmitted infections and HIV, and to modernise sexual health and HIV services. It also identifies a clear link between sexual ill health, poverty and social exclusion, as well as the unequal impact of HIV on gay men and certain ethnic minorities. The strategy also highlights variations in the quality of sexual health services across the country.

The strategy's key aims and principles are to:

- Reduce the transmission of HIV and STIs
- Reduce the prevalence of undiagnosed HIV and STIs
- Reduce unintended pregnancy rates
- Improve service provision, information and support
- Improve health and social care for people living with HIV
- Reduce the stigma associated with HIV and STIs
- Reduce inequalities in sexual health

In achieving these objectives the strategy gives high priority to HIV prevention for gay men and HIV prevention with African communities, based on epidemiology of STIs and HIV. Other publications support the need for prevention work in these areas.

1. *Making it Count* is the CHAPS (2003) collaborative framework for reducing HIV infection and should become the model for locally commissioned HIV prevention for gay men.
2. *HIV and AIDS in African communities: A framework for better prevention and care* (DH 2004)

The Department of Health published a toolkit for commissioning sexual health services: *“Effective commissioning of sexual health and HIV services: a sexual health and HIV commissioning toolkit for primary care trusts and local authorities,”* (DH 2003). This commissioning toolkit aims to help and support Primary Care Trusts (PCTs) in exploring options for improving local. The London Sexual Health Framework and HIV strategy reinforce these national objectives and sets them within a London context.

Choosing Health: making healthier choices easier (DH 2004)

The Public Health white paper focuses on sexual health as one of five main themes. The government proposes four main work areas on sexual health:

- A new national (with regional elements) safer sex campaign targeted particularly at younger men and women
- Teenage pregnancy
- Modernising sexual health services
- Chlamydia screening to cover whole of England by March 2007

As part of modernising sexual health services, the PCT local delivery plans will include sexual health with new capital and revenue funding.

This will include a focus on:

- By 2008 everyone referred to a GUM clinic should be able to have an appointment within 48 hours
- Accelerated national roll-out of chlamydia screening
- Modernising contraceptive services
- Reduction of STIs (measured using gonorrhoea as an indicator)
- Reaffirmation of the PSA target to reduce teenage conception within the broader strategy to improve sexual health.

Access to termination of pregnancy before 10 weeks gestation.

Appendix Two

Levels of sexual health services (Effective commissioning of sexual health and HIV service. A Sexual Health and HIV Commissioning Toolkit for Primary Care Trusts and Local Authorities, 2003)

Elements of provision

Level one

- Sexual history and risk assessment
- STI testing for women
- Cervical cytology screening and referral
- Assessment and referral of men with STI symptoms
- HIV testing and counselling (with referral pathways)
- Hepatitis B screening and immunization
- Information re STI, safer sex advice and local GU provision
- 1st prescription and continuing supply of oral and injectable contraception
- Emergency oral contraception
- IUD/IUS routine follow-up
- Referral for female sterilisation
- Referral for vasectomy
- Assessment and referral for psychosexual problems
- Counselling/screening for genetic disorders
- Primary investigation of menstrual problems
- Pregnancy testing and appropriate referral
- Estimation of gestation (VE or U/S)
- Referral for antenatal care
- Testicular examination

- Referral for TOP assessment
- Cervical screening and referral for colposcopy for abnormalities post routine screening
- Chlamydia screening (urine) - men and women
- HIV testing and counselling (with referral pathways)
- Testing symptomatic women for STIs
- Sexual abuse- assessment and referral
- First episode herpes- assessment and referral
- Ongoing supply of condoms for safer sex/contraception
- Genital warts - assessment and referral
- Substance misuse history (including IVDU)
- Hepatitis C testing and counselling (with referral pathways)
- Appropriate management of vaginal discharge
- Awareness of local voluntary sector sexual health providers, referrals
- Recognition assessment and onward referral for Female Genital Mutilation
- Diagnoses and treatment of UTIs in men and referral

Level Two

- Investigations and treatment of problems with oral contraceptives
- Problems with choice of contraceptives
- Intrauterine device insertion (IUD) – including emergency insertion
- Diaphragm fitting and follow up
- Contraceptive implant insertion and removal
- Screening asymptomatic men and women for STIs
- Testing symptomatic men for STIs

- Treating sexually transmitted infections
- Treatment of first episode herpes
- Treatment of genital warts and referral
- Tests of cure STIs
- Contact tracing/partner notification
- Management of recurrent herpes, including suppressive treatment and initiation of treatment
- Management of psychosexual problems
- Management of organic sexual dysfunction
- Assessment of TOP (self – referral)
- Vasectomy surgery
- School sexual health provision

Level Three

- Outreach for STI prevention/ contraception services
- Specialist contraception services, e.g. services for people with special needs
- IUD/IUS problem clinics
- Colposcopy and outpatient treatment
- Local co-ordination and back up for sexual assault including forensic sciences
- Specialised HIV services
- Termination of pregnancy services
- Vulval diseases (specialist dermatology services)
- Penile dermatoses (specialist dermatology services)
- Specialist STI services
- STI services for groups with special needs
- Specialised infections management, including co-ordination of partner notification

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