London Borough of Havering

Sexual Health Needs Assessment

Summary Report

September 2024

Introduction

Attainment of good sexual health and wellbeing is dependent on a variety of factors. The ability to access sexual health services for testing and treatment, as well as good-quality information on sexual health and the risk factors and consequences of unprotected sexual activity, combined with a supportive environment, creates a situation conducive to good sexual health. Local Authorities are mandated to secure the provision of open access sexual health services, including for community contraception and the testing, diagnosis and treatment of sexually transmitted infections (STIs) and testing and diagnosis of Human Immunodeficiency Virus (HIV). Residents may attend open access sexual health facilities in any part of the country, without the need for referral.

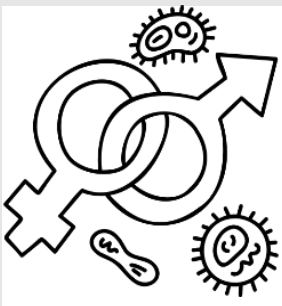
This sexual health needs assessment rovides an analysis of the available information and data gathered to understand the current health needs of the population, how current service provision is meeting those needs, and what gaps exist. Throughout this assessment the impact of Covid-19 on both services and populations is taken into consideration.

With a particular focus on inequalities in health outcomes for vulnerable or higher risk groups, the scope of this needs assessment includes:

- Sexually Transmitted Infections (STIs)
- Conception, Abortion & Maternity
- Teenage Pregnancy
- Contraception

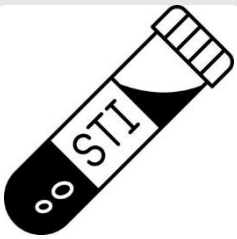
Key Findings

Sexually Transmitted Infections (STIs)



In 2022, Havering's rate of new STI diagnoses, (excluding chlamydia under 25 years), was 372 per 100,000.

This was significantly lower than both:
London: 1,171 per 100,000;
England: 496 per 100,000.



There has been more testing for STIs in Havering, but fewer cases diagnosed.

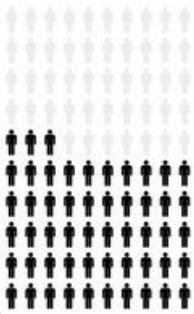
Rates of testing in Havering has increased from 2,500 per 100,000 in 2012 to 3,946 per 100,000 in 2022.

Havering's positivity rate of 5.9% in 2022 was lower than both London (8.8%) and England (7.6%)

STI Diagnostic Rate by infection (per 100,000), 2022	Havering	London	England
Syphilis	6.9	44.9	15.4
Gonorrhoea	104	383	146
Chlamydia Detection Rate (female)	1,606	2,137	2,110
Genital Warts	38.2	80.0	46.1
Genital Herpes	32.8	72.4	44.1

In 2022 there were 382 people known to be living with HIV in Havering.

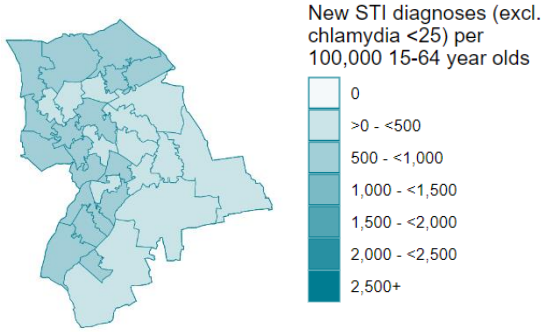
Amongst 15 to 59 year olds, there were 315 people diagnosed with HIV living in Havering in 2022. This is a prevalence rate of 2.08 per 1,000 people, lower than both London (5.29) and England (2.34).

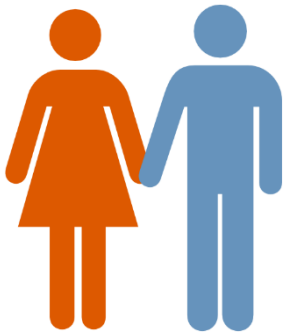


53.7% of people eligible for HIV testing at SRH services undertook an HIV test in Havering in 2022.
In 2022, 8.1% of HIV-negative people accessing specialist SHS in Havering were defined as having HIV pre-exposure prophylaxis (PrEP) need. Amongst those with a PrEP need, 72.6% initiated or continued PrEP,

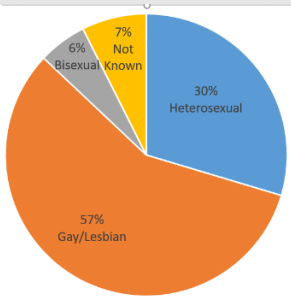
44.8% of Havering people first diagnosed with HIV in the UK were diagnosed late, compared to 39.4% across London. Late diagnosis means the virus has already started to damage the immune system, and white cell count has dropped below 350.

There were higher rates of new STI diagnoses (excluding chlamydia among people under 25 years) in areas of higher deprivation.





In Havering, women were more likely to be diagnosed with an STI at 15 to 24 years; Men were more likely to have a new STI at 25+ years.



57% of diagnoses of Syphilis in Havering during the period 2021-2022 (2 years) were amongst people who identified as Gay/Lesbian,

In 2021, GBMSM men accounted for:
- 45% of all new STI diagnoses (excluding chlamydia) in London
- 84% of those diagnosed with syphilis
- 72% of those diagnosed with gonorrhoea (where gender and sexual orientation is known).

compared to 30% amongst those identifying as heterosexual.

Data for Havering shows that numbers of new STI diagnoses have been increasing amongst GBMSM in recent years.

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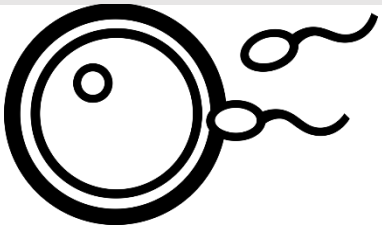
9,156 e-service testing kits were ordered by Havering residents in 2021-22; 76.7% of test kits were returned. Around 52% of all STI tests were conducted via the e-service in 2022. This represents a sustained channel shift from face-to-face clinic services to online services.

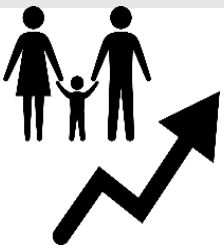
Conception, Abortion and Maternity



Havering's General Fertility Rate (2021) was higher (58.5 per 1,000) than London (52.9 per 1,000) and England (54.3 per 1,000); Havering has the 8th highest GFR out of the London boroughs.

Havering's conception rates (81.3 per 1,000) remain above both London (70.8 per 1,000) and England (71.5 per 1,000) rates

Compared to other North East London boroughs, in 2021 Havering had a lower conception rate than Barking and Dagenham (93.2 per 1,000), but higher than Tower Hamlets (60.1 per 1,000).



According to the 2021 Census, there are now more people of ages likely to have children living in Havering; with 15% growth in 25- to 29-year-olds; 33% growth in 30–34-year-olds and 30% growth in 35 to 39 years olds since 2011'.

There were 1,208 abortions in 2021 in Havering. The total abortion rate in Havering for 2021 was 23.6 per 1,000, higher than both London (20.9 per 1,000) and England (19.2 per 1,000).

Age	% of abortions (2021)
Under 18	3%
18 -19 years	8%
20 – 24 years	22%
25 – 29 years	24%
30 – 34 years	24%
35+ years	19%

89.4% of abortions in Havering in 2021 were under 10 weeks' gestation; 94.1% of these were medical.

In 2022, 40.4% of all live births in Havering were to mothers who were not born in the UK. This is lower than London (58.0%) and higher than England (31.1%).

A greater proportion of women from Global Majority Ethnicities had babies in 2021/22 in Havering compared to the proportion of women from white ethnicities that had babies.

Havering's rate of ectopic pregnancy was 67.0 per 100,000, similar to London (92.2 per 100,000) and England (90.6 per 100,000).

Havering's rate of Pelvic Inflammatory Disease (PID) in 2021-22 was 181.8 per 100,000, similar to London (196.8 per 100,000) and England (224.4 per 100,000).

Teenage Pregnancy

Havering ranked 8th highest in London in 2021 for under 18 conceptions and 12th highest for under 16 conceptions.

In 2021, there were 57 known conceptions to women aged under 18 years[1] and 12 live births in Havering.

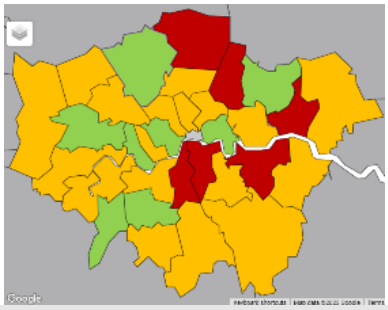
The birth rate for under 18s was 2.6 per 1,000 women, similar to England (3.2 per 1,000) and London (1.9 per 1,000).

In 2021, 33.7% of abortions in women aged under 25 years involved a women who had a previous abortion in any year in Havering (under-25 repeat abortions); this is similar to London (31.6%) and England (29.7%).

In 2021, fewer women aged under 25 years attended specialist contraceptive services in Havering (50.9 per 1,000) than London (102.3 per 1,000) and England (82.6 per 1,000).

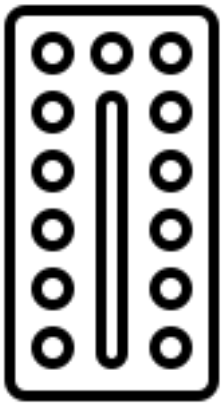
In 2019/20, 0.4% of deliveries in Havering were with teenage mothers, aged between 12 and 17 years. This is better than England (0.6%), but worse than London (0.3%).

Under 18 conception rates per 1,000 benchmarked against London, 2021

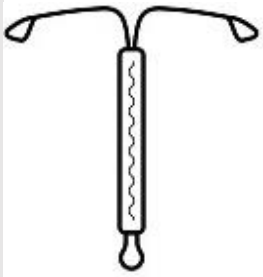


[1] Office for National Statistics, 2021 Quarterly statistics on conceptions to women aged under 18 years

Contraception

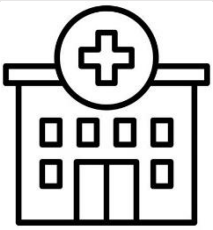


55.7% of Havering women visiting Sexual and Reproductive Health (SRH) services in 2020 chose user-dependent methods, similar to London (55.7%) and England; of these, 48.3% chose short acting hormonal contraception.



Havering's total prescribed rate of Long Acting Reversible Contraception (LARC), including those fitted at either SRH clinics or GP surgeries, was 25.5 per 1,000 in 2021.

This is lower than both London (30.4 per 1,000) and England (41.8 per 1,000.



Main methods of contraception by service (rate per 1,000)

GP Practice	Contraceptive	Sexual Health Clinic
115.7	Combined Short Acting Hormonal	2.5
97.0	Progesterone Pill	4.5
29.7	Injectable	1.0
12.7	LARC	18.0

In 2021, there was a higher rate of LARC fitting at GP surgeries (excluding injections) in Havering (9.0 per 1,000; 13th highest in London), compared to LARC fitting at SRH services (8.3 per 1,000).

In 2021-22, 3,659 condoms were distributed via the C-Card scheme; 79% to males and 21% to females.

Recommendations

Sexually Transmitted Infections (STIs)

Recommendations for STI Testing and Treatment
The health and social care system across NEL is recommended to support local commissioned providers for Havering (BHRUT) to increase access to and availability of sexual health appointments closer to home, e.g. by increasing the number of clinics available, and at locations closer to those with higher need.
Given the efficiency, cost-effectiveness, convenience and privacy of the e-service, it is recommended to promote and increase uptake of SHL e-service, particularly for Gonorrhoea, including increasing test-to-completion rates i.e. ensuring that those who request a test, complete the test and return it for analysis.
Increase engagement with high-risk groups to understand their views about STI screening and elicit potential barriers to testing access and uptake.
Identify barriers for uptake of chlamydia screening in young people and increase overall chlamydia screening rates.
Local commissioners and providers to work together with residents to develop a co-produced action plan to normalise HIV testing when visiting a SRH service and increase rates of HIV testing, particularly to reduce rates of late HIV diagnosis.
In order to help meet the 90-90-90 Fast Track Cities target for HIV, it is recommended that SRH services work to increase the uptake of PrEP in those identified as having a PrEP need.
In order to ensure that local service provision is targeting those most in need, it is recommended that an equity audit of local services is conducted annually to ensure equitable access for higher risk groups.

Conception, Abortion and Maternity

Recommendations for Conception, Abortion and Maternity
Once current workforce pressures are resolved, Sexual and Reproductive Health and Maternity services are recommended to consider whether future staffing levels will be adequate to cope with increasing caseloads where numbers of conceptions are increasing due to population increases.
The increasing age of conception (now 30-34 years) presents a different range of risks, including miscarriage, birth defects, multiple births, high blood pressure, gestational diabetes and difficult labour. Maternity services are recommended to consider how their services may need to take into account these increased risks for older mothers.
Ensure that, as a health and social care system, robust information and advice relating to conception, abortion and maternity is provided in a timely manner, is culturally sensitive and available in a variety of formats and languages across different settings in Havering and across the NEL sector as a whole
Anyone who works in sexual and reproductive health care or is in a position to provide SRH advice (e.g. health and social care professionals, volunteers, teachers etc.) should be able to access appropriate training and be culturally competent to have informed discussions about conception, abortion and maternity.

The NEL ICB system is recommended to develop a network to share existing or create new training opportunities.
Rates of abortion were highest amongst 20- to 24-year-olds in Havering; access to effective contraception is key to preventing pregnancy. It is recommended that a local strategy is developed to shift in method of contraception from user-dependent to Long Acting Reversible Contraception (LARC) (see also recommendations for contraception below).
To reduce rates of repeat abortions, women and people able to get pregnant should be offered advice on and access to contraception following an abortion; in the first instance it is recommended to target this to people aged under 25 years
Termination of a pregnancy through abortion can have various effects on women, varying from physical symptoms and impacts of mental health and thus follow-up support is important. It is recommended that decision-makers and commissioners of services undertake a review of the limited provision of specific follow-up support in Havering and consider co-production of a relevant service with current or potential future service users.

Teenage Pregnancy

Recommendations for Teenage Pregnancy
Although there have been improvements in rates of teenage pregnancy in Havering, it is recommended that an up to date multidisciplinary, collaborative strategy is co-produced with local people in Havering to target resources effectively to those most at risk.
Access to effective contraception is key to reducing unintended pregnancy; it is therefore recommended to work with local young people to ascertain their views of contraception, particularly shifting from user-dependent to long acting reversible contraception (LARC), which is more effective.
Local partners across the multi-disciplinary health and care system, including schools and voluntary sector, to review risk factors associated with teenage pregnancy and understanding of wider determinants of health to explore how needs can be met in these populations; this may be best achieved through training and upskilling of all relevant frontline staff in contact with young people.
As mental wellbeing is a key risk factor in both teenage pregnancy and sexual exploitation, it is recommended for commissioners to consider how to provide support for mental health – work with local partnership groups focusing on mental health for children and young people.
Improve identification of high-risk individuals through closer partnership working between key frontline agencies e.g. schools, youth centres, SRH services, GPs etc and Safeguarding leads.
Improve access to youth-friendly services providing contraception and sexual health advice at locations determined by young people.
It is recommended to capture the voice of young people more frequently and consistently, e.g. via service user feedback, engagement events etc. and ensure this information is shared across relevant partners.
Enhance messaging to young people, parents and families about sexual health and ensure that services available to young people are in locations and at times most suitable to their needs.

SRH services to provide advice and information to schools and Admissions team to ensure that those who are engaged receive information and advice on relationships and sexual health.

Contraception

Recommendations for Contraception
Frontline staff and service commissioners to ensure there is good quality engagement with residents to understand the barriers for accessing sexual health services local to Havering.
Support locally commissioned SRH services to increase access to appointments, particularly seeking opportunities for online appointments, whilst reducing non-attendance.
Increase awareness about the range of contraception options across Havering, targeting engagement to people and areas at higher risk of unplanned pregnancy.
Post-labour ensure that all new mothers receive and understand information about contraceptive choices and its importance in preventing rapid repeat pregnancy.
Develop collaborative targeted approach to improve the uptake of contraception within the young population, particularly utilising statutory RSE education in schools to openly discuss choices available to young people.
Engage young people in Havering to understand their contraceptive choices and identify barriers in accessing alternative and potentially more reliable LARC contraceptive services, particularly those under 25 years old.
C-Card scheme: • Add more venues to C-Card scheme increase access • Switch registration process to online and at outlet • Evidence review to identify effective evidence-based approaches for the delivery of the scheme

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A full report for this needs assessment can be accessed at:
https://www.haveringdata.net/joint-strategic-needs-assessment/