

# Going All the Way

Further Education Sexual Health Needs Assessment

Volume Three: Borough Profiles

A Research Report to the London Sexual Health Programme Board

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Michael Bell Associates

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## 1 THE PICTURE BY BOROUGH

### 1.1 OVERVIEW

In this section we provide Borough profiles that capture the data from:

- Sex & Our City borough data (November 2008)
- the Teenage Pregnancy borough mapping report (August 2008)
- NCB FE Colleges report (October 2008)

In addition, individual Borough Profiles were distributed to stakeholders at the Cooperative Enquiry Workshop on 19 May, 2009 and they were provided with an opportunity to feedback on the accuracy of their Borough Profiles with regards to the current arrangements for sexual health service provisioning.

## 1.2 OUTER NORTH EAST LONDON SECTOR

### LONDON BOROUGH OF BARKING AND DAGENHAM PROFILE

#### Overview<sup>1</sup>

Overall, the health of people in Barking and Dagenham is worse than the England average. For example, deaths from smoking, violent crime, physical activity in both adults and children, obesity in children and healthy eating in adults appear worse than the England average. However road injuries and deaths are better than the England average.

Men from the least deprived areas of Barking and Dagenham can expect to live 3.6 years longer than those from the most deprived areas. Over the last ten years, death rates from all causes, cancer and heart disease & stroke have decreased and have remained above the averages for England. In Barking and Dagenham, over 15,800 children live in poverty, and the teenage pregnancy rate is higher than average and death rates from smoking are higher than the England average.<sup>2</sup>

#### Demographic Profile<sup>3</sup>

##### (i) General

| Age Group Breakdown     | % of Total Population in 2007/08 |
|-------------------------|----------------------------------|
| 0-14                    | 22%                              |
| 15-19                   | 7%                               |
| 20-24                   | 7%                               |
| 25-34                   | 15%                              |
| 35-44                   | 16%                              |
| 45-64                   | 20%                              |
| 65+                     | 13%                              |
| <b>Total Population</b> | <b>165,681 (100%)</b>            |

| Ethnic Breakdown | % of BME Population in 2007/08 |
|------------------|--------------------------------|
| Black African    | 8%                             |
| Black Caribbean  | 3%                             |

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<sup>1</sup> Extracted from London Health Observatory's Barking and Dagenham's Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52428>

<sup>2</sup> Smoking accounts for nearly 300 deaths each year.

<sup>3</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Bangladesh   | 1%         |
| Chinese  | 1%         |
| Indian   | 3%         |
| Pakistani  | 3%         |
| Other  | 13%        |
| <b>Total % of population BME</b><br>(Total Population 169,124) | <b>24%</b> |

The positivity rate of genital chlamydia in 2007-2008 was 6.40% in Barking and Dagenham.<sup>4</sup>

(ii) Teenage Pregnancy<sup>5</sup>

Between 1998 and 2007 the under-18 conception rate has increased by 10%. Barking and Dagenham is an accelerated borough, of which there are 21 in total nationally and 4 in London alone. An accelerated borough is a borough that has had considerable difficulty reducing the conception rate and needs additional support to accelerate the rate of reduction.

There are high levels of deprivation for under-18 conceptions and a high concentration of under-18 conceptions in the south and through the centre of the borough.

There are 4 Community contraceptive clinics that take place once or twice a week each, located through the centre of borough. There is no service provision other than a pharmacy providing EHC in the south of borough where there the highest TP rates are located. There is 1 central GUM service open throughout the week and the opening times of community contraceptive and GUM offers are spread throughout the day and evening. Approximately 50% would be accessible to young people in education.

There are 3 young people's services, each offering a two-hour session each week. Two are located in high conception rate areas in the west of the borough.

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<sup>4</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>5</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

In comparison with other boroughs with similar rates, there is a relatively low level of provision of both community contraceptive and young people specific services. Further development of dedicated young people's services offering both a clinical services and sexual health promotion would be beneficial, as well as extending the condom distribution scheme and distribution of condoms across a range of settings accessed by young people.

|   |                        |
|---|------------------------|
| <b>Barking and Dagenham PCT<sup>6</sup></b>   | <b>Rate (per 1000)</b> |
| <b>Under 18 Year Old Conception Rate<sup>7</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>60.0</b>            |
| <b>Age Standardized Abortion Rate</b><br>per 1,000 female pop. aged 15 - 44, 2008                   | <b>40</b>              |
| <b>% Abortions Women Aged under 25 (2008)</b>   | <b>38</b>              |
| <b>Fertility Rate</b><br>(per 1,000 female pop.aged 15-44, 2006)                                    | <b>84.43</b>           |

|  |    |
|--|----|
| <b>Abortion Rate 2008 - Barking and Dagenham<sup>8</sup></b> |    |
| Under 18   | 29 |
| 18-19  | 72 |
| 20-24  | 68 |
| 25-29  | 56 |
| 30-34  | 41 |

81% of all abortions in Barking and Dagenham occurred between 3-9 weeks gestation, 10% between 10-12 weeks and 8% 13 or more weeks in the term in 2008.

In Barking and Dagenham:

- 31% of school children feel they need better information/advice on SRE<sup>9</sup>
- 69% of school children that think they receive good enough info on SRE
- 32% of school children that worry about -Girlfriends/ boyfriends/ sex

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<sup>6</sup> Sex and Our City Report, p44 .

<sup>7</sup> Teenage Pregnancy Unit, February 2009.

<sup>8</sup> Department of Health Abortion Statistics, 2008.

<sup>9</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

### Action and Response<sup>10</sup>

Within the PCT structure, sexual health sits within commissioning where the Director of Commissioning has overall responsibility. The Head of Public Health and Children's Commissioner leads on sexual health commissioning. 40-50% is dedicated to sexual and reproductive health whereas other responsibilities include maternity, children's services (jointly with the London Borough of Barking & Dagenham) and cancer services (across the outer North East London sector).

The Head of Public Health and Children's Commissioner is also the Lead Commissioner for Chlamydia screening across Waltham Forest, Redbridge and Barking & Dagenham PCTs, and the host commissioner for the newly established integrated sexual health services across Barking & Dagenham, Redbridge and Havering PCTs.

In December 2007 the PCT commissioned a needs assessment reviewing HIV services. This was completed in July 2008. In May 2008 the PCT commissioned a needs assessment on young people's sexual and reproductive health, which was completed in September 2008.

### Commissioning and NEW investment plans for 2008/09

The PCT has specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting. The new integrated sexual health service provides for a hub and spoke model with Levels 1 and 2 STI testing and treatment and Levels 1 and 2 contraceptive and young people's sexual and reproductive health service delivered in a variety of settings. New investment plans for 2008/09 include:

- Contraceptive service at Levels 1 and 2.
- African communities to provide HIV rapid testing (Level 1).
- Local condom distribution scheme (Level 1)

### Sexual Health Strategy

The PCT does not currently have a sexual health strategy. One is currently being written by Health Improvement, in collaboration with the London Borough of Barking & Dagenham. The strategy is being developed in consultation with stakeholders which

include service users, schools, voluntary sector and NHS providers. The strategy is expected to inform the development of service specifications and commissioning intentions.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £1,720,088 which represented 0.63% of the total PCT budget.<sup>11</sup> In 2007/08 Barking and Dagenham PCT spent £14.93 per head of population on sexual health services (including GP contraceptive prescribing).<sup>12</sup>

Detailed service specifications were used for the commissioning of an integrated sexual health service which included the following components: GUM, HIV, reproductive health, sexual health promotion, Chlamydia and gonorrhoea screening, teenage pregnancy. The pan-London Commissioning Guidelines for Abortion Service were also used.

The hosted provider of GUM services at Levels 1, 2 and 3 was **Barking, Havering and Redbridge Hospitals NHS Trust**. In 2008/09 this service will be provided as part of an integrated sexual health service.

In 2007/08 the PCT did not commission any sexual health services provided by GPs outside of the GMS contract.

A LES was in place in 25 pharmacies across the PCT to provide chlamydia and gonorrhoea testing kits (containing self taken swabs or urine sample pots) under the NCSP.

Barking and Dagenham spent a total of £161,678.09 on Contraception prescribing between 2007 and 2008. They do not have a specific formal teenage pregnancy strategy however The Teenage Pregnancy Service is a partnership between the Local Education Authority and Connexions. The service consists of a Teenage Pregnancy Reintegration Officer and a Connexions Personal Adviser. The Teenage Pregnancy Service offers a range of support, advice and information for pregnant teenagers and young parents aged under 18 which includes:

- Helping young people return or continue with education / training
- Find childcare and childcare funding

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<sup>10</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

<sup>11</sup>[http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

- Access health care
- Access the right benefits
- Access housing
- Understanding entitlements

The Teenage Pregnancy Service is co-located within a wider Teenage Pregnancy Team which consists of the Teenage Pregnancy Coordinator, a Project Worker, a Speakeasy Project Worker and an Administrator. This service works closely with [Early Years](#) and the [Family Information Service](#).

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Voluntary sector and GUM
- NCSP and pharmacy
- Contraceptive services and GUM
- GUM and contraceptive services
- NCSP and contraceptive services

## LONDON BOROUGH OF HAVERING PROFILE

### Overview<sup>13</sup>

Overall, the health of people in Havering is better than the England average. However, breastfeeding initiation is lower and fewer adults and children are physically active than in the rest of England. Adult binge drinking, hip fracture in over-65s, childhood tooth decay and smoking in pregnancy appear better than England's average.

There are health inequalities within Havering: Heaton, Gooshays, South Hornchurch and Havering Park are the most deprived wards. Men from the least deprived group can expect to live 4 years longer than those from the most deprived. The number of children eligible for free school meals is lower across all ethnic groups than in the rest of England.

Over the last ten years, overall deaths from all causes, early deaths from cancer and heart disease & stroke have remained similar to the averages for England. There has been an improvement in road injuries and deaths in the past year and Havering is now better than the England average.

### Demographic Profile<sup>14</sup>

#### (i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 18%                   |
| 15-19                   | 7%                    |
| 20-24                   | 6%                    |
| 25-34                   | 12%                   |
| 35-44                   | 15%                   |
| 45-64                   | 26%                   |
| 65+                     | 18%                   |
| <b>Total Population</b> | <b>227,340 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 1%                  |
| Black Caribbean  | 1%                  |

---

<sup>13</sup> Extracted from London Health Observatory's Havering Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52442>

<sup>14</sup> Source: DH GUMAMM data

|  |           |
|--|-----------|
| Bangladesh   | 0%        |
| Chinese  | 0%        |
| Indian   | 1%        |
| Pakistani  | 0%        |
| Other  | 4%        |
| <b>Total % of population BME</b><br>(Total Population 229,024) | <b>6%</b> |

The positivity rate of genital chlamydia in 2007-2008 was 11.50% in Havering.<sup>15</sup>

### (ii) Teenage Pregnancy<sup>16</sup>

Between 1998 and 2007 the under-18 conception rate decreased by 15% in Havering. The north and south of the borough both contain small areas with deprivation areas in the 20% highest. Higher teenage conception rates are also concentrated in those areas, but overall levels for the borough are lower than the London average.

There are eight community contraceptive clinics in the borough, seven of which offer only one session per week. One offers a Saturday clinic. About half of the sessions are available in the afternoon or evening and so would be accessible to young people in education.

There is no GUM service in Havering. There are two young peoples' services, one of which offers a clinical service on some days and information and advice on others. The other service offers a clinical service on one afternoon per week. The community contraceptive service offers pregnancy testing and referral for abortion and ante-natal care. There are no EHC in pharmacy or condom distribution schemes.

|  |                        |
|--|------------------------|
| <b>Havering PCT<sup>17</sup></b>   | <b>Rate (per 1000)</b> |
| <b>Under 18 Year Old Conception Rate<sup>18</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>34.6</b>            |

<sup>15</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>16</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>17</sup> Sex and Our City Report, p44

<sup>18</sup> Teenage Pregnancy Unit, February 2009.

|  |       |
|--|-------|
| Age Standardized Abortion Rate<br>per 1,000 female pop. aged 15 - 44, 2008 | 25    |
| % Abortions Women Aged under 25 (2008)                                     | 32    |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                 | 54.22 |

| Abortion Rate 2008 - Havering <sup>19</sup> |    |
|---|----|
| Under 18                                    | 26 |
| 18-19                                       | 56 |
| 20-24                                       | 43 |
| 25-29                                       | 28 |
| 30-34                                       | 24 |

85% of all abortions in Havering occurred between 3-9 weeks gestation, 8% between 10-12 weeks and 7% 13 or more weeks in the term in 2008.

In Havering:

- 45% of school children feel they need better information/advice on SR<sup>20</sup>
- 55% of school children that think they receive good enough info on SR
- 21% of school children that worry about -Girlfriends/ boyfriends/ sex

### Action and Response<sup>21</sup>

Within the PCT structure, sexual health sits within public health. The Director of Public Health has overall responsibility. The Senior Public Health Commissioner leads on sexual health commissioning. This post is also responsible for joint commissioning across three PCTs for maternity services and smoking cessation services. Sexual health commissioning accounts for 50% of this posts role.

In 2004 the PCT undertook a rapid health impact assessment, the results of which lead to a further review of sexual health services across Havering and Barking and Dagenham

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<sup>19</sup> Department of Health Abortion Statistics, 2008.

<sup>20</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>21</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

PCTs in 2005. Another needs assessment was commissioned as part of the PCT's focus on service development. The results of the review informed commissioning intentions and development of an integrated sexual health service specification for Levels 1, 2, and 3 across Havering, Redbridge, and Barking and Dagenham PCTs.

#### Commissioning and NEW investment plans for 2008/09

The PCT has specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting as a result of the tendering process. New investment plans for 2008/09 include:

- Targeted Contraceptive Services for young people the C Card Scheme and additional LARC are being considered; providers yet to be established
- NCSP additional investment

#### Sexual Health Strategy

The PCT does not currently have a sexual health strategy.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £1,274,811 which represented 0.38% of the total PCT budget.<sup>22</sup> In 2007/08 Havering PCT spent £6.90 per head of population on sexual health services (including GP contraceptive prescribing).<sup>23</sup>

A detailed service specification for an integrated sexual health service providing Levels 1, 2 and 3 was developed and agreed across the three PCTs (Havering, Redbridge, Barking & Dagenham) in 2008. It formed the specification for tender of the service.

The hosted provider of GUM services at Levels 1, 2 and 3 was **Barking, Havering and Redbridge Hospitals NHS Trust, Queen's Hospital**. In 2008/09 this service will be provided as part of an integrated sexual health service. The sole provider of community contraception/family planning services at Levels 1, 2 and 3 was **Havering PCT Provider Services**. In 2008/09 this will become part of the integrated sexual health service.

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<sup>22</sup> Ibid. p. 113.

<sup>23</sup> p44

[http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

In 2007/08 the PCT did not commission any sexual health services provided by GPs outside of the GMS contract, nor did they commission any pharmacy-based services.

Havering spent a total of £289,509.48 on contraception prescribing between 2007 and 2008. Havering has a Teenage Pregnancy Partnership Board which is committed to the following:<sup>24</sup>

- An increase in the use of contraception by teenagers
- Provision of services for sexual health pathways, including contraception and abortion for young people
- Improved STI and GUM services
- The Health Start Scheme for all under 18s
- Funding for an increased capacity of School Nursing Services by 2010
- Continued funding of the Health Schools Co-ordinator post

#### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Voluntary sector and GUM
- Primary care and contraceptive services
- Contraceptive services and GUM
- GUM and contraceptive services

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<sup>24</sup> Extracted from Havering London Borough website, Teenage Pregnancy webpage:  
<http://www.havering.gov.uk/index.aspx?articleid=656>

## LONDON BOROUGH OF REDBRIDGE PROFILE

### 1. Overview<sup>25</sup>

Overall, the health of people in Redbridge is significantly better than the England average. For example, deprivation, violent crime, adult smoking and binge drinking rates are lower than the England average. However, physical activity rates in adults and children are significantly worse.

There are health inequalities within Redbridge by location, level of deprivation, gender and ethnicity. Men from the least deprived group can expect to live 5 years longer than those from the most deprived. The percentage of children in the white and black ethnic groups eligible for free school meals is significantly higher than the England average.

Over the last ten years, death rates from all causes have decreased for men and women in Redbridge and remain below the average for England. Early deaths from heart disease and stroke have fallen over the period and are similar to the England average. Compared to England, Redbridge has significantly higher levels of diabetes diagnoses, but the adult obesity rate is lower than the England average.

### 2. Demographic Profile<sup>26</sup>

#### (i) General

| Age Group Breakdown     | % of Total Population in 2007/08 |
|-------------------------|----------------------------------|
| 0-14                    | 20%                              |
| 15-19                   | 7%                               |
| 20-24                   | 7%                               |
| 25-34                   | 16%                              |
| 35-44                   | 15%                              |
| 45-64                   | 23%                              |
| 65+                     | 13%                              |
| <b>Total Population</b> | <b>251,942 (100%)</b>            |

| Ethnic Breakdown | % of BME Population in 2007/08 |
|------------------|--------------------------------|
| Black African    | 4%                             |

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<sup>25</sup> Extracted from London Health Observatory's Redbridge Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50289>.

<sup>26</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Black Caribbean  | 4%         |
| Bangladesh   | 3%         |
| Chinese  | 1%         |
| Indian   | 16%        |
| Pakistani  | 8%         |
| Other  | 36%        |
| <b>Total % of population BME</b><br>(Total Population 249,131) | <b>45%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 7.20% in Redbridge.<sup>27</sup>

(ii) Teenage Pregnancy<sup>28</sup>

Between 1998 and 2007 the under-18 conception rate has increased by 20% in Redbridge. Teenage conceptions mirror the two main pockets of deprivation in Hainault in the north and Ilford in the south with four additional wards with higher conception rates. However, overall rates are lower than the national average.

There are 3 community contraceptive clinics in Redbridge, one offering 3 sessions, another two session and the third one session each week. There are no services on a Saturday but all offer evening sessions. One is located in Hainault and another in Ilford. There is no GUM service in Redbridge. There are two young peoples' services, both in Ilford. Brook offers two session each week (one on a Saturday afternoon), and Ilformation has one session each week. All clinical services offer pregnancy testing and referral to abortion or ante natal services. There is an EHC in pharmacy scheme with participating pharmacies across the borough. There are two condom distribution points, one in Hainault and the other in Ilford. Both services are open throughout the week.

| Redbridge PCT <sup>29</sup>  | Rate (per 1000) |
|--|-----------------|
| <b>Under 18 Year Old Conception Rate<sup>30</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>31.0</b>     |

<sup>27</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>28</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>29</sup> Sex and Our City Report, p44

<sup>30</sup> Teenage Pregnancy Unit, February 2009.

|  |       |
|--|-------|
| Age Standardized Abortion Rate<br>per 1,000 female pop. aged 15 - 44, 2008 | 27    |
| % Abortions Women Aged under 25 (2008)                                     | 36    |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                 | 71.45 |

|  |    |
|--|----|
| Abortion Rate 2008 - Redbridge <sup>31</sup> |    |
| Under 18                                     | 19 |
| 18-19  | 40 |
| 20-24  | 50 |
| 25-29  | 36 |
| 30-34  | 25 |

82% of all abortions in Redbridge occurred between 3-9 weeks gestation, 10% between 10-12 weeks, and 8% occurred 13 or more weeks in the term in 2008.

In Redbridge:

- 45% of school children feel they need better information/advice on SRE<sup>32</sup>
- 55% of school children that think they receive good enough info on SRE
- 17% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>33</sup>

Within the PCT structure, sexual health sits within Strategy and Planning. The Director of Strategy and Planning has overall responsibility. The Lead Commissioner is yet to be determined in the new PCT structure.<sup>34</sup>

In 2003 the PCT undertook a baseline sexual health service mapping. This was followed in 2005 by a GP sexual health provision survey and a contraception and sexual health needs assessment. In 2006 the PCT undertook a service user consultation exercise and in 2008 a sexual health training needs analysis. The PCT has used findings to develop a detailed

<sup>31</sup> Department of Health Abortion Statistics, 2008.

<sup>32</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>33</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

<sup>34</sup> As of the time of publishing the above document, December 2008.

sexual health service specification for an integrated sexual health service at Levels 1, 2 and 3 which it put out to tender with the new provider in place from August 2008.

#### Commissioning and NEW investment plans for 2008/09

The PCT has specific plans to shift existing activity out of an acute setting. New investment plans for 2008/09 include:

- **Integrated Sexual Health Service** at Levels 1, 2 and 3
- **Community based rapid HIV testing** (Level 1) delivered by the PCT Long Term Conditions Team
- **LES for GPs and pharmacies** to deliver Chlamydia screening

#### Sexual Health Strategy

In 2004 the PCT published a sexual health strategy. The strategy was developed by stakeholders including: service leads for GUM, contraception and HIV, voluntary organizations, agencies and community groups, teenage pregnancy coordinator, Healthy Schools, service user representatives and frontline workers. The strategy is reviewed annually. The PCT has used the strategy to inform the commissioning of an integrated service at Levels 1-3.

In 2007/08 the PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was **£1,536,725** which represented **0.47%** of the total PCT budget.<sup>35</sup> In 2007/08 Redbridge PCT spent **£9.01** per head of population on sexual health services (including GP contraceptive prescribing).<sup>36</sup> Detailed service specifications were used for commissioning the following: abortion and contraception services, including enhanced EHC services with pharmacies, prevention and programmes.

In 2007/08 the hosted provider of GUM services at Levels 1, 2 and 3 was **Barking, Havering and Redbridge NHS Trust**. The sole provider of community contraceptive/family planning services at Levels 1 and 2 was Redbridge Family Planning Service, part of **Redbridge PCT Provider Services**. Brook also provide Level 1 and 2 contraceptive/family planning services. There were collaborative commissioning arrangements between Waltham Forest, Redbridge, and Barking & Dagenham PCTs for the National Chlamydia Screening Programme with Terrence Higgins Trust being the

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<sup>35</sup>[http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

commissioned provider. In 2008/09 the PCT will be commissioning a LES with GPs and pharmacists.

In 2007/08 there was an NES contract for IUD fitting in 16 GP practices across Redbridge. The contract provided EHC in 30 pharmacies. In 2008/09 eligibility for EHC is being extended from women under 19 years old to women under 25.

In 2007/08 Redbridge spent a total of £232,516.97 on contraception prescribing between 2007 and 2008. The borough's Teenage Pregnancy Strategy is merged with the HIV and Sexual Health Strategy, forming a broader Sexual Health and Teenage Pregnancy Strategy Board. Teenage Pregnancy features in the borough's Children and Young People Plan and the Local Area Agreement.<sup>37</sup>

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Community pharmacy and GUM
- Community pharmacy and contraceptive services

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<sup>36</sup>[http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>37</sup>From Redbridge Teenage Pregnancy website:  
<http://www.teenpregredbridge.co.uk/site/about#introduction>

LONDON BOROUGH OF WALTHAM FOREST PROFILE

1. Overview<sup>38</sup>

Overall, the health of people in Waltham Forest is worse than the England average. Rates for physical activity in adults, people diagnosed with diabetes and obesity in children appear worse than the England average. However, breast feeding initiation, adult binge drinking and obesity in adults appear better than the England average. Men from the least deprived areas of Waltham Forest can expect to live 4 years longer than those from the most deprived.

Over the last ten years overall death rates from all causes have been higher than for the rest of England, particularly in men. Early death rates from heart disease have decreased but have remained above the average for England. Early deaths from cancer have recently decreased and are now the same as the national average. Reported cases of violent crime have decreased in the last year, but are still higher than the England average. Since 2007 the rate of infant deaths has risen and is now above the England average.

2. Demographic Profile<sup>39</sup>

(i) General

| Age Group Breakdown     | % of Total Population in 2007/08 |
|-------------------------|----------------------------------|
| 0-14                    | 20%                              |
| 15-19                   | 6%                               |
| 20-24                   | 7%                               |
| 25-34                   | 19%                              |
| 35-44                   | 17%                              |
| 45-64                   | 20%                              |
| 65+                     | 11%                              |
| <b>Total Population</b> | <b>221,747 (100%)</b>            |

| Ethnic Breakdown | % of BME Population in 2007/08 |
|------------------|--------------------------------|
| Black African    | 7%                             |
| Black Caribbean  | 9%                             |

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<sup>38</sup> Extracted from London Health Observatory's Waltham Forest Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50294>

<sup>39</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Bangladesh   | 1%         |
| Chinese  | 1%         |
| Indian   | 4%         |
| Pakistani  | 9%         |
| Other  | 25%        |
| <b>Total % of population BME</b><br>(Total Population 224,715) | <b>40%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 9.10% in Waltham Forest.<sup>40</sup>

### (ii) Teenage Pregnancy<sup>41</sup>

The under-18 conception rate has decreased by 5% from the 1998 baseline to 2007. The centre and north of the borough have the highest levels of deprivation, although teenage pregnancies are more evenly spread, with high levels in the south, north and centre. There are three community contraceptive clinics. One has a range of sessions Monday-Friday, including afternoon and evening sessions and two young people's sessions. The other two clinics offer one session per week each, one in the afternoon and the other in the evening. There are no sessions listed on a Saturday. There is one GUM service, though no opening times are given and access is by appointment only.

There are 3 young people's services. One has drop-in sessions Monday-Thursday where condoms and pregnancy tests are available, and one clinical session each week. The other two services offer one and two clinical sessions per week respectively. Pregnancy testing and referral to abortion or ante natal care is available at the young people's sessions and community contraceptive clinics. During 2007/08 there was no EHC in pharmacy scheme or condom distribution scheme in Waltham Forest.

| Waltham Forest PCT <sup>42</sup>   | Rate (per 1000) |
|--|-----------------|
| <b>Under 18 Year Old Conception Rate<sup>43</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 53.0            |

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<sup>40</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>41</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>42</sup> Sex and Our City Report, p44

<sup>43</sup> Teenage Pregnancy Unit, February 2009.

|  |       |
|--|-------|
| Age Standardized Abortion Rate<br>(per 1,000 female pop. aged 15 - 44, 2008) | 36    |
| % Abortions Women Aged under 25 (2008)                                       | 35    |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                   | 78.69 |

| Abortion Rate 2008 - Waltham Forest <sup>44</sup> |    |
|---|----|
| Under 18  | 30 |
| 18-19   | 65 |
| 20-24   | 68 |
| 25-29   | 49 |
| 30-34   | 26 |

81% of all abortions in Waltham Forest occurred between 3-9 weeks gestation, 10% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

In Waltham Forest:

- 46% of school children feel they need better information/advice on SRE<sup>45</sup>
- 54% of school children that think they receive good enough info on SRE
- 18% of school children worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>46</sup>

Within the PCT structure, sexual health is shared between commissioning and public health. The Director of Public Health has overall responsibility. The Chief Operating Officer is responsible for leading sexual health commissioning.

Waltham Forest PCT has not commissioned a sexual health needs assessment, nor does it have a sexual health strategy.

### Commissioning and NEW investment plans for 2008/09

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<sup>44</sup> Department of Health Abortion Statistics, 2008.

<sup>45</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p154. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>46</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

The PCT has no specific plans to shift existing activity out of an acute setting. New investment plans for 2008/09 include:

- **EHC in pharmacies** (Level 1) the service will be available to all women but will focus on under-25s and will work with under-16s.
- **Increased provision of LARC** the service will be led by the community contraceptive service and will provide training for clinicians in insertion of all methods of LARC including IUCD
- **Community based GU** (Level 3) there is a plan to develop additional GU capacity within the community; to be provided by the current community contraceptive service. The service will initially be located in the current community contraceptive service building with the intention to roll out the service in 2009/10 to additional community locations.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £2,579,532 which represented 0.77% of the total PCT budget.<sup>47</sup> In 2007/08 Waltham Forest PCT spent £13.41 per head of population on sexual health services (including GP contraceptive prescribing).<sup>48</sup>

The hosted provider of GUM services at Levels 1, 2 and 3 was **Whipps Cross Hospital**. The sole provider of community contraceptive/family planning services at Levels 1, 2 and 3 was **Waltham Forest PCT Provider Services**. There were collaborative commissioning arrangements between Waltham Forest, Redbridge, and Barking & Dagenham PCTs for the National Chlamydia Screening Programme. Barking & Dagenham PCT leads the arrangement and the 3 PCTs hold a single contract with the Chlamydia Screening Office with Terrence Higgins Trust being the commissioned provider.

In 2007/08 the PCT did not commission any other sexual health services, nor did it commission any sexual health services provided by GPs outside of the GMS contract. In 2007/08 no pharmacy-based services were commissioned, though in 2008/09 a contract for delivery of EHC is being commissioned.

Waltham Forest spent a total of £253,046.04 on Contraception prescribing between 2007 and 2008. Waltham Forest's Teenage Pregnancy Strategy aspires to prevent unwanted teenage conceptions and to support teenagers and teenage parents. Waltham Forest

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<sup>47</sup>[http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

Council Children's' Department and the PCT jointly lead on local implementation of the Strategy. The Local Authority employs a Teenage Pregnancy Coordinator for the borough within the Integrated Youth Support Service. The Teenage Pregnancy Reintegration Officer works with schools to promote the continuing education of statutory school age girls who are pregnant to ensure equal access to services. This involves working with staff in a number of agencies including social services, midwives, health visitors and the youth support service. The Teenage Pregnancy Reintegration Officer also supports young parents up to the age of 19 in assessing educational/careers advice and activities.<sup>49</sup>

The Teenage Pregnancy Partnership Board undertook a strategy review in 2007/08 which put forth an action plan with the following priorities:

- Further development of accessible, responsive and young people-friendly contraceptive and sexual health services
- Further development of SRE in schools and other education settings
- Targeted preventive work with at-risk young people
- Improved support for teenage parents and parents-to-be
- Improved links to wider strategies to raise aspirations and self-esteem of young people
- Work with parents of young people

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- GUM and contraceptive services
- Primary care and contraceptive services
- NCSP and general practice
- Contraceptive services and GUM
- Voluntary sector and contraceptive services

## 1.3 INNER NORTH EAST LONDON SECTOR

### HACKNEY AND CITY OF LONDON PROFILE<sup>50</sup>

#### 1. Overview<sup>51</sup>

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<sup>48</sup> [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>49</sup> From Waltham Forest Council website, Teenage Parents webpage at:

<http://www.walthamforest.gov.uk/index/education/youth-service/teenage-parents.htm>

<sup>50</sup> As City & Hackney Teaching PCT serves both the City of London and the Borough of Hackney, this profile combines the two boroughs to give an integrated overview of their shared sexual health issues.

Overall, the health of people in Hackney is worse than the England average. For example, deprivation, violent crime, and drug misuse rates are amongst the highest in England. However, smoking in pregnancy, adult obesity and binge drinking rates are significantly lower than the England average.

There are health inequalities within Hackney by location, gender, level of deprivation and ethnicity. Men and women from the least deprived areas can expect to live 3 years longer than those from the most deprived. The percentage of children eligible for free school meals is higher than the England average across all ethnic groups.

Over the last ten years, death rates from all causes in men and women have decreased but remain above the England average for men and close to the England average in women. Early deaths from cancer, and from heart disease and stroke have decreased during this period but remain significantly higher than the England average. Teenage pregnancy and childhood obesity rates remain higher, and the proportions of physically active children and GCSE achievement are lower than the England average. Although the rate of adults who smoke is similar to the England average, the death rate from smoking is higher.

### Demographic Profile<sup>52</sup>

#### (i) General

##### London Borough of Hackney:

| Age Group Breakdown | % of Total Population |
|---------------------|-----------------------|
| 0-14                | 21%                   |
| 15-19               | 6%                    |
| 20-24               | 7%                    |
| 25-34               | 22%                   |
| 35-44               | 18%                   |
| 45-64               | 17%                   |
| 65+                 | 9%                    |
| Total Population    | 208,350 (100%)        |

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<sup>51</sup> Extracted from London Health Observatory's London Borough of Hackney Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50275>. NB there is no LHO health profile for the City of London, so this section only focuses on the Borough of Hackney.

<sup>52</sup> Source: DH GUMAMM data

| Ethnic Breakdown   | % of BME Population |
|--|---------------------|
| Black African  | 12%                 |
| Black Caribbean  | 9%                  |
| Bangladesh   | 3%                  |
| Chinese  | 1%                  |
| Indian   | 4%                  |
| Pakistani  | 1%                  |
| Other  | 20%                 |
| <b>Total % of population BME</b><br>(Total Population 218,144) | <b>41%</b>          |

City of London:

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 9%                    |
| 15-19                   | 3%                    |
| 20-24                   | 6%                    |
| 25-34                   | 24%                   |
| 35-44                   | 18%                   |
| 45-64                   | 28%                   |
| 65+                     | 13%                   |
| <b>Total Population</b> | <b>7,760 (100%)</b>   |

| Ethnic Breakdown   | % of BME Population |
|--|---------------------|
| Black African  | 2%                  |
| Black Caribbean  | 1%                  |
| Bangladesh   | 3%                  |
| Chinese  | 3%                  |
| Indian   | 3%                  |
| Pakistani  | 1%                  |
| Other  | 18%                 |
| <b>Total % of population BME</b><br>(Total Population 9,336) | <b>21%</b>          |

The positivity rate of genital Chlamydia in 2007-2008 was 9.20% in City and Hackney.<sup>53</sup>

#### (ii) Teenage Pregnancy<sup>54</sup>

Between 1998 and 2007 the under-18 conception rate has decreased by 26%. The majority of the Borough is within the 20% most disadvantaged and most wards have high numbers of teenage conceptions. Most conceptions are to young women living in the east and centre of the Borough, with a hotspot to the west as well.

There are 6 community contraceptive clinics located across the Borough, although there is little provision to the east where teenage pregnancy rates and disadvantage are high. Around half of the sessions are at times that would be accessible to young people in education, although there are no Saturday sessions. There is one central GUM service offering sessions Monday-Thursday, around half of which would be accessible to young people in education.

CHYPS plus offers a dedicated young peoples' service Monday-Friday. Choices offers four additional young people's sessions from three settings, covering Monday-Thursday and providing STI screening and contraception. It is not clear if long acting methods of contraception are available at any of the young people's sessions.

Location of services generally matches areas of higher deprivation and higher conception rates, with a concentration of services in Hackney Central and Clapton. All clinical services provide pregnancy testing and referral to abortion or antenatal care. There is a comprehensive scheme for EHC in pharmacies and a comprehensive scheme for condom distribution.

| City & Hackney Teaching PCT <sup>55</sup>  | Rate (per 1000) |
|--|-----------------|
| Under 18 Year Old Conception Rate <sup>56</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 57.1            |
| Age Standardized Abortion Rate   | 34              |

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<sup>53</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>54</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>55</sup> Sex and Our City Report, p44

<sup>56</sup> Teenage Pregnancy Unit, February 2009.

|  |              |
|--|--------------|
| (per 1,000 female pop. aged 15 - 44, 2008)                       |              |
| <b>% Abortions Women Aged under 25 (2008)</b>                    | <b>35</b>    |
| <b>Fertility Rate</b><br>(per 1,000 female pop.aged 15-44, 2006) | <b>62.02</b> |

| <b>Abortion Rate 2008 - City &amp; Hackney Teaching PCT<sup>57</sup></b> |    |
|--|----|
| Under 18   | 32 |
| 18-19  | 49 |
| 20-24  | 61 |
| 25-29  | 42 |
| 30-34  | 30 |

70% of all abortions in City & Hackney occurred between 3-9 weeks gestation, 21% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

In the Borough of Hackney:

- 42% of school children feel they need better information/advice on SR<sup>58</sup>
- 58% of school children that think they receive good enough info on SR
- 12% of school children that worry about -Girlfriends/ boyfriends/ sex

## 2. Action and Response<sup>59</sup>

Within the PCT structure, sexual health is shared between commissioning and public health, with public health sitting within the Commissioning Division. The Director of Public Health has overall responsibility. The Consultant Public Health leads on commissioning with 25-30% of the post being dedicated to sexual health. Other responsibilities of the Consultant Public Health include teenage pregnancy, children and young people, emergency planning, flu pandemic, TB and infection control.

In 2005 the PCT undertook a comprehensive sexual health needs assessment. In 2006 they also conducted a health equity audit of teenage pregnancy and young peoples' sexual

<sup>57</sup> Department of Health Abortion Statistics, 2008.

<sup>58</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>59</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

health. The PCT has used findings to inform local strategies and action plans and as a basis for commissioning.

#### Commissioning and NEW investment plans for 2008/09

The PCT has no specific plans to shift existing activity out of an acute setting but will be commissioning additional and new activity in a non acute setting. New investment plans for 2008/09 include:

- Roll out of near patient HIV testing to at-risk groups. Providers will include the voluntary sector, community sexual health services and GUM.
- Pan-London Clinica contract, nurse-led sexual health services at Level 1 and 2, service specification currently in development.

#### Sexual Health Strategy

In 2008 the PCT published a sexual health strategy. The strategy was developed by stakeholders including: provider representatives - community and acute services, voluntary sector - Positive East, the Learning Trust, Hackney African forum and the local authority. It is due for revision in 2011. The PCT has used the strategy to inform commissioning. The strategy focuses service delivery on national and local priorities and identifies areas requiring additional local investment. The strategy action plan directly influences commissioning activity.

The PCT annual spend on commissioned sexual health services (excluding specialised HIV treatment and care) was £6,838,499 which represented 1.67% of the total PCT budget.<sup>60</sup> In 2007/08 City & Hackney Teaching PCT spent £34.13 per head of population on sexual health services (including GP contraceptive prescribing).<sup>61</sup>

The hosted provider of GUM services at Levels 1, 2 and 3 was the **Department of Sexual Health, Homerton University Hospital Trust**. The sole provider of community contraceptive/family planning services at Levels 1, 2 and 3 was **Community Sexual Health Services, City & Hackney PCT Provider Services**. They also provided STI screening and treatment at levels 1 and 2.

Other commissioned sexual health services in 2007/08 were offered by a number of

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<sup>60</sup> Ibid. p. 89.

providers and included SRE, condom distribution, teenage pregnancy and repeat conceptions. Providers included: Brook London, Terrence Higgins Trust, Family Planning Association, Christopher Winter Project, the Learning Trust, Family Welfare Association, Immediate Theatre, Sky Partnership, City Zen, Hi8us, Homerton University Hospital Trust.

As part of the National Chlamydia Screening Programme, Chlamydia screening is commissioned from community sexual health services, from primary care via a sexual health LES, and from pharmacies via a LES. In 2008/09 there will be an SLA with Homerton University Hospital A&E Department and walk-in centres.

In 2007/08 the PCT had a primary care LES for sexual health services provided by GPs outside the GMS contract. Services were provided by 41 out of 46 practices across City & Hackney at Levels 1 and 2. The PCT had a primary care LES for IUD/contraceptive implant with 29 practices providing services.

A contract with pharmacies provided EHC, Chlamydia/gonorrhoea (dual NAATS) screening (for EHC clients plus partners), treatment for Chlamydia and condom supply in 33 pharmacies across the PCT.

City & Hackney spent a total of £258,806.52 on contraception prescribing between 2007 and 2008. City & Hackney have a Teenage Pregnancy Partnership that brings together local services providers including Homerton Hospital, the PCT, the Council and the Learning Trust, community and voluntary sector providers, and young people. The Teenage Pregnancy Programme is the biggest in the UK and receives the majority of its funding from Team Hackney, the local strategic partnership.<sup>62</sup> In 2008 City & Hackney Teaching PCT won the NHS Institute's **Health and Social Care Award** within the category of Health Inequalities due to the Teenage Pregnancy Strategy's success in closing the gap on conception rates.

The Teenage Pregnancy Programme includes:

- Grants to help young mothers with childcare while they are studying
- Peer mentoring for young people
- One-to-one advice on contraception

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<sup>61</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>62</sup> Extracted from London Borough of Hackney website:  
<http://www.hackney.gov.uk/servapps/newspr/NewsReleaseDetails.aspx?id=765>

- Counselling and other forms of support and advice

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Voluntary sector and GUM
- GUM and contraceptive services
- Community pharmacy and contraceptive services
- NCSP and pharmacy
- Contraceptive services and GUM
- Community pharmacy and GUM
- Primary care and contraceptive services
- NCSP and general practice
- NCSP and GUM

LONDON BOROUGH OF NEWHAM

1. Overview<sup>63</sup>

The health of people in Newham is in general worse than the England average. For example, deprivation, tuberculosis and diabetes diagnosis rates are significantly higher than the England average. However, rates of adult binge drinking and smoking in pregnancy are significantly lower than England overall.

Men and women from the most deprived groups in Newham have a life expectancy four years less than those in the least deprived group. The percentage of children eligible for free school meals is higher than the England average across all ethnic groups.

Over the last ten years, rates of deaths from all causes have decreased but remain above the average for England. Early deaths from cancer and from heart disease and stroke also decreased during this period but remain higher than the England average.

Compared to England, there is a significantly higher rate of childhood poverty, with half of Newham's children living in poverty.

Over the next three years Newham has prioritised:

- Investing in young people;
- Narrowing the health gap;
- Building a safer and better environment and an active and inclusive community for all.

2. Demographic Profile<sup>64</sup>

(i) General

| Age Group Breakdown | % of Total Population in 2007/08 |
|---------------------|----------------------------------|
| 0-14                | 22%                              |
| 15-19               | 7%                               |
| 20-24               | 10%                              |
| 25-34               | 19%                              |
| 35-44               | 16%                              |

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<sup>63</sup> Extracted from London Health Observatory's Newham Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50266>

<sup>64</sup> Source: DH GUMAMM data

|                         |                       |
|-------------------------|-----------------------|
| 45-64                   | 17%                   |
| 65+                     | 8%                    |
| <b>Total Population</b> | <b>248,383 (100%)</b> |

| <b>Ethnic Breakdown</b>  | <b>% of BME Population in 2007/08</b> |
|--|---------------------------------------|
| Black African  | 15%                                   |
| Black Caribbean  | 7%                                    |
| Bangladesh   | 10%                                   |
| Chinese  | 1%                                    |
| Indian   | 12%                                   |
| Pakistani  | 10%                                   |
| Other  | 45%                                   |
| <b>Total % of population BME</b><br>(Total Population 260,124) | <b>67%</b>                            |

The positivity rate of genital Chlamydia in 2007-2008 was 5.70% in Newham.<sup>65</sup>

#### (ii) Teenage Pregnancy<sup>66</sup>

Between 1998 and 2007 the under-18 conception rate has decreased by 25%. However Newham has high levels of disadvantaged area, with the most disadvantaged areas lying in the west and south of the borough and these areas correspond with high teenage pregnancy rate areas. Canning Town is the area with highest numbers of teenage conceptions.

Newham has 5 community contraceptive clinics, most of which offer one session each week, and one which offers sessions on several days. Around half of sessions take place at times accessible to young people. There is one comprehensive GUM service listed. Newham has five young peoples contraception clinic drop in services for those under 24 years old. Community contraceptive clinics and young people's services offer pregnancy testing. 26 Pharmacies in Newham provide EHC and Chlamydia Screening and C Card sign up.

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<sup>65</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>66</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

In addition to pharmacy provision of condoms under the C Card scheme, free condoms are also available from community contraceptive, GUM and young people's clinics and a number of Connexions settings. The scheme is currently being rolled out throughout the Integrated Youth Service.

|  |                        |
|--|------------------------|
| <b>Newham PCT<sup>67</sup></b>   | <b>Rate (per 1000)</b> |
| <b>Under 18 Year Old Conception Rate<sup>68</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>45.0</b>            |
| <b>Age Standardized Abortion Rate</b><br>per 1,000 female pop. aged 15 - 44, 2008                    | <b>30</b>              |
| <b>% Abortions Repeat Women Aged under 25 (2008)</b>   | <b>28</b>              |
| <b>Fertility Rate</b><br>(per 1,000 female pop.aged 15-44, 2006)                                     | <b>89.14</b>           |

|   |    |
|---|----|
| <b>Abortion Rate 2008 - Newham<sup>69</sup></b> |    |
| Under 18  | 21 |
| 18-19   | 51 |
| 20-24   | 49 |
| 25-29   | 42 |
| 30-34   | 29 |

68% of all abortions in Newham occurred between 3-9 weeks gestation, 18% between 10-12 weeks and 14% 13 or more weeks in the term in 2008. In Newham:

- 46% of school children feel they need better information/advice on SRE<sup>70</sup>
- 54% of school children that think they receive good enough info on SRE
- 18% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>71</sup>

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<sup>67</sup> Sex and Our City Report, p44

<sup>68</sup> Teenage Pregnancy Unit, February 2009.

<sup>69</sup> Department of Health Abortion Statistics, 2008.

<sup>70</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>71</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

Within the PCT structure, sexual health sits within public health. The Director of Public Health has overall responsibility. The Associate Director for Specialist Commissioning leads on sexual health commissioning. 50% of the post is devoted to sexual health. Other commissioning responsibilities include children, young people and London Borough of Newham. In addition this post leads integrated commissioning across the local authority for young people, sexual health services and teenage pregnancy.

In 2006 the PCT undertook a rapid **sexual health needs assessment** which was followed by other epidemiological work and needs assessment in 2007. The PCT has used the findings to develop plans and new developments for commissioning.

In 2006 the PCT published a **sexual health strategy**. The strategy was developed by stakeholders including:

- GPs
- The acute trust
- Voluntary organisations
- Newham Youth Parliament
- Connexions.

The strategy was revised in 2008. The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £4,317,074 which represented 0.97% of the total PCT budget.

Detailed service specifications were used for the commissioning the following:

- GUM services
- Abortion services
- Chlamydia screening
- Teenage pregnancy
- Contraceptive services.

The hosted provider of GUM services in 2007/08 was **Newham University Hospital**, at Levels 1, 2 and 3. The sole provider of community contraceptive / family planning services at Levels 1 and 2 was Newham Family Planning Service, part of **Newham PCT Provider services**.

The Teenage Pregnancy Team, hosted by the London Borough of Newham including

Young Peoples Sexual Health services (provided by Newham PCT Provider Arm) delivered Level 1 contraceptive / family planning services and Level 1 STI testing and treatment services for young people.

Newham PCT Provider Services manage the Chlamydia Screening Office. The PCT has a contract with Barts and The London NHS Trust to provide laboratory services. Provider Services coordinated the programme, screening, treatment and partner notifications. The Terrence Higgins Trust provided screening as did some pharmacies. In 2008/09 there will be an increased contract with THT, chlamydia screening within abortion contracts and remuneration for GPs.

The PCT engaged with its providers via a multi agency sexual health steering group which met every 6 weeks, with representatives from GUM, GPSI, contraceptive services, pharmacists, voluntary organisations, teenage pregnancy programme. There are 5 working sub groups - teenage pregnancy (meets monthly), Chlamydia (meets 3 weekly), prevention (just started, African HIV prevention steering group (meets 6 weekly), contraception (meets infrequently).

#### **Referral pathways**

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Contraceptive services and GUM
- Primary care and contraceptive services
- Community pharmacy and contraceptive services
- NCSP and contraceptive services
- NCSP and general practice
- NCSP and pharmacy
- NCSP and GUM
- Voluntary sector and NCSP

#### **Commissioning and NEW investment plans for 2008/09**

The PCT has specific plans to shift existing activity out of an acute setting. New investment plans for 2008/09 include Community based rapid HIV testing.

## LONDON BOROUGH OF TOWER HAMLETS PROFILE

### 1. Overview<sup>72</sup>

Overall, the health of people in Tower Hamlets is worse than the England average. For example, childhood poverty appears to be the worst in England, and childhood obesity rates are worse than the England average. However smoking in pregnancy and breast feeding rates are better than the England average, and GCSE achievement has improved in the last year and is nearing the England average.

There are health inequalities within Tower Hamlets by location, gender, level of deprivation and ethnicity with the majority of wards falling within the most deprived fifth of areas in England. Men from each deprivation group have five years shorter life expectancy than women. There are a greater number of children eligible for free school meals in all ethnic groups compared to the England average.

Over the last ten years, death rates from all causes, early deaths from cancer and heart disease & stroke have decreased in Tower Hamlets but still remain higher than the England average. In Tower Hamlets the rate of tuberculosis is four times the England average.

### 2. Demographic Profile<sup>73</sup>

#### (i) General

| Age Group Breakdown | % of Total Population |
|---------------------|-----------------------|
| 0-14                | 20%                   |
| 15-19               | 6%                    |
| 20-24               | 9%                    |
| 25-34               | 28%                   |
| 35-44               | 16%                   |
| 45-64               | 14%                   |
| 65+                 | 8%                    |
| Total Population    | 212,804 (100%)        |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
|------------------|---------------------|

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<sup>72</sup> Extracted from London Health Observatory's Tower Hamlets Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52428>

<sup>73</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Black African  | 3%         |
| Black Caribbean  | 2%         |
| Bangladesh   | 33%        |
| Chinese  | 3%         |
| Indian   | 2%         |
| Pakistani  | 1%         |
| Other  | 44%        |
| <b>Total % of population BME</b><br>(Total Population 223,275) | <b>49%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 3.10% in Tower Hamlets.<sup>74</sup>

#### (ii) Teenage Pregnancy<sup>75</sup>

Between 1998 and 2007 the under-18 conception rate fell by 21% in Tower Hamlets. Tower Hamlets is deprived as a whole; all wards have 20% most disadvantaged super-output areas, and some wards fall entirely into this category. Conception rates are generally lower than would be expected given the levels of deprivation, and are fairly evenly spread across the borough, with the far west and area closest to the river having the lowest rates.

There are two sexual and reproductive health clinics listed, both of which are open Monday-Friday; only one of them is open in the late afternoon and evenings.

There are 8 community contraceptive clinics located across the borough. Between them there are four sessions offered specifically for young people each week covering Monday, Tuesday, Wednesday and Saturday. All community contraceptive clinics and young peoples' services offer pregnancy testing and referral for abortion or ante natal care. There is a comprehensive condom distribution scheme with 26 distribution points.

Further provision of long acting methods of contraception at all sessions accessed by young people would be beneficial. Improving the timing of sexual and reproductive

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<sup>74</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>75</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

health service sessions would allow more young people to access a wider choice of sessions.

| Tower Hamlets PCT <sup>76</sup>  | Rate (per 1000) |
|--|-----------------|
| Under 18 Year Old Conception Rate <sup>77</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 45.8            |
| Age Standardized Abortion Rate<br>per 1,000 female pop. aged 15 - 44, 2008                     | 24              |
| % Abortions Repeat Women Aged under 25 (2008)  | 27              |
| Fertility Rate<br>(per 1,000 female pop.aged 15-44, 2006)                                      | 69.53           |

| Abortion Rate 2008 - Tower Hamlets <sup>78</sup> |    |
|--|----|
| Under 18   | 18 |
| 18-19  | 53 |
| 20-24  | 46 |
| 25-29  | 31 |
| 30-34  | 19 |

79% of all abortions in Tower Hamlets occurred between 3-9 weeks gestation, 14% between 10-12 weeks and 8% 13 or more weeks in the term in 2008. In Tower Hamlets:

- 43% of school children feel they need better information/advice on SR<sup>79</sup>
- 57% of school children that think they receive good enough info on SR
- 11% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>80</sup>

Within the PCT structure, sexual health sits between Commissioning and Public Health. The Directors of Strategic Commissioning and Public Health have overall responsibility. The Associate Director of Public Health, the Associate Director of Primary Care

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<sup>76</sup> Sex and Our City Report, p44

<sup>77</sup> Teenage Pregnancy Unit, February 2009.

<sup>78</sup> Department of Health Abortion Statistics, 2008.

<sup>79</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>80</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

Commissioning and the Sexual Health Commissioner lead on sexual health commissioning.

The Associate Director of Public Health is the lead for joint commissioning arrangements for laboratory/IT services for the NCSP for Tower Hamlets and Newham PCTs. There were joint commissioning arrangements for HIV prevention between Newham and Tower Hamlets PCTs, which Tower Hamlets lead.

In early 2008 the PCT commissioned a rapid sexual health needs assessment as part of the foundation phase of implementing the local sexual health strategy. There was also an audit of the GP sexual health LES in 2008. The PCT will use findings to draw up a specification for community based sexual health services and determine where services should be located and the training and development needs of primary care.

#### **Commissioning and NEW investment plans for 2008/09**

The PCT has no specific plans to shift existing activity out of an acute setting.. New investment plans for 2008/09 include:

- **Eastside Community Project** providing Levels 1 and 2 services to young people in E3
- **Teenage Pregnancy Project** providing individualized packages to young women
- **Chariots Sauna Project** pilot for STI outreach screening for MSM
- **HIV Point of Care Testing**
- **Sexual Health Implementation Programme** 2 year programme to facilitate and help implement the sexual health strategy including needs assessments via a service improvement manager

#### **Sexual Health Strategy**

In 2007 the PCT published a Sexual Health Strategy. The strategy was developed in consultation with stakeholders including GPs, voluntary sector and NHS providers. The strategy is due to be revised in 2012.

The PCT has used the strategy to inform commissioning. The 5 year plan states specific time frames for delivery which facilitate commissioning to achieve them, for example all GPs will deliver Level 1 services by 2009 resulting in development of a sexual health LES and commissioning of STIF courses with clinical placements. The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV

treatment and care) was £8,298,653 which represented 2.02% of the total PCT budget.<sup>81</sup> In 2007/08 Tower Hamlets PCT spent £40.47 per head of population on sexual health services (including GP contraceptive prescribing).<sup>82</sup>

Detailed service specifications were used for the commissioning of NCSP, HIV prevention, Young People's Sexual Health Clinics, Chlamydia/sexual health LES.

The hosted provider of GUM services at Levels 1, 2 and 3 was **Barts and the London NHS Trust**.

In 2007/08 the PCT had a sexual health LES (Levels 1 & 2) based on capped activity levels (minimum and maximum) with 27 practices in Tower Hamlets. The PCT had a Chlamydia LES for screening based on cost per case basis with 20 practices across Tower Hamlets.

The enhanced services contract provided emergency contraception in 32 out of 43 community pharmacies. Some pharmacies provided additional Chlamydia screening under contract with the WYPS. In 2008/09 the PCT plans to spread where possible the EHC scheme to pharmacies.

Tower Hamlets spent a total of £161,678.09 on contraception prescribing between 2007 and 2008. Tower Hamlets has three areas of activity which are concerned with teenage pregnancy: Tower Hamlets Teenage Pregnancy Strategy Action Plan, Tower Hamlets Sex & Relationship Education Guidance, and Tower Hamlets Through Education Team. The Teenage Pregnancy Strategy Action Plan is a multi-agency plan setting out local actions to meet the strategic objectives for teenage pregnancy under each of the five Every Child Matters outcomes. The Sex and Relationship Education Guidance is meant to support the standardization of Sex and Relationship Education (SRE) throughout the borough and to clarify school responsibilities for statutory and non-statutory guidance. The Tower Hamlets Through Education Team provides support to schools and PRUs to maintain National Healthy School Status, including support in providing SRE.<sup>83</sup>

## Referral pathways

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<sup>81</sup> Ibid. p.

<sup>82</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>83</sup> Extracted from: [www.towerhamlets.gov.uk/idoc.ashx?docid=e10c05ce-4115-4ea9-9f98-8544b1c8ee10&version=-1](http://www.towerhamlets.gov.uk/idoc.ashx?docid=e10c05ce-4115-4ea9-9f98-8544b1c8ee10&version=-1)

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Community pharmacy and GUM
- Primary care & contraceptive services
- Voluntary sector & contraceptive services
- NCSP and general practice
- NCSP and GUM
- Contraceptive services and GUM
- Voluntary sector and GUM
- Community pharmacy & contraceptive services
- NCSP and contraceptive services
- NCSP and pharmacy
- Voluntary sector and NCSP

## 1.4 SOUTH WEST LONDON SECTOR

### LONDON BOROUGH OF CROYDON PROFILE

#### Overview<sup>84</sup>

Overall, the health of people in Croydon is close to the England average. However rates of child poverty, teenage pregnancy and obese children are significantly worse than the England average. Male life expectancy is better than the England average.

There are health inequalities within Croydon by location, gender, income and ethnicity. Men from the least deprived areas can expect to live 7 years longer than those from the most deprived, and women from the least deprived areas outlive their counterparts in the most deprived areas by over 4 years. Over the last ten years death rates from all causes have decreased for both men and women in Croydon. For men it is below the England average, while for women it is about the same.

There is less deprivation in Croydon than in England overall and rates for smoking in pregnancy and breastfeeding initiation are also better than England. However, the rate for under-15s 'not in good health' is higher in Croydon and rates of people diagnosed with diabetes are worse than the England average. As a result of issues identified in the PCT's Annual Public Health Report, Croydon has committed significant investment in children and young people throughout the Local Area Agreement.

#### Demographic Profile<sup>85</sup>

##### (i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 19%                   |
| 15-19                   | 7%                    |
| 20-24                   | 6%                    |
| 25-34                   | 15%                   |
| 35-44                   | 17%                   |
| 45-64                   | 23%                   |
| 65+                     | 13%                   |
| <b>Total Population</b> | <b>336,966 (100%)</b> |

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<sup>84</sup> Extracted from London Health Observatory's Croydon Health Profile 2008, accessed at [http://www.apho.org.uk/resource/view.aspx?QN=HP\\_RESULTS&GEOGRAPHY=AH](http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=AH)

| Ethnic Breakdown   | % of BME Population |
|--|---------------------|
| Black African  | 6%                  |
| Black Caribbean  | 9%                  |
| Bangladesh   | 1%                  |
| Chinese  | 1%                  |
| Indian   | 8%                  |
| Pakistani  | 3%                  |
| Other  | 22%                 |
| <b>Total % of population BME</b><br>(Total Population 337,187) | <b>38%</b>          |

The positivity rate of genital Chlamydia in 2007-2008 was 9.90% in Croydon.<sup>86</sup>

(ii) Teenage Pregnancy<sup>87</sup>

Between 1998 and 2007 the under-18 conception rate decreased by 8% in Croydon. Croydon is an accelerated borough, of which there are 21 nationally and 4 in London. An accelerated borough is a borough that has had considerable difficulty reducing the conception rate and needs additional support to accelerate the rate of reduction.

Teenage pregnancies are concentrated in the north and south of the borough. While there is some overlap with areas of disadvantage, considerably more of the borough has high teenage pregnancy rates than is in the 20% most disadvantaged areas. The wards in the north with the highest conception rates have no services listed.

There are 2 services offering the full range of contraception and STI testing in Croydon. Both have limited clinic times that are mostly during the day and may be difficult for young people in education to attend. The details of one GUM service are given, though it is located out of borough with only evening sessions. There are 7 young people specific services, some of which are part of broader community contraceptive services. All have one or two sessions per week at times accessible to young people in education. A number

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<sup>85</sup> Source: DH GUMAMM data

<sup>86</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>87</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

of the services are concentrated in one area, near to a college. There is a small EHC in pharmacy scheme and limited condom distribution.

In comparison with other boroughs with similar rates, Croydon has a relatively high level of provision of young people specific services. However, increasing the number of afternoon and evening sessions at sexual and reproductive health services would be beneficial to young people. Additionally, expansion of the condom distribution scheme and the EHC in pharmacy scheme, particularly in higher rate areas, would be beneficial.

| Croydon PCT <sup>88</sup>  | Rate (per 1000) |
|--|-----------------|
| Under 18 Year Old Conception Rate <sup>89</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 54.6            |
| Age Standardized Abortion Rate<br>per 1,000 female pop. aged 15 - 44, 2008                     | 32              |
| % Abortions Repeat Women Aged under 25 (2008)  | 35              |
| Fertility Rate<br>(per 1,000 female pop.aged 15-44, 2006)                                      | 66.33           |

| Abortion Rate 2008 - Croydon <sup>90</sup> |    |
|--|----|
| Under 18                                   | 29 |
| 18-19                                      | 60 |
| 20-24                                      | 55 |
| 25-29                                      | 40 |
| 30-34                                      | 30 |

81% of all abortions in Croydon occurred between 3-9 weeks gestation, 11% between 10-12 weeks and 8% 13 or more weeks in the term in 2008.

#### Action and Response<sup>91</sup>

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<sup>88</sup> Sex and Our City Report, p44

<sup>89</sup> Teenage Pregnancy Unit, February 2009.

<sup>90</sup> Department of Health Abortion Statistics, 2008.

<sup>91</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

Within the PCT structure, responsibility for sexual health is shared between commissioning and public health. The Director of Public Health has overall responsibility but commissioning leads are based within the Strategic Commissioning and Primary Care Commissioning Directorates. The Head of Acute Commissioning leads on sexual health commissioning and is the Coordinating Commissioner for the Mayday Hospital SLA. 5% of the post's time is dedicated to sexual health.

In early 2008 the PCT undertook a service targeted sexual health needs assessment focused on contraceptive services. The PCT planned for a rapid needs assessment in late 2008 to complement findings from the contraceptive needs assessment and the pan-London sexual health service mapping and needs assessment.

#### **Commissioning and NEW investment plans for 2008/09**

The PCT has no specific plans to shift existing activity out of an acute setting or to commission additional and new activity in a non acute setting. New investment plans for 2008/09 include:

- Community Outreach Service
- Health promotion
- Level 1 services targeting vulnerable young people

#### **Sexual Health Strategy**

The PCT does not currently have a sexual health strategy. One will be developed throughout 2008/09.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £4,738,056 which represented 1.06% of the total PCT budget.<sup>92</sup> In 2007/08 Croydon PCT spent £15.99 per head of population on sexual health services (including GP contraceptive prescribing).<sup>93</sup>

Detailed service specifications were used for the commissioning of GUM services, contraceptive services and abortion services.

The hosted provider of GUM services at Levels 1, 2 and 3 were **Mayday Hospital** and

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<sup>92</sup> Ibid.

<sup>93</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

**Kings College Hospital.**<sup>94</sup> The sole provider of community contraceptive/family planning at levels 1, 2, and 3 was **Croydon PCT Provider Services**. This provider also undertook Chlamydia screenings and in 2008/09 will receive increased spending for LARCs and to deliver Chlamydia screening and treatment including in outreach settings.

Abortion services were provided by **Marie Stopes International** and **Mayday Hospital**. Croydon PCT participates in the **National Chlamydia Screening Programme** through collaborative commissioning arrangements with 4 other South West London PCTs including Kingston, Wandsworth, Sutton & Merton, and Richmond & Twickenham. The 5 PCTs hold a single contract with the Chlamydia Screening Office and a single laboratory contract that is managed via the SW London Collaborative Commissioning Group.

In 2007/08 sexual health services provided by GPs outside of the GMS contract were delivered by an NES contract for insertion of intrauterine devices (level 2) with 39 practices; a DES contract for implant insertion and removal (level 2) which was part of the minor surgery DES with 10 practices.

A LES was in place in 9 pharmacies across the PCT to provide emergency hormonal contraception (level 1) to under-19 year olds.

Croydon spent a total of £393,990.22 on contraception prescribing between 2007 and 2008. Croydon has a multi-agency Teenage Pregnancy Strategy Partnership Board that is responsible for the development, implementation and monitoring of the local Teenage Pregnancy Strategy. The key aims of the Croydon teenage pregnancy strategy<sup>95</sup> are to:

- Provide local guidance, training, advice and support to enable all schools and youth services to develop and improve sex and relationship education to young people in line with national guidance and requirements;
- Develop a range of sexual health services for young people which meet best practice standards, and which are widely known about by young people;
- Develop targeted prevention programmes to reduce exclusion and disadvantage for socially excluded young people;
- Improve the health, education and life chances of pregnant teenagers and teenage parents and their children by co-ordinating and improving support from

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<sup>94</sup> The spend with Kings College Hospital is an historical anomaly forming part of the PCT's block contract with Kings.

<sup>95</sup> Extracted from: <http://www.croydon.gov.uk/education/teenagepregnancy/>

the antenatal through to the post-natal period, and increasing opportunities for education, employment and training;

- Involve young people in service developments & reviewing and evaluating services.

#### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Community pharmacy and GUM
- Voluntary sector and GUM
- Community pharmacy and contraceptive services
- NCSP and contraceptive services
- NCSP and pharmacy
- NCSP and general practice
- NCSP and GUM

ROYAL BOROUGH OF KINGSTON UPON THAMES

1. Overview<sup>96</sup>

Overall, the health of people in Kingston is better than the England average. For example obesity in children and adults, deaths from smoking, smoking in pregnancy and drug misuse are better than the England average. However, physical activity in children appears worse than the England average and the proportion of children eligible for free school meals is significantly higher in the 'Black' ethnic group than other ethnic groups; and men from the least deprived areas can expect to live four years longer than those in the most deprived areas.

In Kingston over the last ten years, rates of deaths from all causes have decreased for both men and women and have remained below the averages for England. The estimated proportion of binge drinking in adults is significantly lower than the England average. Although the estimated proportion of adult smokers is similar to the England average, smoking continues to kill around 180 people each year. Priorities for action in the Local Area Agreement for Kingston are tackling chlamydia rates in those under 25 years old, smoking prevalence and circulatory diseases.

The PCT public health priorities include:

- Reducing obesity
- Reducing alcohol-related harm
- Increased community development.

2. Demographic Profile<sup>97</sup>

(i) General

| Age Group Breakdown | % of Total Population in 2007/08 |
|---------------------|----------------------------------|
| 0-14                | 17%                              |
| 15-19               | 6%                               |
| 20-24               | 8%                               |
| 25-34               | 18%                              |
| 35-44               | 17%                              |
| 45-64               | 22%                              |

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<sup>96</sup> Extracted from London Health Observatory's Kingston Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50266>

<sup>97</sup> Source: DH GUMAMM data

|                         |                |
|-------------------------|----------------|
| 65+                     | 12%            |
| <b>Total Population</b> | <b>155,917</b> |

| Ethnic Breakdown   | % of BME Population in 2007/08 |
|--|--------------------------------|
| Black African  | 1%                             |
| Black Caribbean  | 1%                             |
| Bangladesh   | 0%                             |
| Chinese  | 2%                             |
| Indian   | 4%                             |
| Pakistani  | 2%                             |
| Other  | 19%                            |
| <b>Total % of population BME</b><br>(Total Population 153,988) | <b>21%</b>                     |

The positivity rate of genital Chlamydia in 2007-2008 was 5.20% in Kingston upon Thames.<sup>98</sup>

#### (ii) Teenage Pregnancy<sup>99</sup>

Between 1998 and 2007 the under-18 conception rate decreased by 25% in Kingston. Kingston has only one super-output area which counts among the 20% most disadvantaged in the country; the ward in which it is situated and the one adjacent to it are also teenage pregnancy hot-spots. There is one other ward, in the far south of the borough which has higher teenage pregnancy rates.

Three community contraceptive clinics are listed, all of which have sessions taking place in the evening. Two are located in the hot-spot wards and one to the south of it.

One GUM clinic is listed, which offers a good range of both walk-in and appointment only clinics at different times of the day.

Five young people's services are listed, all of which are all located in or around the hot-

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<sup>98</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>99</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

spot areas. All community contraceptive clinics and young people's services offer pregnancy testing and referral for abortion or ante natal care.

There is a condom distribution scheme with sites across the borough.

There is a small EHC in pharmacy scheme with only two participating pharmacies. One of these is in the hot-spot area.

| Kingston upon Thames PCT <sup>100</sup>   | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>101</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 23.2            |
| Age Standardized Abortion Rate<br>per 1,000 female pop. aged 15 - 44, 2008                      | 18              |
| % Abortions Repeat Women Aged under 25 (2008)   | 27              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 51.63           |

| Abortion Rate 2008 - Kingston upon Thames <sup>102</sup> |    |
|--|----|
| Under 18   | 16 |
| 18-19  | 39 |
| 20-24  | 31 |
| 25-29  | 19 |
| 30-34  | 15 |

81% of all abortions in Kingston occurred between 3-9 weeks gestation, 10% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

### 3. Action and Response<sup>103</sup>

Within the PCT structure, responsibility for sexual health is shared between commissioning and public health. The Director of Performance has overall responsibility for commissioning, and also leads on sexual health. This post oversees commissioning for acute, community, mental health and primary care.

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<sup>100</sup> Sex and Our City Report, p44

<sup>101</sup> Teenage Pregnancy Unit, February 2009.

<sup>102</sup> Department of Health Abortion Statistics, 2008.

Only 3% of the post's time is dedicated to sexual health. Kingston PCT is the lead commissioner for the South West London Chlamydia Screening Programme.

In July 2007 a comprehensive sexual health appraisal was undertaken. This was undertaken with various services including GUM, contraception, chlamydia screening and young people's sexual health. Following this the PCT commissioned a comprehensive sexual health needs assessment which was completed in 2008.

A **Joint Strategic Needs Assessment** was also completed in October 2008. The PCT currently has a **draft sexual health strategy** in place and the following will be consulted to inform its further development:

- Sexual health commissioner
- Public health consultant
- GUM consultant
- Contraceptive medical lead
- Community contraception medical staff
- Contraception lead nurse
- Community contraception nursing staff
- Permanent integrated services manager
- Services manager
- PCT PEC representative or GP sexual health clinical champion
- Associate director (Children and Families Director)
- Teenage pregnancy co-ordinator and members of the TP task group
- Local authority lead (strategic manager of youth offending team, Connexions, youth service)
- Relevant LA stakeholders (operational), voluntary organisation representatives (African Positive Outlook and anyone that the PCT has prospective SLAs with e.g. Brook, THT).

The PCT intend to use to the strategy as a basis for commissioning via development of a three-3 tiered integrated service model.

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<sup>103</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

### **Sexual health services commissioned in 2007/08**

The PCT annual spend on commissioned sexual health services (excluding specialised HIV treatment and care) was £1,580,214, which represented 0.75% of the total acute PCT budget.

The hosted provider was Kingston Hospital NHS Trust which delivered services at Levels 1, 2 and 3. The sole provider of community contraceptive / family planning services at Levels 1 and 2 was Kingston PCT Provider Services (Hawks Road Clinic).

### **Abortion services**

The sole provider was British Pregnancy Advisory Service with a contract based on cost and volume. In 2008/09 chlamydia screening has also been offered, and the pan-London service specification for abortion services will be adopted.

### **National Chlamydia Screening Programme**

There were collaborative commissioning arrangements between South West London PCTs (Merton, Sutton, Wandsworth, Croydon, Kingston and Richmond), which commissioned one Chlamydia Screening Office. Kingston PCT was the lead commissioner.

In Kingston PCT the NCSP provider was outreach commissioned from Brook London and the KU19 service, provided by Kingston PCT Provider Services.

The PCT engaged with its providers via the Kingston Sexual Health and HIV Partnership Group (strategy group) which met quarterly, the South West London Sexual Health Implementation Group (for programme leads, network leads, and commissioner leads) which met quarterly.

### **Referral pathways**

- Primary care and GUM
- Contraceptive services and GUM
- Community pharmacy and GUM
- Voluntary sector and GUM
- GUM and contraceptive services
- Primary care and contraceptive services
- Community pharmacy and contraceptive services
- Voluntary sector and contraceptive services
- NCSP and contraceptive services

- NCSP and general practice
- NCSP and GUM
- Voluntary sector and NCSP
- Clinical network

**New investment plans for 2008/09 include**

Sexual Health Promotion Specialist post - to lead on setting up sexual health Levels 1,2, and 3 services in community based sites and schools. Public Health Nurse (sexual health) - Development of roles and responsibilities currently being developed between public health and the provider services - to interface with community sexual health young peoples' nurse.

## LONDON BOROUGH OF MERTON AND SUTTON<sup>104</sup>

### 1. Merton Overview<sup>105</sup>

Generally, the health of people in Merton is better than the England average. Life expectancy in both males and females is higher than England as a whole and death rates from smoking and early deaths from cancer are lower. Life expectancy in men from the most deprived areas is 3 years lower than those from the least deprived areas of Merton. Over the past ten years, the rate of deaths from all causes has fallen for both men and women, and is below average for England. The rates of early deaths from heart disease, stroke and cancer have also fallen.

Adults in Merton appear to lead relatively healthy lives. Estimated smoking, binge drinking and obesity rates are lower than England as a whole however GCSE achievement and the proportion of children classified as obese are worse than average. The Merton Local Area Agreement has prioritized:

- Addressing inequalities in health and education
- Improving uptake of physical activity
- Reducing obesity in children
- Reducing smoking
- Reducing alcohol-related harm
- Increasing choice and control for service users and carers.

### 2. Sutton Overview<sup>106</sup>

Generally, the health of people in Sutton is significantly better than the England average. Life expectancy in both males and females is better than the average for England, and the rates for deaths from smoking and early deaths from cancer are lower. Life expectancy for males in the most deprived areas is over 5 years less than for those in the least deprived area.

Over the past ten years, the rate of deaths from all causes has fallen for both males and females. The rate of early deaths from heart disease and stroke, and from cancer has also fallen in the past decade and at present, all the rates are slightly lower than those

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<sup>104</sup> As there is one PCT for the Boroughs of Sutton and Merton (Sutton & Merton PCT) this profile covers both boroughs.

<sup>105</sup> Extracted from London Health Observatory's Merton Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52428>

<sup>106</sup> Extracted from London Health Observatory's Sutton Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52428>

of England. Compared to the rest of England, Sutton is a relatively affluent area with a low overall level of deprivation. The levels of binge drinking and obesity among adults are below the England average. The rate of physical activity in children and children's tooth decay is also significantly better than England as a whole.

The Sutton Local Area Agreement has prioritized indicators which support:

- Addressing inequalities in health and education
- Improving uptake of physical activity
- Reducing obesity in children
- Reducing smoking
- Increasing choice and control for service users and carers.<sup>107</sup>

### 3. Demographic Profile<sup>108</sup>

#### (i) General

| Age Group Breakdown     | % of Total Population in 2007/08 |                       |
|-------------------------|----------------------------------|-----------------------|
|                         | Sutton                           | Merton                |
| 0-14                    | 19%                              | 17%                   |
| 15-19                   | 6%                               | 5%                    |
| 20-24                   | 5%                               | 6%                    |
| 25-34                   | 15%                              | 21%                   |
| 35-44                   | 17%                              | 17%                   |
| 45-64                   | 23%                              | 21%                   |
| 65+                     | 14%                              | 12%                   |
| <b>Total Population</b> | <b>184, 435 (100%)</b>           | <b>197,727 (100%)</b> |

| Ethnic Breakdown | % of BME Population in 2007/08 |        |
|------------------|--------------------------------|--------|
|                  | Sutton                         | Merton |
| Black African    | 2%                             | 4%     |
| Black Caribbean  | 2%                             | 4%     |
| Bangladesh       | 0%                             | 1%     |
| Chinese          | 1%                             | 1%     |
| Indian           | 3%                             | 4%     |
| Pakistani        | 1%                             | 3%     |

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<sup>107</sup> Smoking accounts for nearly 300 deaths each year.

<sup>108</sup> Source: DH GUMAMM data

|                                  |            |            |
|----------------------------------|------------|------------|
| Other                            | 11%        | 20%        |
| <b>Total % of population BME</b> | <b>15%</b> | <b>28%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 8.40% in Sutton and Merton.<sup>109</sup>

### (ii) Teenage Pregnancy<sup>110</sup>

#### Merton

The under-18 conception rate has decreased by 19% from the 1998 baseline to 2007. Merton has three 20% super-output areas, two in Figge's Marsh ward, and one adjacent to it in Cricket Green. High teenage pregnancy rates are similarly concentrated in the eastern half of the borough.

3 community contraceptive clinics are listed, with between 1 and 5 sessions weekly. There is no session on a Saturday. No GUM service is listed.

There are no clinical sexual health services for young people listed. Merton YAP offers a sexual health advice service Monday-Saturday, with access to free condoms.

The community contraceptive clinics offer pregnancy testing and referral for NHS abortion. It is not clear which services (if any) offer access to LARC. Free condoms are available from community contraceptive clinics, from Merton YAP and from some key workers working with the most vulnerable young people. There is no fully developed condom distribution scheme however there is a small EHC in pharmacy scheme.

#### Sutton

The under-18 conception rate has decreased by 10% from the 1998 baseline to 2007. Sutton has three 20% most disadvantaged super-output areas, two in the centre of the borough and the third in the East of the borough. Teenage pregnancy rates are generally low with hotspots in Sutton Central and in the north east of the borough.

4 community contraceptive clinics are listed (one of which also has one young person's

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<sup>109</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>110</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

clinic each week) offering between one and four sessions each week. The majority are available to young people in education.

One GUM service is listed, offering a partially integrated sexual and reproductive health service.

There are no young people's services offering a clinical service. Two young people's sexual health advice sessions take place from Connexions services each week, and are listed as condom distribution sites.

The community contraceptive clinics and GUM service offer pregnancy testing and referral for NHS abortion. The young people's advice services offering pregnancy testing only. It is not clear which services (if any) offer access to LARC.

There is a limited EHC in pharmacy scheme with 4 participating pharmacies, all of which are located in hotspot wards.

Free condoms are available from community contraceptive and GUM clinics, a number of youth and Connexions settings, and from some key workers working with the most vulnerable young people.

|  |                        |
|--|------------------------|
| <b>Sutton and Merton PCT<sup>111</sup></b>             | <b>Rate (per 1000)</b> |
| <b>Under 18 Year Old Conception Rate<sup>112</sup></b> | <b>35.1 (Sutton)</b>   |
| (per 1,000 female pop. aged 15-17yrs, 2007)            | <b>41.1 (Merton)</b>   |
| <b>Age Standardized Abortion Rate</b>                  | <b>22</b>              |
| per 1,000 female pop. aged 15 - 44, 2008               |                        |
| <b>% Abortions Women Aged under 25 (2008)</b>          | <b>28</b>              |
| <b>Fertility Rate</b>                                  | <b>79.84</b>           |
| (per 1,000 female pop.aged 15-44, 2006)                |                        |

|   |    |
|---|----|
| <b>Abortion Rate 2008 - Sutton and Merton<sup>113</sup></b> |    |
| Under 18  | 23 |
| 18-19   | 44 |

<sup>111</sup> Sex and Our City Report, p44

<sup>112</sup> Teenage Pregnancy Unit, February 2009.

<sup>113</sup> Department of Health Abortion Statistics, 2008.

|       |    |
|-------|----|
| 20-24 | 41 |
| 25-29 | 23 |
| 30-34 | 16 |

70% of all abortions in Merton & Sutton occurred between 3-9 weeks gestation, 18% between 10-12 weeks and 11% 13 or more weeks in the term in 2008.

In Sutton:

- 46% of school children feel they need better information/advice on SR<sup>114</sup>
- 54% of school children that think they receive good enough info on SR
- 26% of school children that worry about -Girlfriends/ boyfriends/ sex

The above figures were not available for the borough of Merton.

#### 4. Action and Response<sup>115</sup>

Within Sutton and Merton's PCT structure, responsibility for sexual health is shared between commissioning and public health, however service development is carried out predominantly within the public health team. The Associate Director of Acute Commissioning and the Sexual Health Lead share responsibility for sexual health commissioning. 5% of the Associate Director of Acute Commissioning is dedicated to sexual health. Other responsibilities include management of all acute SLAs, including specialised commissioning. 25% of the Sexual Health Lead's post is dedicated to commissioning. Other responsibilities include clinical support to women's screening services, acting Chlamydia delivery lead and nurse manager of family planning services.

The PCT has not undertaken a health needs assessment.

#### Sexual health strategy

In 2007 the PCT published a sexual health strategy. This was informed by consultation with teenage pregnancy coordinators, public health, family planning services, acute GUM, pharmacy advisor, GPs, HIV nurse specialists and women and children's services. The strategy needs development into a more commissioning focussed document and is

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<sup>114</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>115</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

due to be revised in 2010.

#### **Sexual health services commissioned in 2007/08**

The PCT annual spend on commissioned sexual health services excluding specialised HIV treatment and care) was £2,581,227 which represented 0.52% of the total PCT budget.

#### **Referral pathways include:**

- Contraceptive services and GUM
- Voluntary sector and GUM
- GUM and contraceptive services
- Primary care and contraceptive services
- NCSP and contraceptive services
- NCSP and GUM
- Clinical network

#### **New investment plans for 2008/09 include:**

- NCSP
- SWL chlamydia screening programme office.
- Staffing to support local delivery of chlamydia screening programme to include chlamydia screening delivery lead and increasing staffing capacity within family planning services.
- Develop LES with pharmacists and GP.
- Develop services in non-NHS venues to include youth venues, postal screening, educational settings.

LONDON BOROUGH OF RICHMOND UPON THAMES PROFILE

1. Overview<sup>116</sup>

Overall, the health of people in Richmond upon Thames is better than the England average. Deprivation, childhood poverty and violent crime rates are lower than the England average. However the percentage of children achieving at least 5 GCSE results grade A\* to C is lower than the England average.

There are health inequalities in Richmond by location, gender, level of deprivation and ethnicity. Life expectancy in women from the least deprived areas is 2 years longer than women from the most deprived areas. The percentage of children in the black ethnic group that are eligible for free school meals is higher than the England average. Over the last ten years death rates from all causes for men and women have decreased, and have remained below the average for England. Early deaths from heart disease and stroke have also decreased and are significantly lower than the England average. Smoking in adults, smoking related deaths and obesity in children are all significantly lower than the England average.

2. Demographic Profile<sup>117</sup>

(i) General

| Age Group Breakdown     | % of Total Population in 2007/08 |
|-------------------------|----------------------------------|
| 0-14                    | 18%                              |
| 15-19                   | 5%                               |
| 20-24                   | 5%                               |
| 25-34                   | 16%                              |
| 35-44                   | 19%                              |
| 45-64                   | 24%                              |
| 65+                     | 13%                              |
| <b>Total Population</b> | <b>179,509 (100%)</b>            |

| Ethnic Breakdown | % of BME Population in 2007/08 |
|------------------|--------------------------------|
| Black African    | 1%                             |
| Black Caribbean  | 0%                             |

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<sup>116</sup> Extracted from London Health Observatory's Richmond upon Thames Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50290>

<sup>117</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Bangladesh   | 0%         |
| Chinese  | 1%         |
| Indian   | 3%         |
| Pakistani  | 0%         |
| Other  | 10%        |
| <b>Total % of population BME</b><br>(Total Population 182,236) | <b>11%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 8.20% in Richmond upon Thames.<sup>118</sup> End of year data for 2008/09 gives a positivity rate of 3.9%.

#### (ii) Teenage Pregnancy<sup>119</sup>

The under-18 conception rate has decreased by 32% from the 1998 baseline to 2007. Overall Richmond has low teenage conceptions, below both National and London average. The conception rate in Richmond is sensitive to small changes and this impacts on teenage pregnancy target. There are two wards that have higher rates, one on each side of the river. There are no services located in the higher rate wards.

Community Contraception and Sexual Health Services are run four days a week, with six clinics delivered. Two of the clinics are targeted at young people and are housed within and run in collaboration with the Youth Service and the Voluntary Sector. Both services are located in Twickenham. Another young people's clinic that had to be previously closed is due to re-open later this year. Five out of six clinics have early evening session which would be accessible for young people in education. Pregnancy testing is available in all community contraceptive and young peoples' services. Young People can access LARCs provision from GP practices and once a week. In addition young people accessing termination of pregnancy service will be given the opportunity to received any method of contraception

There is no GUM service in Richmond, although there are two services close-by in neighbouring boroughs. A community based asymptomatic sexually transmitted infection

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<sup>118</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>119</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

(STI) was launched in March 2008. The service which is initially being piloted for a year runs once a week and offers clients STI screening, HIV testing, sexual health and contraception advice, pregnancy testing, emergency contraception, Hepatitis A and Hepatitis B vaccine, treatment of minor symptomatic genitourinary conditions and partner notification.

There is a condom distribution scheme. EHC was previously delivered in six pharmacies on a pilot basis in five pharmacies. It is now being roll out across pharmacies in the borough. Young People can access EHC seven days a week from Teddington Memorial Hospital.

| Richmond & Twickenham PCT <sup>120</sup>  | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>121</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 15.7            |
| Age Standardized Abortion Rate<br>(per 1,000 female pop. aged 15 - 44, 2008)                    | 17              |
| % Abortions Repeat Women Aged under 25 (2008)   | 26              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 68.72           |

| Abortion Rate 2008 - Richmond & Twickenham PCT <sup>122</sup> |    |
|---|----|
| Under 18  | 15 |
| 18-19   | 35 |
| 20-24   | 31 |
| 25-29   | 20 |
| 30-34   | 14 |

78% of all abortions in Richmond & Twickenham occurred between 3-9 weeks gestation, 13% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

In Richmond upon Thames:

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<sup>120</sup> Source, ONS, 2009 - Teenage conception data reported is for 2007

<sup>121</sup> Teenage Pregnancy Unit, February 2007.

<sup>122</sup> Department of Health Abortion Statistics, 2008.

- 46% of school children feel they need better information/advice on SRE<sup>123</sup>
- 54% of school children that think they receive good enough info on SRE
- 21% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>124</sup>

Within structure, sexual health sits within Public Health where the Director of Public Health has overall responsibility. The Public Health Programme Lead, Sexual Health, is responsible for sexual health commissioning, though the Associate Director for Health and Well-being and the Associate Director Acute and Specialised Commissioning are also involved.

In 2007 the PCT commissioned a rapid, service targeted sexual health needs assessment. This was undertaken in conjunction with a review of sexual health services which covered prevention, screening, Levels 1, 2 and 3 contraceptive and sexual health services with a view to modernising sexual health services and commissioning a model of care based on national guidance.

#### Commissioning and NEW investment plans for 2008/09

The PCT has no specific plans to shift existing activity out of an acute setting but does have plans to commission additional and new activity in a non acute setting. New investment plans for 2008/09 include:

- Screening and advice for sexual health (SASH) Roehampton Clinic, Queen Mary's Hospital - asymptomatic STI clinic run from Richmond Royal Rehabilitation Centre
- The PCT will invest in projects in the following areas: prevention, sexual health with young people, screening opportunities in the community and expansion of the EHC scheme

#### Sexual Health Strategy

In 2004 the Richmond & Twickenham PCT published a sexual health strategy. This was informed by consultation with the local authority teenage pregnancy unit, Sexual Health

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<sup>123</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>124</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

Implementation Group, PEC and service users. From 2008/09 new work will be based on the findings of the 2007 service targeted sexual health needs assessment.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £1,389,242 which represented 0.56% of the total PCT budget.<sup>125</sup> In 2007/08 Richmond & Twickenham PCT spent £9.10 per head of population on sexual health services (including GP contraceptive prescribing).<sup>126</sup>

Detailed service specifications were used for the following: GUM, abortion services, voluntary sector, young people sexual health services, Chlamydia screening, pharmacy, general practice and family planning.

GUM services at Levels 1, 2 and 3 are provided by **West Middlesex Hospital NHS Trust**. The PCT did not host this service but services delivered formed part of the PCT's block contract with the provider. The sole provider of community contraceptive/family planning services at Levels 1 and 2 was **Richmond & Twickenham PCT Provider Services** which also provided Levels 1 and 2 STI screening and treatment. The **Young Peoples' Sexual Health Service** (Richmond & Twickenham PCT) provided Levels 1, 2 and 3 contraceptive and family planning services, and Levels 1 and 2 STI screening and treatment services.

In 2007/08 the PCT commissioned the following sexual health services provided by GPs outside of the GMS contract: a LES contract (Park Road Surgery) to provide Level 1 and 2 services; a NES contract for IUD fitting with 26 GP practices across Richmond & Twickenham.

The PCT had a contract providing free EHC to 13-18 year olds as a pilot in 6 pharmacies across Richmond & Twickenham. The pharmacies were paid per consultation with no capping on numbers. The scheme began in January 2008.

Richmond & Twickenham spent a total of £257,294.79 on contraception prescribing between 2007 and 2008. The Teenage Pregnancy Strategy has the target of reducing under-18 pregnancies by 40% by 2010 within a broader strategy to improve sexual health. The Teenage Pregnancy Strategy also aims to increase to 60% the percentage of teenage

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<sup>125</sup>ibid. p. 144.

parents' participation in education, training and employment to reduce the risk of long term social exclusion; this is a shared Connexions target. The Teenage Pregnancy Strategy focuses local implementation and training and Media and Communications SRE Sexual Health Support for Parents through the Time to Talk Service and Speak Easy Course.<sup>127</sup>

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Contraceptive services and GUM
- NCSP and contraceptive services

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<sup>126</sup> [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>127</sup> Extracted from London Borough of Richmond upon Thames website, Linked Integrated Youth Services webpage: [http://www.richmond.gov.uk/home/council\\_government\\_and\\_democracy/council/civic-offices/departments/childrens\\_services\\_and\\_culture/young\\_people\\_matter/linked\\_integrated\\_youth\\_support\\_services.htm](http://www.richmond.gov.uk/home/council_government_and_democracy/council/civic-offices/departments/childrens_services_and_culture/young_people_matter/linked_integrated_youth_support_services.htm)

LONDON BOROUGH OF WANDSWORTH PROFILE

1. Overview<sup>128</sup>

The health of people in Wandsworth is generally better than the England average. However, hip fractures in over 65s, early deaths from heart disease and stroke, new cases of tuberculosis and deaths from smoking appear worse than the England average; while obesity in adults, physically active adults and smoking in pregnancy appear better than the England average.

Queenstown, Roehampton and Latchmere wards appear the most deprived; and men from the most deprived group have five years shorter life expectancy than those in the least deprived group.

Over the last ten years, overall deaths from all causes decreased in Wandsworth but have remained above and early death rates from heart disease have the averages for England. Early death rates from cancer remain close to the England average. The rate of teenage pregnancy remains higher than the regional and national rates.

2. Demographic Profile<sup>129</sup>

(i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 15%                   |
| 15-19                   | 4%                    |
| 20-24                   | 7%                    |
| 25-34                   | 31%                   |
| 35-44                   | 18%                   |
| 45-64                   | 16%                   |
| 65+                     | 10%                   |
| <b>Total Population</b> | <b>278,951 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 4%                  |
| Black Caribbean  | 4%                  |

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<sup>128</sup> Extracted from London Health Observatory's Wandsworth Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52428>

<sup>129</sup> Source: DH GUMAMM data

|                                  |            |
|----------------------------------|------------|
| Chinese                          | 1%         |
| Indian                           | 3%         |
| Pakistani                        | 2%         |
| Other                            | 14%        |
| <b>Total % of population BME</b> | <b>22%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 7.10% in Wandsworth.<sup>130</sup>

**(ii) Teenage Pregnancy<sup>131</sup>**

The under-18 conception rate has decreased by 14% from the 1998 baseline to 2007. Deprivation in Wandsworth is concentrated in Battersea in the north-east and Roehampton in the south-west. Teenage conceptions follow a similar pattern, with the addition of a hotspot in Nightingale ward in Balham.

Wandsworth has 9 community contraceptive clinics, with between one and four sessions weekly, mostly in the afternoon and evening. Sessions take place Monday-Saturday. 3 of the 9 are located in the more deprived Battersea. There are two GUM services, each offering a mix of walk-in and appointments with sessions Monday-Friday. There are four young people's sessions taking place in Wandsworth each week, on a Monday, Wednesday and Thursday afternoon.

| City of Wandsworth PCT <sup>132</sup>   | Rate (per 1000) |
|---|-----------------|
| <b>Under 18 Year Old Conception Rate<sup>133</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>61.3</b>     |
| <b>Age Standardized Abortion Rate</b><br>per 1,000 female pop. aged 15 - 44, 2008                     | <b>20</b>       |
| <b>% Abortions Women Aged under 25 (2008)</b>   | <b>29</b>       |
| <b>Fertility Rate</b><br>(per 1,000 female pop.aged 15-44, 2006)                                      | <b>44.08</b>    |

**Abortion Rate 2008 - Wandsworth<sup>134</sup>**

<sup>131</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>132</sup> Sex and Our City Report, p44

<sup>133</sup> Teenage Pregnancy Unit, February 2009.

<sup>134</sup> Department of Health Abortion Statistics, 2008.

|          |    |
|----------|----|
| Under 18 | 26 |
| 18-19    | 43 |
| 20-24    | 32 |
| 25-29    | 18 |
| 30-34    | 14 |

72% of all abortions in Wandsworth occurred between 3-9 weeks gestation, 19% between 10-12 weeks and 9% 13 or weeks in the term in 2008.

### 3. Action and Response<sup>135</sup>

Within the PCT structure, responsibility for sexual health sits with Public Health. The Director of Public Health has overall responsibility. The Assistant Director, Commissioning, leads on sexual health commissioning. The proportion of the post's time dedicated to sexual health is 5-10%

In 2005 the PCT collected data regarding key areas of need identified by the Sexual Health Implementation Group.

#### Sexual Health Strategy

The PCT published a sexual health strategy in March 2005. The following stakeholders were involved in its development:

- GUM consultants
- contraceptive/family planning consultant
- teenage pregnancy coordinator
- chief pharmacist
- practice nurses
- locality managers
- Deputy Director of Public Health
- Deputy Director of Primary Care
- Associate Director of Modernisation.

Recently the strategy was used to develop a set of detailed sexual health commissioning intentions for 2008/09.

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<sup>135</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

### Sexual health services commissioned in 2007/08

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £7,583,908 which represented 1.73% of the total acute PCT budget. Detailed service specifications were used for commissioning the following:

- abortion services
- GUM services

The PCT has specific plans to shift existing activity out of an acute setting. New investment plans for 2008/09 include:

- NCSP, expansion of the programme.
- emergency hormonal contraception
- LARC provision in primary care.
- New model of community sexual health provision, in community sexual health clinics.
- Teenage Pregnancy Services.

## 1.5 SOUTH EAST LONDON SECTOR

### LONDON BOROUGH OF BEXLEY PROFILE

#### 1. Overview<sup>136</sup>

Overall, the health of people in Bexley is significantly better than the England average. For example, hospital stays related to alcohol, binge drinking in adults, drug misuse and violent crime are all lower than the England average. Smoking in adults and physical activity in children and adults however appear worse than the England average.

There are health inequalities within Bexley by location, gender, level of deprivation and ethnicity. For example, North End ward is the most deprived locally, and even from the least deprived areas can expect to live 4 years longer than those from the most deprived.

Over the last ten years, death rates from all causes, and early deaths from heart disease & stroke, have decreased and have remained below the averages for England. During this period rates of early deaths from cancer have remained similar to the England average. In Bexley it is estimated that 25% of adults smoke and smoking deaths reach 350 per year.

#### 2. Demographic Profile<sup>137</sup>

##### (i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 19%                   |
| 15-19                   | 7%                    |
| 20-24                   | 6%                    |
| 25-34                   | 12%                   |
| 35-44                   | 16%                   |
| 45-64                   | 24%                   |
| 65+                     | 16%                   |
| <b>Total Population</b> | <b>221,594 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 3%                  |

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<sup>136</sup> Extracted from London Health Observatory's Bexley Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50267>

<sup>137</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Black Caribbean  | 1%         |
| Bangladesh   | 0%         |
| Chinese  | 1%         |
| Indian   | 2%         |
| Pakistani  | 0%         |
| Other  | 7%         |
| <b>Total % of population BME</b><br>(Total Population 218,037) | <b>11%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 7.80% in Bexley.<sup>138</sup>

(ii) Teenage Pregnancy<sup>139</sup>

The under-18 conception rate has increased in Bexley by 1% from the 1998 baseline to 2007. There is a concentration of high under-18 conception rates in the north of the borough, overlapping strongly with areas of deprivation.

There is no community contraceptive clinic or GUM service in Bexley. There is a good spread of young peoples' clinics, including in high rate areas. Most young peoples' clinics are open once or twice a week with no Saturday service. Opening times are accessible to young people in education. All clinical services provide pregnancy testing and referral to abortion or ante natal care. There is a limited condom distribution scheme through participating pharmacies and young peoples' clinics.

With no community contraceptive services or GUM in Bexley it would be beneficial to develop strong links between young peoples' services to primary care and neighbouring GUM services. Development of Saturday services available to young people and expanding the condom distribution scheme would also be beneficial.

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<sup>138</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>139</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

| Bexley PCT <sup>140</sup>   | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>141</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 37.6            |
| Age Standardized Abortion Rate<br>per 1,000 female pop. aged 15 - 44, 2008                      | 25              |
| % Abortions Repeat Women Aged under 25 (2008)   | 28              |
| Fertility Rate<br>(per 1,000 female pop.aged 15-44, 2006)                                       | 60.32           |

| Abortion Rate 2008 - Bexley <sup>142</sup> |    |
|--|----|
| Under 18                                   | 25 |
| 18-19                                      | 45 |
| 20-24                                      | 42 |
| 25-29                                      | 33 |
| 30-34                                      | 21 |

82% of all abortions in Bexley occurred between 3-9 weeks gestation, 9% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

In Bexley:

- 37% of school children feel they need better information/advice on SR<sup>143</sup>
- 63% of school children that think they receive good enough info on SR
- 19% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>144</sup>

Within the PCT structure, responsibility for sexual health is shared across commissioning and public health. The Director of Commissioning has overall responsibility, and the Assistant Director of Public Health (20%) and Commissioning Manager (10%) share the lead on commissioning sexual health services.

<sup>140</sup> Sex and Our City Report, p44

<sup>141</sup> Teenage Pregnancy Unit, February 2009.

<sup>142</sup> Department of Health Abortion Statistics, 2008.

<sup>143</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>144</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

In 2007 the PCT undertook a service-targeted needs assessment as part of a review of local service provision and the development of a plan to improve community sexual health service provision as well as to address the financial impact on Bexley Care Trust of dehosting GUM services.

#### **Commissioning and NEW investment plans for 2008/09**

There are no new investment plans for 2008/09 but business plans are being developed for adult family planning and youth advisory services. The PCT has specific plans to shift existing activity out of an acute setting and to commission additional or new activity in a non-acute setting.

#### **Sexual Health Strategy**

In 2003 the PCT published a sexual health strategy. This was informed by consultation within the NHS, voluntary sector and the local authority. In order to use the strategy for commissioning it will need to be updated and a possible date for revision has yet to be agreed.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £646,452 which represented 0.23% of the total PCT budget.<sup>145</sup> In 2007/08 Bexley PCT spent £5.46 per head of population on sexual health services (including GP contraceptive prescribing).<sup>146</sup> The PCT did not use detailed service specifications for commissioning in 2007/08.

The PCT has no hosted provider of GUM services, the closest GUM services are located in Greenwich PCT. In 2007/08 any Bexley PCT residents seen in any GUM services were paid for by the host PCTs. In 2008/09 with dehosting the PCT will be subject to cross-charging arrangements.

In 2007/08 the PCT did not commission any sexual health services provided by GPs outside of the GMS contract.

There was an enhanced service contract with 13 community pharmacies across the PCT for emergency hormonal contraception for people aged 14-25.

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<sup>145</sup> Ibid. p. 77.

Bexley spent a total of £308,614.59 on contraception prescribing between 2007 and 2008. Bexley has a Teenage Pregnancy Partnership that during 2007 undertook a self-assessment against key characteristics known to underpin successful teenage pregnancy strategies.<sup>147</sup> Relevant areas of good practice from successful boroughs have been amalgamated into the Bexley strategy. Teenage pregnancy is a Vital Signs and a Local Area Agreement target and is a strategic and operational priority for Bexley Care Trust and Bexley Council.

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and contraceptive services
- Community pharmacy and contraceptive services

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<sup>146</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>147</sup> Extracted from: <http://www.bexley.nhs.uk/docimages/188.pdf>

LONDON BOROUGH OF BROMLEY PROFILE

1. Overview<sup>148</sup>

Overall, the health of people Bromley is significantly better than the England average. For example, deaths from smoking, people diagnosed with diabetes, and deprivation are all lower than the England average and adults who eat healthily and life expectancy in males and females are higher.

There are health inequalities within Bromley by location, gender, income and ethnicity. For instance, wards such as Pratts Bottom are among the least deprived in England while areas like Cray Valley East are among the most deprived. Over the last ten years, death rates from all causes for men and women has remained below the England average and fallen each year. In particular, early deaths from heart disease and stroke have fallen since 1996.<sup>149</sup> GSCE achievement is better in Bromley, as are rates for physically active children.

2. Demographic Profile<sup>150</sup>

(i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 18%                   |
| 15-19                   | 6%                    |
| 20-24                   | 5%                    |
| 25-34                   | 13%                   |
| 35-44                   | 17%                   |
| 45-64                   | 25%                   |
| 65+                     | 17%                   |
| <b>Total Population</b> | <b>299,135 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 2%                  |
| Black Caribbean  | 2%                  |
| Bangladesh       | 0%                  |
| Chinese          | 1%                  |

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<sup>148</sup> Extracted from London Health Observatory's Bromley Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50269>

<sup>149</sup> 100 deaths per 100,000 population in 1996 to 60 deaths per 100,000 population in 2005.

<sup>150</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Indian   | 2%         |
| Pakistani  | 0%         |
| Other  | 7%         |
| <b>Total % of population BME</b><br>(Total Population 304,271) | <b>11%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 7.00% in Bromley.<sup>151</sup>

**(ii) Teenage Pregnancy<sup>152</sup>**

The under-18 conception rate in Bromley has increased by 6% from the 1998 baseline to 2007. There are low levels of deprivation and teenage pregnancy and there is a strong relationship between the two where there are pockets of deprivation.

There are 6 community contraceptive clinics available throughout the week, with the majority of sessions taking place in the evening and no Saturday service. There is 1 central GUM clinic and the majority of sessions are during the day at times that may not be accessible to young people in education. There is one young people's clinic offered per week in the early evening and two other young peoples' sessions at other venues. All clinical services provide pregnancy testing and referral to abortion or ante natal care. There is an EHC in pharmacy scheme and a condom distribution scheme.

As it is unclear whether long acting methods of contraception are available at community contraceptive and young peoples' clinics it would be beneficial to clarify whether or not they are and to consider developments to make them available.

| <b>Bromley PCT<sup>153</sup></b>  | <b>Rate (per 1000)</b> |
|---|------------------------|
| <b>Under 18 Year Old Conception Rate<sup>154</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>34.0</b>            |
| <b>Age Standardized Abortion Rate</b><br>per 1,000 female pop. aged 15 - 44, 2008                     | <b>23</b>              |

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<sup>151</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>152</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>153</sup> Sex and Our City Report, p44

<sup>154</sup> Teenage Pregnancy Unit, February 2009.

|   |       |
|---|-------|
| % Abortions Repeat Women Aged under 25 (2008)             | 30    |
| Fertility Rate<br>(per 1,000 female pop.aged 15-44, 2006) | 60.90 |

| Abortion Rate 2008 - Bromley <sup>155</sup> |    |
|---|----|
| Under 18                                    | 20 |
| 18-19                                       | 51 |
| 20-24                                       | 46 |
| 25-29                                       | 24 |
| 30-34                                       | 18 |

79% of all abortions in Bromley occurred between 3-9 weeks gestation, 12% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

### 3. Action and Response<sup>156</sup>

Within the PCT structure, sexual health sits within Public Health. The Director of Public Health has overall responsibility. The Joint Director of Public Health and the Associate Director of Commissioning share responsibility on sexual health commissioning. Both have other responsibilities, including broader public health issues and general commissioning.

In 2003 the PCT undertook a comprehensive sexual health needs assessment which was revised in 2008. Findings from the needs assessment were used to assess gaps in sexual health provision and problems in access to GU services. Changes have been made to ensure better access to GU and the PCT has developed a LES for sexual health in general practice.

#### Commissioning and NEW investment plans for 2008/09

Bromley PCT has no new investment plan for 2008/09 and no specific plans to shift existing activity out of an acute setting.

#### Sexual Health Strategy

The PCT published a sexual health strategy in 2006. This was informed by consultation with the voluntary sector, local GU services, community clinics, young people and the

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<sup>155</sup> Department of Health Abortion Statistics, 2008.

<sup>156</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

local authority. The strategy is used as a basis for commissioning. Identified gaps in services led to commissioning of increased GP services and walk-in GU services.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £2,472,312 which represented 0.61% of the total PCT budget.<sup>157</sup> In 2007/08 Bromley PCT spent £10.73 per head of population on sexual health services (including GP contraceptive prescribing).<sup>158</sup>

Detailed service specifications were used for sexual health in general practice/LES, family planning and GUM. These were developed locally.

The hosted provider of GUM services at Levels 1, 2 and 3 was **Bromley Hospitals NHS Trust**. The sole provider of community contraceptive/family planning services at Level 1, 2 and 3 was **Bromley PCT Provider Services**. This provider was also commissioned to provide STI screening and treatment at Levels 1 and 2.

In 2007/08 the PCT did commission sexual health services provided by GPs outside of the GMS contract. Services were provided at Levels 1 and 2 by 10 local practices and in 2008/09 will consider expanding these services.

There was an enhanced contract for emergency hormonal contraception in place with four local pharmacies and Chlamydia screening in pharmacies was funded by the NCSP budget. In 2008/09 this will be expanded to include 16-19 year olds and under-16s.

Bromley spent a total of £409,582.09 on contraception prescribing between 2007 and 2008. In 2001 a multi-agency Teenage Pregnancy Partnership Board was formed to produce a 10-year strategy and annual action plans.<sup>159</sup> There is a teenage pregnancy coordinator employed by the Health Development Service of the PCT. The Teenage Pregnancy Action Plan was subsumed within the single Children and Young People Plan which became a statutory requirement from 2006/07.

As part of the 'Be Healthy' outcome of the Every Child Matters outcomes framework,

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<sup>157</sup> Ibid. p. 82.

<sup>158</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>159</sup> Teenage Pregnancy Strategy information extracted from:  
<http://sharepoint.bromley.gov.uk/Public%20PDF/08-CYPPDS-1506.pdf>

reducing teenage pregnancies has been identified as a priority for all agencies. The reduction strategy involves a range of activities including:

- Improving the quality of SRE in schools
- The **Speakeasy Project** which aims to help parents discuss sex and relationship issues with their children
- A condom distribution scheme focused on outlets available to young people
- Advice to young people through the **Connexions One Stop Shop** and the **Youth Service**
- Targeted health and family planning services for young people
- Training for key staff including teachers and GPs

#### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- GUM and contraceptive services
- NCSP and pharmacy
- Contraceptive services and GUM
- Primary care and contraceptive services
- NCSP and contraceptive services

## LONDON BOROUGH OF GREENWICH PROFILE

### 1. Overview<sup>160</sup>

Overall, the health of people in Greenwich is significantly worse than the England average. For example, rates of physically inactive adults and children, tuberculosis diagnoses, teenage pregnancy, and violent crimes are all higher. However, binge drinking, adult obesity, diabetes and smoking in pregnancy rates are all lower than the England average.

There are health inequalities within Greenwich by location, gender, level of deprivation and ethnicity. Men from the least deprived group can expect to live 5 years longer than those from the most deprived. For women the difference in life expectancy between the most and least deprived groups is three years. The percentage of children eligible for free school meals is higher than the England average for white and Chinese/other ethnic groups.

Over the last ten years, death rates from all causes have decreased in men and women but remain above the England averages. Early deaths from cancer and from heart disease and stroke have decreased over the period, but also remain above the England average. One in four people smoke, which is significantly higher than in the rest of England, and there are over 360 smoking deaths per year. Compared to England, Greenwich has a significantly lower rate GSCE achievement.

### 2. Demographic Profile<sup>161</sup>

#### (i) General

| Age Group Breakdown | % of Total Population |
|---------------------|-----------------------|
| 0-14                | 20%                   |
| 15-19               | 6%                    |
| 20-24               | 7%                    |
| 25-34               | 18%                   |
| 35-44               | 17%                   |
| 45-64               | 20%                   |
| 65+                 | 12%                   |

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<sup>160</sup> Extracted from London Health Observatory's Greenwich Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52437>

<sup>161</sup> Source: DH GUMAMM data

|                  |                |
|------------------|----------------|
| Total Population | 222,626 (100%) |
|------------------|----------------|

| Ethnic Breakdown   | % of BME Population |
|--|---------------------|
| Black African  | 11%                 |
| Black Caribbean  | 3%                  |
| Bangladesh   | 1%                  |
| Chinese  | 2%                  |
| Indian   | 5%                  |
| Pakistani  | 1%                  |
| Other  | 15%                 |
| <b>Total % of population BME</b><br>(Total Population 234,034) | <b>29%</b>          |

The positivity rate of genital Chlamydia in 2007-2008 was 7.60% in Greenwich.<sup>162</sup>

**(ii) Teenage Pregnancy<sup>163</sup>**

The under-18 conception rate has increased by 4% from the 1998 baseline to 2007. The majority of the borough is deprived, with teenage conceptions higher than the average, and an even spread across the borough. The Woolwich area, in the centre of the borough and close to the river, contains the highest teenage conception rates and concentrated levels of deprivation.

There is a good spread of integrated sexual and reproductive health clinics and most are open at times accessible to young people in education. One of these is located in the high teenage pregnancy rate area of Woolwich and also runs three young people specific sessions per week. The majority of general sessions are accessible to young people in education, and in addition to the Woolwich service there is one other young people specific session per week. However, it is not clear if long acting methods of contraception are available at all sessions. All clinical services provide pregnancy testing and referral for abortion or ante natal care.

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<sup>162</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>163</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

As there is no condom distribution scheme, it would be beneficial to develop one and distribute condoms across the borough in a range of settings accessed by young people. It would also be useful to consider developing service provisioning of long acting methods of contraception at all sessions accessed by young people.

| Greenwich PCT <sup>164</sup>  | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>165</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 65.2            |
| Age Standardized Abortion Rate<br>per 1,000 female pop. aged 15 - 44, 2008                      | 35              |
| % Abortions Repeat Women Aged under 25 (2008)   | 33              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 78.32           |

| Abortion Rate 2008 - Greenwich <sup>166</sup> |    |
|---|----|
| Under 18                                      | 32 |
| 18-19   | 67 |
| 20-24   | 60 |
| 25-29   | 45 |
| 30-34   | 30 |

81% of all abortions in Greenwich occurred between 3-9 weeks gestation, 12% between 10-12 weeks and 7% 13 or more weeks in the term in 2008.

In Greenwich:

- 27% of school children feel they need better information/advice on SR<sup>167</sup>
- 73% of school children that think they receive good enough info on SR
- 12% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>168</sup>

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<sup>164</sup> Sex and Our City Report, p44

<sup>165</sup> Teenage Pregnancy Unit, February 2009.

<sup>166</sup> Department of Health Abortion Statistics, 2008.

<sup>167</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ONLINE.pdf)

Within the PCT structure, sexual health sits within the Service and Systems Development Directorate. The Director of Service and Systems Development has overall responsibility. The Sexual Health and HIV Development Manager leads sexual health commissioning and provides the lead in joint commissioning arrangements from the National Chlamydia Screening Programme across three PCTs.

The PCT has commissioned a rapid service targeted sexual health needs assessment focusing on young people that was due for completion in August 2008. The findings will be used by the PCT to inform the development of targeted initiatives and services for young people.

#### **Commissioning and NEW investment plans for 2008/09**

The PCT has specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting. New investment plans for 2008/09 include:

- Sexual Health Website for Greenwich
- Sexual Health LES for GPs for delivery of Level 1 services

#### **Sexual Health Strategy**

In 2006 the PCT published a sexual health strategy. The strategy was developed in consultation with stakeholders including: Sexual Health Strategy Group members, the local authority, primary care, voluntary sector and the acute trust. The PCT has used the strategy to inform commissioning. The Action Plan of the strategy outlines services and initiatives that need to be commissioned or developed. The strategy was due for revision in 2008.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £3,468,800 which represented 0.93% of the total PCT budget.<sup>169</sup> In 2007/08 Greenwich PCT spent £18.06 per head of population on sexual health services (including GP contraceptive prescribing).<sup>170</sup>

Detailed service specifications were used for the commissioning of contraception, Metro

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<sup>168</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

<sup>169</sup> Ibid. p. 100.

<sup>170</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

Centre Pit Stop, GUM, NCSP, AHEAD Start Clinic.

The hosted provider of GUM services at Levels 1, 2 and 3 in 2007/08 was **Trafalgar Clinic, Queen Elizabeth Hospital**. The sole provider of community contraceptive/family planning services at Levels 1, 2, and 3 was **Greenwich PCT Provider Services (Market Street Health Centre)** which also provided STI screening and treatment at Levels 1 and 2.

In 2007/08 the PCT did not commission any sexual health services provided by GPs outside of the GMS contract. There was a contract providing emergency hormonal contraception through 22 pharmacies across Greenwich.

Greenwich spent a total of **£269,756.16** on Contraception prescribing between 2007 and 2008. Greenwich has a Teenage Pregnancy Strategy that was developed with a wide range of stakeholders including young people and community and voluntary sector groups.<sup>171</sup> The strategy is closely linked with Greenwich's Sexual Health Strategy and the government's National Teenage Pregnancy Strategy.

The strategy is overseen by a Teenage Pregnancy Strategy Group to ensure that action plans are drawn up and delivered. The Teenage Pregnancy Strategy Group has representation from the PCT, local authority and the voluntary sector. A Teenage Pregnancy Co-ordinator leads on implementation of the strategy in the borough.

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Community pharmacy and GUM
- GUM and contraceptive services
- Community pharmacy and contraceptive services
- NCSP and contraceptive services
- NCSP and pharmacy
- Voluntary sector and NCSP
- Contraceptive services and GUM
- Voluntary sector and GUM
- Primary care and contraceptive services
- Voluntary sector and contraceptive services
- NCSP and general practice
- NCSP and GUM
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<sup>171</sup> Extracted from:

<http://www.greenwich.gov.uk/Greenwich/Strategies/ChildrenYoungPeople/TeenagePregnancy.htm>

## LONDON BOROUGH OF LAMBETH PROFILE

### 1. Overview<sup>172</sup>

Overall, the health of people in Lambeth is significantly worse than the England average. For example, life expectancy in men and women is lower, deaths from smoking and early deaths from heart disease and stroke and from cancer appear higher than the rest of England. Rates of violent crime and drug misuse are significantly higher.

Lambeth is amongst the most deprived areas nationally and all wards have higher than average deprivation. All ethnic groups across Lambeth have a significantly higher percentage eligible for free school meals compared to the rest of the country.

Over the past decade all age all cause mortality has fallen for men and women but still remains above the England average. In Lambeth 40% of children live in families receiving means tested benefits. Rates for GCSE achievement are low compared to the rest of England.

Lambeth has higher than average rates of adults who smoke. However, the rate for breast feeding initiation is the highest in the country and more people eat healthily and are more physically active than the national average.

### 2. Demographic Profile<sup>173</sup>

#### (i) General

| Age Group Breakdown     | % of Total Population in 2007/08 |
|-------------------------|----------------------------------|
| 0-14                    | 17%                              |
| 15-19                   | 5%                               |
| 20-24                   | 7%                               |
| 25-34                   | 27%                              |
| 35-44                   | 19%                              |
| 45-64                   | 17%                              |
| 65+                     | 9%                               |
| <b>Total Population</b> | <b>271,950 (100%)</b>            |

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<sup>172</sup> Extracted from London Health Observatory's Lambeth Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52448>

<sup>173</sup> Source: DH GUMAMM data

| Ethnic Breakdown   | % of BME Population in 2007/08 |
|--|--------------------------------|
| Black African  | 12%                            |
| Black Caribbean  | 11%                            |
| Bangladesh   | 1%                             |
| Chinese  | 1%                             |
| Indian   | 2%                             |
| Pakistani  | 1%                             |
| Other  | 15%                            |
| <b>Total % of population BME</b><br>(Total Population 283,714) | <b>37%</b>                     |

The positivity rate of genital Chlamydia in 2007-2008 was 9.00% in Lambeth.<sup>174</sup>

(ii) Teenage Pregnancy<sup>175</sup>

The under-18 conception rate has decreased by 13% from the 1998 baseline to 2007. The majority of the Borough is within the 20% most disadvantaged areas nationally and most wards have amongst the 30% highest teenage conception rates for London.

There are 3 community contraceptive clinics, one of which offers a range of sessions throughout the week, including afternoons, evenings and Saturdays. The other two clinics offer more limited services. Lambeth also has a comprehensive sexual and reproductive health service offering services Monday-Friday until 7.30pm and on a Saturday morning.

There are two GUM services, with sessions held Monday-Friday. One of the services does not have any sessions after 4pm which is likely to cause problems for young people in education. There are 3 young people's services, one of which is Brook with 5 sessions each week. The other two have one and two sessions per week respectively. All sessions are at times that would be convenient for young people. All community contraceptive clinics and young peoples' services offer pregnancy testing and referral to abortion or ante natal services.

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<sup>174</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>175</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

| Lambeth PCT <sup>176</sup>  | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>177</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 74.4            |
| Age Standardized Abortion Rate<br>per 1,000 female pop. aged 15 - 44, 2008                      | 37              |
| % Abortions Women Aged under 25 (2008)  | 33              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 67.11           |

| Abortion Rate 2008 - Lambeth <sup>178</sup> |    |
|---|----|
| Under 18                                    | 38 |
| 18-19                                       | 77 |
| 20-24                                       | 66 |
| 25-29                                       | 37 |
| 30-34                                       | 31 |

75% of all abortions in Lambeth occurred between 3-9 weeks gestation, 15% between 10-12 weeks and 10% 13 or more weeks in the term in 2008. In Lambeth:

- 34% of school children feel they need better information/advice on SRE<sup>179</sup>
- 66% of school children that think they receive good enough info on SRE
- 14% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>180</sup>

Within the PCT structure, sexual health sits within commissioning. The Joint Directors of Strategy and Commissioning have overall responsibility. The Sexual Health Commissioner leads on commissioning. The post is dedicated to sexual health commissioning across Lambeth and Southwark PCTs. In addition the post is responsible for commissioning London wide HIV prevention and community support, and commissioning these for South London and local populations.

<sup>176</sup> Sex and Our City Report, p44.

<sup>177</sup> Teenage Pregnancy Unit, February 2009.

<sup>178</sup> Department of Health Abortion Statistics, 2008.

<sup>179</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>180</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

In 2006 the PCT undertook a comprehensive sexual health needs assessment in collaboration with Southwark PCT as both boroughs have demographic similarities and worked together to modernize sexual health services through the Sexual Health Modernisation Initiative (SHMI) in 2003-07. The PCT used the findings as a basis for commissioning until publication of the Lambeth Sexual Health Strategy in 2006 which drives current commissioning.

#### **Commissioning and NEW investment plans for 2008/09**

The PCT has specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting. GSTT GUM plan to relocate their service into a community setting and to develop a Level 2 front end providing integrated GUM/RSH in the same way as King's at Camberwell in partnership with community providers over the next few years. An asymptomatic screening tariff will be developed and applied regardless of setting. New investment plans for 2008/09 include:

- Lambeth Community Sexual Health Centres at Levels 1 and 2.
- Camberwell Sexual Health Centre
- NCSP GP incentive scheme, additional investment
- Community pharmacy a LES for 36 pharmacies to offer EHC, condoms and Chlamydia/gonorrhoea testing
- **GP out of hours advanced service** providing Level 2 services at three sites across the Borough

#### **Sexual Health Strategy**

In 2006 Lambeth PCT published a Sexual Health Strategy. Its purpose was to create an integrated care pathway and continuum of services across prevention and health promotion. The strategy was developed with the following stakeholders: teenage pregnancy and Parenting Partnership (Lambeth PCT and Lambeth Council), Guys and St Thomas' Trust (GSTT) Sexual Health Modernisation Initiative in partnership with Lambeth PCT, acute trusts, Kings and GSTT, voluntary sector organizations, Terrence Higgins Trust, Brook, community services and primary care. The PCT used the strategy to inform the location of new services and the targeting of specific groups and in developing commissioning plans for 2008/09.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £9,445,296 which represented 1.82% of the total PCT budget.<sup>181</sup> In 2007/08 Lambeth PCT spent £32.31 per head of population on sexual health services (including GP contraceptive prescribing).<sup>182</sup>

Detailed service specifications were not used for the commissioning of services in 2007/08.

The hosted provider of GUM services at Levels 1, 2 and 3 was **Gus and St. Thomas' Hospital NHS Foundation Trust**. Community contraceptive and family planning services were provided by: Lambeth PCT Provider Services, Camberwell Sexual Health Centre, Kings Collge Hospital, Brook London, Surestart Plus.

Sexual health services provided by GPs outside of the GMS contract included: NES/PMS for IUCD fitting in 28 GP practices; a LES GPwSI in community medical gynaecology.

In 2008/09 the PCT is developing a LES for Level 1 Chlamydia screening at 30 or more pharmacies across the PCT.

Barking and Dagenham spent a total of £485,489.48 on Contraception prescribing between 2007 and 2008.

There is a Lambeth Teenage Pregnancy Prevention Strategy led by the Lambeth Teenage Pregnancy Prevention and Parenthood Board. Along with local partners they seek to reduce conceptions by young people under 18 by 60% by 2010.<sup>183</sup>

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Voluntary sector and GUM
- Contraceptive services and GUM
- Community pharmacy and GUM

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<sup>181</sup>[http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>182</sup>[http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>183</sup>From Lambeth Council Teenage Pregnancy webpage:

<http://www.lambeth.gov.uk/Services/HealthSocialCare/ChildrenFamilyCare/TeenagePregnancyPosterCampaign.htm>

## LONDON BOROUGH OF LEWISHAM PROFILE

### 1. Overview<sup>184</sup>

The health of people in Lewisham is generally worse than the England average. Life expectancy in both males and females is lower than that of England. The rates for smoking in pregnancy, breast feeding initiation and physically active children are better than average. Men from the most deprived areas can expect to live five years less than those from the least deprived.

Over the past ten years, the rate of deaths from all causes, cancer, and heart disease and stroke have fallen, though they are above the England averages. Lewisham is more deprived than England as a whole, and the violent crime rate is above the England average. The percentage of children classified as obese is higher than the England average and 1 in 5 adults are estimated to be obese. Teenage pregnancy is worse than the England average.

Lewisham's priorities in 2008 include:

- improving heart health
- reducing illness and deaths from circulatory disease
- improving access to cancer screening and treatment
- reducing chlamydia and teenage pregnancies
- tackling smoking, dangerous drinking, obesity and domestic violence.

### 2. Demographic Profile<sup>185</sup>

#### (i) General

| Age Group Breakdown | % of Total Population |
|---------------------|-----------------------|
| 0-14                | 19%                   |
| 15-19               | 6%                    |
| 20-24               | 7%                    |
| 25-34               | 20%                   |
| 35-44               | 19%                   |
| 45-64               | 19%                   |
| 65+                 | 10%                   |

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<sup>184</sup> Extracted from London Health Observatory's Lewisham's Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52428>

<sup>185</sup> Source: DH GUMAMM data

|                  |                |
|------------------|----------------|
| Total Population | 255,652 (100%) |
|------------------|----------------|

| Ethnic Breakdown   | % of BME Population |
|--|---------------------|
| Black African  | 11%                 |
| Black Caribbean  | 13%                 |
| Chinese  | 1%                  |
| Indian   | 2%                  |
| Other  | 15%                 |
| <b>Total % of population BME</b><br>(Total Population 269,033) | <b>38%</b>          |

The positivity rate of genital Chlamydia in 2007-2008 was 9.80% in Lewisham.<sup>186</sup>

**(ii) Teenage Pregnancy<sup>187</sup>**

The under-18 conception rate has decreased by 12% from the 1998 baseline to 2007. The most disadvantaged areas in Lewisham are New Cross in the north, Lewisham in the centre Sydenham and Bellingham in the south of the borough. Lewisham and New Cross also have the highest concentration of teenage conceptions. The majority of Bellingham ward is amongst the 20% most disadvantaged but teenage conceptions are considerably lower than the average.

Lewisham has four integrated sexual and reproductive services, located in the north, centre, south east and south west of the borough. All 4 are situated in areas of disadvantage; three offer services Monday-Friday, with a good spread of provision into the afternoon and evening. One service also offers a Saturday morning clinic. The two GUM services listed both offer a rapid HIV service clinic once a week, with other STI screening also possible.

There are no young people specific clinical services in Lewisham, although there are a number of young people's advice and support services, one of which targets Black young people. The integrated sexual and reproductive health services offer pregnancy testing

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<sup>186</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>187</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

and referral to abortion and ante natal services. There is an EHC in pharmacy scheme with participating pharmacies across the borough, however there is no condom distribution scheme.

| Lewisham PCT <sup>188</sup>   | Rate (per 1000) |
|---|-----------------|
| <b>Under 18 Year Old Conception Rate<sup>189</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 70.6            |
| <b>Age Standardized Abortion Rate</b><br>per 1,000 female pop. aged 15 - 44, 2008                     | 37              |
| <b>% Abortions Repeat Women Aged under 25 (2008)</b>  | 34              |
| <b>Fertility Rate</b><br>(per 1,000 female pop. aged 15-44, 2006)                                     | 70.08           |

| Abortion Rate 2008 - Lewisham <sup>190</sup> |    |
|--|----|
| Under 18                                     | 39 |
| 18-19  | 70 |
| 20-24  | 61 |
| 25-29  | 48 |
| 30-34  | 31 |

77% of all abortions in Lewisham occurred between 0-9 weeks gestation, 14% between 10-12 weeks and 10% 13 or more weeks in the term in 2008.

## 2. Action and Response<sup>191</sup>

Within the PCT structure, sexual health sits between commissioning and public health. The Director of Commissioning shares overall responsibility with the Director of Public Health. The Head of Adult Community Commissioning leads on sexual health commissioning. 20% of the post is devoted to sexual health. The post is also responsible for the commissioning of all adult services.

The PCT undertook a baseline sexual health needs assessment in 2002. This was followed

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<sup>188</sup> Sex and Our City Report, p44

<sup>189</sup> Teenage Pregnancy Unit, February 2009.

<sup>190</sup> Department of Health Abortion Statistics, 2008.

<sup>191</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

by a health equity audit on access to sexual health services including HIV, STI, contraception and abortion services in 2005. The PCT also did a health equity audit on teenage conception in 2005. The PCT has used the recommendations from the various reports to present to the sexual Health Strategy Group, the Commissioning Board and the Teenage Pregnancy Board.

### Sexual Health Strategy

In 2008 the PCT published a sexual health strategy. The strategy was developed by stakeholders including:

- Health First (Health Promotion Unit)
- University Hospital Lewisham
- Voluntary organizations
- GPs
- The PCT

The strategy will be due for review in 2011. The PCT has used the strategy to inform priorities for investment and resource allocation for commissioning.

### Sexual health services commissioned in 2007/08

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £4,522,416, which represented 1.06% of the total PCT budget. Detailed service specifications were used for the commissioning the following:

- pharmacy LES
- HIV prevention with the voluntary sector
- condom distribution
- Health First
- chlamydia screening LES
- abortion services.

In 2007/08 the PCT did not commission (host) any GUM services. GUM services were provided by Lewisham PCT Provider Services, as part of the integrated reproductive and sexual health service at Levels 1 and 2. The PCT's providers are members of the SE London HIV and Sexual Health Clinical Network. The network is in the early stages of development and has involvement from both commissioners and providers. At the present time no financial contribution is required or made but in the future this may change.

## LONDON BOROUGH OF SOUTHWARK PROFILE

### 1. Overview<sup>192</sup>

Overall, the health of people in Southwark is worse than the England average. For example, deprivation, violent crime, and drug misuse rates are higher than the England average. However smoking in pregnancy and adult obesity are better than the England average.

There are health inequalities within Southwark by location, gender, level of deprivation and ethnicity. Men from the least deprived areas can expect to live 5 years longer than those from the most deprived. Over the last ten years, death rates from all causes, cancer and heart disease & stroke have decreased, although the death rate for heart disease and stroke has remained above the England average during this period.

In Southwark the estimated percentage of adult smokers is higher than the England average, with smoking accounting for around 322 deaths in the past year. GCSE achievement and teenage pregnancy are worse than the England average.

### 2. Demographic Profile<sup>193</sup>

#### (i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 17%                   |
| 15-19                   | 5%                    |
| 20-24                   | 9%                    |
| 25-34                   | 23%                   |
| 35-44                   | 18%                   |
| 45-64                   | 18%                   |
| 65+                     | 9%                    |
| <b>Total Population</b> | <b>269,184 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 16%                 |
| Black Caribbean  | 7%                  |

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<sup>192</sup> Extracted from London Health Observatory's Southwark Health Profile 2008, accessed at [http://www.apho.org.uk/default.aspx?QN=HP\\_METADATA&AreaID=50291](http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50291)

<sup>193</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Bangladesh   | 2%         |
| Chinese  | 2%         |
| Indian   | 2%         |
| Pakistani  | 0%         |
| Other  | 15%        |
| <b>Total % of population BME</b><br>(Total Population 269,033) | <b>38%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 9.80% in Southwark.<sup>194</sup>

**(ii) Teenage Pregnancy<sup>195</sup>**

The under-18 conception rate has decreased by 13% from the 1998 baseline to 2007. In Southwark there is a very clear north-south split, with the north seeing the highest levels of deprivation and teenage conceptions and the majority of wards having super-output areas in the 20% most disadvantaged. Teenage conception rates follow the same pattern, with many wards having conception rates amongst the highest 10% in London. In the south there are still areas of high deprivation and teenage conception rates in the 50% highest for London. The only exception to this is Village ward with covers Dulwich village.

There are 4 Community contraceptive clinics in Southwark, including one family planning and youth clinic. Two are open Monday-Friday with sessions throughout the day and evening. The family planning and youth clinic has sessions Monday-Thursday and the fourth clinic has two short sessions per week. There are no services after 15.30 on a Friday or Saturday.

There is one GUM service with a mixture of walk-in and appointment only clinics Monday-Friday. There are two young people's services, one open Monday-Saturday and one on Wednesday afternoons. All community contraceptive clinics and young people's clinical services offer pregnancy testing and referral for abortion or ante natal care. There is no condom distribution scheme.

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<sup>194</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>195</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

Development of a condom distribution scheme and distribution across a range of settings accessed by young people would be beneficial, as would developing a service to make long acting methods of contraception available at all sessions accessed by young people. Improving publicity of family planning and youth clinic times to young people establishing a community contraceptive clinic on Friday afternoons and Saturdays would also be useful.

|   |                        |
|---|------------------------|
| <b>Southwark PCT<sup>196</sup></b>  | <b>Rate (per 1000)</b> |
| <b>Under 18 Year Old Conception Rate<sup>197</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>76.2</b>            |
| <b>Age Standardized Abortion Rate</b><br>per 1,000 female pop. aged 15 - 44, 2008                     | <b>37</b>              |
| <b>% Abortions Repeat Women Aged under 25 (2008)</b>  | <b>35</b>              |
| <b>Fertility Rate</b><br>(per 1,000 female pop. aged 15-44, 2006)                                     | <b>66.50</b>           |

|   |    |
|---|----|
| <b>Abortion Rate 2008 - Southwark<sup>198</sup></b> |    |
| Under 18  | 40 |
| 18-19   | 80 |
| 20-24   | 58 |
| 25-29   | 40 |
| 30-34   | 33 |

76% of all abortions in Southwark occurred between 0-9 weeks gestation, 15% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

### 3. Action and Response<sup>199</sup>

Within the PCT structure, sexual health sits within commissioning. The Interim Director of Commissioning has overall responsibility. The Sexual Health Commissioner has the lead on commissioning. The post is dedicated to sexual health commissioning across Lambeth and Southwark. The post is also responsible for commissioning London-wide HIV

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<sup>196</sup> Sex and Our City Report, p44

<sup>197</sup> Teenage Pregnancy Unit, February 2009.

<sup>198</sup> Department of Health Abortion Statistics, 2008.

<sup>199</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

prevention and community support and for commissioning these for South London and local populations.

In 2006 the Southwark PCT undertook a comprehensive sexual health needs assessment in collaboration with Lambeth PCT as both boroughs have demographic similarities and worked together to modernize sexual health services through the Sexual Health Modernisation Initiative (SHMI) in 2003-07.

#### **Commissioning and NEW investment plans for 2008/09**

The Southwark PCT has specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting. New investment plans for 2008/09 include:

- **Camberwell Sexual Health Centre** new vending machine and log-in technology that facilitates self-management pathways.
- **NCSP Chlamydia screening** in primary care, additional investment
- **HIV point of care testing** at Peckham Pulse (run by THT)

#### **Sexual Health Strategy**

In 2006 the Southwark PCT published a Sexual Health Strategy. Its purpose was to create an integrated care pathway and continuum of services across prevention and health promotion. The PCT has used the Strategy to inform the location of new services and the targeting of specific groups and commissioning plans in 2007/08 and 2008/09.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £7,028,858 which represented 1.58% of the total PCT budget.<sup>200</sup> In 2007/08 Southwark PCT spent £28.87 per head of population on sexual health services (including GP contraceptive prescribing).<sup>201</sup>

Detailed service specifications were used for the commissioning of Brook and rapid HIV testing service.

The hosted providers of GUM services at Levels 1, 2 and 3 was Kings College Hospital at the Caldecot Centre and at Levels 1 and 2 at the Camberwell Sexual Health Centre.

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<sup>200</sup> Ibid. p. 147.

In 2007/08 the PCT had the following contracts for services provided by GPs outside of the GMS contract: a LES for sexual health services in 15 practices including Chlamydia screening (Level 1), a LES for IUD fitting (Level 2) with 27 practices, a LES for subdermal contraceptive implants (Level 2) with 5 practices.

Pharmacy-based contracts with the PCT included: a LES for Level 1 emergency hormonal contraception, condoms, Chlamydia screening in 33 pharmacies across Southwark; a LES for Chlamydia treatment and C Card scheme with 6 pharmacies.

Southwark spent a total of £281,192.24 on Contraception prescribing between 2007 and 2008. They have a Teenage Pregnancy Strategy that is delivered through active engagement by Health, Education, Social Services and Youth Support via the Young Southwark Childrens Trust and the Teenage Pregnancy Strategic Management Group.<sup>202</sup> Southwark has quite high utilization of services by young people in the Reproductive and Sexual Health Service and there are dedicated Teenage Pregnancy Services provided by Brook.

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Voluntary sector and GUM
- Contraceptive services and GUM
- Community pharmacy and GUM

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<sup>201</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>202</sup> Extracted from: <http://www.southwarkpct.nhs.uk/documents/3221.doc>

## 1.6 NORTH WEST LONDON SECTOR

### LONDON BOROUGH OF BRENT PROFILE

#### 1. Overview<sup>203</sup>

Brent is a borough of contrasts. The health of the people varies considerably from the England average; for example smoking in pregnancy, deaths from smoking and early deaths from cancer are better than the England average. However, people diagnosed with diabetes, new cases of tuberculosis and children's tooth decay all appear worse than the England average.

The proportion of children eligible for free school meals in Brent is significantly higher in the 'Black' ethnic group than other ethnic groups; and men from the least deprived areas can expect to live six years longer than those in the most deprived areas. Over the last ten years, rates of deaths from all causes have decreased for both men and women and are lower than the England average. However, early deaths from heart disease and stroke remain higher than the England average.

In Brent, 2 in 5 children live in poverty compared to the average for England of 1 in 5 children. The Brent Local Area Agreement prioritises:

- Increasing smoking cessation
- Reducing obesity
- Increasing sports participation
- Reducing substance misuse
- Improving tuberculosis treatment completion rates.

#### 2. Demographic Profile<sup>204</sup>

##### (i) General

| Age Group Breakdown | % of Total Population in 2007/08 |
|---------------------|----------------------------------|
| 0-14                | 18%                              |
| 15-19               | 6%                               |
| 20-24               | 8%                               |
| 25-34               | 20%                              |
| 35-44               | 16%                              |

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<sup>203</sup> Extracted from London Health Observatory's Brent Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50266>

<sup>204</sup> Source: DH GUMAMM data

|                         |                       |
|-------------------------|-----------------------|
| 45-64                   | 20%                   |
| 65+                     | 12%                   |
| <b>Total Population</b> | <b>271,425 (100%)</b> |

| <b>Ethnic Breakdown</b>  | <b>% of BME Population in 2007/08</b> |
|--|---------------------------------------|
| Black African  | 8%                                    |
| Black Caribbean  | 10%                                   |
| Bangladesh   | 0%                                    |
| Chinese  | 1%                                    |
| Indian   | 19%                                   |
| Pakistani  | 4%                                    |
| Other  | 39%                                   |
| <b>Total % of population BME</b><br>(Total Population 276,849) | <b>57%</b>                            |

The positivity rate of genital Chlamydia in 2007-2008 was 7.90% in Brent.<sup>205</sup>

### (ii) Teenage Pregnancy<sup>206</sup>

The under-18 conception rate has decreased by 10% from the 1998 baseline to 2007. High levels of deprivation and teenage pregnancy are concentrated in the south of the borough, with particularly high pockets in Kilburn and Stonebridge. Further north, Sudbury and Preston also have higher teenage pregnancy rates.

There are 9 community contraceptive clinics listed, some of which offer only one session each week, and some of which offer several. Around half are at times easily accessible to young people in education. There are no clinics on a Saturday. One GUM service is listed, with sessions Monday-Friday, and one young people's session each week. Only one other session is at a time accessible to young people. One young people's service offering a clinical service is listed, with one session each week on a Tuesday afternoon. A number of other young people's services offer free condoms and pregnancy testing and are listed in the map as condom distribution points.

<sup>205</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>206</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

Pregnancy testing and referral for abortion or ante natal care is available from all clinical services. The young people's drop-in sessions also offer pregnancy testing. An EHC in pharmacy scheme is currently being agreed. There are also school based advice and information drop in clinics, which includes an on call advice service available to young people until 11pm.

There is a condom distribution scheme, with most access points being concentrated in the high teenage pregnancy rate areas.

| Brent PCT <sup>207</sup>  | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>208</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 43.1            |
| Age Standardized Abortion Rate<br>per 1,000 female pop. aged 15 - 44, 2008                      | 33              |
| % Abortions Repeat Women Aged under 25 (2008)   | 32              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 71.30           |

| Abortion Rate 2008 - Brent <sup>209</sup> |    |
|---|----|
| Under 18                                  | 21 |
| 18-19                                     | 47 |
| 20-24                                     | 53 |
| 25-29                                     | 42 |
| 30-34                                     | 34 |

83% of all abortions in Brent occurred between 3-9 weeks gestation, 10% between 10-12 weeks and 8% 13 or more weeks in the term in 2008.

In Brent:

- 38% of school children feel they need better information/advice on SRE<sup>210</sup>

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<sup>207</sup> Sex and Our City Report, p44

<sup>208</sup> Teenage Pregnancy Unit, February 2009.

<sup>209</sup> Department of Health Abortion Statistics, 2008.

<sup>210</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ONLINE.pdf)

- 62% of school children that think they receive good enough info on SRE
- 14% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>211</sup>

Within the PCT structure, responsibility for sexual health sits with commissioning. The Director of Strategic Commissioning and Development has overall responsibility. Sexual health commissioning responsibilities are shared between 4 posts in the PCT. The PCT provides the lead for the following:

- Lead Commissioner for North West London Hospital NHS Trust (NWLH) for GUM
- Lead Commissioner for chlamydia screening for Brent, Harrow and Hillingdon PCTs

The PCT published in a **Joint Strategic Needs Assessment (JSNA)** in August 2008. This was a comprehensive needs assessment using epidemiological data combined with public and patient feedback to determine public health priorities and influence the future commissioning strategy. The JSNA included sexual health and has already influenced the first draft Commissioning Strategy Plan (CSP). Due to the prevalence of HIV/STIs and teenage conceptions it was decided that sexual health was a priority for the PCT and so was included in the initiatives listed and submitted to NHS London.

#### **Sexual health strategy**

In August 2005 the PCT published a **sexual health strategy**. This was informed by local and national voluntary sector providers, GPs, contraceptive services, NWLH, hospices, the PCT and local authority. The strategy was revised in August 2008. The PCT has used the strategy as a basis for commissioning.

#### **Sexual health services commissioned in 2007/08**

The PCT annual spend on commissioned sexual health services (excluding specialised HIV treatment and care) was £5,261,221 which represented approximately 1.25% of the total PCT budget. Detailed service specifications were used for the following: family planning, all voluntary and non-NHS organisations, GUM services and the NCSP.

The hosted provider of GUM services at Levels 1, 2 and 3 was the **North West London**

Hospitals NHS Trust. Westside Contraceptive Services provided contraceptive / family planning services at Levels 1, 2 and 3, and also provided STI screening and treatment at Levels 1 and 2. In 2008/09 this contract to deliver these services will be with Camden PCT.

Collaborative commissioning arrangements are in place between Brent, Harrow and Hillingdon PCTs for their contribution towards the **National Chlamydia Screening Programme**.

The Northwest London Hospital NHS Trust was commissioned to provide NCSP screens and treatment, and management of patients. Screening occurred in a number of sites including GPs, family planning, Brook, SHOC, pharmacies and outreach groups. There was a LES in place with 34 pharmacies to provide NCSP screening.

#### **Locally-commissioned HIV and primary STI prevention**

Services were provided by the following:

Living Well worked with the gay community on the HIV positive self management programme.

Sexual Health On Call (SHOC) Lonsdale Education Centre targeted 14-19 yrs olds for sexual health education, safe campaigns (young people, BME communities), condom distribution scheme (young people). They also provided education and training for GPs and other sexual health professionals and they developed resources/materials for health promotion on sexual health. In 2008/09 this provider will also promote and undertake Chlamydia screening.

#### **Referral pathways include:**

NCSP and Contraceptive services

NCSP and Pharmacy

NCSP and GUM

Voluntary sector and NCSP

#### **Commissioning & NEW Investment plans for 2008/09**

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<sup>211</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for

The PCT has no specific plans to shift existing activity out of an acute setting but is commissioning additional and new activity in a non acute setting.

New investment plans for 2008/09 include:

- Funding a Young Persons Outreach Worker for Sexual Health, working with Family Planning Provider, to
- provide education health awareness to young people in Brent.
- HIV Rapid Testing project delivered by a voluntary organisation, provided from three community-based
- locations, targeting people at risk of having HIV.

In 2007/2008 Brent PCT spent £18.43 per head of population on sexual health.

## LONDON BOROUGH OF EALING PROFILE

### 1. Overview<sup>212</sup>

Indicators of health for people in Ealing are mixed. Deprivation and children in poverty are worse than the England average; there are a higher percentage of children from the black ethnic group eligible for free school meals than both the national and local average. In contrast, GCSE achievement and teenage pregnancy are better than the England average.

Adults living in the borough appear to lead a healthy lifestyle with low rates of binge drinking and smoking. Over the last 10 years, the rate of deaths from all causes, cancer and heart disease & stroke have fallen in line with the England average. The rate for both males and females is similar to that of England as a whole. The early death rate from cancer has also fallen in the last ten years and is below the rate for England.

Ealing's Local Area Agreement has prioritized:

- Reducing serious violent crime
- Drug related offending rates
- Reducing the prevalence of smoking
- Increasing physical activity in young people & children.

### 2. Demographic Profile<sup>213</sup>

#### (i) General

| Age Group Breakdown     | % of Total Population in 2007/08 |
|-------------------------|----------------------------------|
| 0-14                    | 18%                              |
| 15-19                   | 6%                               |
| 20-24                   | 7%                               |
| 25-34                   | 20%                              |
| 35-44                   | 17%                              |
| 45-64                   | 21%                              |
| 65+                     | 11%                              |
| <b>Total Population</b> | <b>306,376 (100%)</b>            |

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<sup>212</sup> Extracted from London Health Observatory's Ealing Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50266>

<sup>213</sup> Source: DH GUMAMM data

| Ethnic Breakdown   | % of BME Population in 2007/08 |
|--|--------------------------------|
| Black African  | 4%                             |
| Black Caribbean  | 4%                             |
| Bangladesh   | 0%                             |
| Chinese  | 1%                             |
| Indian   | 16%                            |
| Pakistani  | 4%                             |
| Other  | 37%                            |
| <b>Total % of population BME</b><br>(Total Population 312,290) | <b>44%</b>                     |

The positivity rate of genital Chlamydia in 2007-2008 was 5.80% in Ealing.<sup>214</sup>

(ii) Teenage Pregnancy<sup>215</sup>

The under-18 conception rate has decreased by 28% from 1998 baseline to 2007. The highest teenage pregnancy rates are concentrated in the north-west of the borough, and there are patches of high deprivation here too. Elsewhere in the borough the relationship between deprivation and teenage pregnancy is not as strong as in other boroughs.

There are 6 community contraceptive clinics, two of which have young people's sessions once a week. There is one GUM service listed.

All community contraceptive services and young people's sessions offer pregnancy testing and referral to abortion or ante natal care. At present there is no condom distribution scheme.

| Ealing PCT <sup>216</sup>   | Rate (per 1000) |
|---|-----------------|
| <b>Under 18 Year Old Conception Rate<sup>217</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>31.8</b>     |
| <b>Age Standardized Abortion Rate</b>   | <b>26</b>       |

<sup>214</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>215</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>216</sup> Sex and Our City Report, p44

<sup>217</sup> Teenage Pregnancy Unit, February 2009.

|   |              |
|---|--------------|
| (per 1,000 female pop. aged 15 - 44, 2008)                        |              |
| <b>% Abortions Repeat Women Aged under 25 (2008)</b>              | <b>30</b>    |
| <b>Fertility Rate</b><br>(per 1,000 female pop. aged 15-44, 2006) | <b>69.70</b> |

| <b>Abortion Rate 2008 - Ealing<sup>218</sup></b> |    |
|--|----|
| Under 18   | 20 |
| 18-19  | 37 |
| 20-24  | 48 |
| 25-29  | 35 |
| 30-34  | 23 |

80% of all abortions in Ealing occurred between 3-9 weeks gestation, 11% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

### 3. Action and Response<sup>219</sup>

Within the PCT structure, sexual health sits within commissioning. The Director of Commissioning and Performance has overall responsibility. There is a Service Improvement Manager (Sexual Health and Specialist Services) who leads on sexual health commissioning. 50% of this post is dedicated to sexual health commissioning. The remaining 50% of the commissioner's time is spent as the specialised commissioning lead for renal services.

The PCT recently undertook a Joint Needs Assessment that covers health, social care and well-being however they do not have a sexual health strategy.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) in 2007 was £3,133,499 which represented 0.64% of the total PCT budget.

The hosted provider of services was **Ealing Hospital NHS Trust**, at Levels 1, 2 and 3. The sole provider of community contraceptive / family planning services at Levels 1, 2 and 3 was **Ealing PCT Provider services**. The service also offered chlamydia screening. The

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<sup>218</sup> Department of Health Abortion Statistics, 2008.

PCT did not commission any other sexual health services in 2007/08.

The **Chlamydia Screening Programme** commenced in the PCT in February 2008 and is delivered via the PCT community contraception service and Marie Stopes International. In 2008/09 an incentive scheme is being rolled out to pharmacies and outreach workers are being employed.

The PCT had two LESs for sexual health services provided by GPs outside of the GMS contract in 2007/08. The first was with 42 practices throughout the PCT to fit intra uterine devices (Level 2). The second LES was with 4 practices to provide contraceptive implants (Level 2).

Locally-commissioned HIV and primary STI prevention services are provided by:

**West London Gay Men's Project.** Delivered condom and lubricant distribution scheme, outreach work, counselling and The Source Newsletter. The contract also managed the Your Zone project targeting young lesbian, gay and bisexual people. In 2008/09 the service will introduce a pilot of rapid HIV testing, a MSM clinic in the local GUM service and an education programme with primary care.

**Ealing, Hammersmith & Fulham African Communities.** Delivered a number of interventions including the west London African Prevention Partnership that delivers the Love Safely Programme. Also the West London African Health forum and Service User Forum. In 2008/09 the service will pilot the Know4Sure project which is a community based rapid HIV testing programme.

**Living Well.** Delivered a positive self management programme, facilitator training, life coaching and counselling to people living with HIV.

**West London Centre for Counselling.** Delivered safer sex promotion, assessment and counselling to those affected by HIV/AIDS.

**River House Trust.** Delivered a range of practical and emotional support services and acted as a hosting service for a number of specialist support services for people affected

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<sup>219</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for

by HIV.

**Complementary Health Trust.** Delivered complementary therapy services, acupuncture, shiatsu and aromatherapy to people living with HIV.

The PCT engaged with providers via its **Sexual Health Steering Group** which meets bi-monthly. Membership included PCT commissioners, public health, health promotion, acute trust clinicians, family planning clinicians, chlamydia screening, teenage pregnancy, voluntary sector organisations and service users. The PCT engaged with service users via representation of an HIV user group and a representative of the West London African Forum sat on its sexual health steering group.

#### **Referral pathways**

Referral pathways were defined and agreed between:

- NCSP and contraceptive services
- NCSP and GUM

#### **Commissioning and NEW investment plans for 2008/09**

The PCT has no specific plans to shift existing activity out of an acute setting but are commissioning new activity in a non acute setting. New investment plans for 2008/09 include:

- **Rapid HIV testing (Level 1)**
- **Young People's Sexual Health Work (Level 1)**

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Overview<sup>220</sup>

In general, the health of people in Hammersmith and Fulham is comparable to the England average. However, drug misuse, alcohol related hospital admissions and violent crime are significantly higher than the England average; whereas physically active children and adults, healthy eating adults, breast feeding initiation and GCSE achievement are significantly better than the England average.

There are inequalities within Hammersmith and Fulham by location, gender, level of deprivation and ethnicity. For example, men from the most deprived group have a four year shorter life expectancy than those in the least deprived group; and the percentage of children eligible for free school meals is higher than the England average across all ethnic groups. Over the last ten years, rates of deaths from all causes average have decreased for men and women, and are now lower than the averages for England. Early deaths from cancer and from heart disease and stroke have decreased over the last few years and are now similar to the England average.

In Hammersmith and Fulham, rates of adult obesity and people diagnosed with diabetes are lower than the England average. Hammersmith and Fulham has prioritised tackling inequalities within the borough through a healthy borough strategy.

Demographic Profile<sup>221</sup>

(i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 15%                   |
| 15-19                   | 4%                    |
| 20-24                   | 8%                    |
| 25-34                   | 27%                   |
| 35-44                   | 17%                   |
| 45-64                   | 18%                   |
| 65+                     | 10%                   |
| <b>Total Population</b> | <b>171,410 (100%)</b> |

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<sup>220</sup> Extracted from London Health Observatory's Hammersmith and Fulham Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50266>

| Ethnic Breakdown   | % of BME Population |
|--|---------------------|
| Black African  | 5%                  |
| Black Caribbean  | 5%                  |
| Bangladesh   | 1%                  |
| Chinese  | 1%                  |
| Indian   | 1%                  |
| Pakistani  | 1%                  |
| Other  | 14%                 |
| <b>Total % of population BME</b><br>(Total Population 177,501) | <b>24%</b>          |

The positivity rate of genital Chlamydia in 2007-2008 was 8% in Hammersmith and Fulham.<sup>222</sup>

(ii) Teenage Pregnancy<sup>223</sup>

The under-18 conception rate has decreased by 27% from the 1998 baseline to 2007. All but two of Hammersmith and Fulham's wards have 20% most disadvantaged super-output areas. Teenage conception rates are higher in the north than in the south. However there are wards throughout the borough with fairly high numbers of conceptions.

There are 5 community contraceptive clinics in Hammersmith and Fulham, open Monday-Saturday with a range of session times including afternoon and evenings. There is a young person's clinic on Saturday lunchtimes.

5 integrated sexual and reproductive health services are listed, one of which also has a young people's session. Information about session days and times was incomplete so it is not possible to say what proportion of sessions is accessible to young people in education. There is no GUM service listed.

There is one young people's service open three afternoons each week, and two sessions for young people offered as part of other services. Pregnancy tests are available at all

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<sup>221</sup> Source: DH GUMAMM data

<sup>222</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>223</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at:

community contraceptive services. There is a comprehensive condom distribution scheme and an EHC in pharmacy scheme.

| Hammersmith and Fulham PCT <sup>224</sup>   | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>225</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 50.7            |
| Age Standardized Abortion Rate<br>(per 1,000 female pop. aged 15 - 44, 2008)                    | 25              |
| % Abortions Repeat Women Aged under 25 (2008)   | 30              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 58.37           |

| Abortion Rate 2008 - Hammersmith and Fulham <sup>226</sup> |    |
|--|----|
| Under 18   | 24 |
| 18-19  | 48 |
| 20-24  | 43 |
| 25-29  | 29 |
| 30-34  | 17 |

79% of all abortions in Hammersmith & Fulham occurred between 3-9 weeks gestation, 12% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

#### Action and Response<sup>227</sup>

Within the PCT structure, sexual health sits within commissioning. The Director of Commissioning has overall responsibility. The Commissioning Manager (Sexual Health and HIV) leads on sexual health commissioning. This post is dedicated to sexual health and HIV.

In 2007 the PCT undertook a service targeted needs assessment focussing on HIV and men who have sex with men. This was undertaken as rates of infection were continuing to increase in Hammersmith & Fulham, there was a changing profile of people affected and

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<http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>224</sup> Sex and Our City Report, p44

<sup>225</sup> Teenage Pregnancy Unit, February 2009.

<sup>226</sup> Department of Health Abortion Statistics, 2008.

services were no longer meeting need. The PCT wanted to consider existing service configuration in the borough to inform unmet need and future commissioning that complemented pan-London HIV prevention programmes.

The PCT has used findings as a basis for commissioning. Key stakeholders were engaged in developing service specifications. Two tender processes were initiated; one for HIV support services and the other for health promotion for men who have sex with men. Organisations were invited to tender and the contracts were awarded for 2008/09.

### **Sexual health strategy**

In 2005 the PCT published a sexual health strategy. This was informed by members of the Sexual Health Strategy Group which included GUM clinicians, local authority representation, voluntary sector providers, PCT Health Improvement Managers, community representatives, service user representatives, teenage pregnancy coordinator and a general practitioner. In addition, the following were also consulted:

- HIV Service User Forum
- Voluntary Sector Providers Forum
- The Gay Men's Project
- The African Sexual Health and HIV Providers Forum.

The strategy has been revised and the 2008-12 sexual health strategy has been drafted and is out for consultation. The PCT has used the strategy to inform commissioning by the outlining key priority areas which are likely to have maximum impact. Each of these areas has key initiatives for improvement with a detailed 5 year financial plan.

### **Sexual health services commissioned in 2007/08**

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £4,463,482, which represented 1.54% of the total PCT budget. Detailed service specifications were used for the following services: GUM, contraception, abortion, HIV support, men who have sex with men health promotion, HIV prevention, chlamydia screening. These were developed jointly with service providers.

The PCT had a Sexual Health Strategy Group. Membership included GUM clinicians, local

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<sup>227</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for

authority representation, Voluntary Sector providers, PCT Health Improvement Managers, community representatives, service user representatives, teenage pregnancy coordinator and a general practitioner.

This group met on a bi-monthly basis. The Sexual Health and HIV Providers Forum is a new group which commenced in June 2008.

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Contraceptive services and GUM
- Community pharmacy and GUM
- Primary care and contraceptive services
- Community pharmacy and contraceptive services
- NCSP and contraceptive services

### Commissioning and NEW investment plans for 2008/09

New investment plans for 2008/09 include:

Chelsea & Westminster Hospital to provide sexual health training for primary care providers to deliver Level 1 and 2 services.

In 2008/09 the PCT will under take a mapping and consultation exercise to establish how sexual health services will be delivered in the well-being centre and where the most appropriate setting would be.

The PCT has no specific plans to shift existing activity out of an acute setting but it does plan to commission young persons sexual health outreach clinics and HIV/STI outreach clinics as part of the GUM contract. The PCT is looking at developing hub and spoke Levels 1,2 and 3 services. In 2008, a project worker will be recruited to establish how the hub and spoke will work and to identify clear referral pathways to and from the hub.

LONDON BOROUGH OF HARROW PROFILE

1. Overview<sup>228</sup>

Overall, the health of people in Harrow is better than the England average. For example, adult binge drinking, adult smoking, obesity in adults and health eating adults appear better than the England average. However, people diagnosed with diabetes, new cases of tuberculosis, children's tooth decay and infant deaths appear worse than the England average.

There are inequalities within Harrow by location and level of deprivation. For example, out of all the ethnic groups in Harrow the black community has the highest percentage of children eligible for free school meals. Over the last 10 years deaths from all causes and early death rates from cancer and from heart disease and stroke have declined and are better than the England average. However the number of children in poverty has grown since 2007 and is now worse than the England average rate.

2. Demographic Profile<sup>229</sup>

(i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 18%                   |
| 15-19                   | 7%                    |
| 20-24                   | 6%                    |
| 25-34                   | 15%                   |
| 35-44                   | 16%                   |
| 45-64                   | 23%                   |
| 65+                     | 14%                   |
| <b>Total Population</b> | <b>214,573 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 3%                  |
| Black Caribbean  | 3%                  |
| Bangladesh       | 0%                  |
| Chinese          | 1%                  |

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<sup>228</sup> Extracted from London Health Observatory's Harrow Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52441>

<sup>229</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Indian   | 25%        |
| Pakistani  | 3%         |
| Other  | 42%        |
| <b>Total % of population BME</b><br>(Total Population 216,954) | <b>49%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 7.80% in Harrow.<sup>230</sup>

**(ii) Teenage Pregnancy<sup>231</sup>**

The under-18 conception rate has decreased by 5% from the 1998 baseline to 2007. The borough has a central strip running from Harrow Weald in the north to Greenhill in the south which has higher levels of teenage conceptions. Harrow has only two super-output areas amongst the 20% most disadvantaged.

There are two contraception and sexual health clinics listed, one with a range of sessions throughout the week and the other with just one session per week. Around half take place in the afternoon, evenings or on a Saturday. The comprehensive service also has a number of young people only sessions each week.

There is one GUM service though it is appointment only. Brook also run one session each week in the borough. The sexual and reproductive health service and young peoples' service offer pregnancy testing and referral for abortion or ante natal care. There is an EHC in pharmacy scheme with participating pharmacies across the borough, but there is no condom distribution scheme.

| Harrow PCT <sup>232</sup>   | Rate (per 1000) |
|---|-----------------|
| <b>Under 18 Year Old Conception Rate<sup>233</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 25.7            |
| <b>Age Standardized Abortion Rate</b>   | 27              |

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<sup>230</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>231</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>232</sup> Sex and Our City Report, p44

<sup>233</sup> Teenage Pregnancy Unit, February 2009.

|  |              |
|--|--------------|
| (per 1,000 female pop. aged 15 - 44, 2008)                       |              |
| <b>% Abortions Repeat Women Aged under 25 (2008)</b>             | <b>31</b>    |
| <b>Fertility Rate</b><br>(per 1,000 female pop.aged 15-44, 2006) | <b>63.06</b> |

| <b>Abortion Rate 2008 - Harrow<sup>234</sup></b> |    |
|--|----|
| Under 18   | 16 |
| 18-19  | 42 |
| 20-24  | 45 |
| 25-29  | 39 |
| 30-34  | 27 |

85% of all abortions in Harrow occurred between 3-9 weeks gestation, 9% between 10-12 weeks and 6% 13 or weeks in the term in 2008.

In Harrow:

- 41% of school children feel they need better information/advice on SR<sup>235</sup>
- 59% of school children that think they receive good enough info on SR
- 15% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>236</sup>

Within the PCT structure, sexual health sits within public health. The Director of Public Health has overall responsibility. The Choosing Health Lead for Obesity and Sexual Health has responsibility for sexual health commissioning, which comprises 15% of the post. This is supported by the Commissioning Manager who has responsibility for negotiating contracts with the GUM service and contraceptive services with North West London Hospitals Trust. Approximately 5% of the Commissioning Manager's post is dedicated to sexual health.

The PCT commissioned a comprehensive sexual health needs assessment that was due to

<sup>234</sup> Department of Health Abortion Statistics, 2008.

<sup>235</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>236</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

be completed in July 2008. The needs assessment built upon a service targeted needs assessment undertaken in 2004/05. The PCT used findings from the service targeted needs assessment to redesign commissioned voluntary services. The 2008 comprehensive sexual health needs assessment will inform the PCT's sexual health strategy and commissioning.

#### Commissioning and NEW investment plans for 2008/09

The PCT has no specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting. New investment plans for 2008/09 include:

- Provision of standardised SRE in schools across Harrow to be provided by the Contraceptive and Family Planning Services
- Chlamydia Screening and treatment in pharmacies

#### Sexual Health Strategy

In 2005 the PCT published a sexual health strategy which was revised in June 2008. The strategy identifies priorities, service gaps and areas requiring investment. The comprehensive sexual health needs assessment completed in 2008 was incorporated into the revised sexual health strategy to shape future commissioning intentions. The revised strategy was developed in consultation with service providers, service users, community representatives who are not service users and a range of other stakeholders.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £1,415,104 which represented 0.54% of the total PCT budget.<sup>237</sup> In 2007/08 Harrow PCT spent £8.77 per head of population on sexual health services (including GP contraceptive prescribing).<sup>238</sup>

Detailed service specifications were used for the commissioning of the following: Clinic in a Box, SHIP, Living Well and Complementary Health Trust. These specifications were developed on the basis of local information, needs assessment and with the support of the Sexual Health Strategy Group members.

The sole provider of GUM services at Levels 1, 2 and 3 was **North West London Hospitals**

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<sup>237</sup> Ibid. p. 110.

Trust, Northwick Park Hospital. The sole provider of community contraceptive/family planning services at Levels 1, 2 and 3 and STI screening and treatment at Level 1 was North West London Hospitals Trust, Contraception and Family Planning Service.

In 2007/08 the PCT did commission sexual health services provided by GPs outside of the GMS contract, however the only GP practice to include sexual health within the PMS was St Peters Medical Centre.

A contract was launched in 2008 to provide free emergency hormonal contraception to Under 19s in 15 pharmacies across Harrow. In 2008/09 the PCT are developing a LES for Chlamydia screening to be rolled out into pharmacies.

Harrow spent a total of £174,284.64 on contraception prescribing between 2007 and 2008. Harrow has a Teenage Pregnancy Strategy and a Teenage Pregnancy Team. Harrow's Teenage Pregnancy Strategy articulates goals in line with the National Teenage Pregnancy Strategy and has identified similar targets to meet by 2010.<sup>239</sup>

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Voluntary sector and GUM
- Primary care and contraceptive services
- NCSP and contraceptive services
- NCSP and pharmacy
- Contraceptive services and GUM
- GUM and contraceptive services
- Community pharmacy and contraceptive services
- NCSP and general practice
- NCSP and GUM

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<sup>238</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>239</sup> Extracted from Harrow Council website Teenage Pregnancy webpage:  
[http://www.harrow.gov.uk/site/scripts/documents\\_info.php?documentID=524](http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=524)

#### LONDON BOROUGH OF HILLINGDON PROFILE

- Overview<sup>240</sup>

The health of people in Hillingdon shows some variation compared to the England average. Adult binge drinking and obesity in children and adults appears better in Hillingdon than the England average; and breast feeding initiation, children's tooth decay and new cases of tuberculosis appear worse than the England average.

Wards in the south of the borough appear the most deprived; and men from the most deprived group have five years shorter life expectancy than those in the least deprived group. Over the last ten years, overall deaths from all causes, early death rates from heart disease and cancer have remained close to the averages for England. In Hillingdon the proportion of adult smokers is similar to the England average; however smoking causes the death of around 360 people each year.

Compared to the 2007 Health Profile, the rates of teenage pregnancy remain high and are worse than the England average. The Local Area Agreement has prioritized work on:

- Reducing inequalities in health by tackling wider determinants of inequalities through better partnerships;
- Integrating health care and wellbeing.

- Demographic Profile<sup>241</sup>

(i) General

| Age Group Breakdown     | % of Total Population in 2007/08 |
|-------------------------|----------------------------------|
| 0-14                    | 19%                              |
| 15-19                   | 7%                               |
| 20-24                   | 8%                               |
| 25-34                   | 14%                              |
| 35-44                   | 16%                              |
| 45-64                   | 22%                              |
| 65+                     | 13%                              |
| <b>Total Population</b> | <b>249,980 (100%)</b>            |

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<sup>240</sup> Extracted from London Health Observatory's Hillingdon Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50266>

<sup>241</sup> Source: DH GUMAMM data

| Ethnic Breakdown   | % of BME Population in 2007/08 |
|--|--------------------------------|
| Black African  | 3%                             |
| Black Caribbean  | 2%                             |
| Bangladesh   | 1%                             |
| Chinese  | 1%                             |
| Indian   | 11%                            |
| Pakistani  | 2%                             |
| Other  | 22%                            |
| <b>Total % of population BME</b><br>(Total Population 248,131) | <b>27%</b>                     |

The positivity rate of genital Chlamydia in 2007-2008 was 9.80% in Hillingdon.<sup>242</sup>

(ii) Teenage Pregnancy<sup>243</sup>

The under-18 conception rate has increased by 4% from the 1998 baseline to 2007. There are only small areas of Hillingdon which number among the 20% most disadvantaged areas however around half of the borough has wards with conception rates in the top 50%. The highest rates can be seen in the far north, but with Heathrow and surrounding areas also being hot-spot areas.

There are a number of community contraceptive services listed, two of which also have young people's sessions. Many of the clinics do not offer sessions every week. One central GUM service is listed, where young people are encouraged to telephone for an appointment.

There are a number of young people's sessions located across the borough, some of which offer a clinical service and others which offer condoms, advice, information and pregnancy testing. The community contraceptive clinics and young people's sessions offer pregnancy testing and referral for abortion and ante natal care.

As described above there are a number of advice services which offer free condoms but

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<sup>242</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>243</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

there is no fully developed condom distribution scheme.

46% of school children that think they need better information & advice on S&R? (year 8 & 10 only). 54% of school children that think they receive good enough info on SR (year 8 & 10 only). 16% of school children that worry about -Girlfriends/ boyfriends/ sex

| Hillingdon PCT <sup>244</sup>   | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>245</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 45.7            |
| Age Standardized Abortion Rate<br>(per 1,000 female pop. aged 15 - 44, 2008)                    | 25              |
| % Abortions Repeat Women Aged under 25 (2008)   | 30              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 64.55           |

| Abortion Rate 2008 - Hillingdon <sup>246</sup> |    |
|--|----|
| Under 18                                       | 23 |
| 18-19  | 47 |
| 20-24  | 38 |
| 25-29  | 33 |
| 30-34  | 25 |

81% of all abortions in Hillingdon occurred between 3-9 weeks gestation, 11% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

- **Action and Response<sup>247</sup>**

In 2007/08, Hillingdon PCT spent £10.24 on sexual health per head of population. Within the PCT structure, sexual health sits within commissioning. The Executive Director of In Hospital Commissioning has overall responsibility however there is a Commissioning and Service Development Manager whose post is split 25% to sexual health. Other responsibilities include maternity, independent contracts and acute commissioning. This

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<sup>244</sup> Sex and Our City Report, p44

<sup>245</sup> Teenage Pregnancy Unit, February 2009.

<sup>246</sup> Department of Health Abortion Statistics, 2008.

<sup>247</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

post also acts as the lead coordinating commissioner for pan-London Helicopter Emergency Medical Services for the 31 London PCTs.

The PCT has not undertaken a sexual health needs assessment, however in 2005/06 the PCT published a **Sexual Health Strategy** with a three year action plan which is now due for review. The PCT plan to recruit a permanent sexual health commissioner who will lead the review of the Hillingdon sexual health strategy.

The strategy was developed by stakeholders including:

- the local Sexual Health Strategy Group
- Healthy Hillingdon (part of the local authority)
- Acute trust (clinicians and managers)
- Teenage Pregnancy
- Young people's services including Brook and KISS
- Contraceptive service clinicians
- Voluntary sector representatives (including the Hillingdon AIDS Response Trust).

The PCT has used the strategy to inform commissioning. The three year action plan reflected key national priorities including the GUM access target, rolling out the NCSP in 2008/09 and increasing and improving uptake of rapid HIV testing.

The PCT annual spend on commissioned sexual health services as itemized below (excluding specialised HIV treatment and care) was **£2,106,396** which represented **0.65%** of the total PCT budget.

Detailed service specifications were not used for commissioning in 2007/08 but the London Sexual Health Programme templates were used for 2008/09.

The hosted provider of services was the **Tudor Centre, Hillingdon Hospital**, at Levels 1, 2 and 3. The sole provider of community contraceptive / family planning services at Levels 1, 2 and 3 and STI screening and treatment at Level 1 was **Hillingdon PCT Provider Services** at Uxbridge Health Centre. This service also provides condoms to GP practices, outreach services in schools and young people drop in centres.

Contraceptive services were provided by **Brook, London**, which delivered Level 1 and 2 contraceptive / family planning services and Level 1 STI screening and treatment.

The sole provider of abortion services was **Marie Stopes International**. This contract was a cost per case contract - not capped.

In 2007/08 the PCT did not commission sexual health services provided by GPs outside of the GMS contract.

The PCT engaged with providers via formal quarterly meetings with the multi-disciplinary Sexual Health Strategy Group and meetings with individual providers. The PCT engaged with service users via audit, surveys and mystery shopping exercises via service providers.

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Community pharmacy and GUM
- GUM and contraceptive services
- NCSP and pharmacy
- NCSP and GUM
- NCSP and pharmacy
- Voluntary sector and NCSP
- Contraceptive services and GUM
- Voluntary sector and GUM
- Primary care and contraceptive services
- Community pharmacy/contraceptive services
- Voluntary sector and contraceptive services
- NCSP and contraceptive services
- NCSP and GUM

### Commissioning and NEW investment plans for 2008/09

The PCT has no specific plans to shift existing activity out of an acute setting. New investment plans for 2008/09 include:

- **NCSP** - Full roll out including remuneration for pharmacists and advertising.
- **Young Peoples Outreach** - Level 1 targeting pharmacies and young peoples drop in centres.

## LONDON BOROUGH OF HOUNSLOW PROFILE

### 1. Overview<sup>248</sup>

Overall, the health of people in Hounslow is significantly worse than the England average. For example, children's tooth decay, childhood obesity, diabetes and early deaths from heart disease and stroke appear worse than the England average. However binge drinking in adults and alcohol-related hospital stays are significantly better than the England average.

There are health inequalities within Hounslow by location, gender, level of deprivation and ethnicity. The proportion of children eligible for free school meals is higher amongst the Black ethnic group and significantly lower in the Asian ethnic group. Men from the least deprived areas can expect to live 5 years longer than those from the most deprived. Nearly one in three children lives in poverty, which is significantly worse than the England average.

Over the last ten years, death rates from all causes have decreased for men and remain the same for women. Both are above the averages for England. In Hounslow the percentage of people diagnosed with diabetes is significantly higher than England's average and the rate of new cases of tuberculosis is four times that of England's average.

### 2. Demographic Profile<sup>249</sup>

#### (i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 18%                   |
| 15-19                   | 6%                    |
| 20-24                   | 7%                    |
| 25-34                   | 19%                   |
| 35-44                   | 17%                   |
| 45-64                   | 21%                   |
| 65+                     | 11%                   |
| <b>Total Population</b> | <b>218,597 (100%)</b> |

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<sup>248</sup> Extracted from London Health Observatory's Hounslow Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52444>

<sup>249</sup> Source: DH GUMAMM data

| Ethnic Breakdown   | % of BME Population |
|--|---------------------|
| Black African  | 3%                  |
| Black Caribbean  | 1%                  |
| Bangladesh   | 1%                  |
| Chinese  | 1%                  |
| Indian   | 20%                 |
| Pakistani  | 5%                  |
| Other  | 37%                 |
| <b>Total % of population BME</b><br>(Total Population 222,807) | <b>41%</b>          |

The positivity rate of genital Chlamydia in 2007-2008 was 7.20% in Hounslow.<sup>250</sup>

(ii) Teenage Pregnancy<sup>251</sup>

The under-18 conception rate has decreased by 5% from the 1998 baseline to 2007. Under half of Hounslow's wards have 20% most disadvantage super-output areas. Teenage pregnancy rates are also mixed, with four teenage pregnancy hotspot wards. The relationship between teenage pregnancy and deprivation is not as clear as in other areas; Turnham Green is a teenage pregnancy hotspot but does not have a 20% most disadvantaged super-output area.

There are seven community contraceptive clinics, two of which have young peoples' sessions once a week. Each clinic has between one and seven sessions per week, around half of which are accessible to young people in education. There are no Saturday sessions however. The location of the clinics covers the majority of teenage pregnancy hotspots.

There is one GUM service, with sessions Monday-Friday, only two of which would be accessible to young people in education. Other than the two young people's sessions in community contraceptive clinics, one young people's clinic is listed, with two sessions each week at times accessible to young people in education. All clinical services offer pregnancy testing and referral for NHS abortion. It is unclear if there are services

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<sup>250</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>251</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

offering access to LARC. Free condoms are available from a number of clinical settings but there is no fully developed condom distribution scheme, nor is there a comprehensive EHC in pharmacy scheme.

| Hounslow PCT <sup>252</sup>   | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>253</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 46.9            |
| Age Standardized Abortion Rate<br>(per 1,000 female pop. aged 15 - 44, 2008)                    | 28              |
| % Abortions Repeat Women Aged under 25 (2008)   | 28              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 73.81           |

| Abortion Rate 2008 - Hounslow <sup>254</sup> |    |
|--|----|
| Under 18                                     | 26 |
| 18-19  | 44 |
| 20-24  | 48 |
| 25-29  | 33 |
| 30-34  | 29 |

71% of all abortions in Hounslow occurred between 3-9 weeks gestation, 17% between 10-12 weeks and 13% 13 or more weeks in the term in 2008.

In Hounslow:

- 34% of school children feel they need better information/advice on SR<sup>255</sup>
- 66% of school children that think they receive good enough info on SR
- 19% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>256</sup>

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<sup>252</sup> Sex and Our City Report, p44

<sup>253</sup> Teenage Pregnancy Unit, February 2009.

<sup>254</sup> Department of Health Abortion Statistics, 2008.

<sup>255</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>256</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

Within the PCT structure, sexual health sits within commissioning. The Director of Healthcare Procurement has overall responsibility. There is a Senior Commissioning Manager for Children and Families and an Assistant Commissioning Manager (Acute) who share responsibility for sexual health commissioning. The Senior Commissioning Manager for Children and Families also commissions prison healthcare. Approximately 10% of this post is dedicated to sexual health. The Assistant Commissioning Manager (Acute) also commissions prison healthcare but approximately 50% of this post is dedicated to sexual health commissioning.

In 2007 the PCT undertook a service targeted sexual health needs assessment. The needs assessment supported the business case for service redesign. The PCT has used the findings as a basis for commissioning Level 1 and 2 services targeting Men who have Sex with Men (MSM). It has also informed areas needing investment including primary care and contraception/family planning.

#### **Commissioning and NEW investment plans for 2008/09**

The PCT has specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting. New investment plans for 2008/09 include:

- **Increasing capacity in Family Planning Clinics** new investment level to be determined
- **Commissioning GPs** to provide Chlamydia screening and asymptomatic STI screening
- **Commissioning services at HMYOI Feltham** to provide Chlamydia screening and in time moving to offering other sexual health services. New investment levels to be determined

#### **Sexual Health Strategy**

In 2007 the PCT published a sexual health strategy. The strategy was developed with stakeholders including: clinicians from the acute trust and primary care, voluntary sector partners and the local authority. Ongoing review and monitoring of the strategy is undertaken by the PCT Sexual Health Strategy/ Modernisation Group.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £2,757,181 which represented 0.88%

of the total PCT budget.<sup>257</sup> In 2007/08 Hounslow PCT spent £13.05 per head of population on sexual health services (including GP contraceptive prescribing).<sup>258</sup> Detailed service specifications were not used for the commissioning of services.

The hosted provider of GUM services at Levels 1, 2 and 3 was **West Middlesex University Hospital**. The provider also delivered contraception/family planning services at Levels 1, 2 and 3. In 2008/09 the PCT anticipate a reduction in activity with this provider as capacity with community family planning clinics increases and primary care services commence.

The sole provider of community contraceptive/family planning services at Levels 1 and 2 was **Hounslow PCT Provider Services** (Community Family Planning Clinics, Isleworth Health Centre). In 2008/09 the provider will deliver Chlamydia screening and asymptomatic STI screening.

In 2007/08 the PCT did not commission any other sexual health services. The National Chlamydia Screening Programme was hosted by the family planning service.

In 2007/08 the PCT did not commission any sexual health services provided by GPs outside of the GMS contract. During the same period the PCT also did not commission any pharmacy based services.

The PCT has a Sexual Health Strategy Group that meets on a monthly basis, and the PCT is also part of the EHH (Ealing, Hammersmith and Hounslow) HIV Forum. Hounslow PCT is looking to increase engagement with other voluntary sector groups.

Hounslow spent a total of **£249,017.43** on contraception prescribing between 2007 and 2008. They have a Teenage Pregnancy Strategy that is overseen by the Teenage Pregnancy Partnership Board with a Teenage Pregnancy Co-ordinator. In 2007 the Teenage Pregnancy Partnership Board stated its intent to improve provision of LARC, pharmacy involvement, pupil and parent involvement, and work with teenage parents to avoid repeat pregnancies.<sup>259</sup>

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<sup>257</sup> Ibid. p. 118.

<sup>258</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>259</sup> Extracted from: <http://www.hounslowpct.nhs.uk/documents/CCEOreportAugust.pdf>

### Referral pathways

Hounslow PCT has no defined and agreed referral pathways.

THE ROYAL BOROUGH OF KENSINGTON & CHELSEA

1. Overview<sup>260</sup>

Overall, the health of people in Kensington and Chelsea is significantly better than the England average. For example, infant deaths, early deaths from cancer and diabetes diagnoses appear better than the England average. However children's tooth decay in state primary schools, estimated rate of drug misuse, and new cases of tuberculosis all appear higher than the England average.

There are health inequalities within Kensington and Chelsea by location, level of deprivation and ethnicity. Although overall life expectancy is the highest in the country, men and women from the least deprived areas of the Borough can expect to live seven years longer than those from the most deprived. Over the last ten years, death rates from all causes have decreased faster than England and have remained well below the England averages for both men and women. Estimates for healthy eating are the highest in the country and physical activity in adults is higher than average. Estimated levels of obesity are low.

2. Demographic Profile<sup>261</sup>

(i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 15%                   |
| 15-19                   | 4%                    |
| 20-24                   | 7%                    |
| 25-34                   | 22%                   |
| 35-44                   | 18%                   |
| 45-64                   | 22%                   |
| 65+                     | 12%                   |
| <b>Total Population</b> | <b>178,021 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 4%                  |
| Black Caribbean  | 2%                  |

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<sup>260</sup> Extracted from London Health Observatory's Kensington & Chelsea Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52446>

<sup>261</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Bangladesh   | 1%         |
| Chinese  | 2%         |
| Indian   | 2%         |
| Pakistani  | 1%         |
| Other  | 16%        |
| <b>Total % of population BME</b><br>(Total Population 169,544) | <b>22%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 6.80% in Kensington and Chelsea.<sup>262</sup>

(ii) Teenage Pregnancy<sup>263</sup>

The under-18 conception rate has decreased by 29% from the 1998 baseline to 2007. Kensington and Chelsea combines areas of extreme difference in deprivation. A quarter of the Borough ranks among the 20% least deprived parts of England while two wards in the north are in the 10% most deprived in the country. Teenage conceptions are generally lower than average, and tend to be concentrated in the more disadvantaged areas.

Services are generally located in or close to areas where there are higher conception rates. There are a number of community contraceptive clinics located around the borough, most of which have sessions in the afternoon and evening. There is one central integrated sexual and reproductive clinic which offers appointments five days per week, though only one of the sessions takes place after 4pm.

There are five young peoples' services, two of which provide a clinical service. The others offer advice, information and free condoms. One of the clinical services offers a Monday-Friday service for one hour per day, in the afternoon. The community contraceptive clinics and young peoples' services offer pregnancy testing and referral for abortion or ante natal care. As described above there are a number of advice services offering free condoms but there is no fully developed condom distribution scheme. There

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<sup>262</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>263</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

is also no EHC in pharmacy scheme.

| Kensington & Chelsea PCT <sup>264</sup>   | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>265</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 29.5            |
| Age Standardized Abortion Rate<br>(per 1,000 female pop. aged 15 - 44, 2008)                    | 19              |
| % Abortions Repeat Women Aged under 25 (2008)   | 24              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 51.63           |

| Abortion Rate 2008 - Kensington & Chelsea <sup>266</sup> |    |
|--|----|
| Under 18   | 17 |
| 18-19  | 28 |
| 20-24  | 29 |
| 25-29  | 24 |
| 30-34  | 29 |

78% of all abortions in Kensington & Chelsea occurred between 3-9 weeks gestation, 13% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

In Kensington & Chelsea:

- 27% of school children feel they need better information/advice on SR<sup>267</sup>
- 73% of school children that think they receive good enough info on SR
- 17% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>268</sup>

Within the PCT structure, sexual health sits within commissioning. The Associate Director of Acute and Specialised Commissioning has overall responsibility. The Sexual Health

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<sup>264</sup> Sex and Our City Report, p44

<sup>265</sup> Teenage Pregnancy Unit, February 2009.

<sup>266</sup> Department of Health Abortion Statistics, 2008.

<sup>267</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>268</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

Lead is responsible for sexual health commissioning with 30% of the post's time devoted to Kensington & Chelsea PCT sexual health commissioning and 70% devoted to specialized HIV treatment and care commissioning on behalf of the eight PCTs in North West London.

During 2008/09 commissioning of sexual health services from GPs and community pharmacies will undertaken by the Primary Care Department with support and advice from the commissioning department. The initial focus for this work will be Chlamydia screening.

The PCT undertook a comprehensive sexual health needs assessment in 2008. The PCT also adopted an HIV strategy and Action Plan in January 2008, based on 2006 SOPHID activity. The 2008/09 comprehensive sexual health needs assessment will inform the development of a new joint sexual health strategy with the Royal Borough of Kensington and Chelsea and inform the development of future strategic commissioning plans and priorities.

#### **Commissioning and NEW investment plans for 2008/09**

The PCT currently has no specific plans to shift existing activity out of an acute setting, although this may change as a result of the new sexual health strategy. It does have plans to commission new and additional activity in a non acute setting. New investment plans for 2008/09 include:

- **Design Options** to carry out a comprehensive sexual health needs assessment
- **Project management costs** - the PCT plans to develop a care model to meet the primary care needs of HIV patients within primary care; the model would be considered in future planning to meet the needs of all residents with long term conditions
- **Roll out of Chlamydia & gonorrhoea screening** in community pharmacies
- **Primary care commissioning budget** to support the development of a **Sexual Health Enhanced GMS and PMS Premium Service**
- **HIV Strategy and Action Plan** to develop the involvement of Chelsea & Westminster Hospital in provision of HIV and sexual health services within primary care, community contraceptive services and the voluntary sector
- **New funding** to support the **Westminster, Kensington & Chelsea Sexual Health Providers Forum**
- **New funding** in 'R U Ready' Sex and Relationships Education training for staff

- **Contraception** access the PCT has a new budget to improve access to contraception
- **Chlamydia screening contingency**

### Sexual Health Strategy

In 2006 the PCT published a sexual health strategy. This was developed in collaboration with stakeholders including GUM and contraception providers, voluntary sector, PCT and Local Authority personnel. The sexual health strategy expired in December 2007 but was used to inform the existing commissioning portfolio. Kensington & Chelsea PCT and the Royal Borough of Kensington & Chelsea have adopted a joint Public Health and Wellbeing Strategy called 'Choosing Good Health - Together' (2007-2012), which includes a joint sexual health strategy.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £7,263,030 which represented 2.36% of the total PCT budget.<sup>269</sup> In 2007/08 Kensington & Chelsea PCT spent £42.40 per head of population on sexual health services (including GP contraceptive prescribing).<sup>270</sup>

Detailed service specifications were used for the commissioning of the following services: GUM (acute SLA), abortion (acute SLA), contraception, Chlamydia screening, post acute HIV care (Mildmay Mission Hospital), voluntary sector support services (HIV and sex and relationships education), Sexual Health Enhanced GMS/PMS Premium Service.

The hosted provider of GUM services at Levels 1, 2 and 3 was **the Chelsea and Westminster Hospital**. In 2008/09 GUM has been dehosted and is now cross-charged and the value of outreach services for Kensington & Chelsea PCT (only) delivered from the John Hunter Clinic will be increased.

In 2007/08 the PCT did not commission any sexual health services provided by GPs outside of the GMS contract. In 2008/09 the PCT developed an enhanced GMS for sexual health and a PMS LES which in Year 1 will focus on Chlamydia screening. One practice (at Lighthouse West) currently delivers services and the PCT anticipate that 10 practices will be on line by the end of 2008/09.

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<sup>269</sup> Ibid. p. 123.

In 2008/09 the PCT did not commission any pharmacy based services. In 2008/09 the PCT will invest further funds in the roll out of Chlamydia screening in community pharmacies.

Kensington & Chelsea spent a total of £176,804.70 on Contraception prescribing between 2007 and 2008. There is a Teenage Pregnancy Strategy agreed for Kensington & Chelsea and Westminster (KCW). The Royal Borough of Kensington & Chelsea have a Teenage Pregnancy Team that is part of the Youth Support and Development Service and works with pregnant teenagers and teenage parents to provide support and advice services.<sup>271</sup>

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Voluntary sector and contraceptive services
- Voluntary sector and GUM
- NCSP and contraceptive services
- Contraceptive services and GUM
- GUM and contraceptive services

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<sup>270</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>271</sup> See Royal Borough of Kensington & Chelsea webpage: <http://www.rbkc.gov.uk/az/az.asp?orgid=4599>

CITY OF WESTMINSTER PROFILE

1. Overview<sup>272</sup>

The health of people in Westminster shows a mixed picture compared to the England average. Rates of obesity, physical activity and healthy eating in adults appear better than the England average, whereas violent crime, children's tooth decay and drug misuse appear worse than the England average. Church Street, Harrow Road, Queen's Park and Westbourne wards appear the most deprived in the borough. Men and women from the most deprived groups have a life expectancy nine and seven years less than those in the least deprived group.

Compared to the 2007 Health Profile, hospital stays related to alcohol have increased and are now significantly worse than the England average and early deaths from heart disease and stroke are now better than the England average. The Local Area Agreement has prioritised work on tackling health inequalities, substance misuse, including alcohol and childhood obesity.

2. Demographic Profile<sup>273</sup>

(i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 12%                   |
| 15-19                   | 4%                    |
| 20-24                   | 10%                   |
| 25-34                   | 27%                   |
| 35-44                   | 17%                   |
| 45-64                   | 19%                   |
| 65+                     | 11%                   |
| <b>Total Population</b> | <b>231,874 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 3%                  |
| Black Caribbean  | 3%                  |
| Bangladesh       | 3%                  |

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<sup>272</sup> Extracted from London Health Observatory's City of Westminster's Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52428>

<sup>273</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Chinese  | 3%         |
| Indian   | 4%         |
| Pakistani  | 1%         |
| Other  | 23%        |
| <b>Total % of population BME</b><br>(Total Population 231,874) | <b>28%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 7.10% in Westminster.<sup>274</sup>

(ii) Teenage Pregnancy<sup>275</sup>

The under-18 conception rate has decreased by 22% from the 1998 baseline to 2007. There are 6 community contraception clinics, holding between one and five clinics per week, taking place Monday to Friday. There is one integrated sexual and reproductive health service with sessions held Monday to Friday and one GUM service listed with sessions taking place Monday-Friday. There are 3 young people's services listed. All clinical services provide pregnancy testing. There is an EHC in pharmacy scheme however there is no condom distribution scheme.

| City of Westminster PCT <sup>276</sup>  | Rate (per 1000) |
|---|-----------------|
| <b>Under 18 Year Old Conception Rate<sup>277</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>31.6</b>     |
| <b>Age Standardized Abortion Rate</b><br>(per 1,000 female pop. aged 15 - 44, 2008)                   | <b>19</b>       |
| <b>% Abortions Women Aged under 25 (2008)</b>   | <b>29</b>       |
| <b>Fertility Rate</b><br>(per 1,000 female pop.aged 15-44, 2006)                                      | <b>44.08</b>    |

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<sup>274</sup> Westminster Teaching PCT. Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>275</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>276</sup> Sex and Our City Report, p44

<sup>277</sup> Teenage Pregnancy Unit, February 2009.

| Abortion Rate 2008 - City of Westminster <sup>278</sup> |    |
|---|----|
| Under 18  | 25 |
| 18-19   | 26 |
| 20-24   | 30 |
| 25-29   | 20 |
| 30-34   | 18 |

82% of all abortions in Westminster occurred between 3-9 weeks gestation, 12% between 10-12 weeks and 6% 13 or weeks in the term in 2008.

### 3. Action and Response<sup>279</sup>

Westminster PCT had a commissioning resource for 2007/08 of £364m. Commissioning of health services is conducted in the main through the development of Service Level Agreements (SLAs) which provide a specification of the health care service to be provided. Westminster has 172 Service Level Agreements (SLAs), 16 with acute hospitals. The publication of *Commissioning a patient-led NHS* in 2006 clearly set out the lead role PCTs play in commissioning services to meet the needs of the local population.

In 2007/08 Westminster spent £32.50 on sexual health per head of population and spent a total of £266,834.69 on contraceptive prescribing.

#### Sexual Health Strategy

In September 2008 the Kensington & Chelsea and Westminster Sexual Health Providers Forum was formed with the aim to:

“Improve the quality of life experienced by Kensington & Chelsea and Westminster residents. This will be achieved through the development of a robust, recognised sexual health forum that:

- a. builds the capacity of its members
- b. ensures the delivery of holistic and responsive sexual health services
- c. facilitates the achievement of excellence.”

The forum holds an ongoing programme of between four and six meetings each year. The forum allows members to:

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<sup>278</sup> Department of Health Abortion Statistics, 2008.

- Understand the full range of services available to KCW residents
- Disseminate relevant information and resources relating to the technical aspects of sexual health promotion, disease prevention and care.
- Identify gaps in provision
- Identify ways in which the service user's experience of services can be enhanced, through, for example, referral mechanisms, joint promotional materials, shared service information.
- Shape and respond to local commissioning intentions.
- Understand, influence and respond to the local and national policy context for sexual health.

Finally, the Westside Contraceptive service is part of Westminster PCT, is consultant led and is funded via Westminster, Hammersmith & Fulham and Kensington & Chelsea PCTs with Hammersmith & Fulham PCT being the lead commissioner and is funded on block contracts with each of the PCTs. From January 2008 Westside Contraceptive Services are running the Chlamydia Screening Office for all three PCTs. In 2007/08 the service estimated that 83% of patients self-referred, 10% were referrals from primary care, 5% were referrals from secondary care and 2% were referrals from the voluntary / third sector. In 2007/08 there were 4,164 attendances at the service. Of these 2,775 were first attendances with 17% of these being under 25 years of age.

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<sup>279</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

## 1.7 NORTH CENTRAL LONDON SECTOR

### LONDON BOROUGH OF BARNET PROFILE

#### Overview<sup>280</sup>

Overall, the health of people in Barnet is significantly better than the England average. For example, obesity and smoking in adults, violent crime and hospital stays related to alcohol are better than the England average. People diagnosed with diabetes, physical activity in children and children in poverty appear worse than the England average.

There are health inequalities within Barnet by location, gender, level of deprivation and ethnicity. The proportion of children eligible for free school meals is significantly higher in the black ethnic group than other ethnic groups. Men from the least deprived areas can expect to live 3 years longer than those from the most deprived.

Over the last ten years, death rates from all causes for men and women, early deaths from cancer and early deaths from heart disease & stroke have improved and are better than the England average. Barnet has one of the highest rates in the country (91%) of mothers initiating breast feeding and smoking in pregnancy is lower than the England average. However the rate of new tuberculosis cases is double the England average.

#### Demographic Profile<sup>281</sup>

##### (i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 19%                   |
| 15-19                   | 6%                    |
| 20-24                   | 6%                    |
| 25-34                   | 17%                   |
| 35-44                   | 16%                   |
| 45-64                   | 22%                   |
| 65+                     | 14%                   |
| <b>Total Population</b> | <b>328,562 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
|------------------|---------------------|

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<sup>280</sup> Extracted from London Health Observatory's Barnet Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50266>

<sup>281</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Black African  | 5%         |
| Black Caribbean  | 1%         |
| Bangladesh   | 1%         |
| Chinese  | 2%         |
| Indian   | 9%         |
| Pakistani  | 2%         |
| Other  | 24%        |
| <b>Total % of population BME</b><br>(Total Population 328,864) | <b>30%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 7.90% in Barnet.<sup>282</sup>

(ii) Teenage Pregnancy<sup>283</sup>

The under-18 conception rate in Barnet has increased by 23% from the 1998 baseline to 2007. The borough has some areas of deprivation and higher under-18 conceptions, although the relationship between the two is not as strong as in other areas.

There is a significant spread of community contraceptive clinics throughout the borough with opening times throughout the week. There are some afternoon and evening clinics but the majority are appointment only. All contraceptive methods are available.

There are two young people's clinics per week, both located in high teenage pregnancy rate areas and at convenient times for young people in education. There is one central GUM service, open mornings only. All clinical services provide pregnancy testing and referral to abortion or ante natal care and condoms are available from one young peoples' sexual health advice service and community contraceptive services. However since there is no comprehensive condom distribution scheme it would be beneficial to expand distribution of condoms across a broader range of settings accessed by young people.

|                           |                 |
|---------------------------|-----------------|
| Barnet PCT <sup>284</sup> | Rate (per 1000) |
|---------------------------|-----------------|

<sup>282</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>283</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

|   |              |
|---|--------------|
| <b>Under 18 Year Old Conception Rate<sup>285</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>29.8</b>  |
| <b>Age Standardized Abortion Rate</b><br>(per 1,000 female pop. aged 15 - 44, 2008)                   | <b>25</b>    |
| <b>% Abortions Repeat Women Aged under 25 (2008)</b>  | <b>36</b>    |
| <b>Fertility Rate</b><br>(per 1,000 female pop. aged 15-44, 2006)                                     | <b>65.57</b> |

|  |    |
|--|----|
| <b>Abortion Rate 2008 - Barnet<sup>286</sup></b> |    |
| Under 18   | 18 |
| 18-19  | 38 |
| 20-24  | 45 |
| 25-29  | 34 |
| 30-34  | 20 |

82% of all abortions in Barnet occurred between 3-9 weeks gestation, 11% between 10-12 weeks and 7% 13 or more weeks in the term in 2008. In Barnet:

- 38% of school children feel they need better information/advice on SR<sup>287</sup>
- 62% of school children that think they receive good enough info on SR
- 16% of school children that worry about -Girlfriends/ boyfriends/ sex

### Action and Response<sup>288</sup>

Within the PCT structure, responsibility for sexual health is shared across commissioning, public health, finance and primary care. The Director of Commissioning and Planning has overall responsibility. The Acute Commissioning Manager leads on sexual health. 20% of the Commissioning Manager's post is dedicated to sexual health and HIV. Other responsibilities include maternity, children's services (jointly with the London Borough of Barking & Dagenham) and cancer services (across the outer North East London sector).

<sup>284</sup> Sex and Our City Report, p44

<sup>285</sup> Teenage Pregnancy Unit, February 2009.

<sup>286</sup> Department of Health Abortion Statistics, 2008.

<sup>287</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>288</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

Between January and April 2008 the PCT undertook a rapid needs assessment using a public health consultant employed on a locum basis with Department of Health funding. As the PCT develops further capacity in the community, focused service specifications will enable innovative procurement.

#### **Commissioning and NEW investment plans for 2008/09**

The PCT does not plan to shift activity out of an acute setting in 2008/09, but it is working with the Provider Arm to maximize the potential Level 3 services and support increasing capacity. There will be an emphasis on HIV testing to support the late diagnosis target where the PCT could do better.

The sexual health investment plan outline has been considered by the PCT board. There are business cases to be prepared for the following:

- Provision of extra capacity in family planning and contraceptive services
- Local voluntary sector providers focusing on young people
- Establishment of outreach posts working between GUM and family planning to work with vulnerable and at-risk young people including sexual health prevention and provision of emergency hormonal contraception
- Funding for a condom distribution scheme
- Setup of abortion services at **Edgware Community Hospital**
- Teenage pregnancy funding from **London Borough of Barnet** for SRE projects and pilot of **ParentLine Plus Barnet**
- Emergency hormonal contraception scheme in pharmacies

#### **Sexual Health Strategy**

In March 2008 the PCT published a sexual health strategy. This was informed by sexual health providers including acute trusts, voluntary sector providers, community providers, users and the local authority. The Sexual Health Needs Assessment forms the basis for the work plan that accompanies the PCT's sexual health strategy. The targeting focuses on the most deprived areas so that service re-design ensures better access to services with the aim of making services as holistic as possible and to increase the uptake of services. The strategy is monitored and reviewed annually and is due for revision in 2011.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was **£2,536,100** which represented **0.56%**

of the total PCT budget.<sup>289</sup> In 2007/08 Barnet PCT spent £9.03 per head of population on sexual health services (including GP contraceptive prescribing).<sup>290</sup> Detailed service specifications were used for GUM services and HIV prevention services.

The hosted provider of GUM services at Levels 1, 2 and 3 was the **Clare Simpson Clinic, Barnet and Chase Farm Hospitals NHS Trust**. The sole provider of community contraceptive/family planning services was **Barnet PCT Provider Services** which was also commissioned to deliver STI screening and treatment. In 2008/09 there will be more focus on services for young people. Service specifications allied to the sexual health work programme will be developed to inform strategic commissioning.

In 2007/08 the PCT commissioned Level 1 STI screening and treatment and Level 2 contraceptive services from 13 GP practices by either LES or PMS contract.

The PCT had no contracts for pharmacy-based services in 2007/08 although emergency hormonal contraception was provided in pharmacies through Teenage Pregnancy Funding. In 2008/09 this will be funded via new PCT investment.

Barnet spent a total of **£336,977.39** on Contraception prescribing between 2007 and 2008. There is a formal Teenage Pregnancy Strategy and Teenage Pregnancy funding that supplies emergency hormonal contraception through pharmacies (see above). In accordance with the Teenage Pregnancy Strategy, Barnet PCT launched a condom distribution scheme in 2007.<sup>291</sup>

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and contraceptive services
- NCSP and contraceptive services
- NCSP and general practice
- NCSP and pharmacy
- NCSP and GUM
- Voluntary sector and NCSP

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<sup>289</sup> Ibid. p. 74.

<sup>290</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>291</sup> <http://www.barnet.nhs.uk/ec/Folders/PreviewDoc.asp?id=984>

LONDON BOROUGH OF CAMDEN PROFILE

1. Overview<sup>292</sup>

Overall, the health of people in Camden is worse than the England average. For example, new cases of tuberculosis, deaths from smoking and male life expectancy appear worse than the England average. However estimates of the percentage of adult obesity and physically active adults are better than the England average.

There are health inequalities within Camden by location, gender, level of deprivation and ethnicity. Men from the least deprived areas can expect to live 7 years longer than those from the most deprived. Over the last ten years, death rates from all causes, cancer and heart disease & stroke have decreased. The percentage of people diagnosed with diabetes appears to be better than the England average, but 6,000 people are registered with the disease. Death rates from smoking are higher than the England average.<sup>293</sup>

2. Demographic Profile<sup>294</sup>

(i) General

| Age Group Breakdown     | % of Total Population  |
|-------------------------|------------------------|
| 0-14                    | 15%                    |
| 15-19                   | 5%                     |
| 20-24                   | 10%                    |
| 25-34                   | 27%                    |
| 35-44                   | 17%                    |
| 45-64                   | 18%                    |
| 65+                     | 9%                     |
| <b>Total Population</b> | <b>227, 453 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 6%                  |
| Black Caribbean  | 2%                  |
| Bangladesh       | 7%                  |
| Chinese          | 2%                  |
| Indian           | 3%                  |

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<sup>292</sup> Extracted from London Health Observatory's Camden Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50270>

<sup>293</sup> Smoking accounts for over 240 deaths each year in Camden.

<sup>294</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Pakistani  | 1%         |
| Other  | 22%        |
| <b>Total % of population BME</b><br>(Total Population 205,139) | <b>29%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 6.70% in Camden.<sup>295</sup>

#### (ii) Teenage Pregnancy<sup>296</sup>

The under-18 conception rate has decreased by 22% from the 1998 baseline to 2007. However, there are still high levels of under-18 conceptions in the centre and the south of the borough which correspond with areas of concentrated deprivation.

There are 5 Community contraceptive clinics located throughout the borough that hold a range of sessions, including Saturdays and specialist IUD clinics. All methods of contraception are available. Additionally, there are a range of young peoples' services, including two services that run sessions five days per week, and more sessions run by community contraceptive or GUM clinics.

There are two GUM services, although one is actually just over the border in the borough of Islington. Both offer an extensive range of services including a young peoples' clinic and session times are accessible to young people in education.

The location of services generally matches areas of higher deprivation and higher conception rates. All clinical services provide pregnancy testing and referral to abortion and ante-natal care. There is an EHC provision scheme through borough pharmacies but there is no condom distribution scheme.

It is unclear whether long acting contraceptive methods are available at all clinics. It will be necessary to determine if long acting methods are available at young peoples' clinics and it will also be beneficial to extend the condom distribution scheme and distribution of condoms across a range of settings accessed by young people.

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<sup>295</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>296</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

|   |                 |
|---|-----------------|
| Camden PCT <sup>297</sup>   | Rate (per 1000) |
| Under 18 Year Old Conception Rate <sup>298</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 38.3            |
| Age Standardized Abortion Rate<br>(per 1,000 female pop. aged 15 - 44, 2008)                    | 18              |
| % Repeat Abortions Women Aged under 25 (2008)   | 26              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 45.57           |

|  |    |
|--|----|
| Abortion Rate 2008 - Camden <sup>299</sup> |    |
| Under 18                                   | 28 |
| 18-19                                      | 29 |
| 20-24                                      | 27 |
| 25-29                                      | 20 |
| 30-34                                      | 14 |

82% of all abortions in Camden occurred between 3-9 weeks gestation, 11% between 10-12 weeks and 7% 13 or more weeks in the term. In Camden:

- 37% of school children feel they need better information/advice on SR<sup>300</sup>
- 63% of school children that think they receive good enough info on SR
- 19% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>301</sup>

Within the PCT structure, sexual health sits within commissioning. The Assistant Director of Strategic Planning and Joint Commissioning has overall responsibility. The Strategic Commissioner for HIV/Sexual Health<sup>302</sup> leads on joint commissioning arrangements for GUM and HIV/voluntary organizations and services.

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<sup>297</sup> Sex and Our City Report, p43.

<sup>298</sup> Teenage Pregnancy Unit, February 2009.

<sup>299</sup> Department of Health Abortion Statistics, 2008.

<sup>300</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p154.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ON\\_LINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ON_LINE.pdf)

<sup>301</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

<sup>302</sup> The Strategic Commissioner for HIV/Sexual Health post is split 80% (sexual health including HIV) and 20% (HIV social care).

In 2006/2007 the PCT undertook a comprehensive sexual health needs assessment whose findings are used as a basis for commissioning.

#### Commissioning and NEW investment plans for 2008/09

The PCT has specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting. New investment plans for 2008/09 include:

- Chlamydia treatment and screening in pharmacies
- Provision of LARC (Level 2) (Brandon Centre)
- Condom distribution for young people (Level 1) (C Card)
- STI screening (Brook in Euston)

#### Sexual Health Strategy

In 2007 the PCT published a sexual health strategy. It specifically targets young people and HIV positive individuals for better service provision, improving access and choice for GUM and other sexual health services and enabling seamless service delivery. The action plan for delivering the aims and services is reviewed annually. The strategy was developed with a wide range of stakeholders and it informs commissioning through the statement of 4 visions which determine the action plans.

The PCT annual spending on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £12,610,277 which represented 2.99% of the total PCT budget.<sup>303</sup> In 2007/08 Camden PCT spent £57.67 per head of population on sexual health services (including GP contraceptive prescribing).<sup>304</sup>

Detailed service specifications were used for the commissioning of GUM services, contraception and community gynaecology services, young people sexual health services, abortion services, Chlamydia Screening Office, GP enhanced services, EHC pharmacy based services, all locally commissioned HIV and primary STI prevention services. The pan-London Commissioning Guidelines for Abortion Service were also used.

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<sup>303</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

<sup>304</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

The hosted providers of GUM services at Levels 1, 2 and 3 were the Mortimer Market Centre, Archway Sexual Health Clinic and the Marlborough Department at Royal Free Hospital Hampstead. The sole provider of community contraception/family planning services at levels 1, 2, and 3 was Camden PCT Provider Services. In 2008/09 STI screening and treatment services will be developed in community contraception clinics.

In 2007/08 the PCT had a LES for sexual health services provided by GPs outside of the GMS contract. Services were provided by 32 practices at levels 1 and 2. In 2008/09 funding will be increased. The contract provided emergency hormonal contraception to under-18s available in 21 pharmacies. In 2008/09 Chlamydia screening and treatment will be rolled out to pharmacies.

Camden spent a total of £320,133.65 on Contraception prescribing between 2007 and 2008. Reducing under-18 conception rates is one of the improvement priorities set out in the Children and Young Peoples' Plan. An annual teenage pregnancy assessment is carried out to identify and prioritise areas of need. The Teenage Pregnancy Reintegration Officer works as part of the Teenage Parents Strategy Group which aims to support young parents and reduce teenage pregnancies in the borough. The Teenage Pregnancy Reintegration Officer works with the Coram Parents Centre, Health Service, Youth Support Services, Housing, and Social Services. Together they offer a range of support, advice and information for pregnant teenagers and young parents aged under -18 which include:<sup>305</sup>

- Helping young people return or continue with education / training
- Find childcare and childcare funding
- Access health care
- Access the right benefits
- Access housing
- Understanding entitlements

#### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Contraceptive services and GUM
- Community pharmacy and GUM
- Voluntary sector and GUM

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<sup>305</sup> Extracted from: <http://www.camden.gov.uk/ccm/navigation/social-care-and-health/services-for-children-and-families/teenage-pregnancy/>

- GUM and contraceptive services
- Community pharmacy and contraceptive services
- NCSP and contraceptive services
- NCSP and GUM
- Primary care and contraceptive services
- Voluntary sector and contraceptive services
- NCSP and pharmacy
- Voluntary sector and GUM

## LONDON BOROUGH OF ENFIELD PROFILE

### 1. Overview<sup>306</sup>

Overall, the health of people in Enfield is similar to the England average. However, deprivation, infant deaths, obesity in children and childhood poverty are significantly higher than the England average. Adult binge drinking, adult obesity, deaths from smoking and alcohol related hospital admissions rates are significantly lower than the England average.

There are health inequalities within Enfield by location, gender, level of deprivation and ethnicity. Men from the least deprived group can expect to live 6 years longer than those from the most deprived. The percentage of children eligible for free school meals is higher than the England average for white and Chinese/other ethnic groups.

Over the last ten years, death rates from all causes have decreased for men and women and have remained below the average for England. Early deaths from cancer and from heart disease and stroke have decreased as well and remain below the England averages. Compared to England, Enfield has a higher rate of breast feeding initiation and lower rate of tooth decay in children. Enfield has prioritized reducing life expectancy inequalities, infant mortality, obesity and teenage pregnancy rates; and increasing the uptake of childhood immunizations in the next three years.

### 2. Demographic Profile<sup>307</sup>

#### (i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 20%                   |
| 15-19                   | 6%                    |
| 20-24                   | 7%                    |
| 25-34                   | 15%                   |
| 35-44                   | 17%                   |
| 45-64                   | 22%                   |
| 65+                     | 13%                   |
| <b>Total Population</b> | <b>285,303 (100%)</b> |

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<sup>306</sup> Extracted from London Health Observatory's Enfield Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52436>

| Ethnic Breakdown   | % of BME Population |
|--|---------------------|
| Black African  | 6%                  |
| Black Caribbean  | 6%                  |
| Bangladesh   | 2%                  |
| Chinese  | 1%                  |
| Indian   | 4%                  |
| Pakistani  | 1%                  |
| Other  | 17%                 |
| <b>Total % of population BME</b><br>(Total Population 288,141) | <b>29%</b>          |

The positivity rate of genital Chlamydia in 2007-2008 was 8.20% in Enfield.<sup>308</sup>

(ii) Teenage Pregnancy<sup>309</sup>

The under-18 conception rate has increased by 4% from the 1998 baseline to 2007. Enfield is an accelerated borough, of which there are 21 nationally and 4 in London. An accelerated borough is a borough that has had considerable difficulty reducing the conception rate and needs additional support to accelerate the rate of reduction. There is a clear east-west divide in the borough with high levels of deprivation and teenage pregnancy being concentrated in the east of the borough.

There is a fair spread of integrated sexual and reproductive health and community contraceptive clinics, most of which are open at times accessible to young people in education. The majority of services are located in the more disadvantaged east of the borough.

There are no young people specific clinical sessions listed however. There is a 4YP service with both static sessions and a mobile bus which offers advice, information, pregnancy testing and condom distribution and is a listed condom distribution site. All clinical services and the 4YP drop-ins provide pregnancy testing. Referral to abortion or ante natal care is also available at community contraceptive clinics.

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<sup>307</sup> Source: DH GUMAMM data

<sup>308</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>309</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at:

It would be beneficial to extend the condom distribution scheme beyond the 4YP service and to develop more young people specific clinical services. In addition, improvement could be achieved by ensuring that all services meet the You're Welcome standards, and that contacts are established with the London You're Welcome pilot so that Enfield can be prioritised for support by the programme.

| Enfield PCT <sup>310</sup>  | Rate (per 1000) |
|---|-----------------|
| <b>Under 18 Year Old Conception Rate<sup>311</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | <b>48.1</b>     |
| <b>Age Standardized Abortion Rate</b><br>(per 1,000 female pop. aged 15 - 44, 2008)                   | <b>30</b>       |
| <b>% Abortions Repeat Women Aged under 25 (2008)</b>  | <b>31</b>       |
| <b>Fertility Rate</b><br>(per 1,000 female pop. aged 15-44, 2006)                                     | <b>71.38</b>    |

| Abortion Rate 2008 - Enfield <sup>312</sup> |    |
|---|----|
| Under 18                                    | 23 |
| 18-19                                       | 61 |
| 20-24                                       | 55 |
| 25-29                                       | 36 |
| 30-34                                       | 27 |

69% of all abortions in Enfield occurred between 3-9 weeks gestation, 20% between 10-12 weeks and 12% 13 or more weeks in the term in 2008. In Enfield:

- 45% of school children feel they need better information/advice on SR<sup>313</sup>
- 55% of school children that think they receive good enough info on SR
- 14% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>314</sup>

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<http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

<sup>310</sup> Sex and Our City Report, p44

<sup>311</sup> Teenage Pregnancy Unit, February 2009.

<sup>312</sup> Department of Health Abortion Statistics, 2008.

Within the PCT structure, responsibility for sexual health is shared between commissioning and public health. The Director of Public Health has overall responsibility. The Assistant Director of Procurement and Acute Services leads on sexual health commissioning and provides the lead in joint commissioning arrangements for GUM and abortions. 5% of this post is dedicated to sexual health commissioning.

In 2005 the PCT commissioned a rapid sexual health needs assessment. The PCT has not used findings as a basis for commissioning but the needs assessment does form the basis for the sexual health and HIV strategy in Enfield.

#### Commissioning and NEW investment plans for 2008/09

The PCT has no specific plans to shift existing activity out of an acute setting but is commissioning new activity in a non-acute setting. New investment plans for 2008/09 include:

- Outreach Contraceptive Services

#### Sexual Health Strategy

In 2005 the PCT published a sexual health strategy which was due for revision in 2008. A number of stakeholders were consulted including those from the voluntary sector and local authority. The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was £2,450,648 which represented 0.66% of the total PCT budget.<sup>315</sup> In 2007/08 Enfield PCT spent £11.95 per head of population on sexual health services (including GP contraceptive prescribing).<sup>316</sup> The PCT did not commission against detailed service specifications.

The hosted provider of GUM services at Levels 1, 2 and 3 was Enfield PCT Provider Services. This provider was also the sole provider of community contraceptive/family planning services at Levels 1, 2 and 3. In 2007/08 the PCT did not commission any other sexual health services.

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<sup>313</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156. Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ONLINE.pdf)

<sup>314</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

<sup>315</sup> Ibid p. 98.

<sup>316</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

Sexual health services provided by GPs outside of the GMS contract included services provided by PMS, LES and NES contracts through 21 practices for IUCD fittings and checks. Emergency hormonal contraception was provided by a contract with 10 pharmacies.

Enfield spent a total of £281,305.20 on contraception prescribing between 2007 and 2008. Since 2001 there has been a 10-year **Teenage Pregnancy & Parenthood Strategy** in partnership between Enfield Council, NHS Enfield, Haringey Council and Haringey Teaching PCT. These partners work together with voluntary and community sector organisations to reduce teenage pregnancy rates and support teenaged parents. By 2010 the two boroughs hope to have an effective programme of Sex & Relationships Education in schools and other youth and community settings and for young people to have easy access to sexual health, contraception and abortion services, and a comprehensive range of support services for young parents and their children.

The Teenage Pregnancy & Parenthood Strategy is a multi-sector approach in partnership between health, social services, education, youth services, youth offending teams, asylum teams, housing, Connexions, Sure Start, Early Years Development & Childcare Partnerships, voluntary and private sectors. Implementation of the Strategy is overseen by Teenage Pregnancy Partnership Groups in both boroughs composed of directors, assistant directors, and heads of services from the PCT, local authority and voluntary sector.

The operational work of the Teenage Pregnancy & Parenthood Strategy is coordinated by 4 strands:

- Media & Communications
- Better Sex and Relationships Education
- Better Contraceptive Services
- Support for Teenage Parents

Each strand is carried forward by a multi-agency working group that reports to the Teenage Pregnancy Partnership.<sup>317</sup>

**Referral pathways** - defined and agreed between the voluntary sector and NCSP.

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<sup>317</sup> Extracted from:

[http://www.enfieldpct.nhs.uk/local\\_services/teenage\\_pregnancy/teenage\\_pregnancy.shtm](http://www.enfieldpct.nhs.uk/local_services/teenage_pregnancy/teenage_pregnancy.shtm)

LONDON BOROUGH OF HARINGEY

Overview<sup>318</sup>

Overall, the health of people in Haringey is worse than the England average. Life expectancy in men, teenage pregnancy and child poverty appear worse than the England average. However rates of adult binge drinking, smoking in pregnancy and obesity in adults appear better than the England average.

There are health inequalities within Haringey by location, gender, level of deprivation and ethnicity. Haringey has at least 6 wards being the most deprived areas in England. Men from the least deprived areas can expect to live 6 years longer than those from the most deprived. The number of children eligible for free school meals is higher in all ethnic groups compared to the England average.

Over the last ten years, death rates in men and early deaths from heart disease and stroke have remained above the England average. Violent crime has reduced since 2007, but it is still significantly higher than the national average. Breast feeding initiation in Haringey is one of the highest rates for England.

Demographic Profile<sup>319</sup>

(i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 18%                   |
| 15-19                   | 6%                    |
| 20-24                   | 7%                    |
| 25-34                   | 22%                   |
| 35-44                   | 19%                   |
| 45-64                   | 19%                   |
| 65+                     | 9%                    |
| <b>Total Population</b> | <b>225,657 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 9%                  |

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<sup>318</sup> Extracted from London Health Observatory's Haringey Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=50277>

<sup>319</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Black Caribbean  | 9%         |
| Bangladesh   | 2%         |
| Chinese  | 1%         |
| Indian   | 3%         |
| Pakistani  | 1%         |
| Other  | 17%        |
| <b>Total % of population BME</b><br>(Total Population 228,516) | <b>35%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 8.90% in Haringey.<sup>320</sup>

#### (ii) Teenage Pregnancy<sup>321</sup>

The under-18 conception rate has increased by 12% from the 1998 baseline to 2007. Haringey is an accelerated borough, of which there are 21 nationally and 4 in London. An accelerated borough is a borough that has had considerable difficulty reducing the conception rate and needs additional support to accelerate the rate of reduction.

The majority of the borough has high levels of deprivation and corresponding high teenage pregnancy rates; there is a strip to the west (Muswell Hill and Highgate area) that is more affluent. The majority of wards are amongst the 50% with the highest conception rates nationally.

There are 4 community contraceptive clinics located throughout the borough. Each has a couple weekly sessions, around half of which are in the evening. There is one GUM service which has clinics Monday-Friday on an appointment only basis. There is only one young peoples' session per week.

The 4YP service gives information on sexual health and contraception, free condoms and pregnancy testing but no clinical services. A part time 4YP contraception nurse does offer clinical appointments at a range of non clinical settings across the borough including youth and community centres. All community contraceptive clinics and 4YP drop-ins offer

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<sup>320</sup> Haringey Teaching PCT. Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>321</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

pregnancy testing. Clinical services offer referral for abortion or antenatal care. There is no comprehensive condom distribution scheme. There is an EHC in pharmacy scheme with participating pharmacies across the borough.

Development of a comprehensive condom distribution scheme that extends beyond the 4YP service would be beneficial, as well as expanding both community contraceptive clinics and young people specific clinics to increase access times throughout the week and across the borough. Additionally, provision of long acting methods of contraception at all sessions accessed by young people and better publicity of GUM clinic times would be beneficial.

| Haringey Teaching PCT <sup>322</sup>  | Rate (per 1000) |
|---|-----------------|
| Under 18 Year Old Conception Rate <sup>323</sup><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 70.0            |
| Quarter 1 2008, ONS data<br>(per 1,000 female pop. aged 15-17yrs)                               | 52.0            |
| Age Standardized Abortion Rate<br>(per 1,000 female pop. aged 15 - 44, 2008)                    | 31              |
| % Abortions Repeat Women Aged under 25 (2008)   | 32              |
| Fertility Rate<br>(per 1,000 female pop. aged 15-44, 2006)                                      | 69.93           |

| Abortion Rate 2008 - Haringey <sup>324</sup> |    |
|--|----|
| Under 18                                     | 30 |
| 18-19  | 59 |
| 20-24  | 61 |
| 25-29  | 32 |
| 30-34  | 25 |

69% of all abortions in Haringey occurred between 3-9 weeks gestation, 19% between 10-12 weeks and 12% 13 or more weeks in the term in 2008.

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<sup>322</sup> Sex and Our City Report, p44

<sup>323</sup> Teenage Pregnancy Unit, February 2009.

<sup>324</sup> Department of Health Abortion Statistics, 2008.

### Action and Response<sup>325</sup>

Within the PCT structure, sexual health sits within public health. The Director of Public Health has overall responsibility. A consultation in public health (Head of Inequalities and Partnerships) leads on sexual health commissioning. 10% of this post is dedicated to sexual health. The PCT has not undertaken a needs assessment that focused on, or included, sexual health.

### Commissioning and NEW investment plans for 2008/09

The PCT has specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting. The PCT is investing in developing services in primary care that will divert activity from GUM and community family planning services within a managed services network framework. New investment plans for 2008/09 include:

- GUM provision of an integrated community sexual health service for young women at Levels 1, 2 and 3
- GPs, A&E and Walk-in Centres to increase access to HIV testing for Black African and other BME groups
- GUM to mainstream and develop services for young people at Levels 1 and 2
- GPs to develop Level 1 services in primary care for sexually active young people

### Sexual Health Strategy

In 2005 the PCT published a sexual health strategy in consultation with a range of stakeholders including the following: family planning, abortion service, GUM, HIV services, psychosexual services, Primary Care Directorate, GPs, Pharmacy Department, Teenage Pregnancy Team, Health Improvement Department, the local authority, LEA, Haringey TPCT Commissioning, school nursing service, NHS walk-in centre and voluntary groups. The strategy set out a framework for sexual health services delivery in Haringey, a vision, guiding principles and a model for an integrated sexual health network. A 3 year action plan was developed that supported commissioning and service development. The strategy was due to be revised in 2008.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was **£3,375,864** which represented **0.88%**

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<sup>325</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

of the total PCT budget.<sup>326</sup> In 2007/08 Haringey PCT spent £15.50 per head of population on sexual health services (including GP contraceptive prescribing).<sup>327</sup>

The hosted provider of GUM services at Levels 1, 2 and 3 was **St. Ann's Sexual Health Centre (SASHC), St. Ann's Hospital**. In 2008/09 SASHC will support the development of integrated services at PolyClinics.

In 2007/08 sexual health services provided by GPs outside of the GMS contract included 2 GP practices with NES contracts at Level 1 and 2. A contract provided emergency hormonal contraception in 20 pharmacies across Haringey.

Haringey spent a total of £259,227.64 on contraception prescribing between 2007 and 2008. Between 2001 and 2007 there was a Teenage Pregnancy & Parenthood Strategy in partnership between Haringey Council, Haringey Teaching PCT, Enfield Council and NHS Enfield as part of the National Strategy. This Strategy partnership ended so that both boroughs could develop their own Teenage Pregnancy Strategy specific to the needs of their communities. In the original Strategy between Haringey and Enfield, these partners worked together with voluntary and community sector organisations to reduce teenage pregnancy rates and support teenaged parents. By 2010 the two boroughs hope to have an effective programme of Sex & Relationships Education in schools and other youth and community settings and for young people to have easy access to sexual health, contraception and abortion services, and a comprehensive range of support services for young parents and their children.

The Teenage Pregnancy & Parenthood Strategy is a multi-sector approach in partnership between health, social services, education, youth services, youth offending teams, asylum teams, housing, Connexions, Sure Start, Early Years Development & Childcare Partnerships, voluntary and private sectors. Implementation of the Strategy is overseen by Teenage Pregnancy Partnership Groups in both boroughs composed of directors, assistant directors, and heads of services from the PCT, local authority and voluntary sector.

The operational work of the Teenage Pregnancy & Parenthood Strategy is coordinated by 4 strands:

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<sup>326</sup> Ibid. p. 107.

- Media & Communications
- Better Sex and Relationships Education
- Better Contraceptive Services
- Support for Teenage Parents

Each strand is carried forward by a multi-agency working group that reports to the Teenage Pregnancy Partnership.<sup>328</sup>

#### Referral pathways

There were no referral pathways defined or agreed between services.

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<sup>327</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>328</sup> Extracted from:

[http://www.enfieldpct.nhs.uk/local\\_services/teenage\\_pregnancy/teenage\\_pregnancy.shtm](http://www.enfieldpct.nhs.uk/local_services/teenage_pregnancy/teenage_pregnancy.shtm)

## LONDON BOROUGH OF ISLINGTON PROFILE

### 1. Overview<sup>329</sup>

Overall, the health of people in Islington is worse than the England average. For example, drug misuse, deaths from smoking, early deaths from cancer, early deaths from heart disease and stroke, hospital stays due to alcohol and new tuberculosis cases appear worse than the England average. However physically active children and road injuries and deaths are better than the England average.

There are health inequalities within Islington by location, gender, level of deprivation and ethnicity. Men from the least deprived areas can expect to live three years longer than those from the most deprived. Over the last ten years, death rates from all causes, early deaths from cancer and early deaths from heart disease & stroke have decreased but have remained above the averages for England. In Islington GCSE performance and teenage pregnancy rates are worse than the England average. Drug misuse is over three times higher than the England average and appears to be the highest in the country. The rate of violent crime is significantly higher than the national average.

### 2. Demographic Profile<sup>330</sup>

#### (i) General

| Age Group Breakdown     | % of Total Population |
|-------------------------|-----------------------|
| 0-14                    | 15%                   |
| 15-19                   | 5%                    |
| 20-24                   | 9%                    |
| 25-34                   | 26%                   |
| 35-44                   | 18%                   |
| 45-64                   | 18%                   |
| 65+                     | 9%                    |
| <b>Total Population</b> | <b>185,488 (100%)</b> |

| Ethnic Breakdown | % of BME Population |
|------------------|---------------------|
| Black African    | 5%                  |
| Black Caribbean  | 4%                  |

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<sup>329</sup> Extracted from London Health Observatory's Islington Health Profile 2008, accessed at <http://www.apho.org.uk/resource/item.aspx?RID=52445>

<sup>330</sup> Source: DH GUMAMM data

|  |            |
|--|------------|
| Bangladesh   | 3%         |
| Chinese  | 2%         |
| Indian   | 2%         |
| Pakistani  | 1%         |
| Other  | 16%        |
| <b>Total % of population BME</b><br>(Total Population 190,790) | <b>26%</b> |

The positivity rate of genital Chlamydia in 2007-2008 was 7.70% in Islington.<sup>331</sup>

**(ii) Teenage Pregnancy<sup>332</sup>**

The under-18 conception rate has decreased by 13% from the 1998 baseline to 2007. There are high levels of deprivation and under-18 conceptions throughout the Borough. All wards within Islington have areas that are within the 20% most disadvantaged. The highest number of conceptions are concentrated in Tollington and Finsbury Park in the north and Bunhill in the south.

There are two community contraceptive clinics, one offering sessions Monday-Friday and the other Monday-Thursday. Both offer a range of afternoon and evening clinics. There is one GUM clinic with sessions Monday-Friday, though most end by mid-afternoon except for Thursday which ends at 18.30.

There are four young people's services, operating Monday-Saturday. All offer contraception and some STI screening during sessions in the afternoon and early evening. Two of the young peoples' services are in the north of the Borough and two are located in the centre. All young peoples' services and community contraceptive clinics offer pregnancy testing and referral for abortion or ante natal care. There is an EHC in pharmacy scheme and a condom distribution scheme with over 14 easy access points across the Borough.

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<sup>331</sup> Number reported is number of screening tests and not number of people screened. However the number of screening tests collected through the NCSP is used as a proxy measure of the number of people screened. Totals do not include records where sex is unknown or not specified, nor do they include equivocal, inhibitory and insufficient test results.

<sup>332</sup> Extracted from Sexual Health Services Mapping, Young London Matters, 2008. Accessed at: <http://younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/>

| Islington PCT <sup>333</sup>  | Rate (per 1000) |
|---|-----------------|
| <b>Under 18 Year Old Conception Rate<sup>334</sup></b><br>(per 1,000 female pop. aged 15-17yrs, 2007) | 50.5            |
| <b>Age Standardized Abortion Rate</b><br>(per 1,000 female pop. aged 15 - 44, 2008)                   | 24              |
| <b>% Abortions Repeat Women Aged under 25 (2008)</b>  | 30              |
| <b>Fertility Rate</b><br>(per 1,000 female pop. aged 15-44, 2006)                                     | 52.06           |

| Abortion Rate 2008 - Islington <sup>335</sup> |    |
|---|----|
| Under 18                                      | 32 |
| 18-19   | 43 |
| 20-24   | 39 |
| 25-29   | 26 |
| 30-34   | 20 |

76% of all abortions in Islington occurred between 3-9 weeks gestation, 15% between 10-12 weeks and 9% 13 or more weeks in the term in 2008.

In Islington:

- 42% of school children feel they need better information/advice on SR<sup>336</sup>
- 58% of school children that think they receive good enough info on SR
- 13% of school children that worry about -Girlfriends/ boyfriends/ sex

### 3. Action and Response<sup>337</sup>

Within the PCT structure, sexual health sits within commissioning. The Director of Strategy & Commissioning (PCT and Social Services) has overall responsibility. The Commissioning Manager (Acute and Programmes) leads on sexual health commissioning. 35-40% of the post is dedicated to sexual health and HIV commissioning. The Commissioning Manager (Acute and Programmes) is currently also lead commissioner for

<sup>333</sup> Sex and Our City Report, p44

<sup>334</sup> Teenage Pregnancy Unit, February 2009.

<sup>335</sup> Department of Health Abortion Statistics, 2008.

<sup>336</sup> (year 8 & 10 only). London sexual health indicators: A data-driven needs assessment, 2008. p156.

Accessed at:

[http://www.medfash.org.uk/publications/documents/London\\_sexual\\_health\\_indicators\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/London_sexual_health_indicators_PUBLISHED_ONLINE.pdf)

new pan-London contracts with Brook, and is the coordinating commissioner for Camden PCT-provided GUM services.

In 2008 the PCT carried out a rapid, service-targeted needs assessment, working jointly with public health and commissioning and closely with providers. This focused on non-clinical sexual health promotion and HIV prevention and identified gaps and duplication in current service provision for local sexual health promotion and HIV prevention only. These services are currently commissioned from the Camden PCT provider. Islington PCT will use the results of the needs assessment to determine if current service provisioning arrangements effectively meet local need.

#### Commissioning and NEW investment plans for 2008/09

The PCT has specific plans to shift existing activity out of an acute setting and to commission additional and new activity in a non acute setting. New investment plans for 2008/09 include:

- **Mary Stopes International** vasectomy service
- The PCT has agreed investment plans for 2008/09 which include Chlamydia screening, contraceptive services (including **Brook** and **Pulse**), abortion services, HIV testing and counselling

#### Sexual Health Strategy

In 2006 the PCT published a sexual health strategy. This was developed with input from public health, pharmacy, primary care commissioning, practice based commissioning, GP colleagues, local GUM and sexual and reproductive health service providers and clinicians and patients and the public. The strategy will be revised by the spring of 2009 to form the basis for new commissioning.

The PCT annual spend on commissioned sexual health services as itemised below (excluding specialised HIV treatment and care) was **£2,853,572** which represented **0.77%** of the total PCT budget.<sup>338</sup> In 2007/08 Islington PCT spent **£19.92** per head of population on sexual health services (including GP contraceptive prescribing).<sup>339</sup>

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<sup>337</sup> Extracted from London sexual health service mapping: Results & analysis, Medical Foundation for AIDS & Sexual Health (MedFASH) for London Sexual Health Programme, 2008

<sup>338</sup> Ibid. p. 120.

Detailed service specifications are developed annually in conjunction with service providers. Detailed service specifications are used for the commissioning of NCSP, contraceptive services, sexual health promotion and HIV prevention services, GUM services, CLASH, abortion services, and Brook.

In 2007/08 Islington PCT did not commission (host) any GUM services. Although physically located in Islington, the **Archway Sexual Health Centre** is provided by Camden PCT. Community contraceptive/family planning services were provided by the **Margaret Pyke Centre** (Levels 1, 2 and 3 contraceptive / family planning services and Levels 1 and 2 STI screening and treatment) and the **Northern Health Centre** and **River Palace Health Centre** (Levels 1 and 2 contraceptive/family planning and Levels 1 and 2 STI screening and treatment). All three of these providers are part of Camden PCT Provider services.

In 2007/08 the PCT had an NES for sexual health and HIV services with 22 of the 39 Islington GP practices. Services were provided at Levels 1, 2 and 3 and funded through the practice based commissioning budget. A LES was in place in 20 pharmacies across the PCT to provide emergency hormonal contraception. Through 2008/09 the PCT has been developing a LES for Chlamydia screening with the same pharmacies.

Islington spent a total of **£310,087.46** on contraception prescribing between 2007 and 2008. They have a teenage pregnancy strategy that is a joint strategy between the Local Authority and the Primary Care Trust to reduce teenage pregnancy rates in Islington by 55% by 2010 and to ensure support for teenage parents. The Teenage Pregnancy Coordinator works in partnership with colleagues from Education, Health, Social Services, Youth Services, and the Voluntary sector to ensure that young people within those services are getting SRE and that teenage parents and their children are getting the support they need.<sup>340</sup>

### Referral pathways

Referral pathways were defined and agreed between the services identified below:

- Primary care and GUM
- Contraceptive services and GUM

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<sup>339</sup> p44 [http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)

<sup>340</sup> Extracted from Islington website, Teenage Pregnancy webpage:

[http://www.islington.gov.uk/Directories/page.aspx?dir=childrensdirectory&dir\\_name=LTCDP&sectionid=&sectionName=&sectionTitle=&docid=0901336c803ceaf6&title=Childrens%20Directory&Search=true&docName=Teenage%20Pregnancy%20Team&searchType=Keyword&Keyword=Teenage%20Pregnancy&](http://www.islington.gov.uk/Directories/page.aspx?dir=childrensdirectory&dir_name=LTCDP&sectionid=&sectionName=&sectionTitle=&docid=0901336c803ceaf6&title=Childrens%20Directory&Search=true&docName=Teenage%20Pregnancy%20Team&searchType=Keyword&Keyword=Teenage%20Pregnancy&)

- Voluntary sector and GUM
- GUM and contraceptive services
- Voluntary sector and contraceptive services
- NCSP and general practice
- NCSP and GUM
- Community pharmacy and GUM
- Primary care and contraceptive services
- NCSP and contraceptive services
- NCSP and pharmacy
- Voluntary sector and GUM