



Lambeth, Southwark and Lewisham

Sexual and Reproductive Health Strategy 2019–24 – Summary

Lambeth, Southwark and Lewisham Public Health Departments

1.0 Executive summary

Lambeth, Southwark and Lewisham (LSL) together face some of the greatest sexual health challenges in England.

We have similarly young, mobile and diverse populations, and our local sexual health services are modern and popular. Our rates of HIV and STIs are the highest in England, and there are persistent inequalities in sexual and reproductive health, with young people, men who have sex with men (MSM), and black and minority ethnic (BME) communities suffering the greatest burden. Sexual health inequalities cannot be addressed in isolation; it must be done in partnership. Due to the similarities in the challenges we face, LSL collaborate on sexual health commissioning and strategy in order to maximise our efforts to meet the significant and ongoing needs of our populations. This strategy assesses the most up to date intelligence and sets out LSL's shared ambitions and priority areas in sexual and reproductive health over the next five years.

Since the publication of LSL's most recent strategy (2014–17), there have been some significant changes in the sexual health landscape. The financial climate for public services (and public health services in particular) is extremely challenging, and not predicted to end in the near future. New, sustainable ways of funding sexual health services have been adopted across London and other parts of England, which despite now meeting the exact costs of sexual health service provision, have represented a considerable reduction in income for many NHS trusts. Demand for sexual health services remains high and is not expected to decline, and people across the country often struggle to access sexual and reproductive health services exactly when they want them. Commissioners and services

have had to innovate, and LSL provided proof of concept of STI self sampling via an online service, which has now been adopted across many parts of London to alleviate pressure on sexual health clinics. Finally, the use of pre-exposure prophylaxis (PrEP) has transformed HIV prevention and has likely contributed in part to a reduction in new diagnoses, particularly amongst MSM, and work is ongoing to establish how PrEP will form part of the publicly-funded HIV prevention agenda nationally.

There have been considerable improvements in key outcomes since our last strategy was published in 2014, most notably a reduction in new diagnoses of HIV for the first time in the history of the disease in England, and a continued downward trajectory in rates of teenage conceptions. However, gains have not been made equally across our population. BME communities (and black communities in particular) remain at greater risk of poor sexual and reproductive health.

There is an extremely high rate of diagnosed HIV across LSL – it is the highest in England, and over 8,700 of our residents have been diagnosed with HIV. Just over three quarters of people living with HIV in LSL are men, the majority of whom are white. Sex between men is the most common HIV exposure category in Lambeth (66%) and Southwark (58%), but in Lewisham, heterosexual contact is the most common exposure type (54%) of those diagnosed.

New HIV diagnosis rates are falling across LSL, but too many people still receive a late diagnosis, and there are still people living with HIV that are unaware of their status. There remain significant inequalities in those diagnosed late in LSL; people aged 50–64 years, of black African ethnicity, those exposed through heterosexual contact, and women have the highest

rates of late diagnosis. Furthermore, a disproportionate number of HIV cases locally are diagnosed in people living in the 40% most deprived areas.

Across LSL, 22,000 new STIs were diagnosed in 2017, with rates highest amongst men and those aged 20–24. While men have higher rates of STIs across most of the life course, women have higher rates of STIs than men at age 15–19. It is unclear what is driving this pattern, but it may be that young people lack the skills and confidence to negotiate safer sex. There is a general downward trend in new diagnoses of STIs in LSL, with the exception of gonorrhoea and syphilis (which most affect MSM). The increases in these STIs is concerning due to antimicrobial resistance and the severity of syphilis. Given the general burden of STIs in our populations, untreated STIs remain a concern in protecting the reproductive health of residents.

In terms of reproductive health, user-dependent contraceptive methods (e.g. condoms or the pill) are the most common form of contraception used in LSL. This combined with challenging access to services translates to a high use of emergency contraception and abortion, indicating that reproductive health needs continue to be unmet, particularly amongst young, black women.

We know that a large part of improving sexual and reproductive health is supporting people to develop the skills to negotiate the sex (and sexual relationships) that they want to have. Abusive and coercive relationships affect people of all ages, genders and sexualities, but some groups are at higher risk of unhealthy sexual relationships than others, including young women, people with learning disabilities, and people identifying as LGBTQI+. MSM in particular may be at risk through chemsex, as maintaining control of behaviour and choices while under the influence of drugs may be difficult. However, few local data are available on indicators for safe and healthy sexual relationships.

To build on the progress we have made and meet the most salient challenges facing our boroughs over the next five years, we will work together on four key priority areas:

Priority	Vision and key outcomes
Healthy and fulfilling sexual relationships	<p>People are empowered to make their sexual relationships healthy and fulfilling:</p> <ul style="list-style-type: none"> • People make informed choices about their sexual and reproductive health • People in unhealthy or risky sexual relationships are supported appropriately
Good reproductive health across the life course	<p>People effectively manage their fertility and reproductive health, understand what impacts on it and have knowledge of and access to contraceptives:</p> <ul style="list-style-type: none"> • Reproductive health inequalities are reduced • Unwanted pregnancies are reduced • Knowledge and understanding of reproductive health and fertility are increased
High quality and innovative STI testing and treatment	<p>The local burden of STIs is reduced, in particular among those who are disproportionately affected:</p> <ul style="list-style-type: none"> • There is equitable, accessible, high-quality testing and treatment that is appropriate to need • Transmission of STIs and repeat infections are reduced
Living well with HIV	<p>We move towards achievement of 0–0–0: zero HIV-related stigma, zero HIV transmissions and zero HIV-related deaths:</p> <ul style="list-style-type: none"> • People living with HIV know their status and are undetectable (=untransmittable) • People living with HIV are enabled to live and age well

This strategy sets out the actions we will take in each of the priority areas to continue improving sexual and reproductive health in our boroughs over the next five years. We know that this is an ambitious strategy, and we cannot deliver it in isolation. We recognise that within LSL, some areas have further to progress than others and there will be local factors which may be unique to individual boroughs. Therefore, the boroughs will have an annual action plan which will include specific steps to deliver this strategy. This approach allows us to collaborate to deliver an overarching strategy and to take local action as needed. Progress against this strategy will be overseen by the LSL Sexual Health Commissioning Partnership Board in addition to each borough's Health and Wellbeing Board.